



Lesbian,
Gay, Bisexual,
Transgender,
Queer, and
HIV-Affected
Intimate Partner
Violence in 2015

A report from the National
Coalition of Anti-Violence Programs

2016 Release Edition

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Mission

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

NCAVP is a national coalition of local member programs and affiliate organizations who create systemic and social change.

We strive to increase power, safety, and resources through data analysis, policy advocacy, education, and technical assistance.

Preface

The year 2015 was filled with major victories and huge losses for LGBTQ communities across the nation. In June of 2015, the Supreme Court ruled that *Obergefell v. Hodges*, which denied recognition of same-sex marriage, was unconstitutional, thus making same-sex marriage the law of the land and a historic moment for LGBTQ rights. Many LGBTQ couples across the country gained access to resources and protections that can only be acquired through marriage. While marriage equality is historic, many within LGBTQ communities quickly voiced concern with the idea that marriage equates broader equality. In the same year as marriage equality, we continued to see deadly violence impacting LGBTQ people, especially LGBTQ people of color and transgender women of color. We continued to see and learn more about police violence against communities of color and the unique ways that police violence impacts LGBTQ people of color--shedding new light on harmful law enforcement practices, a resource that is often suggested to survivors of IPV. Three months into 2015, over 85 pieces of anti-LGBTQ legislation, including "religious freedom" laws and "bathroom bills," were filed in 26 states, which greatly reduced LGBTQ protections. These bills often target the very resources--housing, employment, and counseling--that LGBTQ survivors of intimate partner violence rely on when experiencing violence at the hands of an intimate partner. State by state, advocates and organizers began fighting such proposals to try to ensure LGBTQ people's rights remain intact.

Amidst this pain, historic victories in the broader intimate partner violence field have continued to build pathways for greater access for LGBTQ survivors within service provision. The Violence Against Women Act (VAWA) Reauthorization of 2013 created the first federal legislation to protect against discrimination based on sexual orientation and gender identity. Marriage equality created new protections for undocumented LGBTQ survivors as many had new pathways to citizenship through VAWA petitions, which are only available to those who have experienced violence within a marriage defined by the federal government. NCAVP member programs continued to provide clarity and support to intimate partner violence service organizations regarding gender identity and sexual orientation protections included in VAWA, with the hopes of making these lifesaving resources more affirming for LGBTQ survivors. Simultaneously, NCAVP worked towards greater accountability from those charged with the implementation of the VAWA non-discrimination provisions with the hopes of reducing barriers across the country. In the past two years with historic wins,

LGBTQ and allied organizations in the intimate partner violence field have shown tremendous leadership in creating survivor-centered resources that are inclusive of LGBTQ survivors.

We have made great strides, but as this report shows, there is much more work to be done to ensure that LGBTQ people and LGBTQ communities have the resources needed to keep themselves and their communities safe and free from violence. The NCAVP LGBTQ and HIV Affected Intimate Partner Violence in 2015 report highlights the ways in which broader anti-LGBTQ bias, racism, ableism, and other forms of oppression make communities uniquely vulnerable to intimate partner violence, as well as prevent them from accessing lifesaving resources. We must continue to listen to the experiences of LGBTQ people of color, LGBTQ undocumented people, LGBTQ people with disabilities, and transgender and gender non-conforming individuals to learn more about what our communities need to feel safe. We must protect, uplift, and love those within LGBTQ communities that have been traditionally isolated and shamed for their identities and experiences. It's only with these voices at the center can we truly begin the work to end intimate partner violence against LGBTQ and HIV-affected people across the country.

In solidarity,

NCAVP Governance Committee Members:

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Executive Summary

Intimate partner violence (IPV) is a serious yet often ignored problem facing lesbian, gay, bisexual, transgender, queer (LGBTQ) and HIV affected communities. The *National Coalition of Anti-Violence Programs LGBTQ and HIV-Affected Intimate Partner Violence in 2015* report highlights the unique ways that LGBTQ and HIV affected people experience IPV and the barriers they experience when attempting to access care and support. The report shows that IPV within LGBTQ and HIV affected communities exists in concert with and is exacerbated by the broader forms of anti-LGBTQ and other forms of bias and discrimination that survivors experience. This is especially true for LGBTQ survivors with multiple marginalized identities, such as LGBTQ survivors of color, LGBTQ undocumented survivors, and LGBTQ survivors with disabilities. These communities experience high rates of job discrimination, housing discrimination, police violence, and other forms of violence and discrimination, which makes them more vulnerable to experiencing violence in their relationships and creates extensive barriers to accessing support. In order to support healthy LGBTQ relationships free from violence, it's vital to understand the unique ways that survivors' multiple identities and experiences impact their experiences with IPV.

The *NCAVP LGBTQ and HIV Affected IPV in 2015* report looks at the experiences of 1,976 survivors of IPV who reported to 17 member organizations across the country. NCAVP hopes that this report will be used by researchers, policy makers, and service providers to address the many barriers LGBTQ survivors experience in trying to access supportive resources when experiencing violence, and to create identity affirming services for survivors. NCAVP hopes that this report will spark conversation and bring much needed attention to IPV within LGBTQ and HIV affected communities. Finally, NCAVP hopes that this report will inspire LGBTQ people and their allies to reach out to loved ones in their lives who may be experiencing violence, so that no one feels isolated and alone, and that we all might offer our support when survivors need it most.

Key Findings

LGBTQ AND HIV-AFFECTED INTIMATE PARTNER VIOLENCE RELATED HOMICIDES

- Of the 13 reports of homicides, 77% were people of color, including 7 who were black and 3 who were Latinx.

- Six of the homicides (46%) were transgender women all of whom were transgender women of color, including four who were black and two who were Latinx.
- Four (31%) of the victims were cisgender men and three (23%) of the victims were cisgender women.
- Twelve (92%) of the victims were below the age of 40.

SURVIVOR DEMOGRAPHICS

In 2015, NCAVP received 1,976 reports of LGBTQ and HIV affected IPV.

- Of the total number of survivors 43% identified as gay, 19% identified as lesbian, 16% identified as heterosexual, 10% identified as bisexual and 9% identified as queer.
- Of the total number of survivors, 64% were between the ages of 19 and 39 years old. Survivors were able to select more than one gender identity or racial and ethnic identity.
 - In terms of gender identity the most commonly selected identity was man (32%) followed closely by woman (31%). Additionally, 10% of survivors identified as transgender.
 - Of the total number of responses for race and ethnicity, the majority of the responses were identities of color (54%).
 - There was an increase in the percentage of survivors who identified as Black/African American from 14% in 2014 to 21% in 2015.
 - About 27% of survivors reported having a disability.
- There was an increase in the percentage of undocumented survivors from 4% in 2014 to 9% in 2015.

UNIQUE EXPERIENCES WITH INTIMATE PARTNER VIOLENCE

- The most common types of violence that survivors reported experiencing were physical violence (20%), verbal harassment (18%), and threats and intimidation (13%).
- Survivors who were under the age of 24 were three times more likely to report experiencing sexual violence compared to survivors who were 25 years old or older.
- Transgender survivors were three times more likely to report being stalked compared to cisgender survivors.

- Transgender women were three times more likely to report experiencing sexual violence and financial violence than survivors who did identify as transgender women.
- Survivors who were Latinx were two times more likely to report experiencing violence by a former or ex-partner compared to non-Latinx survivors.
- When asked to identify their disability, survivors reported:
 - Mental health disabilities (51%)
 - Physical disabilities (42%)
 - Learning disabilities (4%)
 - Deaf and hard of hearing disabilities (2%)
 - Visual disabilities (1%)
- Compared to survivors who did not report a disability, survivors with disabilities were:
 - Two times more likely to be isolated by their abusive partner
 - Three times more likely to be stalked
 - Four times more likely to experience financial violence

ACCESS TO IPV SERVICES AND RESPONSE BY LAW ENFORCEMENT

Shelter Access and LGBTQ and HIV Affected Communities

- Out of the total number of survivors, 27% attempted to access emergency shelter. Of those who attempted to access shelter, 44% were denied.
- The most commonly reported reason that survivors were denied shelter was barriers related to gender identity (71%).
- Only 36% of survivors reported seeking a protective order as a safety resource for IPV.

Law Enforcement Response to LGBTQ and HIV Affected Survivors

- Of the total number of survivors, 43% reported interacting with law enforcement as a result of the IPV they experienced.
- Only 33% of survivors made a formal report to law enforcement.
- Out of the total number of survivors who interacted with law enforcement:
 - 12% said that the police were hostile
 - 13% said that the police were indifferent
 - Misarrests of survivors increased from the 17% reported in 2014 to 31% in 2015

Introduction

The NCAVP *Lesbian, Gay, Bisexual, Transgender, Queer and HIV–Affected Intimate Partner Violence in 2015* report analyzes the experiences of LGBTQ and HIV-affected survivors of intimate partner violence (IPV) who sought services from 17 NCAVP member organizations in 2015. The report contains detailed demographic data on survivors and victims of violence, information on abusive partners, data on police response, and other direct service responses to LGBTQ and HIV–affected survivors. The information in the report shows that IPV must be examined within the broader context of various forms of oppression that impact LGBTQ and HIV–affected communities, such as homophobia, biphobia, transphobia, racism, ableism, ageism, sexism, classism, anti-immigrant bias, and anti-HIV bias. These forms of oppression create barriers which limit LGBTQ and HIV-affected survivors', and all IPV survivors', access to necessary resources such as safety planning, crisis intervention, supportive counseling, health care, law enforcement support, legal remedies, and shelter and other housing options. NCAVP hopes that this information will be used to inform policies and practices on IPV and other forms of violence in order to make them more inclusive and effective in addressing and ending IPV within all LGBTQ and HIV–affected communities.

IPV is a serious and at times lethal problem facing LGBTQ and HIV-affected communities. The language used to describe IPV varies across communities and disciplines; other ways of describing IPV include relationship violence, dating violence, or domestic violence. NCAVP defines IPV as: "a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship." While NCAVP recognizes that LGBTQ and HIV-affected people can experience violence in a variety of relationships, IPV is primarily understood as violence perpetrated by current or past intimate partners. Abusive partners use a myriad of tactics and strategies to exert and maintain control over their partners, including: psychological/emotional abuse, economic abuse, physical abuse, verbal abuse, sexual abuse, cultural abuse, isolation, and intimidation. IPV can occur in short or long-term relationships, with current or past partners, and affects all communities.

Historically, the field of IPV has focused on the abuse of male power and privilege in the context of heterosexual relationships between cisgender people, and literature on IPV has generally excluded LGBTQ experiences. However, recent

research shows that LGBTQ people experience similar, if not higher, rates of IPV compared to their cisgender or heterosexual counterparts.⁰¹ The 2010 National Intimate Partner Violence and Sexual Violence Survey (NISVS) found that 44% of lesbian women, 61% of bisexual women, 26% of gay men, and 37% of bisexual men experience IPV at some point in their lives.⁰² Dank, Lachman, Zweigm and Yahner (2013) found that LGBT youth are more likely to experience all forms of relationship violence compared to heterosexual or cisgender youth.⁰³ New research is also beginning to look at the intersections of both marginalized sexual identities and gender identities. The recent survey of IPV and sexual violence on college campuses found that transgender students who are bisexual experience higher rates of IPV than transgender students who identify as heterosexual, suggesting that the duality of both minority sexual identities and gender identities increases the risk of experiencing IPV.⁰⁴

Transphobia, biphobia, and homophobia, as well as the intersections of race, poverty, or ability status, exacerbate LGBTQ survivors' experience of IPV.⁰⁵ A 2013 report by the Williams Institute found that 7.6% of lesbian couples, compared to 5.7% of married different-sex couples, are in poverty.⁰⁶ Black/African American same-sex couples have poverty rates more than twice the rate of different-sex couples.⁰⁷ The National Transgender Discrimination Survey found that transgender people experience poverty at twice the national rates and that transgender people of color experience poverty at four times the national rates.⁰⁸ Additionally, 29% of respondents reported harassment by police officers and 19% reported being refused medical care because of their transgender or gender non-conforming identity.⁰⁹ These structural inequities make LGBTQ and HIV affected communities more vulnerable to experiencing IPV as they often must rely on their

01 Cannon, Claire, and Frederick Buttell. "Illusion of Inclusion: The Failure of the Gender Paradigm to Account for Intimate Partner Violence in LGBT Relationships." *Partner Abuse* 6.1 (2015): 65-77. Web. 23 Sept. 2015.

02 Walters, M.L., and M.J. Breiding. "The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation." National Center for Injury Prevention and Control. Centers for Disease Control and Prevention, 22 Sept. 2013. Web. 23 Sept. 2015.

03 Danker, Meredith., Pamela Lachman, Janine M Zweif and Jennifer Yahner (2014). "Dating Violence Experiences of Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization." *Journal of Interpersonal Violence*, 1-17.

04 Cantor, David, Bonnie Fisher, Susan Chibnall, Reanne Townsend (2015). "Report on the AAU Campus Climate Survey on Sexual Assault and Sexual Misconduct." Westat, 105-112. Web. 22 Sept. 2016

05 Walker, op cit.; Badenes-Ribera, et al., op cit.

06 Badgett, M.V. Lee, Laura E. Durso, and Alyssa Schneebaum. "New Patterns of Poverty in the Lesbian, Gay, and Bisexual Community." The Williams Institute, 1 June 2013. Web. 22 Sept. 2015.

07 Badgett, et al., op cit.

08 Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. "Injustice at Every Turn: A Report of the National Transgender Discrimination Survey." : National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011. Web. 22 Sept. 2015

09 Ibid.

intimate partner for housing, financial support, and other resources. Leaving an IPV situation requires access to resources, and many of these resources are not available to LGBTQ and HIV affected survivors.

IPV within LGBTQ communities has not been integrated into the mainstream narrative on IPV, and limited culturally specific services exist. In a 2010 study by NCAVP and the National Center for Victims of Crime that surveyed 648 domestic violence agencies, sexual assault centers, prosecutors' offices, law enforcement agencies, and child victim services, 94% of respondents said they were not serving LGBTQ survivors of IPV and sexual violence.¹⁰ Additionally, survivors who identified as men were far less likely to be able to access services, particularly domestic violence shelters, due to the heteronormative understanding of IPV that exclusively looks at cisgender men abusing cisgender women. Exclusionary service practices kept many transgender women from accessing the support they needed. According to a research report by the Center for American Progress, only 30% of homeless shelters surveyed were willing to house transgender women with other women and 21% said they would refuse shelter entirely.¹¹

The LGBTQ and HIV Affected Intimate Partner Violence in 2015 report seeks to draw connections between the ways that LGBTQ and HIV affected communities experience broader forms of discrimination to their experiences and unique vulnerabilities to IPV. This report looks at the ways that LGBTQ and HIV affected communities experience IPV and their experiences in accessing services, with the hopes of better understanding how to prevent IPV and create more LGBTQ affirming IPV services. Additionally, this report specifically examines the experiences of those who are most marginalized within the broader LGBTQ community, such as LGBTQ people of color, LGBTQ people with disabilities, and LGBTQ people who are undocumented. These communities experience unique barriers and have historically been isolated and made invisible in the national conversation on violence against LGBTQ people. We must take care and lift up the experiences of those who exist at the margins of the LGBTQ community if we are to end IPV against LGBTQ and HIV affected people.

10 National Center for Victims of Crime and NCAVP, *Why It Matters: Rethinking Victim Assistance for Lesbian, Gay, Bisexual, Transgender, and Queer Victims of Hate Violence & Intimate Partner Violence*. <http://www.avp.org/documents/WhyItMatters.pdf>. Retrieved on 10/004/2014.

11 Rooney C, Durso L, & Gruberg S. (2016). *Discrimination Against Transgender Women Seeking Access to Homeless Shelters*". Center for American Progress. Web. Retrieved on 22 Sept. 2016.

Methodology

NCAVP collected both aggregate and incident level data from 17 local member organizations for this report. Organizations collected this information either directly from survivors or public sources. Survivors contacted LGBTQ and HIV-affected anti-violence programs by contacting a program or hotline, filling out surveys, connecting through community outreach or organizing, or making a report online. Most NCAVP member programs used NCAVP's Uniform Incident Reporting Form (see *Appendix 1*) to document the demographics of survivors and the details of the violence that occurred. Some organizations have adapted and incorporated the form into other data collection systems. Incident level data allowed NCAVP to anonymously analyze multiple variables about one victim or survivor in connection to their specific race, gender identity, sexual orientation, or age subcategory. This allowed NCAVP to identify themes, such as whether or not types of violence varied across LGBTQ and HIV-affected survivors' identities (i.e. "Are transgender women more likely to experience physical violence?"). It also allowed NCAVP to examine the experiences of survivors with multiple intersecting identities, such as LGBTQ youth, trans women of color, and the types of violence and their experiences with first responders (i.e. "Are LGBTQ youth more likely to report to police?").

NCAVP collected aggregate data on 1,976 incidents of intimate partner violence against LGBTQ and HIV-affected people from 17 local NCAVP member organizations in 14 states. Of those 1,976 incidents, NCAVP collected incident level data on 986 incidents from 10 organizations in 8 states.

Data Compilation and Analysis

The majority of the information in this report was analyzed in Microsoft® Excel by aggregating the totals of each category across member organizations. In some instances, survivors were allowed to select more than one answer to a question so as to best represent their identities and experiences. For example, NCAVP allowed individuals to select more than one category when identifying their gender. For these categories, the n value, or total, represents the number of responses, rather than the number of respondents for each question, with unknowns or undisclosed responses removed unless stated otherwise. The categories in which survivors could choose more than one answer choice are noted with two asterisks ** in tables.

The incident level data was originally placed into Excel and then imported into SPSS. From there, odds ratios were created using the cross tabulation command. Only two variables were included in each equation, a dependent and independent variable. For example, cross tabulations were used to determine the relationship between age (independent variable) and the types of violence experienced (dependent variable). Additional variables, or covariates, were not held constant, thus all observations assessed from odds ratios could be skewed or biased by additional factors. NCAVP selected statistics for publication based upon their relevance and with 95% confidence intervals, listed with the odds ratios.

Additional data not included in the report may be available upon request by contacting NCAVP. In order to protect survivor confidentiality, not all information is available to the public.

Limitations of Findings

This report uses a convenience sample of LGBTQ and HIV-affected survivors of IPV who sought support from NCAVP member programs as well as information collected from public records. Since NCAVP only analyzes data collected from individuals who self-reported and from other public sources, the information presented is not representative of the experiences of all LGBTQ and HIV-affected survivors of IPV in the United States. NCAVP's data may omit populations such as incarcerated people, people in rural communities, people who may not know about their local NCAVP member organization, people where the closest NCAVP member organization is too far away to reach, people who are not out as LGBTQ or as living with HIV, people who are not comfortable with reporting, and people who face other barriers to accessing services or reporting. Therefore, while the information contained in this report provides a detailed picture of the individual survivors who reported to NCAVP member programs, it cannot and should not be extrapolated to represent the overall LGBTQ and HIV-affected communities in the United States.

NCAVP members' capacity for data collection varied based upon the program's resources, staffing, available technology, and other factors. These considerations resulted in some programs submitting partial information in some categories, which creates incomplete and dissimilar amounts of data for different variables within the 2015 data set. Moreover, because of the nature of crisis intervention and direct service work that is done as data is collected through NCAVP's incident form, missing values are common. Missing values do not affect the accuracy of the data and data analysis as long as individuals are omitting information at

random. This can, however, affect the accuracy of the data if certain survivors are uncomfortable with disclosing information on race, gender identity, or other characteristics because they belong to a specific subcategory of interest (i.e. if gender nonconforming individuals consistently left their gender identity blank) and therefore are not omitting information at random.

Bias can also be introduced if individuals who completed the incident forms had different definitions and protocols for the same categories. These variations can exist between staff at the same program or staff at different organizations. In addition, not all NCAVP member organizations can collect data in the same way. NCAVP member organizations receive instructions on data collection and technical assistance to help ensure that data is both accurate and reliable. Some NCAVP members have more capacity (i.e., staff, volunteers, and time) to collect aggregate and person-level data, as well as conduct outreach to educate and inform LGBTQ and HIV-affected survivors of their services, thereby increasing reporting. Some organizations have less capacity and are unable to submit both aggregate and person-level data. This disparity reflects the historic lack of funding, resources and capacity-building for LGBTQ and HIV-specific organizations, particularly those outside of urban areas. NCAVP is working to increase the capacity to report for all member programs throughout the United States and to increase funding and capacity-building support for these programs. NCAVP's efforts to improve and increase data collection among member programs and affiliates remain an ongoing process. Despite these limitations, this report contains some of the most detailed and comprehensive data on LGBTQ and HIV-affected IPV nationally.

Table 1: Description of Survivors who Reported to NCAVP (n=1,976)

**
For these variables, survivors were able to choose more than one answer choice. The numbers and percentages reflect the total number of responses to this variable rather than respondents.

	#	%
Age (n=1,365)		
18 and younger	95	7%
19-29 years old	469	34%
30-39 years old	414	30%
40-49 years old	221	16%
50-59 years old	134	10%
60-69 years old	29	2%
70 years old and older	3	<1%
Gender (n=2,427)**		
Transgender	234	10%
Non-Transgender	636	26%
Woman	747	31%
Man	773	32%
Self-identified/Other	23	1%
Intersex	14	1%
Sexual Orientation (n=1,439)		
Bisexual	145	10%
Gay	612	43%
Heterosexual	234	16%
Lesbian	271	19%
Queer	124	9%
Questioning/Unsure	20	1%
Self-Identified	33	2%
Race & Ethnicity** (n=1,462)		
Arab/Middle Eastern	6	0%
Asian/Pacific Islander	61	4%
Black/African American	307	21%
Native American/American Indian	15	1%
Latinx	356	24%
Multiracial	46	3%
White	631	43%
Self-Identified/Other	40	3%

Findings

LGBTQ and HIV–Affected Intimate Partner Violence Related Homicides in 2015

In 2015, NCAVP received reports of 13 IPV related homicides. It is important to note that this number does not accurately represent the total number of IPV related homicides of LGBTQ people, as often a victim's sexual orientation or gender identity is not accurately portrayed and honored in media or police reports. For example, transgender victims are frequently misgendered and misnamed in media reports, and the intimate partner relationships of same gender couples are often reduced to friendships or other relationships essentially making invisible LGBTQ identities. However, the information here provides some insight into how LGBTQ people experiencing IPV are impacted by homicide.

In 2015, people of color made up the majority of the reports of LGBTQ and HIV affected IPV homicides. Ten (77%) of the victims were people of color, including seven victims who were black and three who were Latinx. The race and ethnicity of one of the victims is currently unconfirmed. Of the total 13 homicides, six victims were transgender women, four were cisgender men, and three were cisgender women. All six of the transgender women were transgender women of color, including four who were black and two who were Latinx. In terms of age, eight of the victims were 25 years old and younger, with the youngest victim at 17 years old. Four of the victims were between the ages of 33 and 39, and one of the victims was 46 years old.

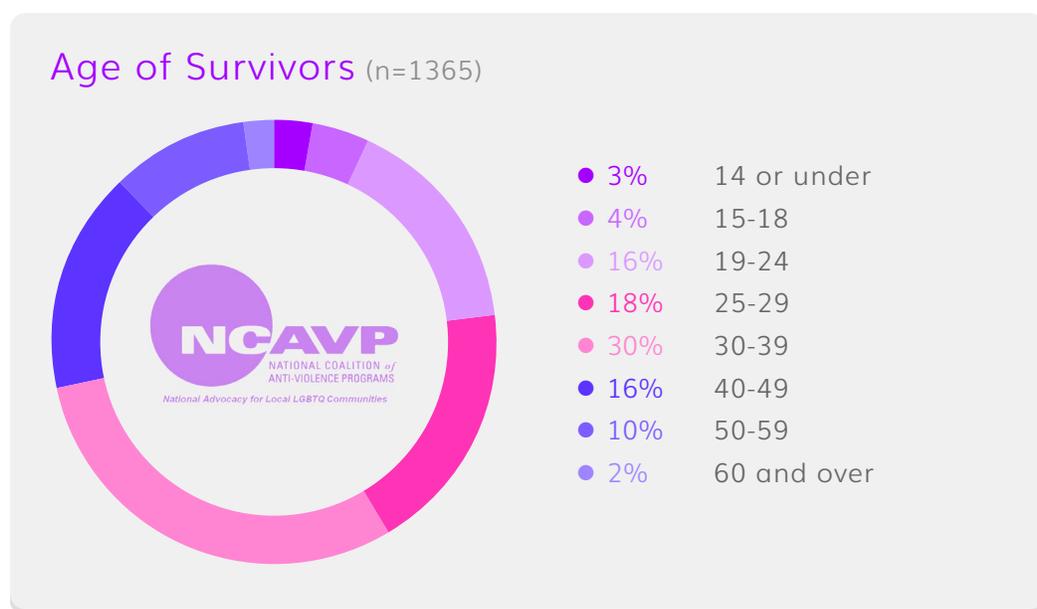
For more information on the victims, please see the ["2015 Homicide Narratives"](#) on page 71.

Total Survivor Demographics

In 2015, NCAVP received 1,976 reports of LGBTQ and HIV affected IPV from 17 member programs. In terms of sexual orientation, the majority of survivors identified as gay (43%) followed by lesbian (19%), heterosexual (16%), bisexual (10%), and Queer (9%). Survivors were able to choose more than one answer choice for gender identity. For example, a survivor could choose both transgender and woman. Out of the number of responses for gender identity, the most

commonly selected answer choice was man (32%) closely followed by woman (31%). About 10% of the answer choices were transgender, which is a slight increase from 2014 when 7% of the selected choices were transgender. While still a small portion of the total number of survivors, more survivors reported being intersex in 2015. In 2015, 14 survivors were reporting being intersex compared to four survivors in 2014.

Out of the total number of survivors who reported information on their age, the majority of survivors were between the ages of 19 to 29 (34%) and 30 to 39 (30%). There was an increase in the percentage of survivors who were between the ages of 15 to 19 from 1% in 2014 to 4% in 2015.



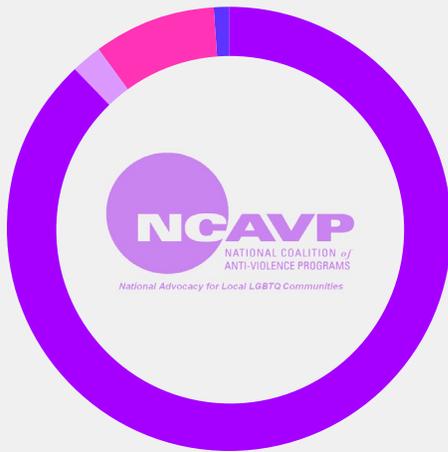
Survivors were able to choose more than one racial or ethnic identity. For example, a survivor could choose both Black/African American and Latinx. Of the total number of responses for racial and ethnic identity, the majority of the responses were identities of color (54%) followed by White (43%). Of those identities of color, the most commonly selected choice was Latinx (24%). There was a substantial increase in the percentage of survivors who identified as Black/African American from 14% in 2014 to 21% in 2015. A small percentage of survivors identified as Asian or Pacific Islander (4%), Multiracial (3%), and Native American (1%). There was a substantial increase in the percentage of undocumented survivors from 4% in 2014 to 9% in 2015.

Race and Ethnicity of Survivors (n=1462)



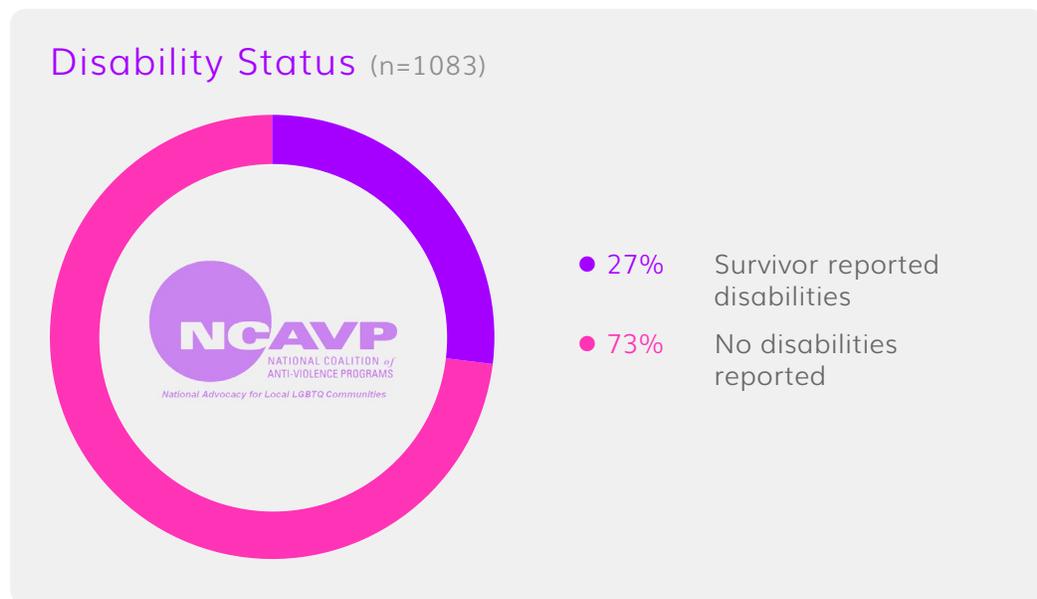
<1%	Arab/Middle Eastern
4%	Asian/Pacific Islander (includes South Asian)
21%	Black/African-American
1%	Native American/American Indian/Indigenous
24%	Latina/o
3%	Multiracial
43%	White
3%	Self-identified/other

Immigration Status (n=1101)



88%	US Citizen
2%	Permanent Resident
9%	Undocumented
1%	Other

Of the survivors who reported information on disability status in 2015, 27% reported having a disability. The most commonly reported disabilities included mental health disabilities (51%) and physical disabilities (42%). Other reported disabilities included learning disabilities (4%), Deaf and hard of hearing disabilities (2%), and visual disabilities (1%). In terms of HIV status, 21% of survivors reported being HIV positive.



Lisa's Story: Undocumented and Experiencing IPV

(Some of the details in this story, including names, have been altered to maintain anonymity)

Lisa is a lesbian from Jamaica. She came to the United States as a teenager with her family, but when she came out as lesbian at 16, she was kicked out of her family home. Lisa lived with friends, did odd jobs and did her best to survive despite being young and undocumented. Then she met Joanne. Lisa fell in love and felt loved like she never had before. The couple moved in together very soon after they started dating.

In time, Joanne became controlling and made Lisa tell her where she was at all times, not allowing her to call her friends and even on a few occasions pushed and shoved Lisa. After a particularly bad incident, Joanne apologized, swore to Lisa that she would never hurt her again, that she loved her more than anyone in the world and she proposed marriage. Lisa accepted and the couple married and decided to have a child. Because they

could not afford to see a doctor for fertility treatments, Joanne insisted that Lisa have sex with a male friend, which Lisa did not want but decided she would to make her wife happy. As soon as she became pregnant, the abuse started again and became increasingly severe. Joanne was physically abusive, causing multiple contusions. Lisa was afraid to call the police because Joanne told her they would arrest and deport her and she would never see her child again. Afraid for her life and her unborn child's life, she fled the relationship and entered a domestic violence shelter.

Lisa was later referred to the New York City Anti Violence Project, where she received counseling and legal representation. With NYC AVP, Lisa filed a VAWA self-petition which has been initially approved. She is now able to get public benefits, has started a GED program, and looks forward to moving out of the shelter into an apartment with her healthy 8 month old child.

Incident Details

RELATIONSHIP TO ABUSIVE PARTNER

The most common relationship between survivors and abusive partners were current partners or lovers (42%). There was an increase in the percentage of folks who reported experiencing violence by their former or ex-partners from 34% in 2014 to 41% in 2015. Survivors who were transgender were two times more likely to report experiencing violence by a former or ex partner than survivors who were cisgender.¹² Similarly, survivors who were Latinx were also two times more like to report experiencing violence by a former or ex-partner compared to non-Latinx survivors.¹³ These findings highlight how leaving an abusive relationship may not result in the end of the violence and the consequences of the violence continue to impact survivors even after the relationship is over. This may be particularly true for LGBTQ survivors of violence, given that LGBTQ communities are often small. Small, tight knit communities can make it difficult for LGBTQ survivors to separate themselves from their abusive partner's social circle without further

12 (CI: 1.08-3.2)

13 (CI: 1.2-3.19)

Sylvia's Story: IPV and Nowhere to Turn

(Some of the details in this story, including names, have been altered to maintain anonymity)

My abuser, attacker, batterer was not a muscular man. SHE was 12 inches shorter than me, but to bring me to a smaller size, she used manipulation, gas lighting and various types of violence. She was especially abusive while my son was home, because I would react less as to not call attention to the situation. She did things to me I never imagined the person I loved and that loved me could do. She stole my credit card and my car. She pushed me down the steps, hit me, and held me against my will in our bedroom.

When the day finally came I knew my son and I had to leave this situation, my abuser wasn't acting any better or any worse. I had changed. Instead of protecting myself from her attacks, I began to fight back! I didn't like the person I was becoming. I had no one to

turn to for help. I couldn't call the police because that would have outted me at my work, got me fired, and publicly associated me with violence because where I live all police activity, including names, is published in the local newspaper. I didn't feel safe calling the police anyway; I have been a victim of racial profiling and brutality. There was also a good chance I would have been arrested too, because they wouldn't be able to identify the abusive partner. I was 12 inches taller.

I sought help from the local domestic violence shelter, but they could not guarantee my attacker would not enter the shelter. They had no protocol for LGBT anything. The last decade of my life would have been different if I had access to help. I didn't need any special help just the same services offered to white, heterosexual women escaping from violence in their relationships.

isolating themselves from much needed social support. Additionally, access to IPV resources is limited for LGBTQ survivors, making LGBTQ survivors more reliant on abusive partners and their social support networks that their abusive partners may be a part of.

Table 2: Description of Abusive Partners as Reported by Survivors

**
For these variables, survivors were able to choose more than one answer choice. The numbers and percentages reflect the total number of responses to this variable rather than respondents.

	#	%
Age (n=200)		
18 and younger	9	5%
19-29 years old	61	31%
30-39 years old	70	35%
40-49 years old	44	22%
50-59 years old	13	7%
60-69 years old	2	1%
70 years old and older	1	1%
Gender (n=873)**		
Transgender	24	3%
Non-Transgender	321	37%
Woman	170	19%
Man	357	41%
Self-identified/Other	1	<1%
Intersex	0	0%
Sexual orientation (n=291)		
Bisexual	15	5%
Gay	75	26%
Heterosexual	80	27%
Lesbian	79	27%
Queer	31	11%
Questioning/Unsure	10	3%
Self-Identified	1	<1%
Relationship to Survivor (n=910)**		
Lover/Partner	385	42%
Ex-Lover/Partner	371	41%
Acquaintance/Friend	39	4%
Relative/Family member	34	4%
Roommate	23	3%
Landlord/Tenant/Neighbor	27	3%
Other known relationship	28	3%

Types of Violence Experienced

The most common types of violence that survivors reported experiencing were physical violence (20%), verbal harassment (18%), and threats and intimidation (13%). Other types of violence reported include isolation (8%), online or telephone harassment (7%), stalking (5%), sexual violence (4%) and financial or economic violence (4%).

While all of these types of violence are commonly used in violent relationships, certain communities or identities were more likely to report experiencing specific tactics of abuse compared to other communities. Gay men were two times more likely to report experiencing physical violence and to be injured than folks who did not identify as gay men.¹⁴ Lesbian identified survivors were two times more likely to be isolated by an abusive partner than survivors who did not identify as lesbian.¹⁵ Survivors who were under the age of 24 were three times more likely to report experiencing sexual violence compared to survivors who were 25 years old or older.¹⁶

14 (CI: 1.15-3.45, CI: 1.3-3.5, respectively)

15 (CI: 1.2-4.1)

16 (CI: 1.7-5.8)

Jacob's Story: IPV and Shelter Access

(Some of the details in this story, including names, have been altered to maintain anonymity)

By the time that Jacob called Survivors Organizing for Liberation (SOL) in Colorado, he had called dozens of intimate partner violence programs across the United States seeking support and advocacy and access to shelter. Jacob had tried to leave to his husband multiple times moving to different cities, but his husband was somehow always able to find him. He had been hospitalized due to the violence by his husband 12 times in the course of six months. The hospitals continuously discharged him without assessing him for IPV or connecting him with LGBTQ affirming resources for IPV or his substance use. Being discharged without clear survivor centered advocacy and resources meant that he returned home to his husband, becoming further and further isolated.

SOL has worked with a number of IPV shelters in Colorado on serving survivors of all genders with LGBTQ affirming resources. SOL was able to connect Jacob to a gender integrated shelter in Colorado, and SOL bought Jacob a bus ticket to relocate from the East Coast. The day that Jacob was planning to leave, his husband decided to take the day off from work. Jacob was scared that now that he had finally found access to an inclusive shelter, he wouldn't be able to leave. He decided to tell his husband that he was going to the grocery store to make them dinner for the night, left the house with nothing but his car keys, and drove to the bus station to make his way to Colorado. Jacob was finally able to access the shelter, but ultimately had to find another shelter to stay in because of the time limit at the first shelter. Now in the second shelter, Jacob is beginning to put his life back together, accessing supportive and affirming resources for IPV and substance use.

Transgender survivors were more likely to report experiencing certain types of violence compared to cisgender survivors. Transgender survivors were three times more likely to report being stalked compared to cisgender survivors.¹⁷ Transgender women in particular were three times more likely to report experiencing sexual violence and financial violence than survivors who did not identify as transgender women.¹⁸

Survivors with disabilities were also more likely to report experiencing specific types of violence. Survivors with disabilities were two times more likely to be isolated by their abusive partner, three times more likely to be stalked, and four times more likely to experience financial violence than folks who did not report having a disability.¹⁹ It's important to understand how and why certain communities are more likely to experience certain types of violence; particularly how they interact with other bias and discrimination these communities may already be experiencing. This is explored further in the discussion section below.

17 (CI: 1.6-5.9)

18 (CI: 1.26-6.54 and CI: 1.1-7.5, respectively)

19 (CI: 1.1-4.0, CI: 1.3-5.17, & CI: 1.9-7.7, respectively)

Experiences Accessing Intimate Partner Violence Services

NCAVP collects information on LGBTQ and HIV affected survivors' experiences with accessing particular IPV services, such as shelter and domestic violence and other legal services, which historically have not been inclusive to LGBTQ communities. In 2015, about 27% of survivors attempted to access emergency shelter. Of those survivors who attempted to access emergency shelter, 44% were denied. The most commonly reported reason that survivors were denied shelter was barriers related to gender identity (71%), highlighting the negative consequences of sex segregated emergency shelter options for LGBTQ survivors. In 2015, only 36% of survivors reported seeking a protective order as a safety measure for IPV.

Survivor Interactions with Law Enforcement

In 2015, 43% of survivors reported interacting with law enforcement in some way as a result of the IPV they experienced. These interactions could have been voluntary, such as filing a formal report with the police, or involuntary, such as a neighbor calling law enforcement. Only about 33% of survivors made a formal report to law enforcement. People of color were three times more likely to report violence to law enforcement than white survivors.²⁰ Out of the total number of survivors who interacted with law enforcement in any way, 12% said that the police were hostile and 13% said that the police were indifferent in their interactions. Of those survivors who reported additional information about law enforcement behavior with police, 31% said they experienced misarrest, meaning the survivor was arrested rather than the abusive partner, up from 17% in 2014.

20 (CI: 1.34-6.1)

Shining Light on Transgender and Gender Nonconforming Survivors

Transgender survivors experience unique barriers in accessing services and support around IPV. Many non-LGBTQ specific domestic violence service programs are sex segregated and only serve cisgender women. These programs often deny services to transgender women or do not have affirming resources and services for transgender women to access. Transgender men may have to deny their gender identity in order to access services traditionally for cisgender women. Gender non-conforming people experience a complete erasure of identity and are often forced into a gender binary when trying to access services. Additionally, criminal legal services are often sex segregated

and require legal documents that are difficult for transgender people to acquire. Changing gender identity on legal documents can be a lengthy and expensive process. This report, and other research clearly shows that transgender women of color in particular experience high rates of IPV related homicides, which is directly rooted in high rates of poverty, housing instability, and hate violence.

Less commonly discussed are the ways transphobia, shame, and other biases impact the relationships of transgender and gender non-conforming people. In a recent report by NCAVP, transgender and gender non-conforming leaders in the anti-violence field discussed the lack

of resources and conversations around healthy relationships as an often under noticed yet driving factor in high rates of intimate partner violence. These conversations must include not only transgender people, but the intimate partners of transgender people, and address topics such as internalized shame, transphobia, breaking down gender norms, and negotiating consent in relationships, as these are some of the driving factors in violence against transgender and gender non conforming people.

For more information, please see the NCAVP Movement Building Committee Report at: bit.ly/MBCreport

Discussion

Unique Experiences and Impacts of IPV

This report highlights the importance of framing and understanding IPV in the LGBTQ and HIV community in the broader context of anti-LGBTQ bias, racism, ableism, anti-immigrant bias, and other forms of bias and discrimination. It's vital that we understand the unique vulnerabilities to IPV and the unique barriers to accessing services that LGBTQ communities, particular LGBTQ people of color, LGBTQ people who are undocumented, transgender and gender nonconforming people, and LGBTQ people with disabilities face. It's with these experiences centered in our framework that the IPV field will be able to provide culturally relevant services for all IPV survivors and the broader LGBTQ community can take care of those who have been most isolated in our community.

In 2015, LGBTQ and HIV affected survivors most commonly reported experiencing physical violence, isolation, harassment and intimidation, and financial abuse. While these forms of violence are common in all IPV, whether the survivor is LGBTQ or not, these manifestations of IPV can have particularly dire consequences for LGBTQ and HIV affected communities. LGBTQ people are particularly vulnerable to verbal harassment and financial abuse as power and control tactics in IPV as they experience higher rates of bias motivated violence in other areas of their lives, such as in their families, workplaces, and schools.²¹ The bias that LGBTQ and HIV affected survivors experience in these other areas make them more likely than non-LGBTQ people to experience poverty, unemployment, and homelessness.²² Research has shown that poverty, unemployment, and homelessness increase the likelihood that a person may experience intimate partner violence²³ and these factors make it more difficult to leave an abusive relationship. In order to address IPV within LGBTQ and HIV affected communities, we must address anti-LGBTQ bias and other forms of bias in our workplaces, housing, and in our communities. We must start supporting communities in finding ways to have difficult conversations about IPV and how we can work

21 National Coalition of Anti-Violence Programs (NCAVP). (2016). Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Hate Violence in 2015. New York, NY: Authors: Emily Waters, Chai Jindasurat, Cecilia Wolfe.

22 Sears, B., & Mallory, C. (2011, July). Documented Evidence of Employment Discrimination & Its Effects on LGBT People. Retrieved from <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Sears-Mallory-Discrimination-July-20111.pdf>

23 Intimate Partner Violence: Risk and Protective Factors. (2016). Retrieved from <http://www.cdc.gov/violenceprevention/intimatepartnerviolence/riskprotectivefactors.html>

together to hold each other accountable.²⁴ Finally, we must start reaching out and supporting the most impacted LGBTQ communities in culturally relevant and affirming ways that support and enhances their ability to self-determine what is best for them.

LGBTQ and HIV Affected Survivors of Color

Similar to previous years, the majority of LGBTQ and HIV affected survivors reporting experiencing IPV to NCAVP member programs were survivors of color, particularly Black/African American survivors and Latinx survivors. LGBTQ survivors of color, particularly transgender people of color, are more likely to experience certain economic and social inequities that make them more vulnerable to experiencing IPV.

For example, LGBTQ people of color experience high rates of poverty and housing insecurity thus making them more reliant on intimate partners for financial and housing resources.²⁵ Additionally, LGBTQ survivors of color experience high rates of bias and discrimination in their workplaces, which not only threatens their financial support, but also threatens an important source of social support that many survivors of IPV rely on.

Simultaneously, LGBTQ survivors of color also experience unique barriers to accessing resources and social support when in a violent relationship. LGBTQ survivors report fearing that they will experience racism and/or anti-LGBTQ bias from service providers, other survivors of IPV in places like communal shelter, and in their communities if they seek support.²⁶ LGBTQ survivors of color may be reluctant to seek criminal or civil legal recourses for IPV in fear of experiencing anti LGBTQ, racist, and/or xenophobic violence by law enforcement and for fear of involving their abusive partners, whom they often love and care for, in a system that is unjust and biased toward LGBTQ people and people of color.

In thinking about prevention efforts and responses to IPV, it is imperative that LGBTQ experiences are included, but we must also include a deeper

²⁴ NCAVP *Movement Building With Youth, People Of Color, Transgender And Gender Non-Conforming People, and People With Disabilities in the LGBTQ Anti-Violence Movement* Retrieved from: <http://avp.org/resources/avp-resources/550>

²⁵ Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Washington: National Center for Transgender Equality and National Gay and Lesbian Task Force, 2011.

²⁶ *Domestic Violence Against Lesbian, Gay, Bisexual and Transgender People of Color*. wcadv.org. The Wisconsin Coalition Against Domestic Violence (WCADV), n.d. Retrieved on 10/03/2014.

understanding of the various factors impacting LGBTQ survivors of color. Prevention and response efforts should include efforts to increase culturally specific services, housing and economic resources, and resources to increase overall community wellbeing for LGBTQ communities of color.

LGBTQ and HIV Affected Undocumented Survivors

Over the last few years, the percentage of survivors reporting to NCAVP members who are undocumented has steadily risen. The reauthorization of the Violence Against Women Act (VAWA) in 2013 included unprecedented protections around sexual orientation, gender identity, and immigration status. For the first time, many LGBTQ undocumented survivors were able to access recourses that were previously nearly impossible to access. More and more LGBTQ anti-violence programs are focusing on providing immigration services to ensure that the unique needs of LGBTQ survivors who are undocumented, seeking asylum, or are refugees are met.

Despite these additional resources, LGBTQ undocumented survivors continue to experience particular vulnerabilities as it relates to IPV. LGBTQ survivors of IPV often fear that they will not only face anti-LGBTQ bias when accessing services, but also fear deportation if they interact with the criminal legal system or other state systems when accessing services, which are fears that abusive partners may use to maintain control in the abusive relationship.²⁷ Some of the more commonly suggested immigration remedies for LGBTQ undocumented survivors of IPV, such as U-Visas and VAWA petitions, require survivors to interact with law enforcement or are limited by the federal definition of marriage.²⁸ LGBTQ communities, particularly communities of color, experience high rates of police violence and the federal legal definition of marriage only very recently included same gender couples. This creates a complicated multitude of barriers for LGBTQ undocumented survivors attempting to access legal remedies that would give them access to resources, such as work permits, healthcare, and housing and would decrease their vulnerability to intimate partner violence.

27 Casa de Esperanza (2009). Latin@s and IPV Evidence-Based Fact Sheet. Web. Casadeesperanza.org/national-latino-network. Retrieved 22 Sept. 2016.

28 U.S. Citizenship and Immigration Services (2010). *Immigration Options for Victims of Crime: Information for Law Enforcement, Healthcare Providers, and Others*. www.uscis.gov. Retrieved 22 Sept. 2016.

LGBTQ and HIV Affected Survivors with Disabilities

There is very little known on how LGBTQ and HIV affected survivors with disabilities are uniquely impacted by IPV. The research that does exist on disability and IPV shows that people with disabilities are significantly more likely than people without disabilities to experience IPV and other forms of violence across the lifetime including physical and sexual violence by caretakers.²⁹ In one study, over 70% of people with disabilities had experienced IPV, and the most commonly reported forms of violence were verbal and emotional abuse, physical abuse, neglect, and financial abuse.³⁰ In terms of sexual orientation, one study found that cisgender women with disabilities experienced higher rates of abuse by women who were their significant others than women without disabilities.³¹

In 2015, about a quarter of the survivors who reported information on whether or not they had a disability to NCAVP reported having some type of disability. Survivors with disability were two times more likely to experience isolation and four times more likely to experience financial abuse. These tactics of IPV are particularly impactful for survivors with disability who are often physically and socially isolated and segregated from community and other support systems.³² Additionally, people with disabilities experience high rates of employment discrimination and other barriers to financial stability.³³ It's important to note that people with disabilities' sexual and romantic relationships are culturally devalued, which may have particular consequences for LGBTQ communities as their identities and experiences may not be viewed as valid.³⁴ These impedes LGBTQ people with disabilities' ability to self-determine what is best for them when experiencing violence in a relationship. It's imperative that IPV programs and the broader conversation on IPV, whether LGBTQ specific or otherwise, incorporate a disability justice framework to ensure the unique needs of this community are being met and that LGBTQ people with disabilities are supported in creating healthy and affirming relationships.

29 Smith, Diane L. (2007). *Disability, Gender and Intimate Partner Violence Relationships from the Behavioral Risk Factor Surveillance System*. *Sex Disabil*, 26 , 15-28. DOI: 10.1007/s11195-007-9064-6

30 Baladerian, Nora J., Thomas F. Coleman, & Jim Stream (2013). *Abuse of People with Disabilities: Victims and Their Families Speak Out*. A report on the 2012 National Survey on Abuse of People with Disabilities. www.disabilityandabuse.org. Retrieved 22 Sept. 2016.

31 Smith, op. cit.

32 Hughes, Carolyn & Selete K. Avoke (2010). *The Elephant in the Room: Poverty, Disability and Employment*. *Research & Practice for Persons with Severe Disabilities*, 35 (1), 5-14.

33 Ibid.

34 Smith, op. cit.

Shelter Access and LGBTQ and HIV Affected Communities

LGBTQ and HIV affected survivors reported multiple barriers to accessing common IPV related services and supports. While many IPV programs have made strides to make shelters inclusive of all sexual orientations and gender identities, accessing shelter continues to be a barrier for LGBTQ survivors. Of those survivors who attempted to access shelter as a result of their IPV, a little less than half reported being denied shelter with the most common barrier being gender identity. This most often impacts transgender survivors, particularly transgender women, and cisgender men who are often denied shelter at historically sex segregated shelters that only serve cisgender women.³⁵ While shelter access is vital, the National LGBTQ Domestic Violence Capacity Building Learning Center recommends that the field of IPV move beyond thinking only of communal shelter for IPV survivors to supporting alternative and flexible housing supports that are survivor centered.³⁶ This may include working with the survivor to identify alternative housing options or flexible funding to pay for common barriers to long term housing such as security deposits. These alternative housing options can not exist in isolation, however, and must be paired with long term survivor centered advocacy. Flexible housing options paired with survivor centered advocacy may increase the likelihood that LGBTQ and HIV affected survivors are able to access affirming and long term housing options and increase overall stability in the lives of survivors.

Law Enforcement Response to LGBTQ and HIV-Affected Survivors

Another common IPV recourse commonly suggested to survivors of IPV is to “call 911,” or make a police report and involve law enforcement in the situation with the misguided attempt to make the survivor “safer”.³⁷ However, similar to previous NCAVP reports on IPV, LGBTQ and HIV affected survivors reported experiencing misarrest, verbal harassment, and other hostile behaviors when interacting with law enforcement. In a recent report with domestic violence service providers, 36% of providers reported that police did not recognize domestic violence when it occurred in same gender relationships or was

35 Goodmark, Leigh (2013). *Transgender, Intimate Partner Abuse and the Legal System*. Harvard Civil Rights-Civil Liberties Law Review, 48, 51-104.

36 National LGBTQ DV Capacity Building Learning Center (2016). *Improve Privacy as a Strategy to increase LGBTQ access to existing DV shelter Programs*.

37 ACLU (2015). *Response from the Field: Sexual Assault, Domestic Violence, and Policing*. www.aclu.org/responsesfromthefield. Web. Retrieved 22 Sept. 2016.

committed against a transgender person.³⁸ This can be seen in the high dual arrest rates, when both the survivor and abusive partner are arrested, of LGBTQ survivors. Same gender couples are at least ten times more likely to experience dual arrest, when law enforcement arrests both parties during domestic violence calls, than opposite gender couples.³⁹ Many law enforcement officers rely on primary aggressor assessments that only understand IPV between cisgender men and cisgender women. Applying this framework in LGBTQ relationships means that law enforcement often makes assumptions based on physical appearance or other unfounded biases. Dual arrests are often higher in states that have mandatory arrest policies that require law enforcement to make an arrest when responding to a domestic violence call.⁴⁰ These negative and violent experiences with law enforcement are exacerbated with LGBTQ survivors of color, LGBTQ survivors with disabilities, undocumented survivors and other communities that hold multiple marginalized identities that are frequently subjected to violence by police. Despite this, many IPV service providers continue to encourage survivors of IPV to reach out to law enforcement as a response to IPV. IPV service providers should rethink encouraging IPV survivors to call police as a first response, particular for LGBTQ survivors and HIV affected survivors, and instead work with the individual survivor to identify affirming support responses and alternative accountability mechanisms.⁴¹

Recommendations for Policy Makers and Researchers

PREVENT

- Policymakers and funders should fund LGBTQ and HIV-affected specific intimate partner violence prevention initiatives.
- Policymakers and funders should ensure that all dating violence curricula includes information about LGBTQ and HIV-affected dating violence and negotiating consent, and that sexual education curricula includes information about dating violence and sexual violence inclusive of LGBTQ and HIV-affected communities.
- Policymakers and funders should support early intervention and prevention

38 *Ib.id.*

39 Hirschel, D. (2008, July). *Domestic Violence Cases: What Research Shows about Arrest and Dual Arrest Rates*. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/222679.pdf>

40 National LGBTQ DV Capacity Building Learning Center (2016). *Rethink pro-arrest policies and criminal justice reform using historic, current, and emerging knowledge from diverse sources in the DV field*

41 *Ib.id.*

programs for youth to prevent and reduce IPV in LGBTQ and HIV-affected communities.

- Policymakers and funders should support programs and campaigns to prevent and increase public awareness of LGBTQ and HIV-affected intimate partner violence.

RESPOND

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

REDUCE BARRIERS

- Policymakers and funders should fund economic empowerment programs targeted at LGBTQ and HIV-affected communities, particularly LGBTQ and HIV-affected communities of color, transgender communities, immigrant communities, and low-income communities.
- Policymakers should ban discrimination in employment, housing, and public accommodations based on sexual orientation, gender identity, gender expression, and HIV-status to protect LGBTQ and HIV-affected survivors from economic and financial abuse.
- Policymakers should enact compassionate, comprehensive immigration reform to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.
- The Department of Homeland Security should end the 'Secure Communities' detention and deportation program to reduce barriers for LGBTQ and HIV-affected immigrant survivors of IPV.
- Policy makers should revise "mandatory arrest" programs to assess the efficacy of these programs and their unintended consequences on the arrest of LGBTQ survivors of IPV.
- Policy makers should reduce barriers for LGBTQ and HIV-affected survivors on government assistance by creating LGBTQ and HIV-specific protections within government assistance programs and ensuring government assistance programs are safely accessible for survivors of IPV.

RESEARCH

- Policymakers and funders, following the lead of the Centers for Disease Control and the Department of Justice's Bureau of Justice Statistics, should increase research and documentation of LGBTQ and HIV-affected intimate partner violence.
- Policymakers and researchers should focus on increasing the amount of literature on how transgender and gender non-conforming people are affected by IPV and the unique barriers these communities face in trying to access resources.
- Policymakers should ensure that the federal government collects inclusive and comprehensive information on sexual orientation and gender identity, whenever demographic data is requested in studies, surveys, and research, including IPV.
- Policymakers, researchers and advocates should ensure that LGBTQ survivors are included in all prevention assessments, including homicide and lethality

assessments, and that coordinated community responses including specific and targeted programming for LGBTQ survivors

- Policymakers and funders should support LGBTQ IPV fatality review research so as to identify the unique risk and protective factors within these communities.
- Policymakers and funders should support research examining the social determinants of LGBTQ and HIV-affected survivors of IPV to identify structural influences on IPV in LGBTQ and HIV-affected communities.

For more recommendations to the broader IPV field, please see the LGBTQ Domestic Violence Capacity Building Learning Center, a project of NCAVP and the Northwest Network, list of recommendations at: <http://www.nwnetwork.org/the-learning-center/>

Conclusion

The *NCAVP LGBTQ and HIV Affected IPV in 2015* report highlights some of the unique ways that LGBTQ and HIV affected people are impacted by IPV and experience barriers in accessing support and resources. While many of the tactics of IPV reported here are common in all IPV relationships, they have unique impacts on survivors with marginalized identities, such as LGBTQ, people of color, people with disabilities, and immigrant communities, who experience systemic inequities and other forms of bias motivated violence. It is imperative that these broader social and cultural impacts are a part of the conversation when discussing and addressing IPV against LGBTQ and HIV affected communities. The isolation that results from IPV is exacerbated by the lack of public awareness and discourse about this issue, which prevents LGBTQ and HIV-affected communities from taking action on IPV, and makes it more difficult to challenge the re-victimization of LGBTQ and HIV-affected survivors by mainstream IPV service providers, law enforcement agencies, and judicial systems. We cannot afford to ignore LGBTQ IPV, and the impact on these marginalized communities when it can exact such a terrible price.

Local Summaries

The Violence Recovery Program at Fenway Health

BOSTON, MA

The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides direct services and referrals to lesbian, gay, bisexual, and transgender and queer (LGBTQ) survivors of intimate partner violence, sexual assault, hate violence and police misconduct. The VRP mission is to provide services to LGBTQ survivors who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors. The VRP also aims to raise awareness of how LGBTQ hate violence and intimate partner violence affects the greater community through compiling statistics about incidences of violence and to provide trainings and consultations statewide to ensure that LGBTQ survivors of violence are treated with sensitivity and respect.

The VRP is a program within the larger, multi-disciplinary community health center at Fenway Health where LGBTQ people and neighborhood residents receive comprehensive behavioral health and medical care, regardless of ability to pay. The VRP currently serves over 215 LGBTQ clients per year who are survivors of recent violence in the forms of intimate partner violence, sexual assault, hate violence and police misconduct. Direct services include individual counseling, groups, advocacy and case management. Counselors and advocates provide trauma-informed treatment to help clients to stabilize acute symptoms of posttraumatic stress and to empower clients through education about the impact of violence and the healing process. Violence Recovery Program staff assist survivors to access services and resources, including shelter and housing, public assistance and social services and provide survivors with education and assistance in navigating the criminal justice and legal systems. The staff of the VRP assists survivors to file reports and restraining orders; connects survivors to LGBTQ-sensitive medical and legal services; and advocates on behalf of survivors with police departments, District Attorneys' offices and the Attorney General's Civil Rights and Victim Compensation divisions. Clients of the VRP also participate in psycho-educational, support and activity-based groups. In addition to delivering services directly to LGBTQ survivors, VRP staff provides training and education to social service and healthcare providers, legal and law enforcement personnel, students and community groups.

In 2015, the Violence Recovery Program (VRP) documented 93 new cases of Intimate Partner Violence (IPV), which is over two and a half times more than was documented in 2014. This dramatic increase in the number of reports is in great part attributable to an increase in staffing and programming at the VRP in 2015. Given this significant growth in the program, the change in numbers cannot be linked to indications of changes in rates of LGBTQ IPV in the region overall. There were notable changes between 2014 and 2015 to the proportions of survivor reports of IPV in specific demographic categories: the proportion of reports of IPV by woman-identified survivors increased by 10%, while reports by men and transgender-identified survivors both decreased (43% to 35% for men; 20% to 13% for trans). Due to the overall program changes, no conclusions can be made to account for these particular shifts. However, the significant increase in reports of IPV by transitional aged youth, ages 19–24 — from 6% in 2014 to 17% in 2015 — can likely be attributed to the VRP having a full-time staff person dedicated to outreach and direct service to youth and young adults in 2015.

Southern Arizona AIDS Foundation; Anti-Violence Project

ARIZONA

For nearly 25 years, Wingspan served as southern Arizona's lesbian, gay, bisexual, and transgender resource center. One of the many programs and services offered to the community was the Anti-Violence Project. In 2014, due to financial considerations outside of Wingspan's control, they were forced to close their doors. The Southern Arizona AIDS Foundation (SAAF), a trusted community partner, with an extensive 30 year history of its own, recognized the need to assume operation of two of Wingspan's most important programs, one of which was the Anti-Violence Project (AVP). Though the name has changed, SAAF AVP remains committed to the long standing mission to create systemic change that ends violence, oppression, and discrimination in the lesbian, gay, bisexual, transgender, plus (LGBT+) community.

In 2015, marking the first full year of AVP functioning as a program of SAAF, the white, Middle Eastern, Latin(x), and Black communities were those most served. Most notably, there was an increase in Middle Eastern, from 0% to 2.44%, and Black, from 3% to 12.20%, population served. Statistically, we know that persons of color have lower rates of reported occurrences of intimate partner violence (IPV) both in heterosexual and LGBT+ relationships. Culturally, we know that persons of color (POC) often value privacy in their personal intimate and/or familial relationships. When one examines the intersectionality of race, identity, and culture the dialogue would support our 2014 data in which the amount of Middle Eastern and Black peoples served, 3%, was significantly lower than those same populations served in 2015, 14.46%. SAAF AVP data collection affirms that outreach efforts were successful in enabling tangible and observable change in our POC community.

Another area of notable change is in the subcategories of abusers. The most obvious increase is in the number of survivors reporting current lover/partner as their abuser; this increase was sizable at 46.45%. The primary reason this shift in reported abuser subcategories is so important is that with it, came a decrease in acquaintance/friend and ex-partner abuse. In 2014 reports of known abuser current partner/lover totaled 32.50%, in 2015 that increased to 78.95%. This increase can be attributed to the agency shift. With 2014 being the year of SAAF's acquisition of the Wingspan program, AVP staff was tasked with the dire need to re-engage both the previously served clients, the community, and those marginalized unserved populations, that were alienated by such a dramatic shift in location, agency oversight, and programmatic restructuring. Re-engagement

efforts focused heavily on dissemination of knowledge around provided services and increased community knowledge, specifically IPV. Outreach and programmatic stabilization, to include staff transitions, increase in staff education, financial stabilization, etc., supported SAAF AVP's visibility in the community resulting in increased community supported prevention and awareness, ultimately extending the scope of services provided beyond mere crisis intervention. Through increased survivor knowledge and community education SAAF AVP has enabled survivors to more accurately identify relationships that pose a violent threat.

In 2016, SAAF AVP hopes to capitalize on these significant increases in a way that continues to strengthen increased education, outreach, and awareness of violence in the LGBT+ community. We hope to expand and improve existing services such as case management, shelter, and housing. It is appropriate to mention that marginalized populations, such as LGBT+, POC's, and those experiencing homelessness are often not only underserved by their communities as a whole, but many times these populations are underserved by the very institutions that are intended to help them. Creating an affirming, client focused, culturally competent and culturally responsible environment remains the inspiration used to carry forth SAAF AVP's commitment to anti-violence, anti-oppression, and anti-discrimination.

SafeSpace at the Pride Center of Vermont

BURLINGTON, VERMONT

The SafeSpace Program through the Pride Center of Vermont strives to end physical, emotional, and hate-based violence in the lives of LGBTQH people. SafeSpace recognizes and responds to the specific needs of our LGBTQH community members and provides advocacy and services in ways that affirm the broad spectrum of sexual and gender identities. SafeSpace recognizes the myriad of ways in which homophobia, biphobia, and transphobia obstruct LGBTQH individuals from disclosing incidents of violence and abuse and from accessing services. In recognizing these barriers, the SafeSpace Program endeavors to be both intentional and proactive in responding to and meeting the distinct and communal needs of the LGBTQH survivors we serve.

The SafeSpace Program is one of several central programs housed within the Pride Center of Vermont. The Pride Center of Vermont is a non-profit organization that serves the Vermont LGBTQH community through wellness, social, and advocacy-based outreach and programming. The SafeSpace Program offers advocacy, accompaniment, and outreach on behalf of LGBTQH people at the intersections of sexual, domestic, intimate partner, and hate violence. SafeSpace offers a warm-line for crisis intervention, emotional support, and direct services; organizes a LGBTQH support group for survivors of violence; and fosters an array of inter-organizational collaborations around intersections of identity. In addition, the program offers a series of trainings for greater safety and cultural competency for people interacting with and serving members of our LGBTQH community.

In 2015, the SafeSpace Program served 19 new survivors as opposed to the 26 new survivors who were served in 2014. These numbers present a 26% decrease in the number of new survivors served. The disparity in these numbers provides a useful background and narrative to the development and service of the SafeSpace Program between 2014-2015. Namely, the change in the number of new survivors served contextualizes both the change in the name of the Pride Center from RU12? and also the extent to which the Safe Space Program serves repeat clients.

The Pride Center of Vermont changed its name from RU12? Community Center in 2014. This rebranding has solidified and established a more cohesive and visible identity for the SafeSpace Program and for the work of the center both in the local community and throughout Vermont. However, like all major transitions, the

decision to undergo a name change and to adopt a new image incited a period of adjustment and re-establishing relationships with community members and community partners. The SafeSpace program was perhaps less visible and more difficult to access for people who did not realize that the program still existed within the Pride Center of Vermont. This context provides a viable lens through which to understand the 26% decrease in new survivors served between 2014 and 2015.

In addendum, it is salient to note that the decrease in new survivors served is not reflective of a decrease in number of survivors served overall. An integral component of the mission of the Pride Center of Vermont is to serve community members across the lifespan in significant and varied ways. The SafeSpace Program is designed to be accessible to survivors throughout their trajectories of healing both during and after immediate crisis. Hence, the 26% decrease in new numbers may serve as a reflection of SafeSpace energies being committed to formerly established, repeat clients.

The change in number of queer-identified survivors served between 2014 and 2015 is also significant to understanding the role and development of the SafeSpace Program within the Burlington and greater Vermont community. The SafeSpace Program recognizes the inherent biases and obstacles facing LGBTQH individuals striving to access support services around issues of hate and violence; there is often a fear of coming out or experiencing stigma for one's identity along with the myriad other factors that are entangled in our predominant views and biases around sex and gender. Queer-identified individuals are even further outside of the Lesbian and Gay (L/G) binary that currently exists within our culture's understanding of the LGBTQH community and hence often encounter more difficulty accessing useful and affirming services.

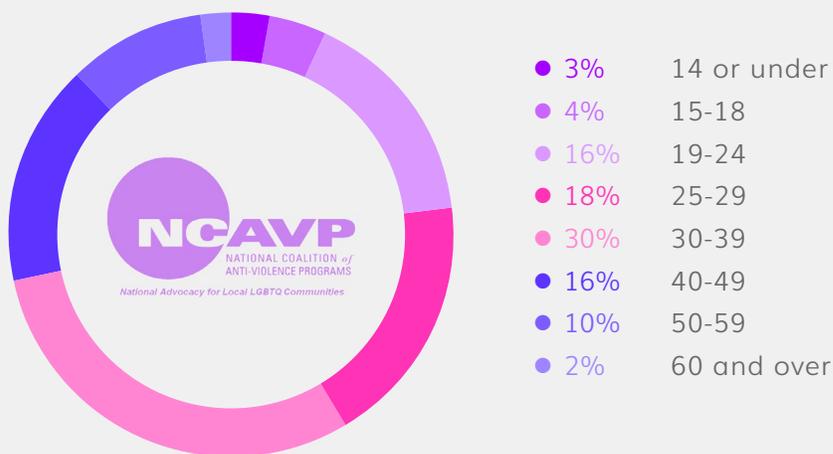
The SafeSpace Program served three queer-identified survivors in 2015 as opposed to two queer-identified survivors in 2014. While this change may seem minute in terms of how many more people were served year to year, the change is significant when one views the percentage composite queer-identified survivors make in the total number of survivors served between 2014 and 2015. In 2014, queer-identified survivors make up 8% of people served (without unknowns) and in 2015 queer-identified survivors make up 18% of people served (without unknowns). This increase is significant and reflective of the commitment of the Safe Space Program to serve all communities within the LGBTQH community, including those outside of the (more) dominant Lesbian and Gay communities.

New York City Anti-Violence Project (NYCAVP)

NEW YORK, NY

The New York City Anti-Violence Project (NYCAVP) envisions a world in which all lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected people are safe, respected, and live free from violence. NYCAVP meets diverse LGBTQ and HIV-affected communities where they live, work, and spend time, providing free and confidential assistance to thousands of survivors each year, through direct clinical, legal, and economic empowerment services, and community organizing and education, across all five boroughs of New York City. NYCAVP founded and coordinates the New York State LGBTQ Intimate Partner Violence (IPV) Network ("the Network"), which provides training and technical assistance across the state to expand access to lifesaving and healing safety, support, services, and shelter to all survivors across the spectrum of sexual orientation (SO) and gender identity (GI). Additionally NYC AVP coordinates the National Coalition of Anti-Violence Programs (NCAVP).

Age of Survivors (n=1365)



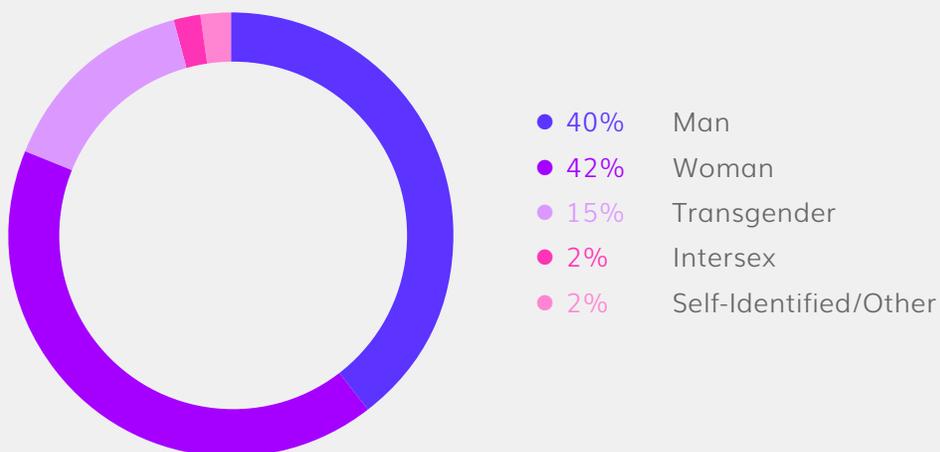
Of those who shared their GI⁴³, 42% identified as Women (from 48%), 40% as Men (from 43%), and 19% as transgender and gender non-conforming (TGNC), up considerably from 10%.⁴⁴ NYCAVP and the Network launched a Shelter Access Campaign, and issued a Shelter Access Toolkit and Best Practices Toolkit to

42

43 88% of those reporting IPV to AVP shared their gender identity.

44 TGNC includes including 9% as transgender, 1% as self-identified, and <1% intersex.

Gender Identity (n=417)



Consistent with previous years, of those who shared their SO,⁴⁵ the most reported SO was gay (38%, from 48%), then heterosexual (28%, from 24%),⁴⁶ lesbian (17% from 20%), and bisexual (8% up from 6%).⁴⁷ The increase in heterosexual respondents may correspond with an increase in serving heterosexual-identified transgender survivors.

LGBTQ and HIV-affected Immigrants

In 2015, of those who shared their immigration status,⁴⁸ 20% identified as non-citizens (from 24%), with 13% identifying as undocumented immigrants (from 12%). This slight increase may be related to NYCAVP's legal services program, launched in late 2013, which provides legal consultation, advocacy, and representation on immigration matters, in English and Spanish.

HIV and Disability Status

NYCAVP noted no significant change in survivors sharing their HIV status. NYC AVP's IPV services focus on the intersection of HIV and IPV, and on linking survivors to care.

In 2015, only 31% of survivors shared their disability status, down significantly from 40% in 2014, clearly identifying this as an area on which NYCAVP needs to

⁴⁵ 80% of those reporting

⁴⁶ The increase in heterosexual-identified people may be due to the fact that trans people often identify in this way, and that straight, cisgender men often come to AVP for support with IPV or SV from cis women partners, because they are unable to access services at mainstream programs that don't see men as survivors.

⁴⁷ Other survivors identified as queer (3%, down slightly from 4%), self-identified (2%), and questioning/unsure (1%).

⁴⁸ 68% of those reporting

focus targeted outreach and staff training. Of those who shared, 21% identified as living with a disability, down significantly from 48% in 2014; of those, 48% identified living with mental health disability (consistent with last year), and 46% with a physical disability.⁴⁹ Given the research that demonstrates people living with disabilities are at disproportionate risk for IPV, NYCAVP will increase our work to engage these vulnerable survivors.

Police Response

In 2015, only half of those who shared information on police engagement⁵⁰ reported that they engaged with the police, and of those, 44% described police response as "Hostile" or "Indifferent." LGBTQ IPV survivors are often reluctant to engage with police, due to past experiences of bias, discrimination, and violence, or fear of law enforcement's inability to assess which partner in an LGBTQ relationship is the primary aggressor and which is the survivor.

This data reinforces the need for NYCAVP to continue our work to hold the criminal legal system accountable. NYCAVP's remains a part of the LGBTQ Advisory Council to the NYPD Commissioner and continues our work with Communities United for Police Reform (CPR) in advocacy efforts to end discriminatory policy practices by the NYPD, and with the Access to Condoms Coalition, addressing the State law that allows condoms to be used as evidence in prostitution-related arrests, increasing profiling of LGBTQ people.

Conclusion

IPV is as pervasive in LGBTQ relationships as it is in all relationships, and the data in this report bring home the need to look at the way in which survivors' intersecting identity around race, class, sexual orientation, ability, and gender identity impact the way they experience IPV and what happens to them when they reach out for help. NYCAVP is the first LGBTQ-specific organization to be appointed to the Mayor's Fatality Review Board for IPV, where we can ensure LGBTQ survivors are included in any work around assessing lethality and prevention of IPV-related homicides. Our work will continue to be centered in an anti-oppression approach that recognizes these dynamics, and works collaboratively with survivors to identify pathways to safety, support, and services they feel best serves them.

49 Others identified as: 4% learning disabled, and 2% blind.

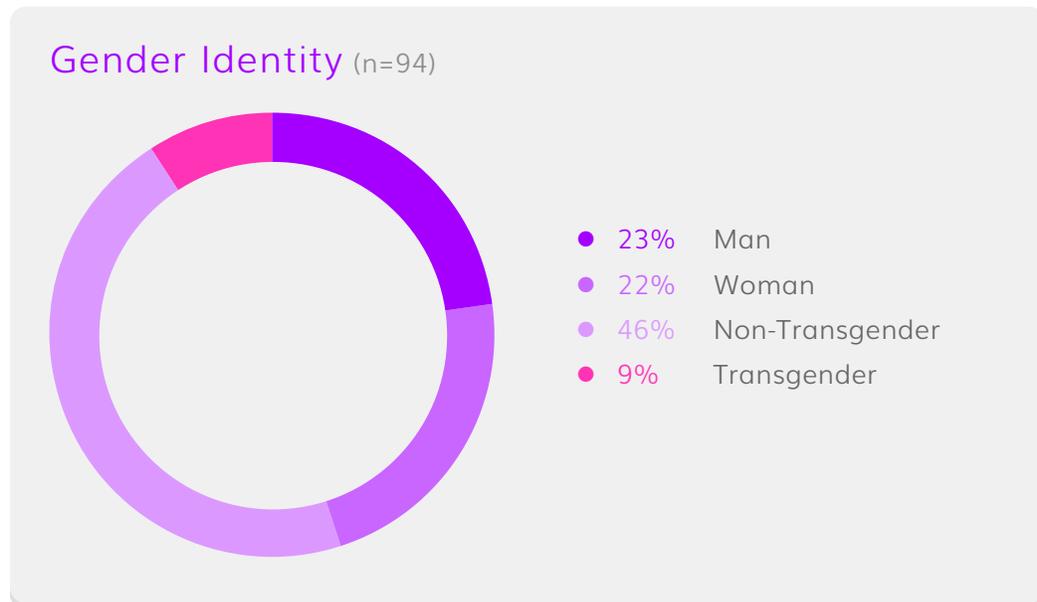
50 77% of those reporting

The Montrose Center

HOUSTON, TEXAS

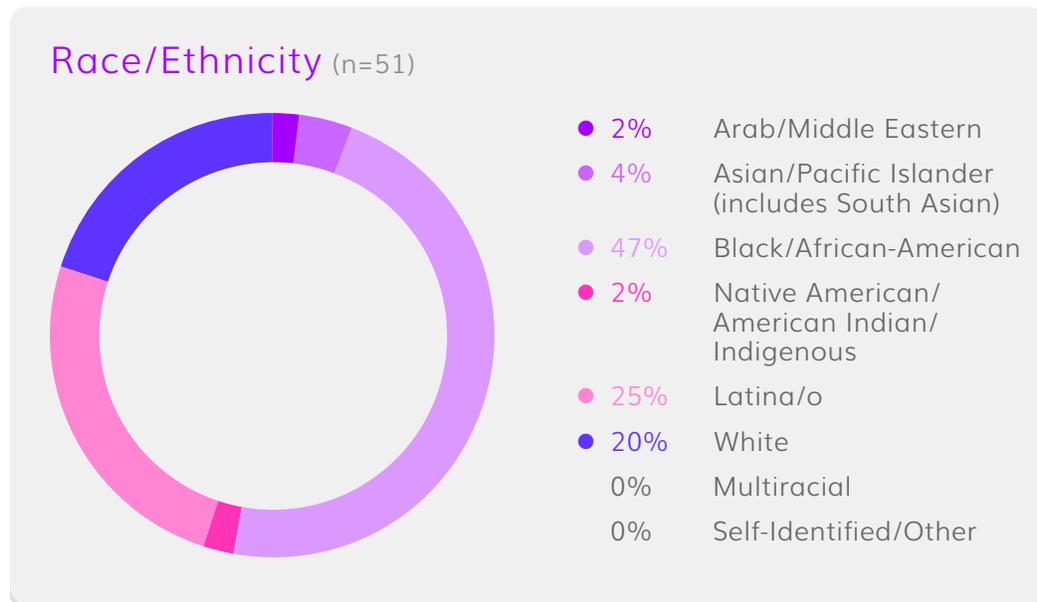
The Montrose Center empowers our community, primarily gay, lesbian, bisexual, and transgendered individuals and their families to enjoy healthier and more fulfilling lives by providing culturally affirming and affordable behavioral health and preventative services.

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



In 2015, of the 51 survivors of intimate partner violence assisted, 22 were men, 21 were women and 8 identified as transgender. Of the total number of survivors, 24 were African American, 10 were Caucasian, 13 were Latino/a and 2 Asian, 1 Arab or Middle Eastern and 1 identified as Native American. We are seeing a steady

increase in the number of people coming in for services in dealing with Intimate Partner Violence and have seen that number increase over the years. We believe that those numbers will continue to rise as more people are accepting of same-sex relationships and marriage and more credibility is given to the relationships. The Montrose Center serves a targeted population of LGBT clients in the Houston area and a larger number to male survivors as there are so few services offered to men through other agencies. We are also seeing an increase in the number of transgender clients seeking services and again believe that as more people find it acceptable to come out as transgendered the numbers will continue to grow. The Montrose Center has filled the gap in dealing with intimate partner violence that other agencies are unable to handle which ensures services to the LGBT community.

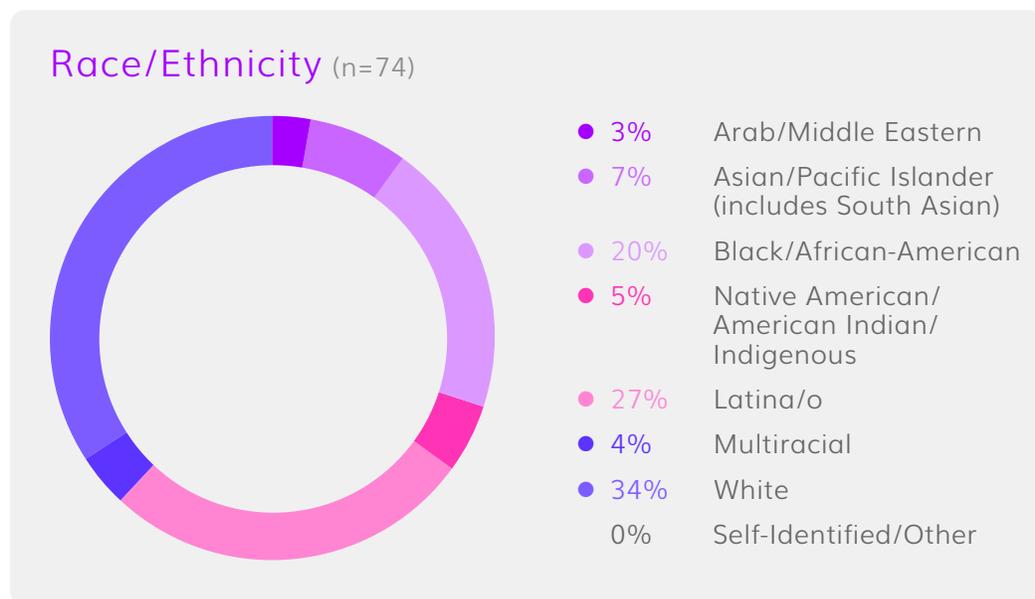


Survivors Organizing for Liberation (SOL)

(formerly *The Colorado Anti-Violence Program*)

DENVER, COLORADO

Since 1986, Survivors Organizing for Liberation (SOL) has been dedicated to eliminating violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado, and providing the highest quality services to survivors. SOL provides direct services including a 24-hour hotline for crisis intervention, information and referrals. SOL also provides technical assistance, training and education and advocacy with other agencies including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and other community members. Buried Seedz of Resistance (BSEEDZ) is the other half of the organization, and is creating their own legacy by organizing, creating art, building skills, power and leadership. Using strategies of community organizing, arts & media, action research and direct action, BSEEDZ sparks dialogue, educates and empowers youth to take action. Led entirely 'By Youth, For Youth', BSEEDZ continues to build a base of youth leaders locally and nationally who are committed to fighting for safety and justice in their lives, families and communities.

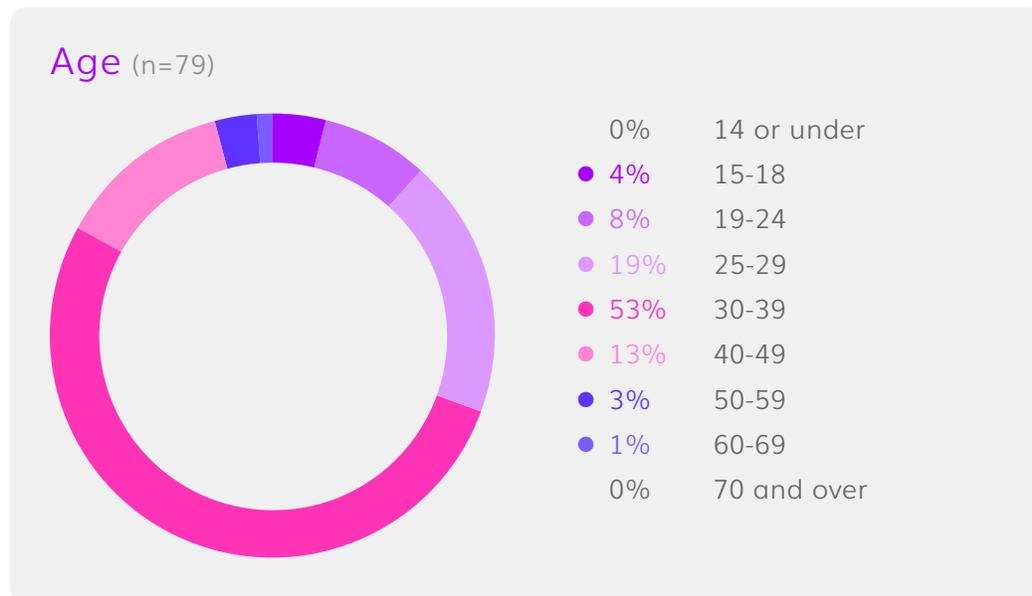


Our overall calls remained steady this year, with 82 callers reporting intimate partner violence in 2015, compared to 81 in 2014. However, what is noteworthy

is an increase in calls from survivors holding multiply marginalized identities, with some highlights below. Over the past 2 years, SOL/BSeedz has prioritized more consistent and robust outreach strategies with survivors of color, two-spirit survivors, young survivors, undocumented survivors, and Spanish-speaking survivors.

We noted a significant increase in calls from Latinx survivors (9 in 2014 to 20 in 2015). Again, we believe this is connected to our deepening working in communities of color, particularly through our JessieVive and Justice4Nate campaigns. While both focused on police and criminal justice system violence, they nonetheless have created opportunities for increased connections within those communities.

Similarly, we saw an increase in calls from young survivors, from 3 contacts in 2014 to 6 in 2015. We believe this is a result of the work of Buried Seedz of Resistance, and the increased visibility and trust BSeedz is gaining amongst young LGBTQ communities in Colorado.



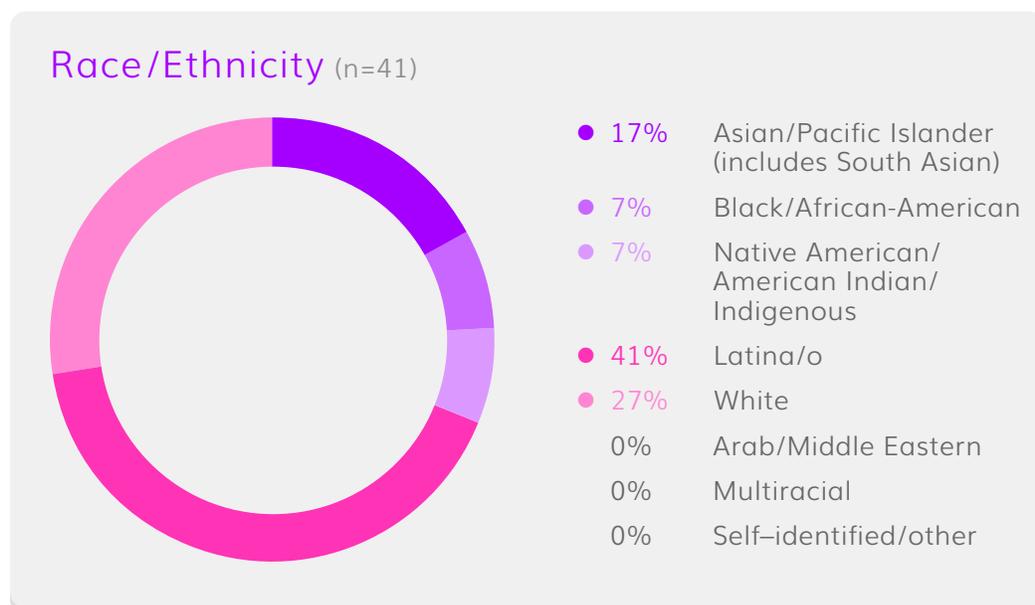
Calls from transgender survivors totaled 20% of our total calls, this year, a 53% increase from 2014, (from 13 calls to 20). This increase in calls could be connected to the intentional outreach and collaboration efforts of the last 3 years, resulting in SOL/BSeedz being able to more frequently connect with transgender and gender nonconforming survivors in Colorado. We've recently developed new

hotline outreach materials that highlight shelter discrimination, knowing that currently only 13% of the domestic violence safehouses in Colorado have all-gender policies. With so few emergency options, we know that this continues to create additional safety risks for trans and GNC survivors.

Community United Against Violence (CUAV)

SAN FRANCISCO, CALIFORNIA

CUAV works to promote the self-determination of LGBTQ survivors of violence. Survivors seeking services, who are primarily extremely low to no income Latinxs and African-Americans, are supported in their healing process through one on one peer support counseling, a weekly skill based support group, and ongoing leadership development through our participant to member pathway. CUAV organizes survivors of violence to address systemic causes of violence while simultaneously healing from interpersonal violence. Supporting a survivor in seeing the causes of violence as larger than the interpersonal not only helps one overcome isolation, but helps to transform experiences of trauma into wisdom and power. Involving survivors in community organizing allows them to exercise their wisdom and power to collectively create more safety in their lives. In 2015, CUAV saw a total of 58 survivors of intimate partner violence.



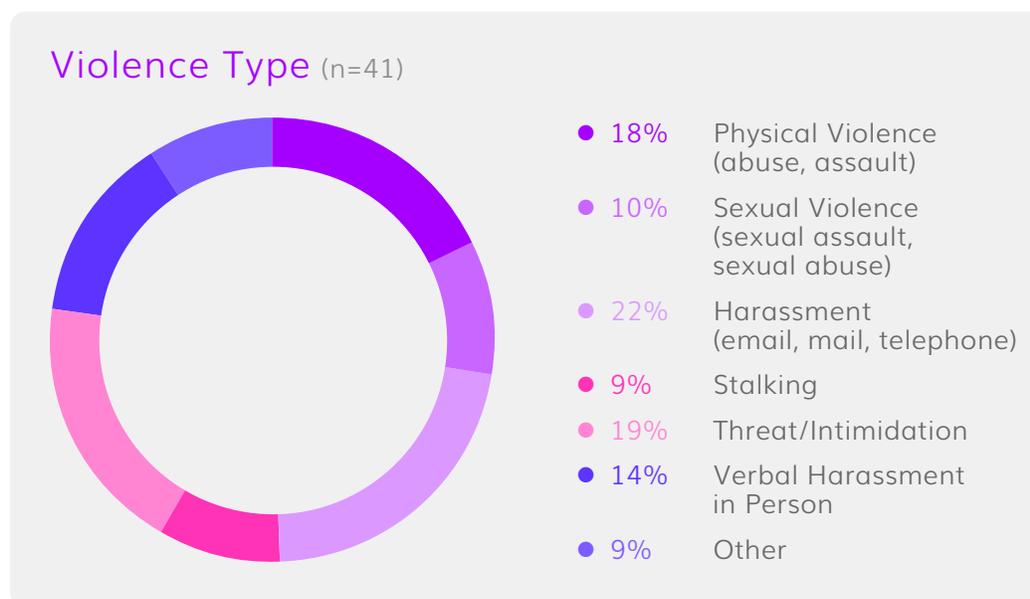
While it is hard to say how we came to receive the same amount of reports of violence as 2014 precisely, we were able to maintain a consistent capacity for outreach and service provision, all while bringing in new staff. Implementing intentional strategy to keep our ability to support survivors from decrease likely contributed to receiving the same amount of reports as 2014.

In 2015, like at the national level, the majority of survivors who reported experiences of violence to CUAV were people of color (73%). We saw a sizable

decrease in reports from African-American/Black survivors of IPV (from 23% to 5%), despite the national trend of an increase in Black survivors in 2015.

Like nationally, we also saw an increase in the amount of reports from Asian/Pacific Islander survivors (from 3% in 2014 to 13% in 2015.) Most likely, this increase is due to ongoing coalition work and relationship building with many multi-racial and API specific organizations.

In 2015, CUAV received 125 reports of violence types from intimate partners. The most common types of violence were harassment (22%), threats/intimidation (19%), and physical violence (18%). Interestingly, we saw a dramatic increase in the amount of reports of violence perpetuated from an ex-lover/partner (from 58% to 79%). Respectively, reports of violence from a current lover/partner decreased significantly (from 38% to 18%).



San Francisco's dramatically unaffordable housing market continues to most negatively affect low and no-income Black and Latinx LGBTQ communities who, again, make up the majority of reports submitted to CUAV in 2015. Like in 2014, the decrease in reports from Black survivors can be attributed to the ongoing gentrification of The San Francisco Bay Area. This phenomena continues to push out many Latinx and Black community members, as well as the over policing of Black and Brown communities. Currently 3-5% of San Francisco's population is Black, but make up 54% of the jail population. 2015 saw a continued trend

of high-profile killings of community members who were Black, Latinx, and immigrants by SFPD. The inaccessible and violent social climate of San Francisco has caused many Black and Latinx people to relocate to regions in The Bay Area where the distance to CUAV's location is highly unreasonable, as well as often inaccessible for the many folks in these demographics who rely public transportation.

Finally, there are often many complicated factors (economical, familial, emotional, etc.) that require ongoing support in the wake of an abusive relationship. Survivors of domestic and interpersonal violence will have many dire needs after leaving an abusive partner. Mainstream and LGBTQ specific programs must continue to provide services and programming to address the long-term emotional and psychological impacts of abuse, as well as the material losses (financial stability, pets/children, mutual friends, etc.) that may impact survivors' wellness and self-determination in the immediate and long term. Providing multifaceted support that addresses such needs decreases the likelihood that a survivor will return to an abusive partner.

Virginia Anti-Violence Project (VAVP)

RICHMOND, VA

The Virginia Anti-Violence Project (VAVP) works to address and end violence within and against lesbian, gay, bisexual, transgender and queer/questioning (LGBTQ+) communities across Virginia. Their aim is to support a world where diverse LGBTQ+ communities are free from all forms of violence, such as: homophobia, biphobia, transphobia, heterosexism, racism, classism, (cis)sexism, xenophobia, anti-Semitism, ableism, ageism, hate violence, intimate partner violence, sexual violence, state-sanctioned violence, stalking, bullying and harassment.

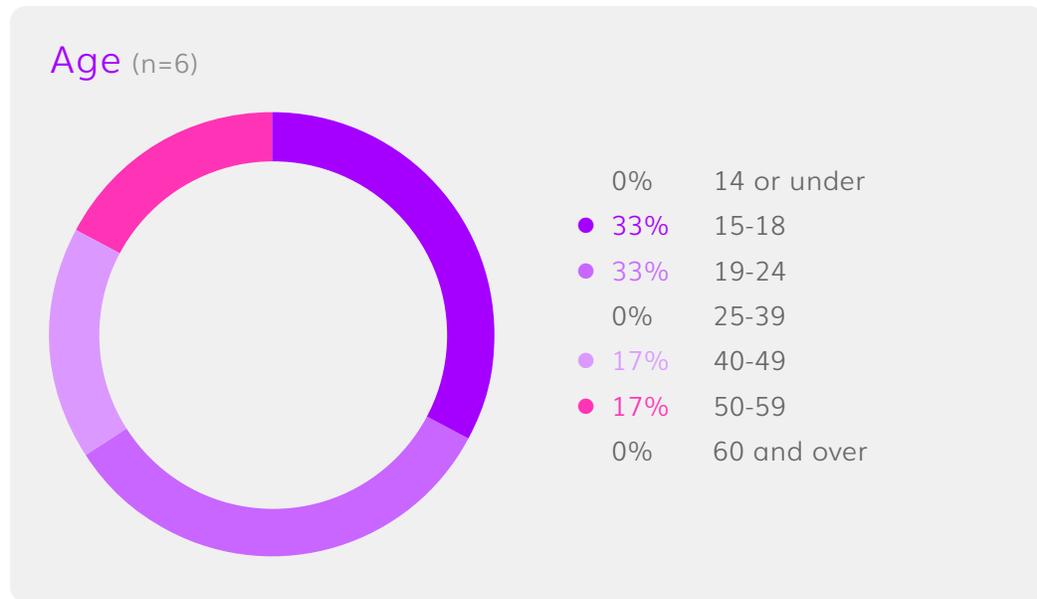
They affirm and develop LGBTQ+ leadership as essential to end violence, while promoting respectful and equitable relationships, community accountability, LGBTQ+ visibility, access to survivor support, and affirming collaborations. VAVP provides direct support, advocacy, referrals, and information to LGBTQ-identified individuals that have been impacted by violence.

VAVP also trains and provides technical assistance to mainstream anti-violence service providers, healthcare professionals, and LGBTQ+ service providers, as well as the LGBTQ+ community and its allies as a whole. These trainings and assistance work to increase awareness, education, and successful program and policy implementation to respond to violence – along with emphasizing the skills for healthy relationships and sexuality.

Although VAVP has done much listening work within diverse LGBTQ+ communities impacted by violence since its beginnings, 2015 was the first year VAVP began formal, direct services and support for LGBTQ-identified survivors of violence. Because this part of VAVP's programming is relatively new, it can explain why the data pool for VAVP is relatively small. Additionally, stigma in naming intimate partner violence, particularly in southern LGBTQ+ communities, may be a barrier for folks accessing VAVP services as a whole, along with rural isolation among some of Virginia's LGBTQ+ populations. Shifting norms around healthy relationships, while strengthening connections and ties within diverse LGBTQ+ communities is ongoing cultural work at VAVP.

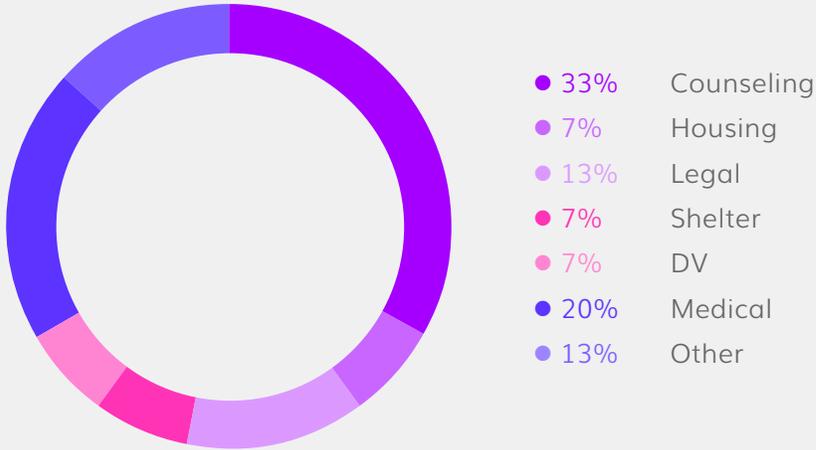
Of the survivors accessing VAVP's services in 2015, almost 67%, or four out of six, survivors were youth aged 24 years old and under. Additionally, 83%, or five out of six, were women of both cis and trans experience. Because the data pool is so small, it does not indicate an overall trend within Virginia, but does highlight areas where VAVP can develop further cultural competency and outreach. VAVP

has begun programming to particularly serve and support the needs of LGBTQ+ youth, such as through partnership with youth-specific LGBTQ+ organizations. The lack of survivors seeking services at VAVP who identify as men may speak more to specific stigma within that population that prevents access to services rather than a lack of those survivors within Virginia.

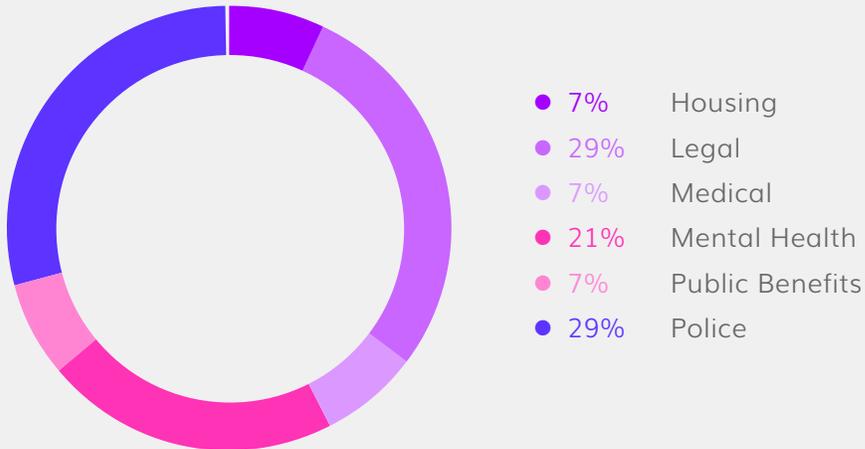


Of note, five of the six survivors accessing VAVP's services had experiences of sexual violence. Of the total number of survivors, 83% had perpetrators that were known abusive partners. This data indicates an increased need for proactive and preventative skills around consent, healthy sexuality and relationship skills within the community, underscoring the importance of VAVP's work to encourage and include those conversations. Additionally, 83% of six survivors seeking services did not report violence to police. None of the survivors seeking services at VAVP sought a referral for police involvement. Since the majority of survivors (five of six) received referrals for counseling services from VAVP, it could be extrapolated that survivors found accessing counseling as more supportive of their healing journey than engaging with police and criminalizing their partners. Most of VAVP's services to survivors involved referrals because of organizational capacity and also reflect a commitment to local community collaborations and relationships.

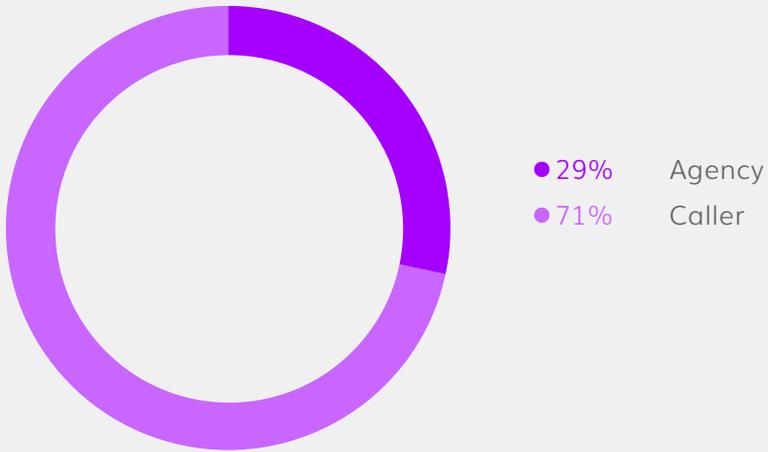
Services Provided: Referrals (n=15)



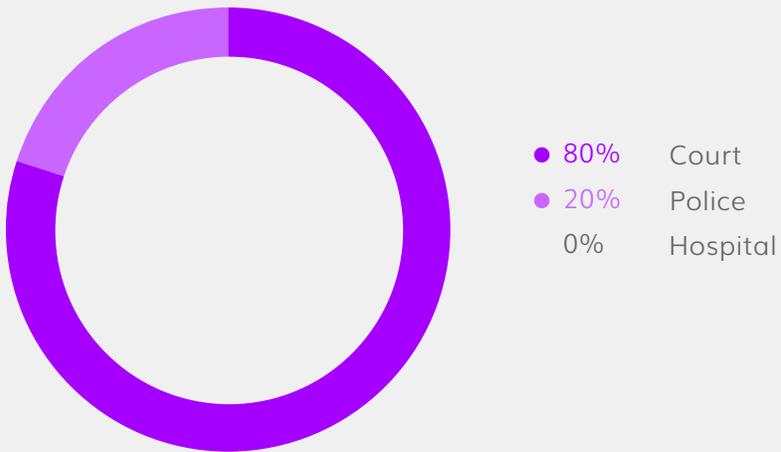
Services Provided: Advocacy (n=14)



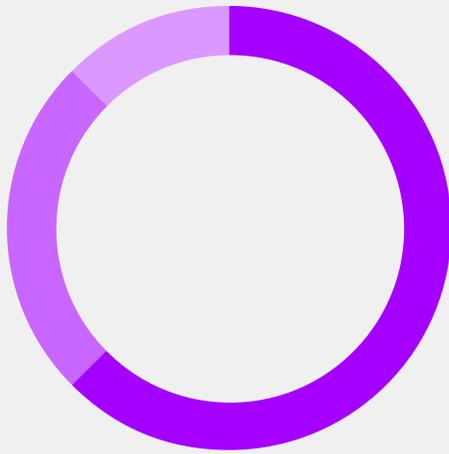
Services Provided: Follow-Up (n=7)



Services Provided: Accompaniment (n=5)



Services Provided: Other Services (n=8)



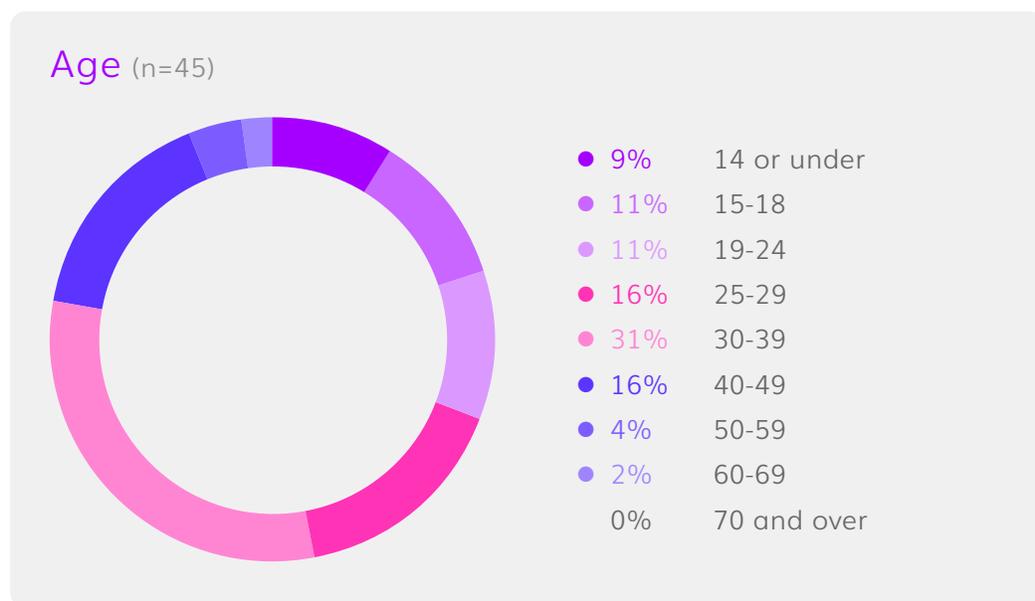
- 63% Safety Planning
- 25% Court Monitoring
- 13% Emergency Funds

Kansas City Anti-Violence Project (KCAVP)

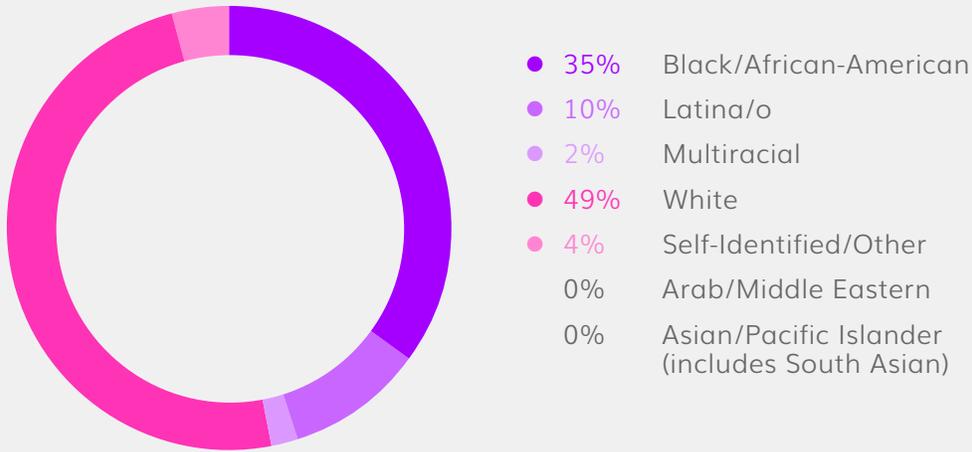
MISSOURI & KANSAS

The Kansas City Anti-Violence Project (KCAVP) provides dedicated services to lesbian, gay, bisexual, transgender and queer (LGBTQ) youth and adults, throughout Missouri and Kansas, who have experienced trauma, violence, harassment or neglect. Through direct advocacy, professional training and community education, we work to prevent and respond to domestic violence, sexual violence and hate crimes.

Since 2003, KCAVP provides emergency assistance, support, and services to LGBTQ survivors of violence, including domestic violence, in metropolitan Kansas City and support and counseling across Kansas and Missouri. KCAVP fills gaps in service for LGBTQ survivors and acts as a gateway to services that LGBTQ people may not have access to or are unable to access due to systemic homophobia and transphobia. KCAVP advocates for survivors and educates service providers and the community about the differences LGBTQ people face when they are victimized in their community or they are victimized because they are part of (or perceived to be part of) the LGBTQ community. KCAVP also acts as a social change agent in the community to increase knowledge about LGBTQ domestic violence, sexual assault, and hate crimes.



Race/Ethnicity (n=49)



The number of new survivors/victims KCAVP responded to involving intimate partner violence continued to grow in 2015 increasing by 74% compared to 2014 (61 and 35 respectively). While the number of survivors/victims increased comparatively, the demographics of the individuals served varied. In 2015, there was a 20% increase in the number of survivors/victims who were 18 and under compared to 2014 where the number of survivors/victims who were 18 and under was 0% (9 to 0, comparatively). This increase is likely the result of the Youth Department, which KCAVP introduced in 2014 but became more present in the community in 2015. In addition to the increase in Youth survivors/victims of intimate partner violence, there was an increase in the number of Black/African American individuals who sought KCAVP's services in 2015. The increase of Black/African American survivors/victims rose from 19% in 2014 to 35% in 2015 (a 16% increase, 5 and 17 respectively). This increase is largely due to KCAVP's efforts to reach out to communities of color at outreach events (including a series of town halls dealing with police violence, communities of color, and LGBTQ communities), creating People of Color (POC) focused safe spaces, and incorporating more culturally diverse programming.

OutFront Minnesota

MINNEAPOLIS, MN

OutFront Minnesota is the state's leading advocacy organization working with lesbian, gay, bisexual, transgender, queer and allied people (LGBTQA). Our mission is to create a state where LGBTQA people are free to be who they are, love who they love, and live without fear of violence, harassment or discrimination. We envision a state where LGBTQA individuals have equal opportunities, protections and rights. We are working toward the day when all Minnesotans have the freedom, power and confidence to make the best choices for their own lives.

Our Anti-Violence Program is committed to honoring the unique needs of LGBTQA and HIV-affected crime victims and their friends/families throughout Minnesota. We believe that social change occurs when we work to prevent violence from occurring within and against our communities through education and increased visibility; help survivors of violence find their own paths to healing and empowerment through the provision of safe and effective advocacy support services; and, work with other organizations to create a strong network of well-trained and supportive service providers throughout Minnesota. To attain equity for LGBTQ and HIV-affected survivors, we approach this through an intersectional lens that locates and honors the many layered identities within our communities. We strive to be victim/survivor centered and trauma-informed in all of our work.

Overall, we worked with 36 more survivors of IPV in 2015 than we did in 2014, an increase of almost 18%. We saw our service decrease significantly in IPV from 2013 to 2014, and so to see a rise in 2014 to 2015 suggests that our program is on its path to the right sort of outreach and publicity efforts in order to reach people, as we do not believe the number of people experiencing IPV has varied significantly between these three years.

We are currently conducting a community safety survey to assess the needs and wants of survivors in Minnesota, and will be incorporating those results into our outreach efforts for the rest of 2016 and 2017.

We are striving to make our services more culturally relevant and inclusive, and we saw an increase in Black/African American survivors, from 21 to 67. However, we also saw a decrease in Native American survivors, down from 24 in 2014 to just one in 2015. The Minnesota Women's Indian Center did start an LGBTQ/Two Spirit support group in 2015, and also began offering more individual services to LGBTQ/Two Spirit survivors in the metro region.

Equay Wiigamig also signed on to our grant partnership in 2015 and began outreach efforts to Native LGBTQ2S survivors in 2015. While our drop shows that we need to continue to think of ways to partner and collaborate in a culturally relevant way, hopefully Native survivors have not been without services.

We saw an increase in undocumented survivors, from 8 to 24, and have utilized an increase in direct client assistance from our state grant to be able to provide greater interpretation services significantly in 2015 and in 2016 so far.

There was a significant increase in survivors reporting injuries in 2015, from 36 to 104. We are hoping to address this in outreach and education efforts to provide increased safety planning tools to community members.

Out of survivors who contacted the police there was an increase in reports of a hostile interaction, from 3 to 20. Police/community relations have been tense throughout MN in the last year, especially given the reaction to the 4th precinct occupation and protest after the shooting of Jamar Clark.

Significantly fewer people sought an order for protection (OFP) down from 108 to 34, but all 34 were granted that OFP. As a survivor-centered org, we recognize that traditional legal options are not the best route for many survivors. Additionally our DASC position which works with many people seeking OFP's was open between May and September in 2015 so that accounts for a portion of the gap.

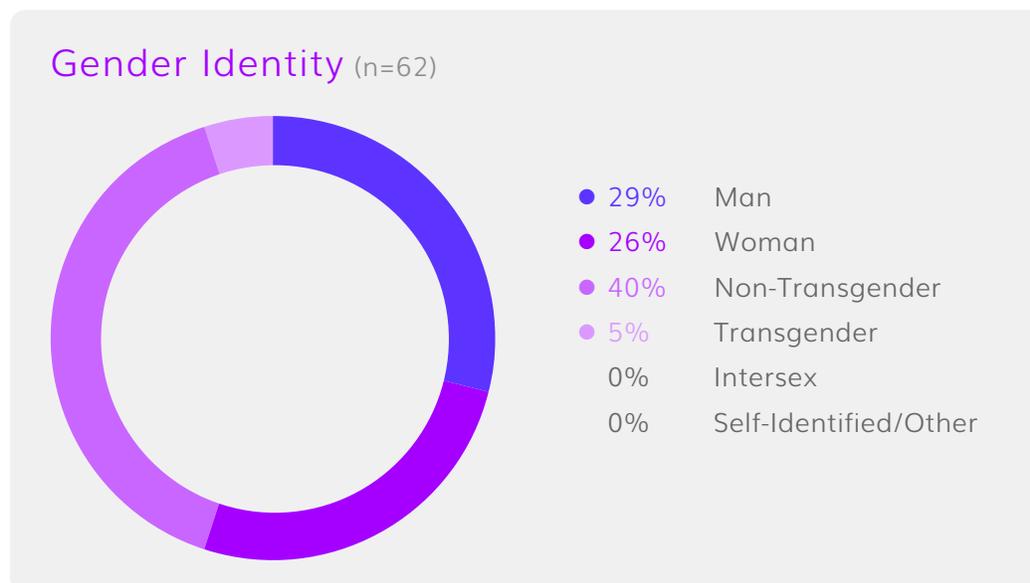
The data also indicates a need for better tracking and intake procedures across the board, which is an issue our program has known about for a while and we are seeking funding to purchase a software system such as Apricot or a similar database.

Buckeye Region Anti-Violence Organization (BRAVO)

OHIO STATEWIDE

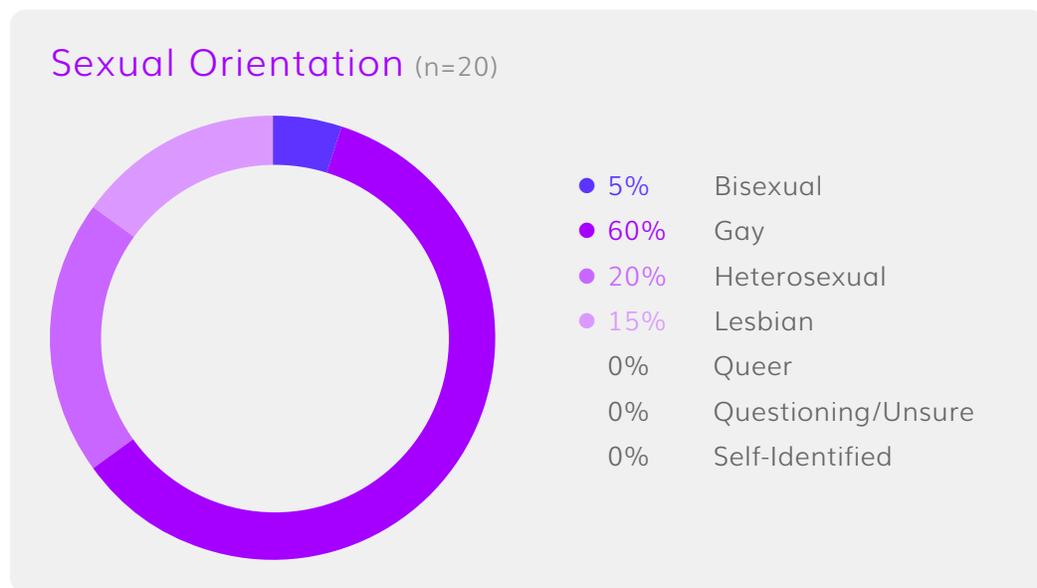
Buckeye Region Anti-Violence Organization (BRAVO) works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, intimate partner violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services, both within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

BRAVO's services include anonymous, confidential crisis support and information via a helpline with trained staff and volunteers, documentation of hate crimes and intimate partner violence, hospital and legal advocacy, public education to increase awareness of hate crimes and LGBTQ intimate partner violence and to increase knowledge about support services available, education of public safety workers, and service and health care providers to increase their competency to serve LGBTQ victims. BRAVO is committed to our belief that the best way to reduce violence is to foster acceptance. Only by making people and institutions aware of these issues and "demystifying" LGBTQ people and the issues that LGBTQ people face can we assure quality services to victims and ultimately reduce the incidence of violence. Our work focuses on both bias crimes against LGBTQ people, intimate partner violence, and sexual violence.



In 2015, BRAVO responded to 38 cases of intimate partner violence, which was a 15% increase from 2014 (33 cases). Of the 19 survivors that shared their age, 2

were between 19-24 years of age, and 4 survivors each between the ages of 25-29, 30-39, 40-49, and 50-59, and 1 survivor was between 60-69 years of age. The gender identity of survivors is consistent from previous years, eighteen survivors identifying as men, sixteen as women, twenty-five as cisgender, and three as transgender. Of those survivors sharing their sexual orientation, 1 identified as bisexual, twelve as gay, four as heterosexual, and three as lesbian. Of those survivors reporting their race and ethnicity, three survivors identified as Black/African-American, fifteen as white, and two self-identified their race and ethnicity.



There are numerous tactics that abusive partners use to exert power and control in the context of a relationship. Twenty-five cases involved physical violence, of which eight survivors reported injuries sustained from the violence. Of these eight survivors, five required medical attention including two survivors required inpatient hospitalization for the injuries they sustained. Fifteen survivors experienced financial abuse, eighteen survivors experienced isolation from support networks, ten survivors reported harassment from their abusive partner (through means of email, social media, telephone), and thirty one survivors reported verbal harassment in person.

There was a 39% increase in survivors reporting threats and intimidation (from 21 cases in 2014 to 34 in 2015), and an increase in survivors experiencing stalking behaviors by a past or current partner (from 4 cases in 2014 to 17 cases in 2015).

In seven cases, abusive partners used children as means of controlling their partner. Five survivors' partners preventing them from having access to needed medical care and attention. Hate and bias violence can occur in the context of intimate partner violence, and two survivors reported anti-LGB and one survivor reported anti-trans violence in the context of their relationships.

In 2015, 10 survivors reported the violence they experienced to police, and in seven instances (70%) police took the complaint and filed a report. Police made arrests of the abusive partner in six of those instances. Of those survivors that interacted with law enforcement and shared information about those experiences (13 survivors), 3 reported courteous interactions with law enforcement, while 1 survivor reported indifferent interactions, and 1 reported hostile interactions; in 8 cases, information about interactions with law enforcement was not provided. Seven survivors reported that they sought a protection order, and in all instances the protection order was granted. In one of the seven instances however, both the survivor and abuser were granted a mutual order.

BRAVO continues to provide cultural competency training and outreach to law enforcement agencies across Ohio in order to improve responses by law enforcement to LGBTQI survivors of intimate partner violence. Additionally, 18 survivors sought civil legal assistance. In the fall of 2014, BRAVO collaborated with the Ohio Domestic Violence Network to initiate the BRAVO LGBTQI Legal Office Hours program to help connect LGBTQI survivors of intimate partner violence, sexual violence, and stalking to an attorney for a free legal consult to discuss and explore civil legal options (such as protection orders, negotiating with landlords, stay away letters, etc.). Through the implementation of this program, survivors of hate intimate partner violence, were able to explore more options available to them.

Los Angeles LGBT Center

— Family Violence Intervention Services Department (FVIS)

— STOP Intimate Partner Abuse/Violence Program (STOP IPV)

LOS ANGELES, CA

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

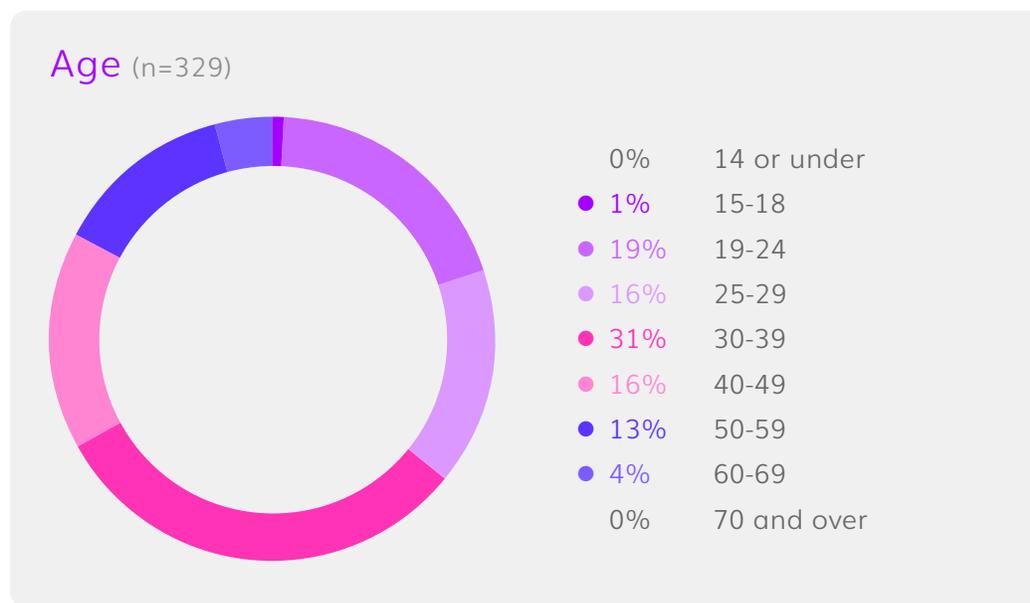
Reported cases of LGBTQ intimate partner violence in the greater (5-county) Los Angeles area reflected a decrease from a total of 661 cases in 2014 to 441 cases in 2015. These cases were assessed by STOP IPV (364 unduplicated individuals assessed to be survivors * of intimate partner violence), or DVLAP (77 unduplicated cases). STOP IPV did not include responses from community-based surveys distributed at LGBT pride festivals throughout L.A. County in its data total as it has in the past. The total of 441 cases only reflects individuals who specifically sought assistance and/or were assessed for IPV from/by the Los Angeles LGBT Center. Reductions in staffing throughout the year, in addition to the lack of inclusion of community-based surveys, appear to be the primary reasons for the decrease in the number of cases tracked in 2015. If responses from STOP IPV's surveys were included in the Center's overall total, approximately 500 additional cases could reasonably be added to the total.

* Note: STOP IPV offers services for both domestic violence survivors as well as perpetrators. Only survivors are included in STOP IPV's total above.

Of the 441 reported cases in 2015, 168 survivors identified as women and 265 survivor identified as men. There were 45 documented transgender cases. The remainder of the total (8) was comprised of individuals with undisclosed gender identities. The majority of cases came from individuals who identified as gay

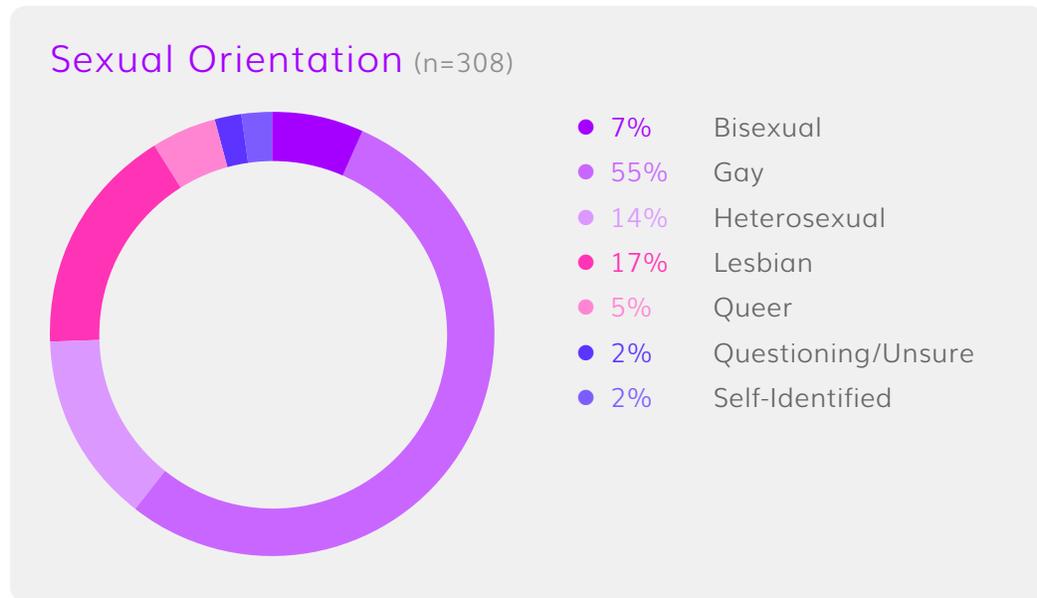
(191), or lesbian (67), while 33 individuals identified as bisexual. Fifteen individuals identified as queer, 6 identified as questioning, and 54 identified as heterosexual.

The majority of individuals were between the ages of 19 to 60 with the largest group (120 Individuals) between the ages of 30 to 39, followed by those in the 19 to 24 category (77 individuals), which saw an 8% increase from 2014, and those in the 25 to 29 category (68 individuals). While the number of individuals (65) in the 40 to 49 age group remained high, this category saw an 8% decrease from 2014. The majority of survivors identified as White/Caucasian (204) followed by those who identified as Latino/a (135) and Black/African American (46).



Although STOP IPV did not include responses in 2015 from its community-based surveys, the program focused in part on continuing to develop its capacity to track pertinent data not previously obtained. In 2015, STOP IPV expanded access to survivors between the ages of 19 to 24, transgender survivors, women survivors, and Asian/Pacific Islander and Black/African American survivors. Furthermore, of those cases tracked by STOP IPV in 2015, 35 respondent identified as immigrants, 38 reported limited English proficiency or a language other than English as their primary language; 12 identified as veterans, 35 identified disabled status, and 67 reported that they were HIV positive, and 7 sought shelter. Of the total, 155 individuals reported witnessing domestic violence during childhood; 49 indicated that they were victims of sexual assault outside the context of intimate partner violence; 234 disclosed experiencing childhood physical abuse; 143 disclosed

experiencing childhood sexual abuse; 171 reported that they had been victims of bullying; 32 reported being victims of hate crimes; and 254 disclosed the presence of internalized homo/bi/transphobia. As many as 25 had previously attempted or threatened suicide.



While 74 individuals called police because of IPV, no arrest was made in 21 cases, the abusive partner was arrested in 15 cases, and the victim was arrested in 3 cases. Additionally, 99 indicated that they had been victimized in a previous relationship by an intimate partner and 70 reported that they had been abusive to an intimate partner in a former relationship. One hundred and fifty-four (154) stated that they had problems with anger management while 13 believed that their partners had anger management problems. Sixty-eight (68) individuals were assessed by STOP IPV to be primary victims of IPV, while 11 were assessed as defending victims, 45 were assessed to be secondary aggressors, and 93 were assessed to be primary aggressors. Finally, 102 indicated that they abused alcohol, 121 reported that they abused drugs other than methamphetamine (crystal meth), and 34 indicated that they abused crystal meth.

The Network / La Red (TNLR)

BOSTON, MA

The Network/La Red is a survivor-led, social justice organization that works to end partner abuse in lesbian, gay, bisexual, queer, transgender, SM, and polyamorous communities. Rooted in anti-oppression principles, our work aims to create a world where all people are free from oppression. We strengthen our communities through organizing, education, and the provision of support services.

The Network/La Red has been providing services since 1989 which have expanded to include a 24-hour hotline, safehome program, residential assistance program, advocacy, and support groups both in person and phone support group.

TNLR also provides technical assistance and training workshops nation-wide on LGBTQ/T communities, LGBTQ/T partner abuse, and How to support LGBTQ/T survivors.

The number of survivors accessing The Network/La Red's services in 2015 increased 2.6% compared to 2014 with 277 callers in 2015 from 270 in 2014.

This number, as well as the overall data, has remained consistent from 2014 to 2015. Part of the reason for this is that, while we certainly do crisis intervention and short term work with survivors, our commitment to being survivor-led and meeting survivors where they are has equipped us to focus on longer term work with survivors as well. We often maintain supportive relationships with survivors that span many years, and are able to offer different types of support at different times, depending on a survivor's current needs.

This year there has also been an increase in the number of survivors we work with who identify as part of the SM community. This is likely due to increased outreach efforts at SM/kink events, new outreach materials that highlight the difference between SM and abuse, and an increase in community trainings that highlight the difference between SM and abuse.

2015 Homicide Narratives

The National Coalition of Anti-Violence Programs (NCAVP) presents this collection of stories of lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected intimate partner violence (IPV) homicide victims in 2015 as a supplement to the annual intimate partner violence report. This document provides a snapshot of IPV victims' experiences, and seeks to honor their memory.

The report highlights the narratives of 13 known LGBTQ and HIV-affected IPV homicides in 2015. All stories listed here were selected by NCAVP member programs because they include information that indicates a strong likelihood that IPV either motivated or was related to the homicide. However, this list is not exhaustive as some homicides of LGBTQ and HIV-affected people may not have been documented because of misidentification of victims' sexual orientation or gender identity in media and other reports. It is often difficult to assert victims' racial, ethnic, gender, or sexual orientation given the difficulty of finding accurate information in the media and other reports. NCAVP is cautious not report information on identities that has not been confirmed so as not to misidentify victims. NCAVP has provided all demographic information that we were able to confirm. Given that NCAVP's reports and other research shows a disproportionate impact of IPV on LGBTQ and HIV affected survivors of color and bisexual survivors, NCAVP hopes to find ways to collect data on the racial, ethnic, and sexual orientation identities of homicide victims in a way that provide accurate information and honors victims in all of their identities.

While honoring the memory of the victims, NCAVP would like to note many of these homicides are the culmination of complicated and nuanced forms of violence. To not consider self-defense within the framework of the homicide narratives is to not fully understand the complexities of IPV, and the desperation and isolation that may drive a survivor to commit physical violence. NCAVP wrote these narratives using information from media outlets, family and friends, and local NCAVP members. NCAVP is not responsible for the complete accuracy of these narratives and the specific details pertinent to allegations, police investigations, and criminal trials.

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

CANDRA KEELS, 20, Black Cisgender Woman

Rochester, New York

On January 18th, 2015, Candra Keels was stabbed to death in a home in Rochester, New York, during the course of a domestic dispute. Candra's girlfriend, Sherrita Crumpler, age 31, was arrested for her homicide, and later convicted of manslaughter in the first degree. Candra is survived by her mother, grandmother, three sisters, and her daughter, Ny'ree. Candra's friend, Naja Anderson, said of her, "I remember every time we were out together you were always the life of the party and you had a smile that was so vibrant it would light up the whole room." Cabrina Dukes, another friend who was like family to Candra, said of her, "I just want to say thank every ounce of unconditional love and friendship you've ever given me."

TY UNDERWOOD, 24, Black Transgender Woman

Tyler, Texas

On January 26th, 2015, Ty Underwood was shot to death in a vehicle in Tyler, Texas. Carlton Ray Champion, Jr., age 21, was arrested, charged, and later convicted of her homicide. According to media reports, Underwood and Champion had been in a relationship, and text messages from the night of the homicide indicated that the two had been arguing. Ty worked in a nursing home, and had recently been accepted into nursing school. Ty's roommate, Coy Simmons, said of her: "She was lovely, just a lovely person. A very real, down to earth person who didn't deserve this." Coy added that she "was an upstanding person with a good heart."

YAZMIN VASH PAYNE, 33, Black Transgender Woman

Los Angeles, California

On January 31st, 2016, Yazmin Vash Payne was discovered fatally stabbed to death at the scene of a house fire in the Van Nuys district of Los Angeles. Payne's boyfriend, Ezekiel Dear, age 25, turned himself in the next day and was arrested and charged with her murder. A candlelight vigil and march were held outside Yazmin's apartment building where protesters and activists gathered to denounce violence against transgender women. "They're killing us and nobody seems to care," well-known trans advocate Bamby Salcedo said when speaking at the vigil to honor Yazmin.

ASHLEY BELLE, 22, Black Cisgender Woman

Atlanta, Georgia

On January 26th, 2015, Ashley Bell was shot and killed in the Atlanta apartment that she shared with her partner, Laura Bozeman, also age 22. Media reported that Bozeman was arrested and charged in connection with Ashley's death, which occurred after several days of intense verbal and physical fighting. Friends left messages of grief and sadness on Ashley's Facebook page, which media reported as turning into a kind of impromptu memorial page. Ashley's friend Krissy posted to her wall: "[I don't know] how to deal with this - just watch over me - love you."

KRISTINA GOMEZ REINWALD, 46, Latinx Transgender Woman

Miami, Florida

On February 15, 2015, Kristina Gomez Reinwald was found stabbed to death in her home. Friends, family, and police focused on Kristina's ex-boyfriend as the likely perpetrator. Local transgender activists held a candlelight vigil in Kristina's honor, and *Real House Wives of Miami* co-star, Lauren Foster, who is transgender, came out to speak. Foster said: "I think that domestic violence is rampant in America but transgender women sometimes suffer a little bit more because their spouse, boyfriends, husbands think that it's easier and okay to abuse them, and it's not." A friend of Kristina's, Lori Tanner, spoke to press and urged investigation into her murder, saying, "I want to know why someone who I really cared for passed away, with no light or exposure to it and justice for her. She can't speak for herself."

OMAR MENDEZ, 39, Cisgender Man

Lawrence, Massachusetts

On February 15th, 2015, 39-year-old Omar Mendez was stabbed to death in his home. Omar's ex-boyfriend, Miguel Rivera, age 50, was arrested, charged, and eventually convicted of his murder. The two men were having problems in their relationship and had broken up, and media reports state that Rivera didn't want the 20-year relationship to end. Rivera stabbed Mendez as he tried to move out, and then stabbed himself in an attempt to take his own life. Omar's sister-in-law and niece were present at the time of his murder, and gave emotional victim impact statements in support of their lost loved one. Essex County District Attorney Jonathan Blodgett added, "Mr. Mendez was, by all accounts, a loving and generous man who did not deserve such a brutal end to his life."

LONDON CHANEL, 21, Black Transgender Woman

Philadelphia, Pennsylvania

On May 8th, 2015, London Chanel was stabbed to death by her roommate, Raheam Felton, the then-boyfriend of another roommate, Mayai Bankz, in what has been described as a domestic dispute. According to media reports, the attack occurred after London told Bankz that Felton had been sexually touching her, and Felton accused London of snitching and stabbed her. Felton was arrested, charged and eventually pleaded guilty to London's murder. London's mother, Veronica Allen, was present at Felton's sentencing, and gave a heartrending statement, saying: "I didn't understand, but the world changes and I had to learn to change with it. I knew [my son], but I didn't get to know London, the beautiful woman she became. [Felton] took that from me."

MERCEDES WILLIAMSON, 17, Latinx Transgender Woman

Georges County, Mississippi

On May 30, 2015, Mercedes Williamson was picked up in Alabama by Josh Brandon Vallum, age 28, with whom she had an ongoing dating relationship, and driven across state lines into Mississippi where he stabbed and beat her to death. Vallum was arrested, charged, and eventually pleaded guilty to her murder. Mercedes was an aspiring cosmetologist, and friends described her as a good person who was loving, kind and lived life openly as a transgender woman. Jeanie Miller, who lived with Mercedes, and loved her "like a daughter" said of her, "I just keep wanting her to walk through that door. I'll never have nobody like her again. That is barely something that crosses people's lives anyway. She is the most beautiful person."

STEPHEN SYLVESTER, 18, White Cisgender Man

Austin, Texas

On July 17, 2015, Stephen Sylvester was bludgeoned to death in his apartment during a domestic dispute. Media reported that Stephen's boyfriend Bryan Canchola, age 20, accused him of cheating and violently attacked his beloved pet dog. Canchola was arrested and charged with first-degree murder in connection with Stephen's death. An outpouring of support on Stephen's Facebook page described him as a loving and caring individual. One friend wrote of Stephen: "His love of animals was undeniable as well as his will to help anyone and everyone. His love for life in general was greater than most."

RANDALL KINARD, 33, White Cisgender Man

Macon, Georgia

On July 29th, 2015 Christopher Michael Dukes, 41, kidnapped his ex-lover's new boyfriend, Randall Kinard, 33, and shot him to death. Dukes then brought Randall's body to a house Dukes had shared with his ex-lover, Ashley Battle, 33, and set fire to the home before shooting himself in a tragic murder-suicide. Randall's friend, Bobby Peck, who helped organize a candlelight vigil for him, said: "No matter what he was going through, or how he was feeling, he would always greet you with a smile and a hug." Jessica Hanson, a close friend of Randall's who also helped to organize the vigil added, "Sharing Randall's beauty and his life is the way that we heal together."

RACHAEL KILROY, 34, Black Cisgender Woman

Middletown, Rhode Island

On the morning of August 25th, Rachael Kilroy was strangled by her partner, Melissa Castle, after an argument that turned violent at their apartment in Middletown, Rhode Island. Castle confessed to the killing and was formally indicted and charged with Rachael's murder in December. "If she smiled, she could make your bad day better," said Rachael's friend, Miriam Unger. "She was a likeable person, the kind of person you wanted to be around," said Joan Ramos, another Middletown resident. "You'd see her talking and joking around with all the kids when they were going to school. No one deserves what happened to her." Rachael is survived by a young daughter, who is being taken care of by her family.

ZELLA ZIONA, 21, Black Transgender Woman

Gaithersburg, Maryland

On October 15th, in an alley behind a shopping mall in Gaithersburg, Maryland, Zella Ziona was shot in the head by her boyfriend, 20-year-old Rico Leblond, after Leblond became embarrassed and very upset that Zella was flirting with him in front of his friends. After Zella fell to the ground, Leblond continued to shoot her body. Leblond was charged with first degree murder, and the police continued to investigate the case for elements of hate violence. Zella was beloved by her friends and family, who mourned her loss. "That was my best friend. My sister. My everything," said Alaysha Buie, who went to high school with Zella. Though only twenty-one, Zella had encouraged others to live their truths, her friend Jasmine Black remembered. "She wanted to show the world how to be transgender. She helped people." Said another friend, "She was the life of the party, and somebody took that party away."

DANIEL MENDOZA, 25, Latinx Cisgender Man

El Paso, Texas

Early on the morning of December 13th, Daniel Mendoza was killed in a car accident in El Paso, Texas. Daniel's boyfriend, Jesus Mireles, was driving at speeds of 100 mph and running red lights, but refused to let Daniel out of the car, even after Daniel called 911. Police were dispatched, but could not find them in time, and Mireles crashed the car into three other unoccupied vehicles. Both were injured and Daniel died at the hospital. Daniel was passionate about animals and had worked at the El Paso Animal Emergency Clinic, and was remembered by friends as someone who was "full of life and loved without limits his family, friends, animals and trance music." Friends recalled his positive stride and outlook on life. "Daniel was a great guy who always greeted me with a hug and of course, that amazing smile."

Your Name: _____
Date: ____/____/____ Time of Intake: ____ AM/PM
 Staff Volunteer Intern Location of Intake _____

CALLER INFORMATION

Case Number: _____

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

Entered Into Database ____/____/____
Call Back Needed Yes No
Primary Language _____

Case Type(s)
(select all that apply)

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

Caller's Name: _____
Caller's Address: _____

Phone: (____) _____ Ok to call?
Alt Phone: (____) _____ Ok to call?
Caller's E-mail: _____
Ok to email?

Caller presents as (check one):

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

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

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

Caller Was Referred By (Check one)

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

NOTE

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

SURVIVOR/VICTIM #1

SURVIVOR/VICTIM INFORMATION

Number of Survivors/Victims: _____
(Attach 'Additional Survivor/Victims Form' to document other survivor/victims)
Survivor/Victim is: Person Organization
Name: _____
Address: _____

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

AGE:

< 14 40-49
 15-18 50-59
 19-24 60-69
 25-29 70-79
 30-39 > 80
 Not disclosed

Age (if known): ____
D.O.B: ____/____/____

GENDER ID (check all that apply):

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

 Not disclosed

INTERSEX:

Yes No Not disclosed

RACE/ETHNICITY (check all that apply):

Arab/Middle Eastern
 Asian/Pacific Islander
 Black/African American/
African Descent
 Indigenous/First People/
Native American/ American Indian
 Latina/o
 White
 Self-Identified/Other (specify): _____

 South Asian
 Not disclosed

SEXUAL ORIENTATION:

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

IMMIGRATION STATUS:

U.S. citizen
 Permanent resident
 Undocumented
 Other
 Not disclosed

INCOME:

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

HIV STATUS:

Survivor/victim is HIV+?
 Yes No Not disclosed

DISABILITY:

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

SURVIVOR/VICTIM USE OF ALCOHOL/DRUGSAlcohol involved? Yes No Not disclosed Drugs involved? Yes No Not disclosed

If yes, describe: _____

CASE/INCIDENT INFORMATION**2**

Date of Incident: __/__/__ Time of Incident: __: __ am/pm

Location/ Address of Incident: _____

Precinct where incident occurred: _____ ZIP _____

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

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

Was a weapon involved? Yes No Unknown

List weapon: _____

Did the person die? Yes No Unknown**Was the person injured?** Yes No Unknown**If yes, severity of injury:**

- No injuries requiring medical attention
- Injuries requiring medical attention (specify):
 - Needed but not received
 - Outpatient (Clinic/MD/ER)
 - Hospitalization/Inpatient
- Not disclosed

Type of injury (specify): _____

 Other violence against person (check all that apply):

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

 Police violence/misconduct (check all that apply):

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

Reported to internal/external police monitor?

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

 Other (specify): _____**SITE TYPE** (check one):

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

Was this incident related to pick-up violence? Yes No UnknownIf yes, did survivor/victim & offender meet through cruising website or phone app? Yes No Unknown

If yes, specify website/app:

- Adam4adam Craigslist Eros
- Grindr Manhunt Rentboy
- Other website/app (specify): _____

MOTIVE (check all that apply):

- Intimate partner violence
- Economic
- Pick-up violence
- Police violence
- Sexual violence
- Bias violence
 - Anti-Homelessness/Classism
 - Anti-Immigrant
 - Anti-LGBQ/Homophobia/Biphobia
 - Anti-Sex worker
 - Anti-Transgender/Transphobia
 - Disability
 - HIV/AIDS-related
 - Racist/Anti-ethnic
 - Religious (specify perceived religion): _____
 - Sexist
 - Other (specify): _____

 VIOLENCE AGAINST PROPERTY (check all that apply):

- Arson
- Theft
- Vandalism
- Other (specify): _____

*Est. stolen/damaged property value:

\$ _____

OFFENDER INFORMATION

Total Number of Offenders:

Is offender a member of identifiable hate group? Yes No Unk.

Hate group's name(s): _____

Vehicle used in case/incident? Yes No If yes, describe vehicle: _____

License #: _____

Note: If there is more than one offender, CREATE A DESIGNATION FOR EACH OFFENDER for use in the blank following each demographic category below (A, B, C, etc.)

Offender A Name: _____

Offender B Name: _____

Offender C Name: _____

OFFENDER(S) KNOWN TO SURVIVOR?

Yes No

If YES, fill out 1), below. If NO, fill out 2).

1) KNOWN OFFENDER(S): RELATIONSHIP TO SURVIVOR/VICTIM:

- Acquaintance/Friend Employer/Co-Worker Ex-Lover/Partner (Live-in Non Live-In) Landlord
- Lover/Partner (Live-in Non Live-In) Pick-Up Police Other law enforcement (FBI, ICE, etc.)
- Other first responder (EMT, Court personnel, etc.) Relative/Family Roommate Service provider
- Tenant/Neighbor Other (specify): _____ Unknown

2) UNKNOWN OFFENDER: RELATIONSHIP TO SURVIVOR/VICTIM:

- Police Other law enforcement (FBI, ICE, etc.) Other first responder (EMT, Court personnel, etc.)
- Pick-Up Stranger Other (specify): _____ Unknown

AGE:

- 14 or under _____
 - 15-18 _____
 - 19-24 _____
 - 25-29 _____
 - 30-39 _____
 - 40-49 _____
 - 50-59 _____
 - 60-69 _____
 - 70-79 _____
 - 80 or over _____
 - Not disclosed _____
- Age (if known) _____
D.O.B: _____/_____/_____

GENDER ID (check all that apply):

- Man _____
- Woman _____
- Non-Transgender _____
- Transgender _____
- Self-Identified /Other _____
(specify): _____
- Not Disclosed _____
- Unknown _____

INTERSEX:

- Yes No
- Not disclosed Unknown

RACE/ETHNICITY

(check all that apply):

- Arab/Middle Eastern _____
- Asian/Pacific Islander _____
- Black/African American/
African Descent _____
- Indigenous/First People/
Native American/
American Indian _____
- Latina/o _____
- White _____
- Self-Identified /Other _____
(specify): _____
- South Asian
- Not disclosed _____
- Unknown _____

SEXUAL ORIENTATION:

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

OFFENDER USE OF ALCOHOL/DRUGS

- Alcohol involved?
 Yes No Not disclosed Unk.
- Drugs involved?
 Yes No Not disclosed Unk.
- If yes, describe:

POLICE/COURT RESPONSE

Did survivor/victim interact with police in any way? Yes No Unknown

POLICE RESPONSE

What was police attitude toward survivor/victim?
 Courteous Indifferent Hostile Unk.

Did police do any of following to survivor/victim?

(check all that apply):

- Arrest survivor/victim
- Verbal abuse
- Use slurs or bias language
- Physical violence
- Police refused to take complaint
- Sexual violence
- Other negative behaviors (specify): _____

If police violence/misconduct, reported to internal/external police monitor?

POLICE REPORTING

Did survivor/victim report incident to police?

- Yes No Unknown Will report

Did the police take a complaint? Yes No Complaint # _____

Did the police arrest the offender(s)? Yes No Unknown

Police involved (check all that apply):

- City/Muni. County State Federal (specify): _____
- Other (please specify): _____ Police Badge # _____

PROTECTIVE ORDERS

Was a protective order sought by survivor/victim?

- Yes No Unknown

Was the protective order granted?

- Yes No Unknown

Appendix 2: NCAVP Member list

National Office

New York City Anti-Violence Project

240 West 35th Street, Suite 200

New York, NY 10001

Phone: 212-714-1184

Fax: 212-714-2627

The following NCAVP member and affiliate list is current as of March, 2015. The member organizations and affiliates are listed alphabetically by state or province for ease of reference. If you have corrections, want to learn more about our work, or know of an organization that may be interested in joining NCAVP, please contact the NCAVP Coordinator, at extension 50, or info@ncavp.org. Program information below is listed as follows:

STATE

City

Organization Name

Focus Areas:

HV (Hate Violence)

IPV (Intimate Partner Violence)

PM (Police Misconduct)

SV (Sexual Violence)

Phone Numbers

Web

—

ALABAMA

Huntsville/Birmingham

The Free2Be Safe Anti-Violence Project

HV, IPV, SV

Birmingham: (205) 202-7476

Huntsville: (256) 886-1150

E-mail: info@free2be.org

www.free2be.org/free2be-safe

ARIZONA

Tucson

SAAF Anti-Violence Project

HV, IPV, PM, SV

Client: (520) 62400348 or (800) 553-9387

Office: (520) 628-7223

Toll Free: (800) 771-9054

www.saaf.org

CALIFORNIA

Los Angeles

LA Gay & Lesbian Center (LAGLC) Anti-Violence Project

HV, PM, SV

Client (English): (800) 373-2227

Client (Spanish): (877) 963-4666

www.lalgbtcenter.org

Los Angeles

LAGLC Domestic Violence Legal Advocacy Project

IPV, SV

Office: (323) 993-7649

Toll-free: (888) 928-7233

www.lalgbtcenter.org

Los Angeles

LAGLC STOP Domestic Violence Program

IPV, SV

Office: (323) 860-5806

www.lalgbtcenter.org

San Francisc

Community United Against Violence

HV, IPV, PM, SV

24 Hour Hotline: (415) 333-HELP

www.cuav.org

COLORADO

Denver

Survivors Organizing for Liberation (SOL)

HV, IPV, PM, SV
Client: (888) 557-4441
Office: (303) 839-5204
www.coavp.org

FLORIDA

Broward County

Broward LGBT Domestic Violence Coalition (NCAVP Affiliate)

IPV, SV
Office: (954)7645150 x.111

Miami

The Lodge/Victim Response, Inc.

IPV, SV
Crisis Line: (305) 693-0232
Administrative Line: (305) 693-1170
www.thelodgemiami.org

Tallahassee

Inclusive LGBTQA Task Force

HV, IPV

E-mail: yfairell@hotmail.com

Wilton Manors
Sunserve Sunshine Social Services
IPV
Office: (954) 764-5150
www.sunserve.org

GEORGIA

East Point

Racial Justice Action Center

HV, PM
Office: (404) 458-6904
www.rjactioncenter.org

ILLINOIS

Chicago

Center on Halsted Anti-Violence Project

HV, IPV, PM, SV
Office: (773) 472-6469
Resource line: (773) 472-6469, Ext. 474
www.centeronhalsted.org

Chicago

Illinois Accountability Initiative

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

KENTUCKY

Louisville

Center for Women and Families

IPV, SV
24 hr Crisis Line: (877) 803-7577
www.thecenteronline.org

LOUISIANA

New Orleans

BreakOUT!

HV, PM
Office: (504) 522-5435
www.youthbreakout.org

New Orleans

HIV/AIDS Program, Louisiana Office of Public Health (NCAVP Affiliate)

HV, IPV, SV
Office: (504) 568-7474

New Orleans

LGBT Community Center of New Orleans

HV, IPV, PM, SV
Office: (504) 945-1103
www.lgbtccneworleans.org

MASSACHUSETTS

Boston

Fenway Community Health Violence Recovery Program

HV, IPV, PM, SV
Intake: (800) 834-3242
Office: (617) 927-6250
www.fenwayhealth.org Boston

The Network/La Red

IPV, SV
English/Spanish Hotline: (617) 742-4911
Office: (617) 695-0877
www.tnlr.org

MICHIGAN

Detroit

Equality Michigan

HV, IPV, PM
Client: (866) 926-1147
Office: (313) 537-7000
www.equalitymi.org

MINNESOTA

Minneapolis

OutFront Minnesota

HV, IPV, PM, SV
Hotline: (612) 824-8434
Toll-Free: (800) 800-0350
www.outfront.org

MISSOURI

Kansas City

Kansas City Anti-Violence Project

HV, IPV, PM, SV
Client: (816) 561-0550
Office: (816) 561-2755
www.kcavp.org

St. Louis/Franklin County

Anti-Violence Advocacy Project of ALIVE
HV, IPV, SV

St. Louis 24 hr Crisis Line: (314) 993-2777

St. Louis Office: (314) 993-7080

Franklin County 24 hr Crisis Line:

(636) 583-5700 or (800).941-9144

Franklin County Office: (636) 583-9863

www.alivestl.org

St. Louis

St. Louis Anti-Violence Project

HV, IPV, SV, PM

Email: wolf@stlavp.org

www.stlavp.org

NEVADA

Las Vegas

Gender Justice Nevada

HV, IPV, SV

Hotline: (702) 425-7288

www.genderjusticenv.org

NEW MEXICO

New Mexico GLGBTQ Centers

Office: (575) 635-4902

www.newmexicoglbtccenters.org

NEW YORK

Albany

In Our Own Voices

HV, IPV, SV

Hotline: (518) 432-4341

Office: (518) 432-4341

www.inourownvoices.org

Bayshore

Long Island GLBT Services Network

HV, IPV, SV

Office: (631) 665-2300

Long Island Gay and Lesbian Youth, Inc.

www.ligaly.org

Long Island GLBT Community Center

www.liglbtccenter.org

Buffalo; New York

Western New York Anti-Violence Project

HV, IPV, SV, PM

Office: (716) 837-1025

www.wnyavp.org/

New York

New York City Anti-Violence Project

HV, IPV, PM, SV

24 hr English/Spanish hotline: (212) 714-1141

Office: (212) 714-1184

www.avp.org

Rochester

Gay Alliance of the Genesee Valley

HV, IPV, PM, SV

Office: (585) 244-8640

www.gayalliance.org

NORTH CAROLINA

Raleigh

Rainbow Community Cares, Inc.

HV, IPV, PM, SV

Office: (919)342-0897

www.rccares.org

OHIO

Statewide, Columbus Office

BRAVO (Buckeye Region Anti-Violence Organization)

HV, IPV, PM, SV

Toll-Free: (866) 862-7286

Columbus, Ohio: (614) 294-7867

Cincinnati, Ohio: (513) 453-4001

Cleveland, Ohio: (216) 370-7361

www.bravo-ohio.org

OREGON

Eugene

Oregon Anti-Violence Project, The Gender Center, Inc.

HV, IPV, PM, SV

Office: (541) 870-5202

RHODE ISLAND

Providence

Sojourner House

HV, IPV, PM, SV

Office: (401) 861-6191

Hotline: (401) 765-3232

www.sojournerri.org

SOUTH CAROLINA

Greenville

Sean's Last Wish

HV, IPV, PM, SV

Office: (864) 884-5003

TENNESSEE

Memphis

Tabernacle of Love Ministries – Memphis

HV, IPV, PM, SV

Office: (901) 730-6082

TEXAS

Dallas

Resource Center Dallas
IPV
Office: (866) 657-2437
www.rcdallas.org

Dallas

Trans Pride Initiative
HV, PM, IPV, SV
Office: (214) 449-1439
www.tpride.org

Houston

Montrose Counseling Center
HV, IPV, SV
Office: (713) 529-0037
24hr Helpline: (713) 529-3211
www.montrosecounselingcenter.org

VERMONT

Burlington

Pride Center of Vermont
HV, IPV, PM, SV
Client: (802) 860-7812
www.pridecentervt.org

VIRGINIA

Richmond

Virginia Anti-Violence Project
HV, IPV, PM, SV
Office: (804) 925-9242
www.virginiaavp.org

WASHINGTON, D.C.

Casa Ruby

HV, IPV, PM, SV
Office: (202) 355-5155
casaruby.org

DC Trans Coalition

HV, IPV, PM, SV
Office: (202) 681-3282
www.dctranscoalition.org

DC Anti-Violence Project

HV, PM
Office: (202) 682-2245
www.thedccenter.org/programs_dcavp.html

Rainbow Response Coalition

IPV, SV
Office: (202) 299-1181
www.rainbowresponse.org

WISCONSIN

Appleton

Fox Valley/Oshkosh LGBTQ Anti-Violence Project
HV, IPV, PM, SV
E-mail: foxoavp@gmail.com

Milwaukee

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

NATIONAL

Milwaukee, WI

FORGE Sexual Violence Project
SV
Office: (414) 559-2123
www.forge-forward.org

Blacklick, OH

National Leather Association (NCAVP Affiliate)
IPV
www.nla-international.com/home.html

Washington D.C.

Trans Women of Color Collective (NCAVP Affiliate)
Office: (202) 643-7631
www.twocc.us

CANADA

Toronto, Ontario

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

Montreal, Quebec

Centre de Solidarité Lesbienne
IPV, SV
Client: (514) 526-2452
www.soldaritelesbienne.qc.ca