

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED INTIMATE PARTNER VIOLENCE IN 2016

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

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

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PREFACE

The year 2016 was a historic, and at times tragic year, for LGBTQ communities across the nation. The November 2016 election would usher in the most anti-LGBTQ administration we've seen since the 80s. This administration, and discrimination that comes with it, came on the heels of marriage equality protections, which seemed to many to indicate a swing toward equality. LGBTQ communities working on issues around violence, poverty, runaway youth, racism and more worried that our country would feel a sense that equity was achieved through marriage equality and, therefore, would lose motivation in the fight for rights for LGBTQ individuals.

Sadly, 2016 was the deadliest year in overall LGBTQ homicides in this country recorded in the 20 year history of NCAVP, including the June 2016 massacre at Pulse Nightclub that killed 49 mostly black and brown Latinx LGBTQ individuals. The rhetoric around the massacre sought to blame a marginalized faith community, rather than recognizing the growing wave of anti-LGBTQ violence across the country.

The amped up hate violence and fear across this country created a context that forced survivors of intimate partner violence to choose between which violent scenarios felt worse for them – in their home or in their community. And, toward the end of 2016, non-documented survivors faced the reality of an incoming administration that would seek to immediately deport them if they reported violence within their relationship. As a result of the amped up rhetoric and violence in our communities, LGBTQ survivors of intimate partner violence were left with limited options.

During this painful time in our nation's history, LGBTQ survivors continued to see the shrinking of legal protections on a local and state level. Anti-LGBTQ laws and ordinances continued to be enacted throughout 2016 making it that much more difficult for LGBTQ survivors of IPV to access resources and safety.

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. These protections are so vital as we know that discrimination in our communities directly impacts and limits the choices a survivor has when experiencing abusive relationships.

Moving forward, it is key that we keep protections for LGBTQ communities in place due to the additional barriers and discrimination facing LGBTQ individuals at this time. In 2016, NCAVP continued our work toward greater access and accountability through the VAWA non-discrimination provisions in an effort to reduce violence and to create better access. We will continue this work moving forward, and continue to advocate for resources to go towards community based solutions centered on the most marginalized in our communities.

Moving forward, it is important that our support services and member agencies create more opportunities for healing and protection through community based services for LGBTQ survivors of IPV rather than relying on the criminal legal services. Stories we continue to hear from survivors highlight their desire not to utilize police and the criminal legal system but their desire to have more access to advocates who can help them with safety planning, housing options, referrals, and other recourses within communities.

Moving forward, we call for all to join with us in solidarity in creating more loving and inclusive communities through your outreach campaigns, through the media, and through reaching out to people in your community. Individually, we need to see more loving and inclusive communities through our relationships as well. Anti-violence advocates understand that sometimes the violence impacts us from the outside in and sometimes that violence can impact our relationships causing violence within. If we can promote healing, acceptance, love, and resiliency within LGBTQ individuals, we will begin to see those qualities move into our relationships with each other as well.

LGBTQ victims and survivors are diverse in their experiences, identities, and love. We have shown time and time again that we are a resilient community. Moving forward, we must join together to directly challenge our oppressors and the oppressive systems that allow violence to flourish. We must also join together to find true liberation through self-love and acceptance of ourselves and our communities in hopes we can keep communities safe and free from violence.

In solidarity,

The NCAVP Governance Committee

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EXECUTIVE SUMMARY

The National Coalition of Anti-Violence Programs (NCAVP) Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-Affected Intimate Partner Violence (IPV) in 2016 report analyzes the experiences of 2,032 survivors of intimate partner violence that were reported to 14 NCAVP member programs in 2016. The findings in this report discuss how the intersections of gender, sexual orientation, racial identity, ethnic identity, documentation status, and other identities impact how LGBTQ communities experience IPV. Further, these findings discuss the consequences of that violence and seek to highlight LGBTQ survivors' unique challenges in accessing help and support around IPV.

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." IPV may be perpetrated in many different ways, including: psychological/emotional abuse, economic abuse, physical abuse, verbal abuse, sexual abuse, cultural abuse, isolation, and intimidation. IPV within LGBTQ and HIV-affected communities is particularly debilitating to the psychosocial, financial, and physical wellbeing of survivors because of the various levels of discrimination and harassment that members of these communities face in other areas of their lives.

Furthermore, anti-LGBTQ discrimination and violence makes LGBTQ communities more likely to experience poverty, social and emotional problems, making LGBTQ people more vulnerable to IPV in the first place, while the erasure of LGBTQ communities in conversations around IPV increases shame and makes it that much more difficult for LGBTQ people to access resources and support. Therefore, resources and programs seeking to address IPV in LGBTQ communities must also address the ways the social, emotional, and financial impacts of systemic discrimination exacerbate and compound LGBTQ people's experiences of intimate partner violence, with special attention paid to the experiences of LGBTQ people who hold multiple marginalized identities.

It's vital that resources to address IPV in LGBTQ communities are allocated to community based services and responses that focus on supporting a survivor in their community, getting them access to financial and housing resources, and supporting and uplifting their social and emotional well-being.

Key Findings

LGBTQ and HIV-Affected IPV Related Homicides

NCAVP recorded 15 reports of IPV related homicides of LGBTQ people in 2016. This number by no means represents all the IPV homicides of LGBTQ communities, as the actual number is likely much higher. However, the information below provides some insight into how LGBTQ communities are impacted by fatal relationships violence.

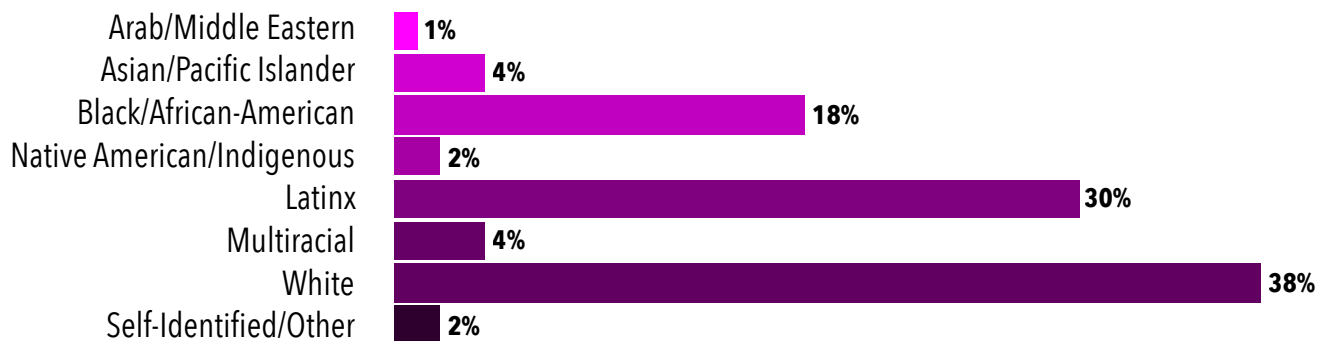
- Of the 15 reports of homicides, 60% were people of color
- Two of the homicides (13%) were transgender women, and one person who was gender non-binary, all of whom were people of color
- Nine (60%) of the victims were cisgender men and three (20%) of the victims were cisgender women.
- 11 (73%) of the victims were below the age of 40
- 10 of the victims were killed by a current partner or lover, 4 were killed by an ex-partner, and one person was killed by police during an IPV related incident

Survivor demographics

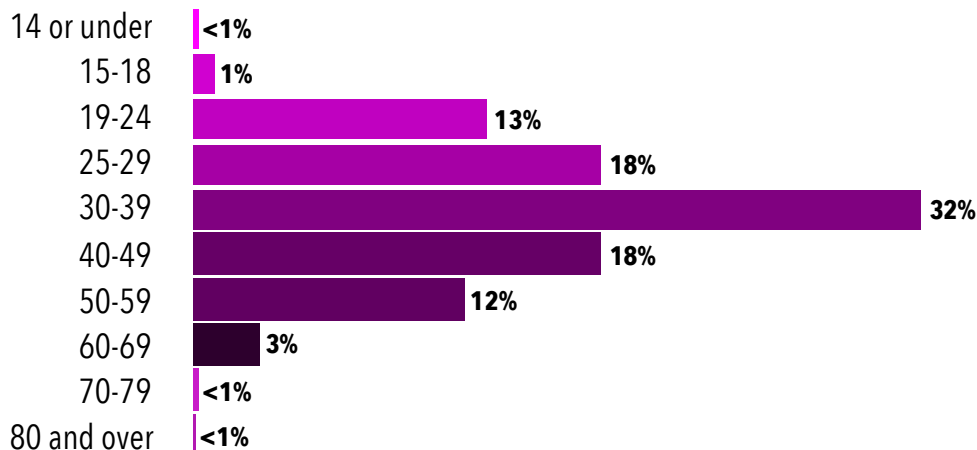
In 2016, NCAVP collected information on 2,032 reports of intimate partner violence from LGBTQ and HIV affected IPV survivors from 14 LGBTQ Anti-Violence organizations in 9 states.

- Of the total number of survivors, 43% identified as gay, 16% identified as lesbian, 21% identified as heterosexual, 10% identified as bisexual and 6% identified as queer.
- Of the total number of survivors, 66% were below of the age of 40.
- 43% of survivors were cisgender men, 38% were cisgender women, 11% were transgender women, 3% were transgender men, 1% were transgender or gender non-binary, and 3% identified as a different gender than the options listed.
- Survivors were able to select more than one racial and ethnic identity.
 - Of the total number of responses for race and ethnicity, the majority of the responses were identities of color (59%).
 - There was an increase in the percentage of survivors who identified as Latinx from 24% in 2015 to 30% in 2016.
- Additionally, 18% of survivors identified as Black/African American.
- In terms of immigration status, 9% of survivors were undocumented and 3% were permanent residents.

Graph 1: Racial /Ethnic Identity of Survivors



Graph 2: Age of Survivors



LGBTQ Experiences with Intimate Partner Violence

- The most common types of violence that survivors reported experiencing were physical violence (19%), verbal harassment (18%), threats and intimidation (11%), isolation (9%), and online harassment (6%).
- Survivors reporting experiencing sexual violence increased from 4% in 2015 to 7% in 2016.
- Transgender women were 2.5 times more likely to be stalked, 2.5 times more likely to experience financial violence, and 2 times more likely to experience online harassment, compared to survivors who were not transgender women.
- Both transgender and gender non-conforming survivors and Latinx survivors were 3 times more likely to experience violence by an ex-partner.

Access to IPV Services and Response by Law Enforcement

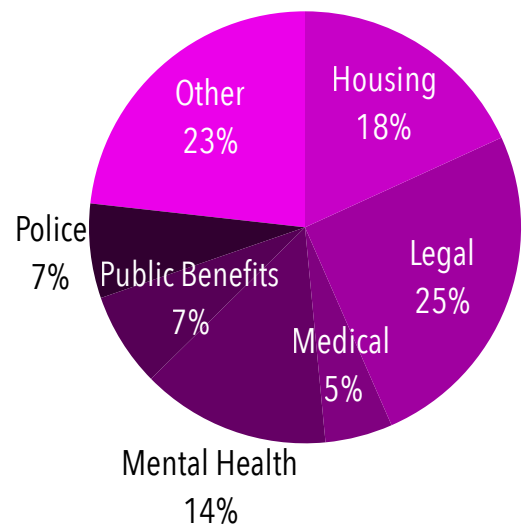
Commonly Sought Services for IPV

It's vital that LGBTQ communities have access to identity affirming services that work to keep survivors in community rather than further isolating them or cause further harm through discrimination.

In 2016, the majority of survivors sought advocacy services that focused on accessing legal services, housing, and mental health support, as well as resources around safety planning. This type of advocacy support helps survivors to determine their safety and increases survivors' agency.

The most commonly accessed services included: Legal Issues (25%), Housing (18%), Mental Health Services (14%), Public Benefits (7%), Police (7%), and Other Services (23%), which included Safety Planning and Emergency Funds.

Graph 3: Commonly Sought Services for IPV



Emergency Shelter Orders of Protection and LGBTQ & HIV Affected Communities

- Out of the total number of survivors, 12% attempted to access emergency shelter.
- Only 33% of survivors reported seeking a protective order as a remedial service for IPV.

Law Enforcement Response to LGBTQ and HIV Affected Survivors

Of the total number of survivors, 39% reported interacting with law enforcement as a result of the IPV they experienced. Of the survivors who reported information on their experience with law enforcement (n=416):

- 7% of survivors said that the police were hostile.
- 12% of survivors said that the police were indifferent.

INTRODUCTION

The NCAVP Lesbian, Gay, Bisexual, Transgender, Queer and HIV-Affected Intimate Partner Violence in 2016 report analyzes the experiences of 2,032 LGBTQ and HIV-affected survivors of intimate partner violence (IPV) who sought services from 14 NCAVP member organizations. The report contains detailed demographic data on survivors and victims of violence, information on abusive partners, and data on police response and other direct service responses to LGBTQ and HIV-affected survivors.

The report demonstrates that intimate partner violence (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, shelter, and housing. 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 too often fatal problem facing LGBTQ and HIV-affected communities. Language used to describe IPV varies across communities and

disciplines (e.g., 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 romantic partners.

Abusive partners use a myriad of tactics and strategies to exert and maintain control over their partners, including: psychological/emotional abuse, economic abuse and coercion, physical abuse, verbal abuse, sexual abuse, isolation, manipulation of social and structural inequities, and intimidation. IPV can occur in short or long-term relationships, in monogamous or polyamorous 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 survivors. However, recent research shows that LGBTQ people experience similar, if not higher, rates of IPV compared to their cisgender or heterosexual counterparts.¹ 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.²

¹ 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.

² 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.

Dank, Lachman, Zweigm and Yahner found that LGBT youth are more likely to experience all forms of relationship violence, compared to heterosexual or cisgender youth.³ The 2015 U.S. Transgender Survey found that 54% of transgender people had experienced intimate partner violence at some point in their lives.⁴

New research is also beginning to look at the intersections of both marginalized sexual identities and gender identities. A 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 sexual minority identities and gender identities increase the risk of experiencing IPV.⁵

Transphobia, biphobia, and homophobia, as well as the intersections of race, poverty, or, and ability status, exacerbate the experience of LGBTQ survivors of IPV.⁶ 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.⁷ Black/African American same-sex couples have poverty rates more than twice the rate of different-sex couples.⁸

The National Transgender Discrimination Survey found that nearly a third of transgender people were living in poverty, twice the national rate.⁹

Additionally, 58% of respondents reported harassment by police officers and 33% reported having negative experiences with health care providers in the past year related to being transgender. These structural inequities not only make LGBTQ and HIV affected communities more vulnerable to experiencing IPV, they create barriers to accessing resources and support services when members of these communities experience IPV.

IPV within LGBTQ communities has not been integrated into the mainstream narrative on IPV, and only 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 belief of many shelter providers that IPV is exclusively cisgender men abusing cisgender women. Exclusionary service practices continue keep many transgender women from accessing the support they need. According to a 2016 research report by the Center for American Progress, only 30% of shelters surveyed were willing to house

³ 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.

⁴ James, S. E., Herman, J. L., Rankin, S., Keisling, M., Mottet, L., & Anafi, M. (2016). *The Report of the 2015 U.S. Transgender Survey*. Washington, DC: National Center for Transgender Equality.

⁵ 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

⁶ Walker, op cit.; Badenes-Ribera, et al., op cit.

⁷ 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.

⁸ Badgett, et al., op cit.

⁹ James, et al., op cit.

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.

transgender women with other women and 21% said they would refuse shelter entirely.¹¹

The LGBTQ and HIV Affected Intimate Partner Violence in 2016 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. NCAVP aims to specifically examine 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 challenges and barriers to resources, and have historically been isolated and made invisible in the national conversation on violence against LGBTQ people. NCAVP also hopes that this report will spark conversation both within and outside of LGBTQ communities about not only IPV in relationships, but also discussion of healthy relationships dynamics and ways communities can support survivors.

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 14 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 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 2,032 incidents of intimate partner violence against LGBTQ and HIV-affected people from 14 local NCAVP member organizations in 9 states. Of those 2,032 incidents, NCAVP collected incident level data on 1,225 incidents from 11 organizations in 9 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 the Findings

This report uses a convenience sample of LGBTQ and HIV-affected survivors of intimate partner violence who sought support from some 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 hate violence 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 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 2016 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 hate violence nationally.

Table 1. Description of Survivors who Reported to NCAVP (n=2,032)

	# of people	%
Age (n=1,322)		
18 and younger	20	1%
19-29 years old	418	32%
30-39 years old	429	32%
40-49 years old	243	18%
50-59 years old	161	12%
60-69 years old	43	3%
70 years old and older	8	1%
Gender (n=1,617)		
Transgender Woman	173	11%
Transgender Man	54	3%
Transgender Non-Binary	14	1%
Cisgender Man	692	43%
Cisgender Woman	608	38%
Genderqueer	8	<1%
Gender Non-Conforming	4	<1%
Gender Fluid	8	<1%
Self-identified/Other	56	3%

Table 1. Description of Survivors who Reported to NCAVP (n=2,032) (Cont'd)

	# of people	%
Sexual orientation (n=1,372)		
Bisexual	137	10%
Gay	584	43%
Heterosexual	283	21%
Lesbian	217	16%
Queer	76	6%
Questioning/Unsure	16	1%
Self-Identified	59	4%
Race & Ethnicity** (n=1,418)		
Arab/Middle Eastern	15	1%
Asian/Pacific Islander	56	4%
Black/African American	260	18%
Native American/American Indian	24	2%
Latinx	430	30%
Multiracial	53	4%
White	548	39%
Self-Identified/Other	32	2%

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

Table 2. Information about Incidents of Intimate Partner Violence

	# of responses	%
Violence Type (n=3726)**+		
Physical Violence	725	19%
Attempted Physical Violence	73	2%
Robbery	23	1%
Sexual Violence	249	7%
Bullying	155	4%
Discrimination	43	1%
Harassment (online, telephone, and mail)	226	6%
Isolation	322	9%
Sexual Harassment	26	1%
Stalking	181	5%
Threats/Intimidation	409	11%
Verbal Harassment	656	18%
Vandalism	36	1%
Financial Violence	119	3%
Survivor Injured (n=897)		
Yes	255	28%
No	642	72%
Medical Attention Sought (n=701)		
Yes	142	20%
No	559	80%

Table 2. Information about Incidents of Intimate Partner Violence (Cont'd)

	# of responses	%
Underlying Bias (n=168)** ++		
Anti-Immigrant	16	10%
Heterosexist/Anti-LGBTQ	73	43%
Anti-Sex Worker	4	2%
Anti-Transgender	43	26%
Anti-Disability	4	2%
HIV/AIDs Related	16	10%
Sexist	3	2%
Other	7	4%
Survivor Interacted with Police (n=855)		
Yes	334	39%
No	521	61%
Survivor Reported Incident to Police (n=690)		
Yes	282	41%
No	408	59%
Police Response to Survivors (n=430)		
Courteous	51	12%
Indifferent	50	12%
Hostile	30	7%

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

+ Violence types included a number of other types of violence that represented less than one percent of the total responses, including but not limited to murder, attempted murder, blackmail, medical violence, and eviction.

++ Anti-religious and racist bias were other types of bias but both equaled less than 1%.

Table 2. Information about Incidents of Intimate Partner Violence (Cont'd)

	# of responses	%
Abusive Partner Relationship (n=703)		
Acquaintance/Friend	16	2%
Employer/Co-Worker	15	2%
Ex-Lover/Partner	204	29%
Landlord/Tenant/ Neighbor	33	5%
Lover/Partner	342	48%
Relative/Family	41	6%
Roommate	9	1%
Other	49	7%
Referrals Provided** (n=1751)		
Counseling	163	9%
Housing	256	15%
Legal	477	27%
Shelter	119	7%
DV	122	7%
Homeless	60	3%
Medical	189	11%
Police	51	3%
Other	314	18%

Table 2. Information about Incidents of Intimate Partner Violence (Cont'd)

	# of responses	%
Advocacy Provided** (n=989)		
Housing	173	17%
Legal	245	25%
Medical	52	5%
Mental Health	144	14%
Public Benefits	73	7%
Police	73	7%
Other	229	23%
Other Services Provided** (n=1,663)		
Safety Planning	984	59%
Court Monitoring	17	1%
Emergency Funds	197	12%
Other	465	28%
Shelter Sought? (n=661)		
Yes	79	12%
No	582	88%
Protective Order Sought? (n=215)		
Yes	70	33%
No	145	67%

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

FINDINGS

LGBTQ and HIV-Affected IPV Related Homicides in 2016

There is still very little awareness and attention paid to the IPV related deaths of LGBTQ people. In 2016, NCAVP received reports of 15 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 the sexual orientation or true gender identity of victims is not shared in media or police reports.

For example, transgender victims are frequently misgendered and misnamed in media reports, while intimate partner relationships of same gender couples are often reduced to friendships or other relationships, (e.g. "roommates"), essentially making the LGBTQ identities of IPV homicide victims invisible. However, the information here provides some insight into how LGBTQ people experiencing IPV are impacted by homicide.

In 2016, people of color made up the majority of the reports of LGBTQ and HIV affected IPV homicides, highlighting the disproportionate risk associated with structural and systemic racism as it intersects with anti-LGBTQ bias. Nine (60%) of the victims were people of color, including six victims who were black, one who was Latinx, one who was Asian, and one who was Middle Eastern. The race and ethnicity of two of the victims is currently unconfirmed.

Of the total 15 homicides, nine victims were cisgender men, three were cisgender women, two were transgender women, and one person identified as transgender and non-binary. In terms of age, 11 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. Ten of the victims were killed by a current partner or lover, 4 were killed by an ex-partner, and one person was killed by police during an IPV related incident.

Given that it is known that LGBTQ people experience similar if not higher rates of intimate partner violence compare to their cisgender or straight counterparts, it is likely that these numbers only represent a proportion of the actual number of IPV related homicides of LGBTQ people. Until LGBTQ identities are counted and affirmed, it will be difficult to know exactly how many LGBTQ people are impacted by homicides related to intimate partner violence.

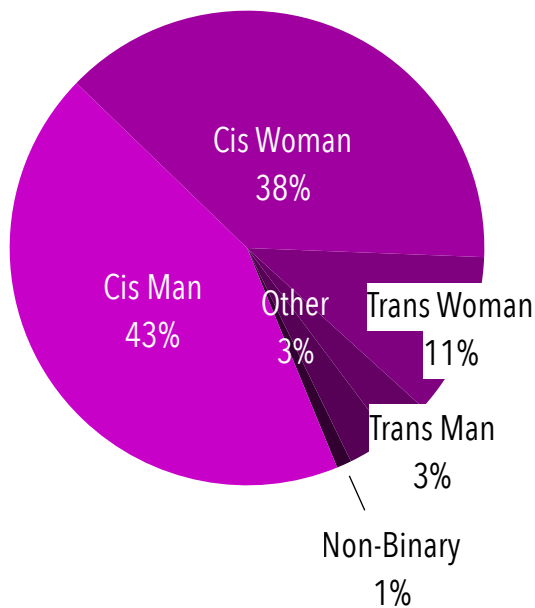
For more information on the victims, please see the homicide narratives on Page 51.

Total Survivor Demographics

In 2016, NCAVP received 2,032 reports of LGBTQ and HIV affected IPV. The majority of survivors identified as gay (43%) followed by lesbian (16%), heterosexual¹² (21%), bisexual (10%), and queer (6%).

For gender identity, 43% of survivors identified as cisgender men, 38% identified as cisgender women, 11% as transgender women, 3% as transgender men, 1% transgender non-binary, and 3% identified with a gender not listed.

Graph 4: IPV Survivor Gender Identity



Out of the total number of survivors who reported information on their age, the largest portion were between the ages of 30 to 39 (32%) and 20 to 29 (32%). There was an increase in the percentage of survivors who were between the ages of 40 to 59 from 26% in 2015 to 30% in 2016.

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 (59%) followed by White (39%).

There was a substantial increase of the percentage of survivors who identified as Latinx, from 24% in 2015 to 30% in 2016. Additionally, 18% of survivors identified as Black/African American. A small percentage of survivors identified as Asian or Pacific Islander (4%), Multiracial (4%), Native

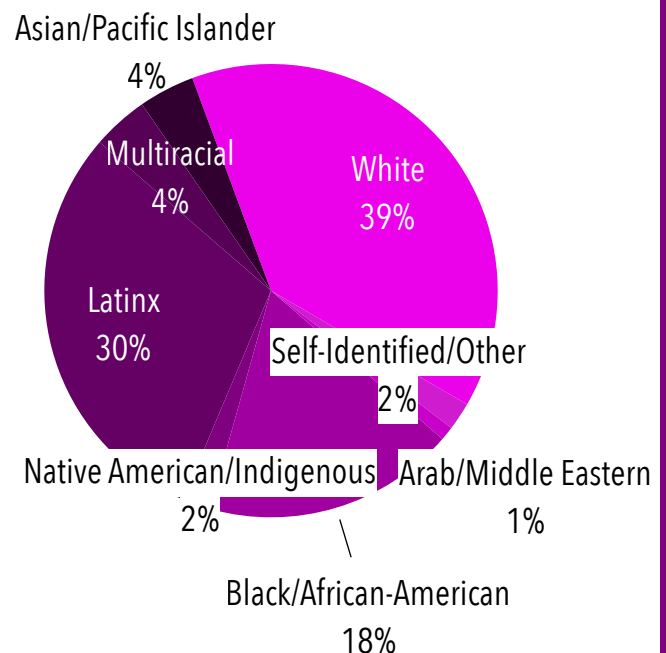
American (2%), and Arab/Middle Eastern (1%).

Of the survivors who shared information on immigration status (n=992), 81% were US citizens, 9% were undocumented, 3% were permanent residents, and 7% had some other type of immigration status. Some examples of other types of immigration status include temporary visas, refugee, and asylum seekers.

Of the survivors who reported information on disability status in 2016, 18% reported having a disability. The most commonly reported disabilities were mental health disabilities (50%) and physical disabilities (39%). Other reported disabilities included learning (5%), Deaf and hard of hearing (2%), and visual disabilities (3%).

In terms of HIV status, 21% of survivors reported being HIV positive.

Graph 5: IPV Survivor Race/Ethnicity



¹² NCAVP member programs note that the percentage of heterosexual people may represent transgender and non-binary people who identify as heterosexual or cisgender who accessed services at a LGBTQ specific organization.

Incident Details

Relationship to Abusive Partner

The most common relationship between survivors and abusive partners were current partners or lovers (48%). The second most common relationship was ex-partners and ex-lovers at 29%. Similar to previous years, transgender and Latinx survivors were more likely to experience violence by an ex-partner compared to other survivors. Both transgender and Latinx survivors were three times more likely to report experiencing violence by an ex-partner.

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.

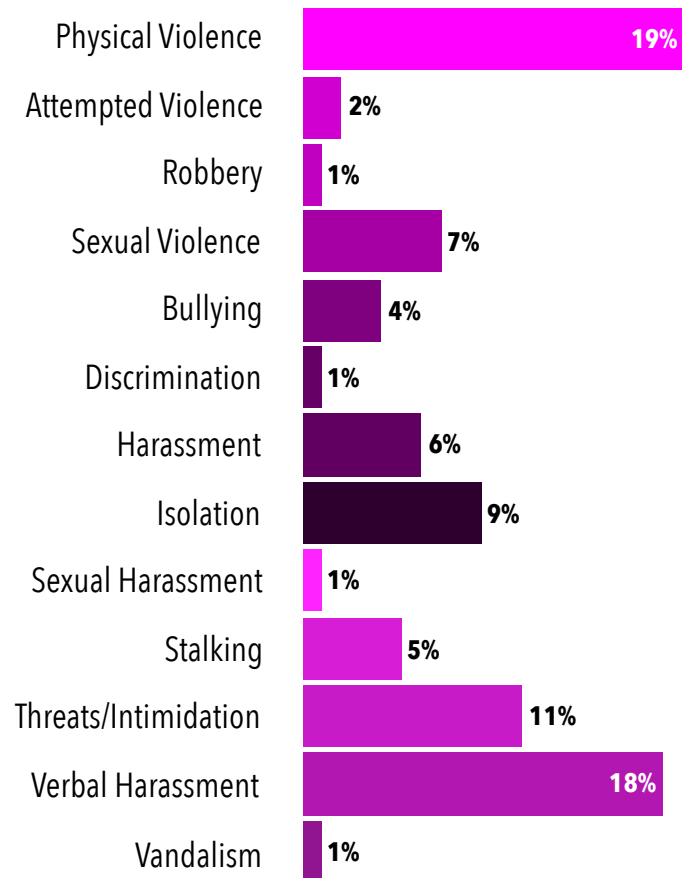
This may be particularly true for LGBTQ survivors of violence, given that LGBTQ communities are often small, and the risk of running into an ex-partner in community spaces is higher. Additionally, access to IPV resources is often limited for LGBTQ communities.

Types and Severity of Violence Experienced

The most common types of violence that survivors reported experiencing were physical violence (19%), verbal harassment (18%), and threats and intimidation (11%). Other types of violence reported include isolation (9%), online or telephone harassment (6%), stalking (5%), sexual violence (7%), and financial or economic violence (3%).

While all of these types of violence are commonly used by abusive partners, certain communities or identities were more likely to report experiencing specific tactics of abuse compared to other communities. Transgender women were two and a half times more likely to be stalked and experience financial violence as a tactic of IPV, compared to

Graph 6: Type of Violence Experienced



survivors who were not transgender women. Additionally, transgender women were two times more likely to experience online harassment.

Survivors were asked if there were specific types of biases that were used against them by abusive partners. This includes when abusive partners use a survivors' marginalized identities or experiences against them or use systemic discrimination as a way to maintain power and control.

The most common biases used against survivors were anti-LGBTQ or heterosexist (43%) followed by anti-transgender (26%). There was an increase in anti-immigrant bias from 4% in 2015 to 10% in 2016. Additionally, there was an increase in HIV related bias from 5% in 2015 to 10% in 2016.

Weapons were used in 12% of the reports of IPV. In 28% of the reports, survivors report being injured. Additionally, 20% of survivors reported seeking medical attention as a result of the violence they experienced.

Experiences Accessing Intimate Partner Violence Services

NCAVP collects information on LGBTQ and HIV affected survivors' experiences with accessing particular IPV services, such as domestic violence shelter, counseling, and legal services, that have not historically been inclusive of or accessible to LGBTQ communities.

The most common services that LGBTQ survivors sought were advocacy related, such as legal advocacy (25%), housing advocacy (17%), and mental health advocacy (14%).

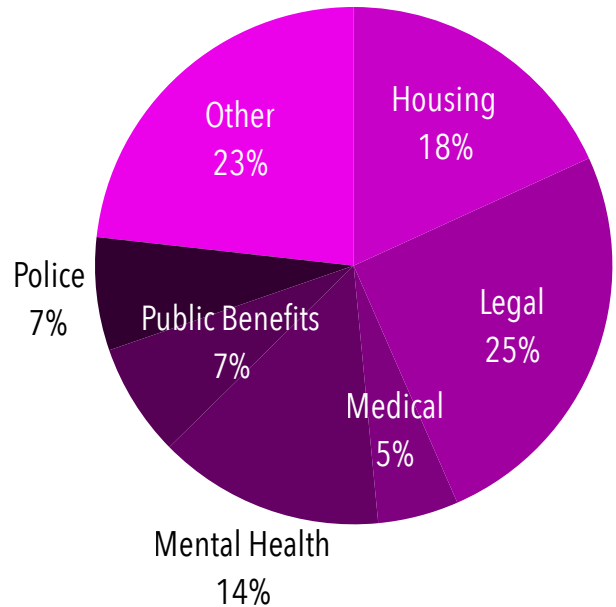
Other services that survivors sought were safety planning (59%) and emergency funds 12%. In 2016, 12% of survivors attempted to access emergency shelter. Additionally, only 33% of survivors reported seeking a protective order as a remedial service for IPV.

Survivor Interactions with Law Enforcement

In 2016, 39% 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 report with the police, or involuntary, such as a neighbor calling law enforcement.

Out of the total number of survivors who interacted with law enforcement in any way, 7% said that the police were hostile and 12% said that the police were indifferent in their interactions.

Graph 7: Types of Services Desired



DISCUSSION

Unique Experiences and Impacts of IPV

Over the last 20 years, the domestic violence field has grown more and more aware of the unique experiences of LGBTQ survivors of intimate partner violence and the need to ensure that domestic violence services take into account the ways that anti-LGBTQ and other forms of bias and discrimination impact survivors' lives.

In 2016, LGBTQ survivors most commonly reported experiencing physical violence, isolation, harassment and intimidation, and financial abuse. While these are common tactics for maintaining power and control in abusive relationships, for LGBTQ people these tactics are often directly related and impacted by the marginalization of their identities. Many survivors reported that abusive partners used homophobic, biphobic, and transphobic biases against them in their relationship.

Additionally, in 2016, more survivors reported that abusive partners used anti-immigrant biases and anti-HIV related biases against survivors. Use of these biases against survivors is particularly impactful because it exploits vulnerabilities that LGBTQ survivors, particularly those who are undocumented or living with HIV, experience in all areas of their lives, in order for the abusive partner to maintain control in the relationship. This is particularly important in 2016, when leading up to the presidential election, hate speech and biased rhetoric against LGBTQ and HIV-affected people, immigrants, and people of color became more prevalent, prominent, and normalized. Increases in discrimination, and violence faced by LGBTQ and HIV-affected communities can have a chilling impact on IPV survivors' ability or willingness to reach out for help, and can exacerbate the impact of bias used by abusive partners as a power and control tactic.

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.

Because of this violence and discrimination, LGBTQ people are more likely than non-LGBTQ people to experience poverty, unemployment, and homelessness, thus making them more vulnerable to experiencing intimate partner violence. In 2016, transgender women were two and a half times more likely to experience financial abuse. This is particularly impactful as transgender people experience high rates of employment discrimination, making them more financially insecure and therefore more susceptible to financial violence from partners.

Similar to previous years, the majority of LGBTQ and HIV affected survivors reporting to NCAVP member programs were survivors of color, particularly Black/African American survivors and Latinx survivors. LGBTQ survivors of color experience unique barriers to accessing support around IPV as they often experience racism combined with anti-LGBTQ bias from service providers, other survivors of IPV in places like communal shelter, and in their communities. It's vital that IPV in LGBTQ communities is not treated as a monolith, but rather that the diversity of survivors' experience and needs is reflected in the conversation and resources for survivors of IPV.

Lifting up Community Based Responses to Intimate Partner Violence

The findings in this report clearly demonstrate the importance of community based and survivor centered services for LGBTQ survivors of intimate partner violence. Mainstream domestic violence services and institutional remedies, such as protective orders, emergency shelter, emergency medical services, and law enforcement responses are often unsafe or inaccessible for LGBTQ communities, particularly LGBTQ people who are immigrants, people of color, and people with disabilities.

In 2016, the most common services sought by LGBTQ survivors were legal, housing and mental health advocacy, as well as safety planning and emergency funds. It is important to note that these resources that do not necessarily necessitate interaction with law enforcement while at the same time increase a survivor's access to resources and choices.

It's important to make all services more affirming of LGBTQ communities, and the domestic violence movement has made great strides in doing so, there is much work to do. As many LGBTQ and HIV-affected survivors face bias, discrimination, and violence at the hands of would-be helpers, resources and efforts should be dedicated to LGBTQ specific programs and services that emphasize advocacy as a core component to intimate partner violence response.

Lifting up Healthy Relationships

It's vital that LGBTQ communities are included in the public conversation around IPV. The historic erasure of LGBTQ communities has made it difficult for LGBTQ people to recognize abusive or unhealthy dynamics in their relationships, and to talk about it or reach out for support when they do. There is a lot of shame attached to IPV in general, but this shame is particularly impactful for LGBTQ communities who often fear bringing more stigma and bias to their relationships.

Transgender and gender non-conforming survivors have even fewer images of what healthy relationships can look like because of the erasure of TGNC experiences and lives. Elevated rates of IPV among TGNC people highlight their vulnerability to power and control dynamics in relationships that can mirror the transphobia and related oppression they experience in their everyday lives. TGNC leaders in the anti-violence field share that the lack of resources and conversations around healthy relationships is an often under-noticed yet driving factor in high rates of intimate partner violence.¹³

Resources must be dedicated to creating spaces for LGBTQ communities to have honest and open conversations on unhealthy relationship dynamics and how discrimination impacts these dynamics. Additionally, more resources should be geared towards spaces and resources that encourage LGBTQ people to identify and talk about what healthy intimate relationships means to them.

¹³ 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>

CONCLUSION

The NCAVP LGBTQ and HIV Affected Intimate Partner Violence in 2016 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 LGBTQ and HIV-affected survivors, especially for those who hold additional marginalized identities, such as LGBTQ people of color, LGBTQ people with disabilities, and LGBTQ immigrants, 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 common in IPV is exacerbated by the lack of public awareness and discourse about how this violence impacts people across the spectrum of gender identity and sexual orientation. This prevents LGBTQ and HIV-affected communities from taking action to address IPV, and furthermore 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—rather, we must look to cultivate discussion around how to recognize unhealthy relationship dynamics, what healthy relationships can look like in LGBTQ communities, and how we can work to address LGBTQ IPV within and as a vibrant, diverse community.

LOCAL SUMMARIES

BRAVO (Buckeye Region Anti Violence Organization)

Columbus, Ohio

The Buckeye Region Anti Violence Organization (BRAVO) works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, domestic violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services, both within and on behalf of the Lesbian, Gay, Bisexual, and Transgender communities.

BRAVO serves the LGBTQI+ community throughout the state of Ohio through direct support and advocacy as well as education, outreach, and programming. It is through these efforts that we serve, alongside our anti-violence and LGBTQI+ community partner organizations. We provide direct survivor services through face-to-face advocacy, financial assistance, HelpLine crisis interventions, linkage to resources and referrals, as well as opportunities for police assistance, courtroom/legal advocacy, medical advocacy, and support groups. Education and outreach extends throughout the state of Ohio which includes SafeZone training services, diversity and inclusion training, and other topics relating to violence prevention. Through these different modalities, we are able to not only support survivors but also work diligently to prevent violence and increase awareness and visibility.

BRAVO in 2016

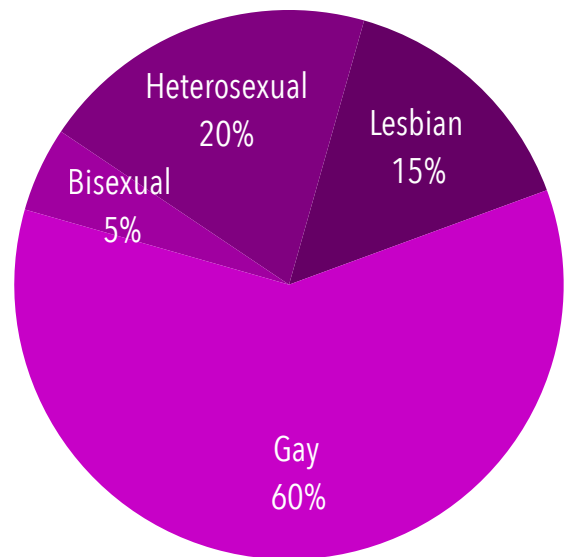
When comparing the full data report from 2015 to 2016, it is important to note that BRAVO experienced administrative changes and staff reductions during this reporting period. Roles within the agency were restructured, creating some points in time where there were fewer staff members working directly with

clients and, naturally, created a reduction in capacity. Despite these reductions, BRAVO was able to maintain and serve increased capacity of LGBTQI survivors of Intimate Partner Violence (IPV) throughout the state.

In 2016, BRAVO documented 46 cases of intimate partner violence, a 21% increase from 2015 (38 cases). Of the 19 survivors that shared their age, two were between 15-18 years of age, four survivors between the ages of 19-24, 13 between 25-59, and one survivor was between 70-79 years of age.

BRAVO saw an increase in self-identified gender identity and those not reporting gender identity, 10 survivors identifying as cisgender men, one as cisgender women, three transgender women, and 17 self-identified. Of those survivors sharing their sexual orientation, one identified as bisexual, nine as gay, four as heterosexual, and two as lesbian.

Graph 8: Sexual Orientation (BRAVO)



Of those survivors reporting their race and ethnicity, four survivors identified as Black/African-American, one as Native American, one as Latinx, five as white.

The overall trends observed over these two years demonstrates one prominent theme - an increase in physical violence, individually reported, as well as within aggregate data. In 2015, there were eight reports of injuries, five of which requiring medical attention. This represented 21% of all reports, and 62% of those required medical attention. In 2016, 11 reports of physical injuries were documented, seven of those required medical attention.

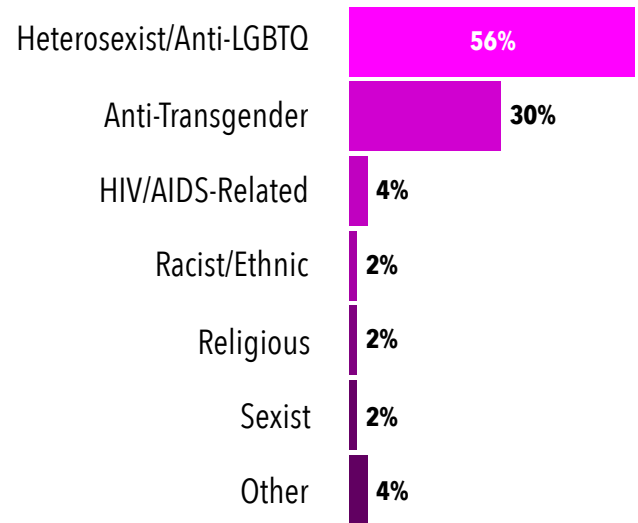
Those 11 reports reflected 23% of all reports for the year, up from 21% the previous year. Additionally, the need for medical attention also slightly increased to 64% in 2016. This multi-year trend of increasing reports resulted in more physical injuries and an even higher percentage of injuries requiring assistance.

There were numerous tactics that abusive partners used to exert power and control in the context of a relationship. There were 13 cases involved physical violence, of which 11 survivors reported injuries sustained from the violence. 21 survivors experienced verbal harassment in-person, seven survivors experienced stalking, 10 survivors reported harassment from their abusive partner (through means of email, social media, telephone), 18 survivors reported use of threats and intimidation, and two reported being blackmailed.

In one case, abusive partners used attempted sexual violence as a means of controlling their partner. BRAVO reported a substantial increase of the use of hate and bias violence in the context of intimate partner violence, twenty-eight survivors reported anti-LGB and fifteen survivors reported anti-trans violence in the context of their relationships.

In 2016, 21 survivors reported the violence they experienced to police, and in six instances (28%) police took the complaint and filed a report. Police made arrests of the abusive partner in zero (0) of those instances. Of those survivors that interacted

Graph 9: Bias Exerted against IPV Survivors



with law enforcement and shared information about those experiences (two survivors), one reported courteous interactions with law enforcement, and one survivor reported indifferent interactions. Also, six survivors reported that they sought a civil protection order, and two civil protection orders were granted.

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, 19 survivors sought other forms of civil legal assistance. Throughout 2016, BRAVO continued a multi-year collaboration with the Ohio Domestic Violence Network to provide BRAVO LGBTQI Legal Office Hours.

This program connected 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 continuation of this program, survivors of intimate partner violence, were able to explore more options available to them.

Center on Halsted Anti-Violence Project *Chicago, Illinois*

Center on Halsted advanced community and secures the health and well-being of the Lesbian, Gay, Bisexual, Transgender, and Queer people of Chicagoland.

Our roots began in 1973 as Gay Horizons, a volunteer-run telephone helpline and meeting place for gays and lesbians. The Anti-Violence Project began providing services in 1985, shortly after Horizons was established as a non-profit organization. The organization was renamed Center on Halsted in 2003.

Celebrating 10 years in this location, Center on Halsted has expanded to include senior programming, LGBTQ-friendly affordable senior housing, cluster-site housing for LGBTQ young people experiencing homelessness, a culinary arts job development program, to name other community center initiatives. A founding member of the National Coalition of Anti-Violence Programs, the Anti-Violence Project (AVP) is currently housed within behavioral health services.

This allows our service provision to include more extensive and thorough trauma focused psychotherapy treatment for survivors of violence. In addition to individual, group, and relationship therapies, AVP also provides brief case management, safety planning, and brief counseling over the phone and through walk-ins with our 40-hour a week warm-line/phone line. We are currently Illinois' only specific phone line to address all forms of LGBTQ-targeted violence.

Our main source of collecting information on reportable incidents of violence for 2016 was through our phone line and occasional walk-ins. Although we received more calls/reports of violence than listed here, we left out incidents where type of violence was unreported. We also utilized a reported

three-minimum demographic category threshold so as to not dilute the data with types of violence yet with little else known.

Our warm-line went "live" in December 2015 after a period of dormancy. Thus, we do not have comparable data from previous years for this report. Instead, we will summarize our 2016 data, with the intention to look at comparable data in the years hereafter.

Center on Halsted in 2016

We interfaced with 45 persons calling to report incidences of domestic and intimate partner violence in 2016. DV/IPV accounted for 78% of our types of reported incidents of violence.

The majority (57%) of incidents entailed cisgender male-identified persons. Transgender, genderfluid, gender non-conforming, non-binary accounted for over 10% of survivors who reported their gender identity. The majority (55%) of those who reported their age were between 30-49 years old. People of color accounted for 63% of known ethnicity (29% African American, 26% Latinx, 3% Arab/Middle Eastern, and 5% Asian).

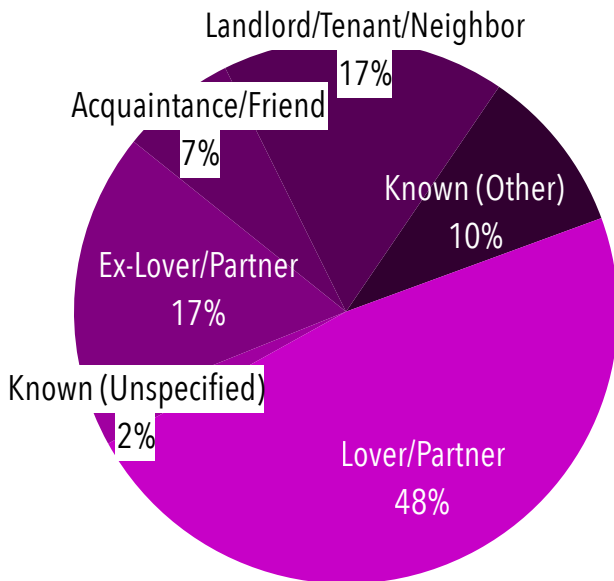
The majority of survivors who identified their sexual orientation identified as gay (56% reported, or 49% of total), while the next frequent sexual orientation declared was lesbian (21% reported, or 18% of total). Nearly a third (31%) of the reported 45 domestic violence survivors identified as HIV positive.

Violence Presentations: Bias, Violence Types, & Offenders.

The majority of those who reported violence experienced physical injury, while the majority who reported physical injury did not seek out medical attention. Of those who reported they sought out medical attention, the majority experienced injuries severe enough to warrant hospitalization.

Physical injury, verbal harassment, and sexual violence were the most frequently endorsed by survivors. Domestic violence is far broader than intimate partners; surprisingly, intimate partners comprised only 65% of offender categories.

Graph 10 : Survivor/Offender Relationship (COH)



Intersectionalities | Trans*

Of those who identified as Trans*, 85% were 39 years and younger. Four out of five persons who identified as Trans* were people of color. Eighty (80%) percent of Trans* survivors did not identify as queer; they identified as heterosexual. This is important as these persons often experience gaps in service or misunderstandings for not identifying as LGB; they are presumed gay/queer.

Forty (40%) percent of Trans* survivors experienced additional police violence when reporting their domestic/intimate partner violence. This included slurs, use of excessive force, arresting of the victim, etc.

This means that while Trans* identified persons comprised of 5 out of 45 of reported survivors, they were disproportionately impacted by police misconduct, with 2 out of 5 police misconduct incidents involving Trans* survivors.

Intersectionalities | People of Color (POC)

Eighty-eight (88%) percent of lesbians identified as African American. People of color generally preferred non-gay labels when identifying themselves: no persons of color who reported their sexual orientation identified as “gay,” while the majority identified as queer, bi, or straight. People of color tended to be younger: 1/3 (33%) were under 29 years old, while 33% were between the ages of 30-39, as compared to white survivors who were (71%) mainly over the age of 40. A greater majority of persons of color survivors (95% known) experienced physical and/or sexual violence compared to 85% of white identified survivors.

AVP Programmatic Goals to Decrease Violence

We are aware of the increased marginalization of Trans* and POC communities as it relates to domestic violence. We have attempted to increase our programming in targeting those most impacted by domestic and intimate partner violence. Furthermore, none of our male identified survivors who attempted to secure orders of protection were successful in 2016; we have thus increased our efforts of better coordinated responses with law enforcement and the court system to secure more equitable protections of male-identified survivors of DV.

In 2016, we began a specific therapy group for survivors of LGBTQ domestic violence. We attempted to increase our marketing about DV through social media, a feature article in Chicago’s Windy City Times on domestic violence, as well as outreach during pride (June) events. Additionally, when editing our intake forms and database in 2016, we purposely added specific gender identity markers to account for the extensive Trans* identified survivors. We look forward to comparing 2016’s incidents to 2017 in assessing for success in targeted DV programming.

The Violence Recovery Program at Fenway Health

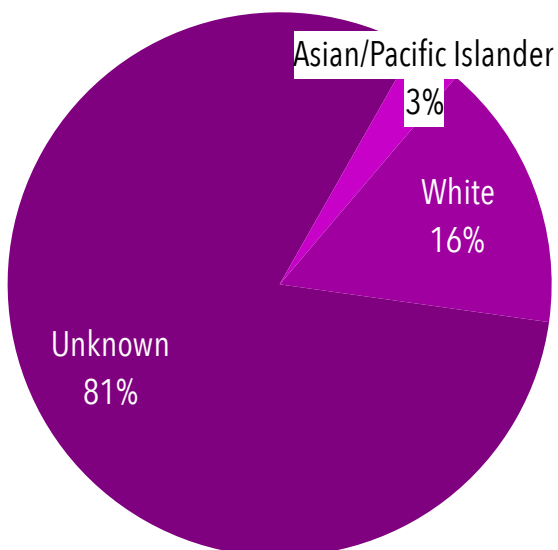
Boston, MA

The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides direct services and referrals to survivors of intimate partner violence, sexual assault, hate violence and police misconduct and specializes in working with lesbian, gay, bisexual, and transgender and queer (LGBTQ) communities.

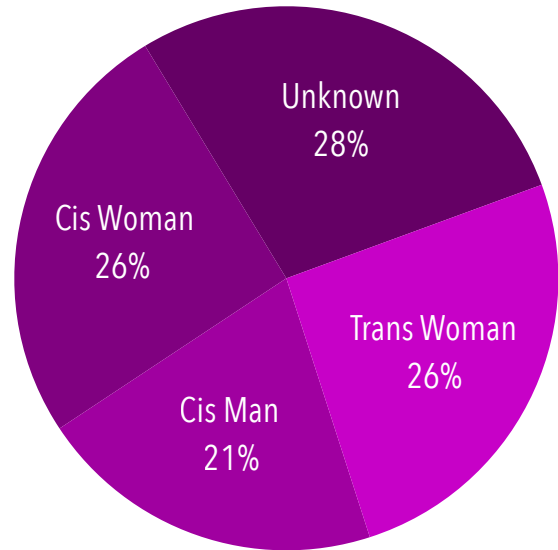
The VRP mission is to provide services to survivors who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors. The VRP also aims to raise awareness of how LGBTQ hate violence and intimate partner violence affects the greater community 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

Graph 11: Race/Ethnicity (VRA)



Graph 12: Gender Identity (VRA)



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 post-traumatic 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 survivors, VRP staff provides training and education to social service and healthcare providers, legal and law enforcement personnel, students and community groups.

Fenway in 2016

In 2016, the Violence Recovery Program (VRP) documented 45 new cases of Intimate Partner Violence (IPV), which is roughly half of what was documented in 2015. This dramatic decrease in the number of reports is in part attributable to more of a focus on outreach in two new locations after the VRP expansion into Western Massachusetts and Cape Cod in 2016.

Additionally, multiple staff went on leave this year, temporarily reducing the capacity of the program in terms of direct services. Given this significant change in the program, the reduction in numbers cannot be linked to indications of changes in rates of LGBTQ IPV in the region overall. Due to the overall program changes, no conclusions can be made to account for the decrease in program numbers.

In Our Own Voices (IOOV)

Albany, New York

Since 1998, In Our Own Voices (IOOV) has been committed to combating oppression and marginalization within and against the lesbian, gay, bisexual, and transgender (LGBT) people of color (POC) communities in the Capital Region, specializing in the provision of services to individuals with intersecting marginalized identities.

Further, IOOV has been steadfast in its efforts to eliminate violence, and the devastating effects of violence on the LGBT POC communities through culturally specific programming designed to address the root causes of violence. IOOV offers culturally relevant direct services including crisis intervention, support groups, emergency assistance, crime victim programming, court advocacy, information and referrals. IOOV also provides training and technical assistance to agencies nationwide surrounding topics focused on issues that disproportionately affect LGBT POC communities.

In Our Own Voices in 2016

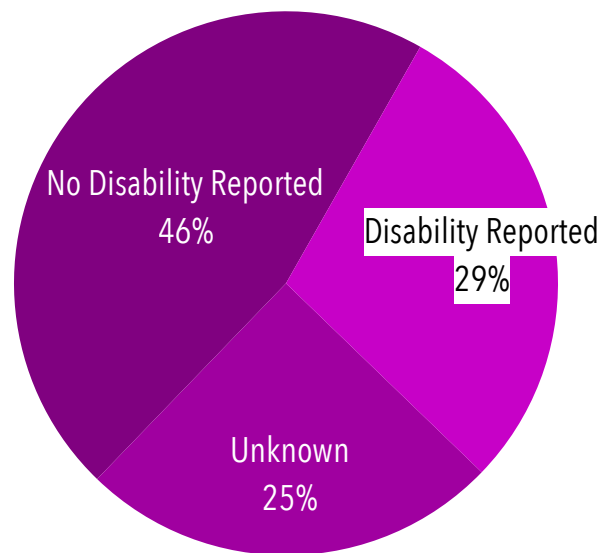
Overall, IOOV can report a 59.46% increase in survivors served for the year 2016. The increase of clients served could be attributed to an increase in direct service staff who have been able to work collaboratively to serve survivors within the Capital Region.

Conjointly, the increase in survivors reporting interpersonal physical violence (IPV) rose from 9 in 2015 to 32 in 2016. The increase in survivors seeking IOOV services to combat the complex issues arising from IPV could be due to an actual increase in physical violence, as opposed to an increase in reporting.

Additionally, IOOV saw an increase in African American survivors during 2016, numbers up from 18 in 2015 to 22 in 2016, and an increase in

survivors with disabilities, numbers up from 9 to 17, speaking to IOOV's ability to reach, and provide services to oppressed communities. Expanded numbers in obtained orders of protection can also be seen in 2016, as orders of protection went up from 5 to 11.

Graph 13: Disability Status (IOOV)



IOOV is able to report an increase in referral services from 60 in 2015 to 98 in 2017, with specific increases in referral services under categories of counseling, housing, legal, shelter, DV, and homeless.

Advocacy services also increased during 2016, specifically those under housing, legal, public benefits, and police. Court accompaniment increased from 2 in 2015 to 8 in 2016. Safety planning was another area in which services were amplified from 10 in 2015 to 18 in 2016.

As stated above, these increases are likely due to the increased capacity of IOOV to meet survivors needs and to conduct outreach to marginalized communities due to the attainment of new direct service staff.

Kansas City Anti-Violence Project (KCAVP)

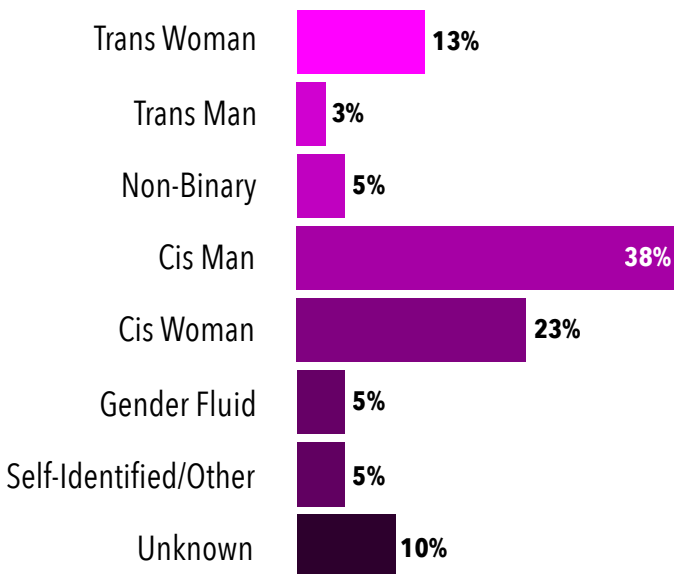
Missouri & Kansas

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 violence.

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.

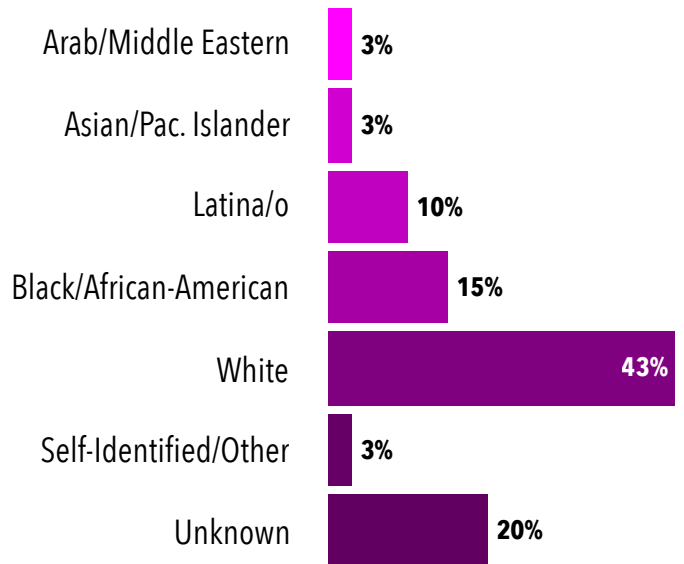
KCAVP fills gaps in service for LGBTQ survivors and acts as a gateway to services that LGBTQ people may not have access to or are unable to access due to systemic homophobia and transphobia. KCAVP advocates for survivors and educates service providers and the community about the differences LGBTQ people face when they are victimized in their

Graph 14: Gender Identity (KCAVP)



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.

Graph 15: Race/Ethnicity (KCAVP)



KCAVP in 2016

In 2016 KCAVP saw a decrease in the overall number of new individuals who accessed services. This is due to the increase in the focus on retaining previous individuals who have accessed services. KCAVP increased the number of follow-up calls provided and changed the way in which follow-up calls were conducted.

Ultimately, this led to an increase in the number of individuals who continued their services throughout the year, rather than stopping after the initial stress of their crisis was over. In addition to the change in services, we believe the addition of a food pantry and hygiene closet also assisted in the retention of individuals who sought our services.

2016 also brought an increase in the diversity of the individuals we serve. While the total number of new

individuals decreased the variation in race, ethnicity and gender identity increased. KCAVP had the opportunity to support individuals from communities we had not yet reached until 2016.

This was a major accomplishment of our Outreach Department as well as our Education and Youth Departments. Each of these departments worked to increase the number of folks they educated and informed about KCAVP which ultimately lead to diverse populations coming to KCAVP for services.

Los Angeles LGBT Center

Los Angeles, California

Since 1987, the Los Angeles LGBT Center has remained dedicated to reducing, preventing, and ultimately eliminating intimate partner abuse in LGBTQ communities in Southern California. The LA LGBT Center's intimate partner violence intervention and prevention services are comprised of those offered by its STOP Violence Program (STOP = Support, Treatment/Intervention, Outreach/ Education, and Prevention) and its Domestic Violence Legal Advocacy Project (DVLAP). Together, both STOP Violence 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.

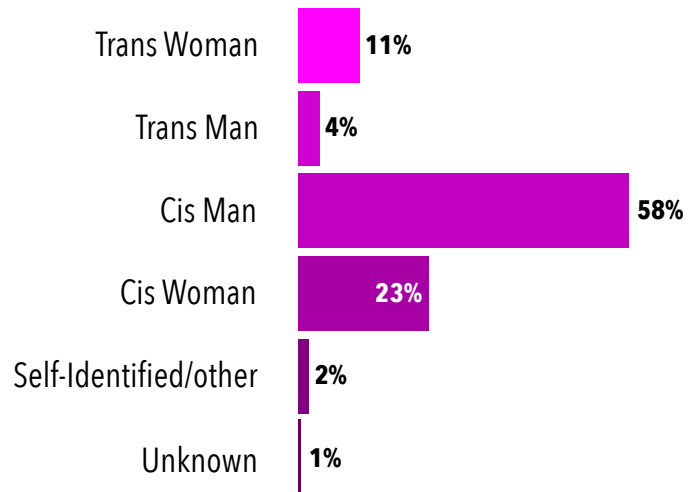
Los Angeles LGBT Center in 2016

Reported cases of LGBTQ intimate partner violence in the greater (5-county) Los Angeles area reflected an increase from a total of 441 cases in 2015 to 497 cases in 2016. These cases were assessed by STOP Violence (366 unduplicated individuals assessed to be survivors* of intimate partner violence) and DVLAP (131 unduplicated individuals assessed to be survivors of intimate partner violence). The total of 497 cases reflects individuals who specifically sought assistance from and/or were assessed for IPV by the LA LGBT Center. Outlined below are significant trends in the data collected from survivors by DVLAP and STOP Violence in 2016.

Gender Identity

Of the 441 reported cases served in 2016, 116 survivors identified as cisgender women and 286 identified as cisgender men. The number of

Graph 16: Gender Identity (LA LGBT Center)

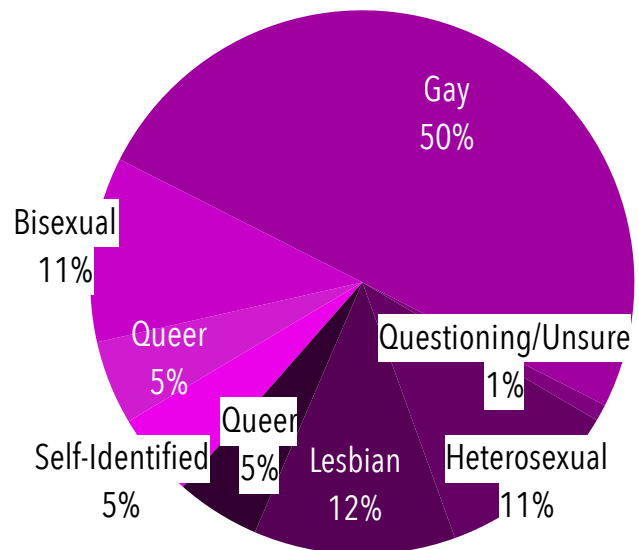


transgender survivors increased by 6% from 2015 to 2016, with 57 survivors identifying as transgender women and 21 survivors identifying as transgender men. The remainder of the total number of survivors served (17) was comprised of individuals with self-identified (including gender queer, gender fluid, or gender non-conforming) or undisclosed gender identities.

Sexual Orientation

The majority of survivors served in 2016 were individuals who identified as gay (245). Though the

Graph 17: Sexual Orientation (LA LGBT Center)



number of lesbian identified survivors (57) decreased by 4% from the previous year, the number bisexual identified survivors (53) increased by 4%, the number of queer identified survivors (25) increased by 2%, and the number of self-identified survivors (24) increased by 3%. Only 4 survivors identified as questioning, and 52 identified as heterosexual.

Age Range

Of the reported cases served in 2016, the majority of survivors were between the ages of 19 to 59, with the largest group (155 individuals) comprised of those in the 30 to 39 age group, which saw a 4% increase from 2015, followed by those in the 40 to 49 age group (103 individuals), which saw a 6% increase from 2015. The number of survivors served in the 19 to 24 age group (76), the 25 to 29 age group (73), the 50 to 59 age group (61), and the 60 to 69 age group (14) remained fairly consistent in comparison to the previous year.

Race/Ethnicity

The race/ethnicity breakdown of survivors in reported cases did not differ significantly from 2015 to 2016. The majority of survivors identified as White/Caucasian (275 – an increase of 8% from 2015), followed by those who identified as Latino/a (173 – an increase of 3% from 2015), and Black/African American (56 – an increase of 1% from 2015). Survivors who identified as multiracial (11) increased by 1%, and those who identified as Asian/Pacific Islander (16) decreased by 2%.

Interaction with Police

While 117 survivors reported an IPV incident to the police in 2016 (a significant 18% increase from 2015), only 40 of those complaints were actually taken by the police (an astounding 26% decrease in comparison to 2015). Of the reports that were made, the abusive partner was arrested in 16 cases, the

survivor was arrested in at least 2 cases, and no arrest was made in at least 11 cases.

Access to Resources

In 2016 DVLAP saw a substantial increase in access to resources and an increase in identified reports of family violence (3 reports in 2015 to 18 reports in 2016). DVLAP also saw a significant increase in reports of intimate partner violence, domestic violence, sexual violence, and/or stalking (77 reports in 2015 to 131 reports in 2016).

During 2016, DVLAP focused on helping to improve the responses of the court and legal systems through community collaborations and training. DVLAP was also able to partner with STOP Violence to expand its services for intimate partner and family violence. Expanded services included crisis intervention, safety planning, case management, housing advocacy, and other advocacy for LGBTQ survivors.

STOP Violence also saw an increase in access to resources in 2016, and noted an increase in reports from survivors in the 30 to 49 age group (153 reports in 2015 to 197 reports in 2016), an increase in reports from transgender survivors (29 reports in 2015 to 55 reports in 2016), and an increase in reports from bisexual survivors (21 reports in 2015 to 38 reports in 2016).

Furthermore, of the reports tracked by STOP Violence in 2016, 31 survivors identified as immigrants; 18 identified as having limited English proficiency or speaking a language other than English as their primary language; 11 identified as having disabled status; 84 reported that they were HIV positive; and only 4 sought shelter for intimate partner violence.

Additionally, 97 survivors reported witnessing domestic violence during childhood; 48 indicated that they had also been victims of sexual assault outside the context of intimate partner violence; 143 disclosed experiencing childhood physical abuse or

neglect; 99 disclosed experiencing childhood sexual abuse; 63 reported that they had been victims of bullying; 11 reported being victims of hate crimes, and 198 disclosed the presence of internalized homo/bi/transphobia. As many as 51 survivors reported having previously attempted or considered suicide, an increase of 4% from 2015.

DVLAP and STOP Violence continue to focus on addressing the myriad needs of LGBTQ survivors of violence by developing the capacity to track pertinent data not previously obtained, expanding services to provide high quality and comprehensive support, and improving partnerships and accessibility for LGBTQ survivors with mainstream service providers through training, education, and collaboration.

Note: STOP Violence offers services for both intimate partner violence survivors as well as perpetrators. Only survivors are included in STOP Violence's total above.

The LGBTQ Center of Long Beach

Long Beach, CA

The LGBTQ Center of Long Beach engages, empowers and advocates to achieve a more equitable society and fosters an ever-improving quality of life for the LGBTQ community. Over 40 years, The Center has grown to become the largest non-profit organization providing direct services to the greater Long Beach LGBTQ communities.

Programming includes HIV/STI testing and treatment, mental health counseling, youth services, senior services, case management and service navigation, legal clinic, career counseling, case management, transgender health services, more than 20 support groups, and support for those impacted by intimate partner violence through the Domestic Violence Services (DVS) Program.

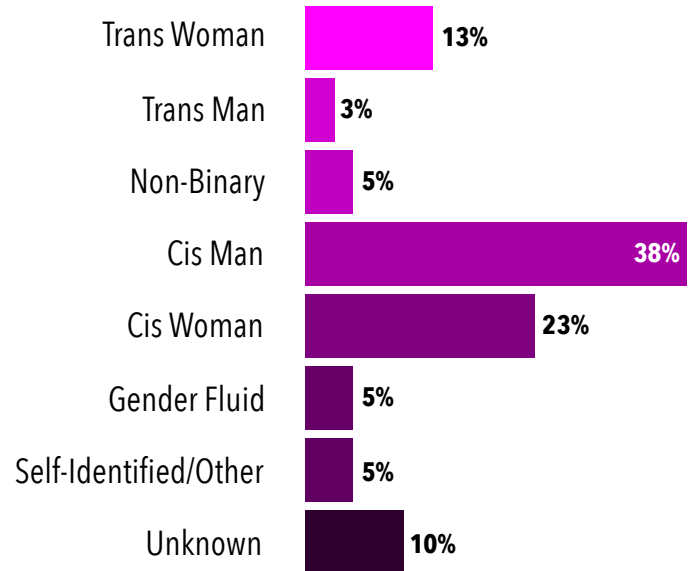
The Center's DVS Program includes client assessments, safety planning, case management, individual counseling, group counseling, crisis intervention, legal services, linkage to shelter programs, and training to local agencies on best practices for working with LGBTQ clients.

Long Beach LGBTQ Center in 2016

In 2016, the first year services were offered, the DVS Program assessed 117 individuals for domestic violence. Of those 42% were between the ages of 30-39. This age group represents the majority demographic within the community served by The Center and is not surprising.

The majority of clients seek DVS Program services through self-referral and internal agency referral, primarily through screening within The Center's existing mental health counseling program. As a result, the majority of clients are in long standing relationships and seek support for the unhealthy behaviors they experienced within their relationships.

Graph 18: Gender Identity (LB LGBTQ Center)



While Intimate Partner Violence (IPV) affects 1 in 5 cisgender identified males, many stereotypes and barriers prevent cis-male survivors from seeking services. Our DVS Program works regularly with other community programs to bridge the gap. As a result 23% of DVS Program clients identify as cisgender men, with requests for support steadily increasing. We attribute high numbers of cisgender male clients and increasing requests for support additionally to the lack of additional visible resources for men within the larger Long Beach IPV service provider community.

39% of clients identify as being part of the Latinx community, mirroring the overall demographics of Long Beach and neighboring cities. Our Latinx LGBTQ clients face many barriers, such as risk of re-victimization, fear of social services and language barriers which amplifies the need for outreach to this and other vulnerable populations.

21% of clients identify as Black/ African American, in contrast to the 15% of Long Beach's population. Because there are no LGBTQ specific agencies in neighboring impacted cities, The LGBTQ Center of Long Beach often serves as hub for clients who would

not be seeking services in their cities because it would not be safe to be out.

Transgender and gender non-conforming communities are also overrepresented within our client base. 11% of all clients identify as trans and/or gender non-conforming (GNC).

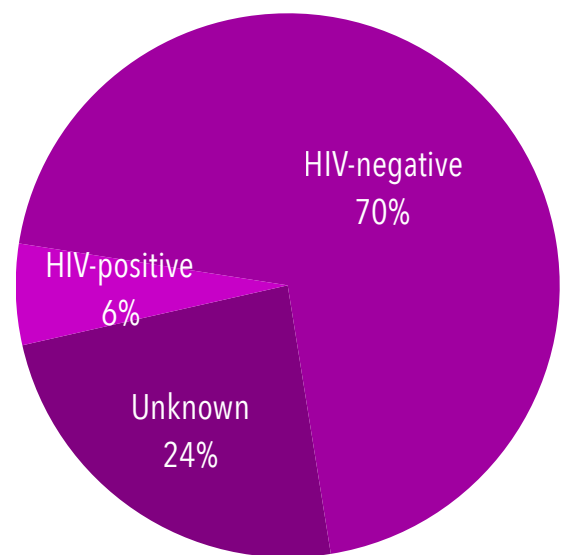
As research indicates, trans and gender non-confirming clients are at higher risk of entering abusive relationship, being abused by their families and experience homelessness. We attribute the elevated number of trans and GNC clients as an extension of larger issues of violence and oppression experienced throughout the country.

Similarly, we are seeing higher numbers of clients identifying as HIV positive, with 8% of our clients self-identifying as HIV positive. This brings to light the intersection of domestic violence and HIV. Many HIV individuals are at higher risk of domestic violence because increased risk of violence when disclosing status. HIV positive survivors may depend on their abusive partner for care and administration of medication. HIV may be transmitted through forced sex or forced unprotected sex. Many survivors may not feel safe to discuss safe sex practices or to obey the abusive partner at the cost of their own wellbeing.

From the 117 domestic violence assessments in 2016 the lowest responders were transitioning age youth, with 9% of young adults between ages 19-24 seeking services, as well as older adults with 2% of clients being ages 60 and above. Our older clients may not access our services as a result of social isolation, fear that they would not be taken seriously and lack of knowledge of services. For our senior community, increasing outreach is central to our ongoing efforts to create awareness and increase their health and wellness.

Overall, as we continue to build our domestic violence services we will increase visibility to vulnerable communities, create more opportunities for exposure of our services within our agency and expand on our capacity to train other agencies.

Graph 19: HIV Status (LB LGBT Center)



New York City Anti-Violence Project (AVP)

New York, NY

The New York City Anti-Violence Project (AVP) envisions a world in which all lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected people are safe, respected, and live free from violence. AVP 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 social and legal services, and community organizing and education, across all five boroughs of NYC.

AVP has incorporated economic empowerment programming into all of our work, with a particular focus on the ways in which economic abuse intersects with poverty and economic instability, especially for those already disproportionately impacted by poverty, including TGNC people and LGBTQ people of color.

This is particularly important to our intimate partner violence (IPV) work, given that for any IPV survivor, economic abuse and dependence on the abusive partner creates significant, often insurmountable barriers to leaving an abusive relationship. For LGBTQ survivors disproportionately impacted by poverty, unemployment, and employment discrimination, economic dependence on abusive partners is devastating.

AVP founded and coordinates the New York State LGBTQ IPV Network, which continues to provide training and technical assistance across the state to expand the "mainstream" understanding of IPV outside of the heteronormative context, in which abusive partners and survivors identify across the spectrum of gender identity and sexual orientation, has created services that reach all survivors and has enhanced the cultural competency of mainstream service providers to create inclusive and accessible

services for survivors of all gender identities and sexual orientations.

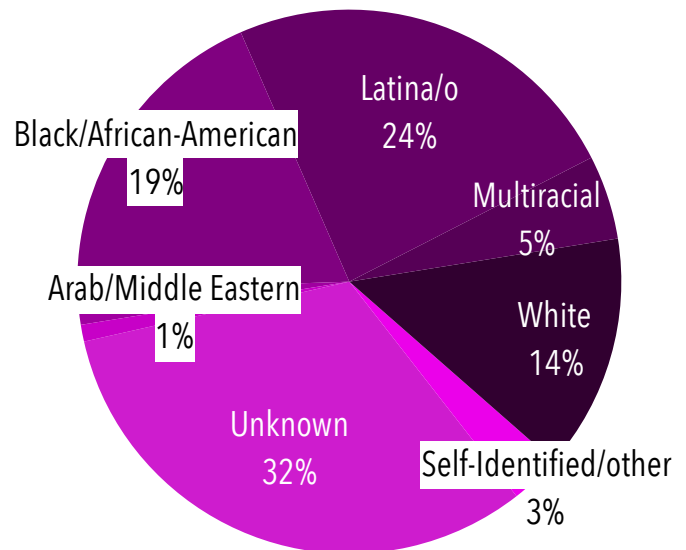
New York City Anti-Violence Project in 2016

In 2016, AVP supported a total of 547 new LGBTQ survivors of IPV, a 15% increase from the 476 we served last year (476), with one homicide related to IPV, consistent with 2015.

Race/Ethnicity of Survivors

Consistent with previous years, most IPV survivors (79%) reporting to AVP in 2016 who shared their race/ethnicity with us, identified as people of color. Consistent with previous years, the most-reported race/ethnic categories were Latinx (35%) and Black/African American (27%). There was a slight decrease of survivors identifying as white (21%, down from 27% in 2015), and a slight increase in those identifying as Arab/Middle Eastern (from <0% in 2015 to 2% in 2016).

Graph 20: Race/Ethnicity (AVP)



Sexual Orientation

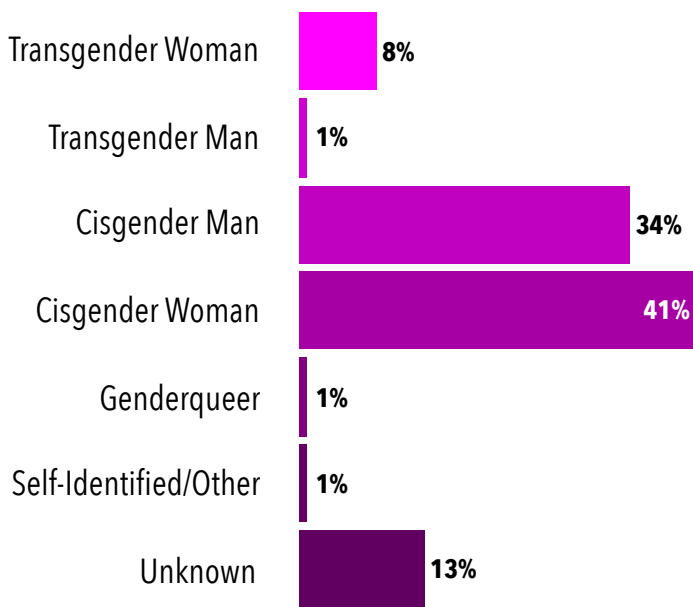
Consistent with previous years, in 2016, of those who shared their sexual orientation with AVP, the most reported sexual orientation was gay (40%), followed

by heterosexual (32%, up from 24%), lesbian (17%, down from 20%), and bisexual (8% up from 7%).

Gender Identity of Survivors

Of those who shared gender identity with AVP, consistent with previous years, in 2016, nearly half identified as Women (47%), 39% as Men (down from 42%), and 12% as transgender and gender non-conforming (TGNC) (up slightly from 10%).

Graph 21: Gender Identity (AVP)



LGBTQ and HIV-affected Immigrants

Since launching our legal services program in late 2013, AVP has doubled the percentage of survivors reporting who identify as non-citizens (from 12% in 2013 to 24% in 2016) and we have seen an increase in those identifying as undocumented (from 9% in 2013 to 12% in 2016), reflecting the needs of LGBTQ immigrants, which we anticipate will only continue to rise as anti-LGBTQ rhetoric and policy initiatives rise.

HIV Status

Similar to previous years, about half of IPV survivors reporting to AVP shared their HIV status with us, with 24% of those sharing they were HIV positive and 76%

sharing they were HIV negative. AVP’s IPV services focus on the intersection of HIV and IPV, and on linking survivors to care.

Disability

Fewer survivors reporting in 2016 identified as living with a disability, 15%, down from 21% in 2015. Given the heightened risk of IPV for people living with disabilities, AVP must continue to increase outreach to LGBTQ people living with disabilities.

Police & Prosecutor Response

In 2016, of those who shared information on police engagement with AVP, 59% reported that they engaged with the police (up from 50% last year); of those, 13% reported that police attitude was “indifferent” or “hostile.”

Given that just over half of survivors did not engage with police, and that too many survivors experience insensitive or hostile treatment from police, it is important that we continue to search for community-based solutions outside the criminal legal systems. This seems ever more pressing now in a time when vulnerable LGBTQ communities—TGNC people, LGBTQ people of color, and LGBTQ immigrants--experience police violence at disproportionate rates.

To support this work, AVP’s community organizing work focuses on building safety within communities, and we work in several coalitions to support outside the system responses to IPV. AVP remains active in Communities United for Police Reform, we are a member of the Intimate Partner Violence Restorative Justice Circle, we Co-Chair the Coalition on Working with Abusive Partners, and we have taken leadership position in a city-wide effort to create NYC’s Blueprint for Working with Abusive Partners, which releases recommendations in late 2017.

Leading up to the presidential election in 2016, and continuing into 2017, anti-LGBTQ rhetoric and policies saturate the socio-political landscape, and

hate violence against LGBTQ and HIV-affected people is on the rise. So far in 2017, AVP's national program, NCAVP, has recorded the highest number of single incident hate violence homicides in the 21 years we have been tracking this data. NCAVP created its first ever mid-year report, *A Crisis of Hate*, which highlights the pervasive and increasing violence against LGBTQ and HIV-affected people. The impact of this violence creates fear and increases isolation for LGBTQ and HIV-affected survivors of IPV, and may trap them in abusive relationships.

Immigrant IPV survivors tell us they are afraid to seek orders of protection for fear of being detained by ICE in family court, and potentially deported to home countries where they may face violence and death. Other marginalized survivors—TGNC people, LGBTQ survivors of color, LGBTQ youth—tell us they fear reporting to the police or mainstream service providers and facing bias, discrimination, and violence instead of help. Our work must continue to be centered in an anti-oppressive approach that recognizes these dynamics, and works collaboratively with survivors to identify pathways to safety, support, and services they feel best serves them.

Southern Arizona AIDS Foundation Anti-Violence Project

Tucson, Arizona

Southern Arizona AIDS Foundation Mission Statement (SAAF): To cultivate a healthy stigma-free society through transformative action.

Anti-Violence Project (AVP) Mission Statement: To prevent, respond to, and end all forms of violence against and within the lesbian, gay, bisexual, transgender, queer, and questioning (LGBTQ+) communities in Pima County.

Born as the Domestic Violence Project in 1993, SAAF's Anti-Violence Project has been serving Pima County's gender and sexual minority (GSM) community for 24 years. In 2003 the project found its home with Wingspan, becoming the Anti-Violence Project and remained there until it was acquired by SAAF in 2014. SAAF AVP works to prevent, respond to, and end all forms of violence against and within the LGBTQ+ and ally communities of Pima County. We advocate for legal, social, and institutional changes and provide resources for the safety and support of survivors, their friends, family, and community members. We strive to accomplish this goal through the provision of client-centered, strength-based, trauma-informed, and culturally competent and responsible services to LGBTQ+ survivors.

Comprehensive case management is available and centers on goal planning, connection to care whether medical and/or behavioral health, maintaining and increasing safety, and most importantly, well-being and healing. Survivors of domestic violence, sexual violence, stalking, hate violence and discrimination, police misconduct, and institutional violence are connected to care through a 24 hour bilingual crisis line, walk-in services, community outreach, and referrals from community partners. AVP offers crisis intervention and safety planning which can include voluntary intensive case management, referrals to

community resources, emergency shelter, transitional housing using a Housing First approach, supportive employment services, and court accompaniment and/or referrals to legal services. Ongoing efforts to increase community involvement and action AVP also offers capacity building trainings and a 40 hour volunteer curriculum and training.

Southern Arizona Aids Foundation Anti-Violence Project in 2016

2016 - 2017 saw a 57.89% increase in survivor cases for the Anti-Violence Project. Continued outreach efforts combined with the current anti-LGBTQ political climate in the country are contributing factors to the rise in utilization of SAAF-AVP services.

SAAF has serviced about 10% more community members than its previous year. An increase of about 23% in revenue coming primarily from community donations and foundations has provided us with the ability to provide more services and capitalize on the increases. The number of services provided to Middle Eastern and white community members saw a decrease this year. Services to African American community members stayed the same. However, this year saw an increase in utilization of services by Native American and Latinx community members. Native Americans made up 13.89% of survivors where there were no reported Native survivors in 2015. Latinx survivors made up 27.78% of client interactions which was an increase from 2015 of 10.71%.

Survivors are predominantly white or Latinx, gay or lesbian, cisgender, United States citizens, and HIV-negative. The numbers of disabled clients was nearly equally split with the numbers of non-disabled clients and all reporting disability reported mental disability. 5.56% of incidents included anti-immigrant violence. 38.89% of incidents included heterosexist/anti-LGBTQ bias. Twenty seven percent of incidents included anti-transgender bias. Eleven

percent of incidents included anti-disability bias and another eleven percent of incidents included HIV/AIDS related bias. Incidents involving anti-immigrant, anti-disability, and HIV/AIDS related bias were new categories of reported bias from the previous year.

Fifty three percent of the survivors reported the lack of use of weapons during the incident, 35% were injured physically, and 32% reported no medical attention. 26% reported needing inpatient hospital care. 45 percent reported alcohol or drug involvement, 1.65% reported the forced use of alcohol or drugs, 1% reported attempted murder, 14% experiencing physical abuse and assault, 3% attempted physical violence, 1% robbery, 6.49% sexual violence, 1% attempted sexual violence, 1% self-injury, 2% blackmail, 5.5% bullying, 1% discrimination, 2% eviction, and 8% financial abuse. Incidents also included harassment (3%), isolation (5%), medical (2%), sexual harassment (3.25%), stalking (7%), threats (12%), use of children (2%), verbal harassment (10%), violence against pets (2%), arson (.32%), theft (1.62%), vandalism (2%), pick up (1%), other (1.30%) and unknown (.32%) There were no reports of suicide or police involved violence.

Survivors report that 97% of perpetrators were known to them. Survivors report the perpetrator being a lover/partner 54.72 % of the time, an ex-lover/partner 18% of the time, an acquaintances or friend 7.55% of the time, landlord/tenant/neighbor, 5% of the time. Survivors also reported other know relationships 11% of the time and unspecified relationship 2% of the time. Offender ages were broadly distributed with the most numbers from 30-39. The majority of offenders were identified as male, either white or Latino, 20% heterosexual, 20% gay, and 50% of unknown sexual orientation.

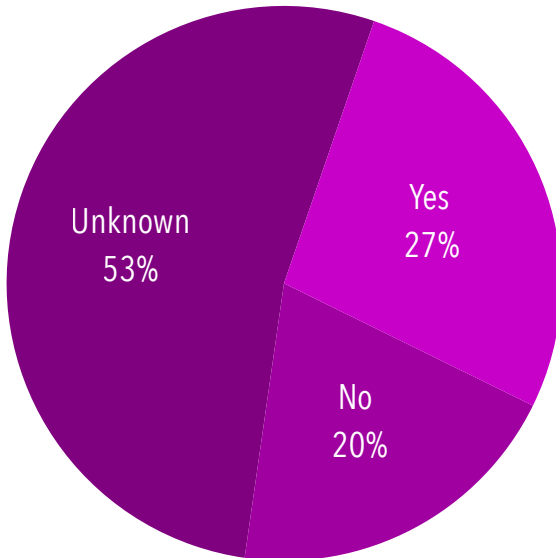
Forty-one percent of survivors had interaction with police and 40% reported indifferent response from them of which 73% took the complaint and another 16% were unsure. All survivors were provided services and advocacy from the agency. The agency follow ups were reported to having occurred at the agency 48% of the time and 13% through calls. Services included 59% safety planning and 42% unknown. The data illustrated that survivors are more open to reporting incidents, participating in safety planning, and obtaining support services from SAAF/AVP following the incidents that have occurred. The prior year's data shows a 57% increase in victims. The agency's goal is to continue outreach and education, to provide a wide range of services to best support and empower community members and to support a decrease in incidents.

Safespace Anti-Violence Program With the Pride Center of Vermont

Burlington, Vermont

The SafeSpace Program through the Pride Center of Vermont strives to end physical, emotional, and hate-

Graph 22: Sought Protection Order? (SafeSpace)



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 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.

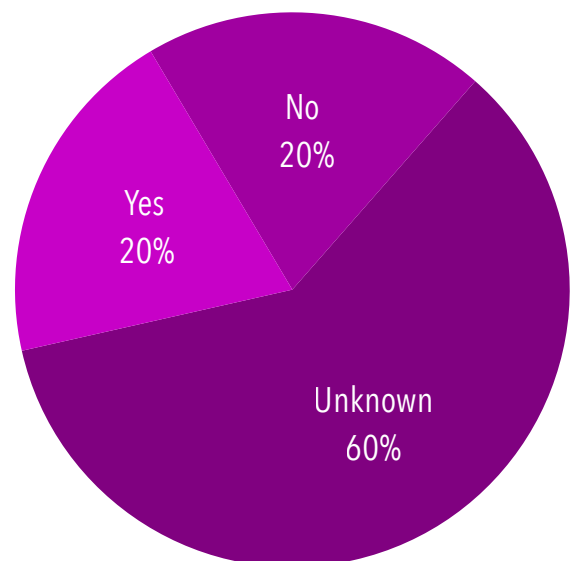
SafeSpace offers a warm-line for crisis intervention, emotional support, and direct services; organizes a LGBTQH support group for survivors of violence; and fosters an array of inter-organizational collaborations around intersections of identity.

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.

Safe Space Anti-Violence Project in 2016

A comparison of data on intimate partner violence from 2015 to 2016 illuminates several compelling factors and changes that impact the current reality and future vision of the SafeSpace Program. In particular, data about the extent to which the survivors we serve interact with the police and the number of protection orders sought and granted offer important context to our work. Reflecting on these data points allows us to understand the impact of our past initiatives and also provides guidance for our future work.

Graph 23: Survivors Went to Police? (SafeSpace)



From 2015 to 2016, the number of our clients impacted by intimate partner violence who went to the police increased from 16% to 27% (from 3 to 4). We strive to ensure that survivors are aware of as many options available to them as possible; this includes an awareness of avenues through the criminal and legal justice systems. Simultaneously, series of trainings with the Vermont State Police Department to better respect people who are transgender and non-binary.

We were featured in our local paper for these trainings, which increased visibility of our partnership across the state. Consequently, the Director of Fair and Impartial Policing now offers to meet with survivors personally and/or to come to the Pride Center with one of our advocates when needed to ensure that LGBTQH+ survivors feel supported and safe as they navigate the criminal process.

Our partnership with law enforcement and our open acknowledgement of barriers survivors face manifests in our increased number of police involvement and also in the openness of our community to pursuing protective orders (increase from 0 to 4).

Of those orders, the majority of them were granted (3 of 4). We hope to increase this number. The number of people seeking out law enforcement can be high or low; for us what matters is that survivors know they have the option and feel they can pursue that option safely, if desired.

we acknowledge and affirm the many valid reasons our community members may be distrustful or hesitant of involving law enforcement.

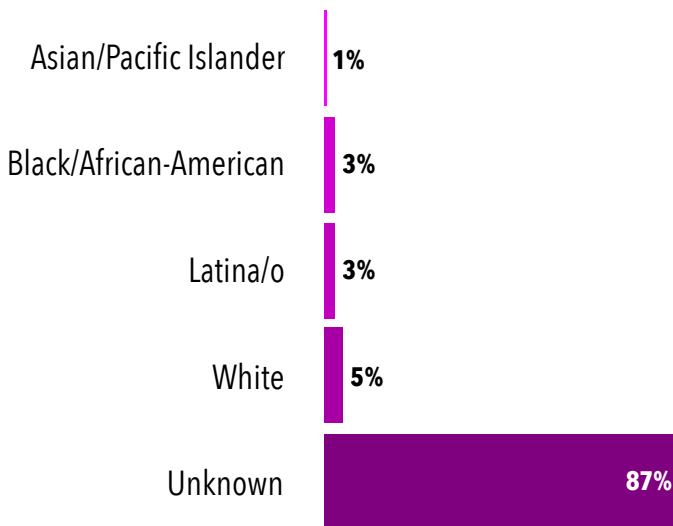
As such, we actively cultivate a relationship with law enforcement to educate and to mitigate current barriers to survivor justice. This year, we began a

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.

Graph 24: Race/Ethnicity (TNLR)



The Network/La Red has been providing services since 1989. Our direct services include a 24/7 confidential hotline, advocacy, support group, and housing program. Our outreach, education, and organizing branch of the organization provides trainings and technical assistance while also engaging with local and nationwide community organizing efforts to strengthen our communities and work to end oppression.

The Network/La Red in 2016

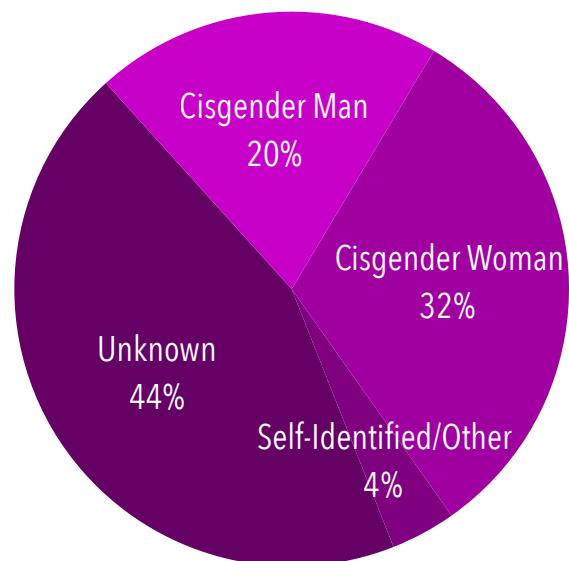
The number of new survivors calling TNLR's hotline more than doubled in 2016. We worked with 459 new survivors in 2016, compared to 277 the previous year—an increase of 66%.

This increase is due, in part, to some noteworthy changes in TNLR's services and funding. In Spring 2016 our hotline official began operating 24 hours a day, 7 days a week. This enabled people to call at new hours and also made it easier for survivors in other parts of the country to access our services.

Overall, much of our data has remained consistent from 2015 to 2016, which reflects TNLR's longer term work with survivors and steady outreach effort. As part of our commitment to survivor-led, inclusive services, we rarely ask for demographic information unless it is relevant to ongoing advocacy. Instead, we allow people to self-identify to us as they feel comfortable. We never assume or report demographic information unless it is specifically given to us by a caller, which results in a large amount of "unknown" data points.

The overall distribution of gender data is also unclear because the reporting categories recently changed to reflect a more accurate range of people's identities. While it makes it difficult to compare data, we know from our work that we continue to provide services to a diversity of people in terms of gender, more so than many mainstream organizations given our mission to work in queer and trans communities.

Graph 25: Gender Identity (TNLR)



Similarly, the sexual orientation of callers has remained mostly consistent, with a large majority of callers identifying with LGBTQ+ sexualities. This year, of the number of callers whose sexualities were known, almost a quarter identified as heterosexual.

This could be because we also work with folks in polyamorous and/or SM communities, some of whom identify as straight but work with us given our understanding and support of survivors who are part of SM and poly communities. Our outreach efforts in these areas also connect us with survivors in these communities.

2016 LGTBQ AND HIV AFFECTED IPV 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 2016 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 15 known LGBTQ and HIV-affected IPV homicides in 2016. 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.

2016 IPV Homicide Narratives

Alphonzo Guinyard, 26, Black cisgender man

Chicago, IL

Alphonzo Guinyard was killed on January 24th, 2016 in Chicago, Illinois. According to local media reports, Guinyard was stabbed to death by his boyfriend, Clifton Hooker, during an escalating argument about their relationship. According to an Instagram tribute for Guinyard, he was working at Macy's while pursuing modeling at the time of his death. The tribute states, "Alphonzo was a friend, son, cousin and so much more. He went to the big city to chase his dream of modeling, acting and performing. His life was taken in the cruelest way possible by someone he trusted. Deepest sympathies to his mother, family and friends on his passing."

Joshua Adam Sisson, 30, White cisgender man

San Diego, CA

Joshua Adam Sisson was killed on January 1st, 2016 in San Diego, California at Mercy Gardens, a low-income residential facility for individuals with disabilities. According to media reports, police responding to a domestic dispute shot and killed Sisson who had allegedly held a knife to his boyfriend's throat earlier that day. Police sources speaking with the local press state that the alleged offender was shot when he did not comply with orders to drop the knife, and then moved aggressively towards the officer.

May Kieu, 15, Asian cisgender woman

Glendale, AZ

May Kieu was killed in a homicide-suicide which occurred on Friday, February 12, 2016 in Glendale, Arizona. According to media reports, May Kieu and Dorothy Dutiel, two 15-year-old sophomores at Independence High School (HIS) who were in a relationship, were found dead from gunshot wounds

on school grounds. Duteil is believed to have shot Kieu before killing herself, because she believed that Kieu wanted to end their romantic relationship. Following this tragic incident, students and faculty at the school held a candlelight vigil. Friends and classmates left messages on a memorial page including, "May was an amazing girl. She was incredibly kind and sweet to all. She had an awesome voice as well. Words cannot describe how much we all miss her at IHS."

Christopher Hardy, 30, Black cisgender man

Cleveland, OH

Christopher Hardy was killed on March 1st, 2017 in Cleveland, Ohio. According to media reports, George Rauls called 911 to say he was killing his boyfriend, Hardy. Rauls was arrested and charged with Hardy's homicide. Local NCAVP member program BRAVO raised awareness of this homicide and offered support to the local communities affected by this violence. "We at BRAVO are saddened to learn of the most recent incident involving intimate partner violence, and offer our heartfelt condolences and support to Christopher's family, friends and community," said Aaron Eckhardt of BRAVO, in memory of Hardy.

Kamel Millhouse, 26, Black cisgender man

Staten Island, New York

Kamel Millhouse was fatally stabbed in Staten Island, New York on March 4, 2016, following a domestic dispute with his partner, Antonio Bohanna, a Black transgender woman. Though early media reports initially misgendered Bohanna and depicted her as the aggressor, later reports indicate that Millhouse's stabbing was not intended to be fatal and was likely done in self-defense. According to media interviews, Bohanna had previously sought assistance for safety planning around intimate partner violence, prior to the fatal stabbing, and it was not her intention to kill

him. Bohanna plead guilty to manslaughter, and was incarcerated for a year in connection with Millhouse's death.

Quartney Davia Dawson-Yochum, 32, transgender woman

Los Angeles, CA

Quartney Davia Dawson-Yochum was killed in Los Angeles, California on March 22, 2016. According to media reports, Dawson-Yochum was shot to death by an ex-partner who has been arrested. The Los Angeles LGBT Center spoke out about Quartney's death, and provided information and support to the community about intimate partner violence. Friends held a memorial for Dawson-Yochum following her death, and another memorial one year later. Her Facebook wall continues to be filled with friends and family leaving messages of love.

Louis Piper, 61, White cisgender man

Miami, FL

Louis Piper was found dead on Wednesday, April 6, 2016, in Miami, Florida. According to media reports, he was discovered in the South Beach Condo that he shared with Jonathan Alonso, a partner from whom he may have been estranged. Alonso has been arrested and charged with first-degree murder in connection with Piper's death. Local papers report that Piper had a restraining order against Alonso in the past, and had also previously filed legal papers trying to evict him from his condo. Piper worked at Bayview Asset Management for more than a decade, and his co-workers spoke out saying that he was well liked and respected, and that they were struggling with his loss.

Toni Cox, 22, Black gender non-conforming person

Brooklyn, NY

Toni Cox was killed in Prospect Lefferts Gardens, Brooklyn May 14th, 2016. According to media reports, Cox was stabbed to death by their girlfriend's

ex-husband, Alwasi Tyson, who was upset about their relationship. Toni was identified as a cisgender woman in the media, however, in doing outreach and advocacy around Cox's homicide the New York City Anti-Violence project learned that they likely identified as gender non-conforming. Cox had very recently moved from Baltimore to Brooklyn and was working in maintenance at the time of their death. Cox's father and neighbors spoke out in the press, expressing disbelief and sorrow.

John W. Williams, 72, White cisgender man

Salt Lake City, UT

John W. Williams was killed on Sunday, May 22nd, 2016, in Salt Lake City, Utah. According to local media reports, Williams was found dead in his home, and Williams' estranged husband, Craig A. Crawford, 47, was been arrested and charged in connection with his homicide. Williams was the owner of a large restaurant company called Gastronomy, and was loved and respected as a business and civic leader in Salt Lake City. A memorial was held in his honor, attended by Williams' family, LGBT community members, and Salt Lake business and government leaders. David Williams remembered his older brother's tremendous generosity and support at the memorial saying, "John carried me early and throughout my life." Williams' obituary reflected his lifelong passion for the restaurant industry stating, "In lieu of flowers, please leave an extra generous tip for your restaurant server."

Frank Rogers, 48, White cisgender man

Los Angeles, CA

Frank Rogers was killed on July 8th, 2016, in Los Angeles, California at the home for sober living where Rogers resided. According to local media reports, Rogers' on-again, off-again boyfriend, Nicholas James Bowling, was arrested and charged with his homicide in what police called a domestic dispute. Rogers was a well loved and respected

member of the recovery community in Los Angeles. Friends spoke out after his death, including Dulce Harris, who remembered Rogers as "one of the sweetest kindest souls on earth."

Bernardo Almonte, 27 Latinx cisgender man
Bronx, NY

Bernardo Almonte was killed in the Morris Heights section of the Bronx, New York on, August 19th, 2016. According to media reports, Bernardo was found dead with head trauma in his apartment, and his boyfriend, Marcus Bellamy, was arrested and charged with murder, after confessing to it on Facebook. The New York City Anti-Violence Project issued a community alert around Almonte's homicide and provided support and resources about intimate partner violence in the wake of his death.

Ava Tucker, 26, Black cisgender woman
Henrico County, VA

Ava Tucker was killed in Henrico County, Virginia on October 27th, 2016. According to local media reports, Ava's ex-girlfriend, Sheena Yolanda Wilson, confessed to her homicide and turned herself in to police. The Virginia Anti-Violence Project (VAVP) released a statement about Tucker's homicide, and offered support and resources around intimate partner violence to the local community. "We send our heartfelt condolences to her family, friends, and community," said Stacie Vecchietti, Director of VAVP. Tucker's sister, Latesha Tucker, spoke out in the media, calling Ava a "beautiful person" and a "beautiful soul."

Dalia Elhefny Sabae, 28, Middle Eastern cisgender woman
Canonsburg, PA

Dalia Elhefny Sabae was killed in Pittsburgh, Pennsylvania on November 10th, 2016. According to media reports, Sabae, a bisexual Muslim woman, was allegedly killed by her husband, Michael Cwiklinski,

age 47, against whom she had sought orders of protection in the past. During the incident, a responding police officer was also killed, and Cwiklinski committed suicide. Sabae was 6 months pregnant at the time she was killed. Sabae worked at a drugstore in Canonsburg where she was beloved of her co-workers; after her death they released a statement saying "Words cannot express how deeply saddened we are in learning about the tragic loss of our cherished employee, co-worker and friend." The store became an impromptu memorial for her, and community members filled the shop with flowers, balloons and stuffed animals in her honor.

Richard Reed, 68, cisgender man
Bronx, NY

Richard Reed was killed in the Bronx, New York, on December 2nd, 2016. According to media reports, Reed was found dead and mutilated in his bathtub inside an apartment. A homeless man with whom Reed had an ongoing relationship, Jerry Pagan, was arrested and charged in connection with his death. Press reports that Pagan told police that he and Reed had unprotected sex earlier in the week, and that Reed did not give him money to see a doctor to get tested after their encounter, which allegedly motivated the homicide.

India Monroe, 29, Black transgender woman
Newport News, Virginia

India Monroe, a Black transgender woman, was killed in Newport News, Virginia on December 19th 2016. Original media initially misgendered Monroe, who was found dead in a home along with Mark Gray; both had died of gunshot wounds. According to a more recent article, Monroe's death has been determined a homicide and police are investigating it as a domestic incident. On social media, India's friends remembered her life and her sense of style, saying that she liked "looking amazing" and that she was always "so sweet and so kind and will truly be missed."