LESBIAN, GAY, BISEXUAL AND TRANSGENDER DOMESTIC VIOLENCE IN 2000

A Report of the National Coalition of Anti-Violence Programs
2001 Preliminary Edition
INTRODUCTION

This report describes incidents of domestic violence in the lesbian, gay, bisexual, and transgender (LGBT) community that were reported during the year 2000 to community-based anti-violence organizations in nine regions throughout the U.S. The author of this report is the National Coalition of Anti-Violence Programs (NCAVP), a network of 27 community-based organizations responding to violence affecting LGBT and HIV-affected individuals.

Twelve organizations participated in collecting data for this report. They included ten NCAVP members, and two other organizations (in San Francisco and Boston) with which NCAVP has developed cooperative relationships. The regions represented by all the contributors to this report are San Francisco, CA; Los Angeles, CA; Colorado; Chicago, IL; Boston, MA; Minnesota; New York, NY; Columbus, OH; and Cleveland, OH.

These organizations reported 4,048 cases of domestic violence affecting LGBT individuals in 2000: a substantial increase (+29.7%) over the 3,120 cases reported in the same regions (with the exception of Minnesota) throughout 1999. As in past years, the largest numbers of cases continued to be reported by NCAVP members and affiliates in San Francisco (691 cases reported by three groups), Los Angeles (2,146), Boston (371 cases reported by two groups) and New York City (471). In four of the remaining regions, reports of LGBT domestic violence did not exceed 100 incidents, while in one city (Chicago), they grew to 109 from 46 in the previous year.

While these findings reveal something of the magnitude and perhaps even the relative distribution of domestic violence affecting LGBT individuals in the United States.
States, it is not possible to generalize them any further. Specifically, changes in the number of domestic violence incidents reported to NCAVP are almost entirely the function of evolving program and organizational capacities, as well as the mixture of agencies that participate in compiling data for this report in any given year.

85% of the growth in domestic violence cases reported nationally in 2000, for example, stemmed from a single large increase in Los Angeles, from 1,356 to 2,146 cases. This increase was at least partly attributable to the reporting organization’s receipt of significant public funds to expand its domestic violence programs in that city. For reasons this report will make clear, domestic violence affecting LGBT individuals continues to be grossly underreported throughout most of the country, even where there are some resources to help its victims.

Finally, this year’s edition of NCAVP’s domestic violence report is in many respects transitional. Most NCAVP member organizations participating in this report have used a common client intake instrument to collect and record relevant data. While this instrument has enabled NCAVP to make meaningful observations about LGBT domestic violence in the past, it is no longer adapted to the most salient domestic violence research and public policy issues today. In particular, as an intake instrument, it offers little opportunity to record data about the evolution of domestic violence cases over time, or to analyze the longer-term consequences for either the perpetrators or victims.

In addition, the increasing participation by some non-NCAVP member agencies in collecting data for this report has presented a new set of challenges. These agencies do not use the common client intake instrument adopted by NCAVP, and their contributions to this report are made possible only after laborious retrospective analysis. In some cases, this analysis is frustrated by the use of slightly different procedures to record relevant data. The age ranges of clients documented by NCAVP members, for example, differ from the ranges recorded by some other organizations participating in this report.

Last year, NCAVP’s member agencies began working with other contributors to this report to develop a new set of data collection protocols that all of them could share. When fully implemented, these protocols will enable future editions of this report to present more comprehensive and specific information about the occurrence of LGBT domestic violence. For the interim, however, this edition of NCAVP’s report will present basic demographic information about the survivors, since the data collection procedures in use throughout 2000 limited the capture of significant information about perpetrators, crimes/elements of abuse, law enforcement responses and other significant areas of concern. NCAVP realizes that these omissions may make this year’s edition of its domestic violence report less useful than in prior years, and regrets any inconvenience to readers.
DOMESTIC VIOLENCE AND LGBT INDIVIDUALS

An Inclusive Definition of Domestic Violence

Our society has become increasingly cognizant of domestic violence and its social, economic and human costs. This recognition has helped spur many needed responses, including public education; new and amended laws; police and judicial reforms; and a wide range of victims’ services.

Most of these responses have been designed to benefit women in heterosexual relationships, and it is not unusual to encounter definitions of domestic violence that characterize it more or less exclusively as a heterosexual women’s problem. Certainly, women in heterosexual relationships account for a very large number of the individuals victimized by domestic violence in the world today, for reasons that clearly stem from the longstanding subjugation of women in male-dominated societies.

Still, the patterns of abusive behavior observed in many other kinds of relationships, including but not limited to ones in which partners share the same gender, are very often the same as those practiced by abusive men in relationships with heterosexual women. These behaviors include:

- Calling a partner names, or engaging in other verbal abuse.
- Limiting or prohibiting a partner’s contact with family or friends.
- Confiscating, limiting access to or destroying a partner’s property.
- Withholding money, shelter, food, clothing and/or medication from a partner.
- Limiting or prohibiting a partner from obtaining or keeping employment, housing or any other station, benefit or service.
- Harming or attempting to harm a partner physically, or threatening to do so. Threats of harm may also extend to a partner’s family, friends, children and/or pets.
- Sexually assaulting or raping a partner.
- Threatening suicide or harm to self, if a partner tries to end a relationship or does not comply with an abuser’s demands.
- Stalking or harassing a partner.
- Intimidating a partner in any other way.

In addition, the general development of these patterns over time, and more significantly, their outcomes for many victims, are also indistinguishable from the ones observed in abusive relationships between heterosexual men and women. These observations suggest that while gender inequality may be the most sig-
significant factor contributing to the high prevalence of domestic violence affecting heterosexual women, it need not be considered an intrinsic part of domestic violence itself. On the contrary, a fully functional definition of domestic violence would require it to occur whenever one individual exploits opportunities implicit within an intimate relationship to exercise a controlling power or dominion over another.

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

Finally, in the past, this report has sometimes distinguished domestic violence affecting LGBT individuals from that occurring between heterosexuals by calling the former “same-sex domestic violence.” The term was never fully accurate or inclusive, nor is it entirely consistent with the definition of domestic violence outlined above. Many LGBT individuals form close relationships with people who are not of the same gender identity, and these relationships appear as susceptible to domestic violence as any others. This year’s edition of NCAVP’s report will avoid the term “same-sex domestic violence” unless referring specifically to domestic violence occurring between two individuals who share the same gender identity. Rather, the term “LGBT domestic violence” will be used to mean any domestic violence involving one or more LGBT individuals.

The Prevalence of LGBT Domestic Violence

While LGBT domestic violence is becoming the focus of increasing research attention, it has so far not been examined with anything near the thoroughness afforded to heterosexual domestic violence. As a result, estimates of the prevalence of LGBT domestic violence remain highly provisional.

Island and Letellier suggest that 15-20% of gay male relationships become embroiled in domestic violence. Elsewhere they describe it as “the third most severe health problem facing gay men today,” behind HIV/AIDS and substance abuse. Among lesbians, a 1985 study by Gwat-Yong Lie and Sabrina Gentlewar- rier reported that slightly more than half of 1,109 respondents had been abused by a woman partner in their lifetimes. Several smaller studies seem to support this finding. Coleman’s 1990 study of 90 lesbians, for example, reported that 46.6% had
experienced repeated acts of violence, and Ristock’s 1994 survey of 113 lesbians reported that 41% been abused in at least one relationship with another woman.⁴

Studies of other populations in the LGBT community have documented even higher rates of abuse over respondents’ lifetimes. The Portland, OR-based Survivor Project’s 1998 Gender, Violence, and Resource Access Survey of transgender and intersex⁵ individuals found that 50% of respondents had been raped or assaulted by a romantic partner, though only 62% of these individuals (31% of the total) identified themselves as survivors of domestic violence when asked.⁶

One might criticize the sample sizes and methodologies of some of these studies, but the remarkable uniformity of their findings strongly suggests that domestic violence is experienced by a large percentage of LGBT individuals at some point in their lives. Consequently, most LGBT domestic violence researchers and service practitioners start from the point of view that domestic violence in LGBT relationships is just as widespread as domestic violence in relationships between heterosexual couples. Rather extensive studies of the latter suggest a prevalence ranging from 20%-35%, depending on the definition of domestic violence used.⁷

**Special Issues in LGBT Domestic Violence**

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

- **“Outing” or threatening to out a partner** to friends, family, employers, police or others.

- **Reinforcing fears that no-one will help a partner** because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.

- **Alternatively, justifying abuse with the notion that a partner is not “really” lesbian, gay, bisexual or transgender;** i.e., s/he may once have had or may still have relationships with other people, or express a gender identity, inconsistent with the abuser’s definitions of these terms.

- **Telling the partner that abusive behavior is a normal part of LGBT relationships,** or that it cannot be domestic violence because it is occurring between LGBT individuals.

- **Portraying the violence as mutual and even consensual,** especially if the partner attempts to defend against it, or as an expression of masculinity or some other “desirable” trait.

The latter point merits additional discussion. There is a frequently held doctrine that abuse in same-sex relationships cannot express a “power differential,” because in theory, individuals who share the same gender have the same amount
National Coalition of Anti-Violence Programs

NCAVP AFFILIATES

The following two organizations, while not members of NCAVP in 2000, serve LGBT victims of domestic violence and contributed data to this report.

CALIFORNIA
Queer Asian Women's Services
A Project of Asian Women's Shelter
3543 18th Street, #19
San Francisco, CA 94110
Phone (877) 751-0880 (crisis line)
Phone (415) 751-7110 (office)

MASSACHUSETTS
The Network/La Red: Ending abuse in lesbian, bisexual women's and transgender communities
P.O. Box 6011
Boston, MA 02114
Phone (617) 423-SAFE (hotline)
Phone/Fax (617) 695-0877 (office)
Website http://www.nblbw.org/

of power bestowed on them by a sexist society. As a result (this line of thinking goes) domestic violence in same-sex relationships must be “mutual,” especially if the victim attempts to defend against the abuse.

Again, while NCAVP acknowledges the unique role of gender inequality in many cases of domestic violence, it does not believe that the former is intrinsic to the latter. Rather, power differentials between same-sex partners may be expressed in many other ways—including, for example, one partner’s economic sufficiency, class, race/ethnicity, education, social background, or health status relative to the other. NCAVP can even cite cases in which birth order among adult siblings became the primary fulcrum of power seized upon by one of them to abuse the other.

In other words, NCAVP’s view is that domestic violence always stems from some kind of power differential (and the ways in which an abuser learns to exploit it), such that the very idea of “mutual abuse” is founded on a false premise. It follows that a comprehensive response to domestic violence, especially between individuals who share the same gender identity, requires an assessment of power dynamics as experienced by both partners in the relationship as well as according to more generalized theories of social, political or economic oppression. This assessment is absolutely necessary, in fact, to determine the actual abuser and survivor in many domestic violence situations.

Another important point is that the prevalence of HIV/AIDS in the LGBT community tends to lead to other fairly specific outcomes in some cases of LGBT domestic violence, similar to those observed between heterosexual couples when one or both partners has HIV illness. For example, HIV illness can act as a potent emotional stressor that precipitates some incidents of abuse. In addition, the outcomes of domestic violence can become more serious when they directly or indirectly affect an HIV-positive person’s health status, as in some of the examples below:

• The abuser may threaten to tell others that the partner has HIV/AIDS.
• An HIV-positive abuser may suggest that s/he will sicken or die if the partner ends the relationship (or alternatively, that the abused partner’s health will fail). The threat may have the ring of truth, if the HIV-positive partner is dependent on the other for housing, nutrition, health care or other forms of support.
• An abuser may withhold, throw away or hide a partner’s HIV medications, cancel medical appointments, or prevent the HIV-positive partner from receiving needed medical care. An HIV-positive abuser may even do the same things to him/herself, in an attempt to blackmail the partner.
• An abuser may take advantage of an HIV-positive partner’s poor health by using it as a rationale to limit contact with other individuals, assume sole
power over a partner’s economic affairs, and foster a partner’s utter dependency.

• The threat of physical violence can become more potent to HIV-positive victims, who may be too weak to defend themselves or may fear the HIV-related complications (easy bruising, infections, slow or difficult healing) that can result from being subjected to physical harm.

• An abuser with HIV/AIDS may infect or threaten to infect a partner.

Barriers to Addressing LGBT Domestic Violence

There are many significant obstacles to addressing LGBT domestic violence, some of which are implicit in the observations above. Perhaps none is greater than the widespread belief, exploited by some abusers, that domestic violence does not occur in LGBT relationships. In our society, this belief finds expression in countless ways, including the near-absence of domestic violence programming and resources for people who are not heterosexual women (often justified by the notion, which was addressed earlier, that abuse between same-sex partners must always be “mutual”).

Much has been made by some observers about the “silence” surrounding the topic of domestic violence in the LGBT community itself. It is certainly true that other issues, especially HIV/AIDS, have assumed greater prominence in the lives of LGBT individuals and consumed larger amounts of the LGBT community’s capacity to respond to important health and social welfare needs. But it goes too far to describe domestic violence (in the words of one reporter in Salon) as the LGBT community’s “dirty secret.” Domestic violence generally is a phenomenon associated with profound attempts to conceal its occurrence, even by victims. Greater public awareness of domestic violence affecting heterosexual women is rather directly the consequence of the movements for women’s liberation and significant public and private funding for educational and service efforts: factors not entirely applicable or not yet present in the LGBT community.

Further, the problem of domestic violence is beginning to receive broader notice in the LGBT community, especially where dedicated anti-violence organizations have established programs to identify and address its occurrence. These efforts continue to be hampered, however, by many other obstacles, including:

• Poor or inconsistent law enforcement response. Police officers in general are more apt to view violence between LGBT individuals, especially partners of the same gender, as mutual or consensual abuse. Even among those who know better, few police officers receive the training necessary to distinguish the actual abuser in many incidents of LGBT domestic violence, such that the arrest of the victim is not an infrequent occurrence. In addition, many police officers continue to express homophobia themselves or at least act as its instruments in other contexts. The consequent fear of the police pre-
vents many LGBT victims of domestic violence from seeking the assistance of law enforcement themselves.

• **No access to family courts.** Family courts in many jurisdictions adjudicate domestic violence cases only between married and/or heterosexual partners who have a child in common. LGBT victims of domestic violence who seek judicial relief generally must turn to the criminal court system, which is not equipped to respond to their needs. Criminal courts may require, for example, that the abusive partner has been arrested or charged with a crime before considering a victim’s petition for an order of protection or its equivalent, and may still deny that petition if the victim cannot present substantial proofs of injury and/or continuing endangerment. Criminal courts also do not provide access to the array of public and private domestic violence services that are considered integral components of many family court systems.

• **Lack of accessible and sensitive services.** Even if more victims of LGBT domestic violence could obtain access to family courts, they might still be denied many services—such as emergency shelter, medical treatment, financial assistance, psychosocial counseling, job training, legal services and many others—that these forums routinely prescribe for battered heterosexual women. The problem is especially acute for male and transgender victims of LGBT domestic violence who seek help from organizations that only serve women. But even lesbians are routinely denied access to many mainstream domestic violence organizations, ostensibly because their abusive female partners might too easily infiltrate them. Additionally, many service providers, like police officers, are not adequately trained to recognize the special dynamics apparent in many cases of LGBT domestic violence. Some may even designate as the “victim” whoever seeks their services first, putting other clients at risk by potentially including batterers in survivor service environments like shelters and support groups.

• **Victim’s fears of being outraed.** The abused partner may fear that coming forward as a victim of LGBT domestic violence will endanger relationships with family members, friends, a landlord, coworkers or an employer. Again, the lack of access by LGBT domestic violence victims to the family court system (where proceedings are generally kept confidential), coupled with the lack of meaningful civil rights protections for LGBT people throughout most of the country, makes the concern a legitimate one. Appearing in criminal court, the victim can obtain no guarantee that his or her situation will not be publicized in a variety of ways.
**Victim's hopelessness and/or fear of reprisals.** Understanding the barriers to addressing LGBT domestic violence, victims may become hopeless or fear reprisals even for making modest attempts to end the abuse. Many abusers play on this fear when they tell their LGBT victims that no-one will help them. Research suggests that the most dangerous time for a victim is when s/he seeks assistance or tries to exit an abusive relationship, so the fear is warranted.

These primary factors may be joined by several others, including, in the case of victims who live where there are one or more dedicated responses to LGBT domestic violence, ignorance that these services exist. LGBT anti-violence organizations generally lack the resources to publicize their services very widely, especially in the multiple ways needed to assure cultural, linguistic and social competency. The large expansion of cases reported in Los Angeles this year is a case in point: the local agency’s receipt of public funding permitted it to engage in far more community outreach than before.

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


a lot of anger at the "system" for doing that to him. Because he had nothing to keep him in L.A. anymore, he returned to Boston with me. He told me that he wanted to be with me, couldn't imagine living his life without me, and that he was madly in love with me. I thought it was too soon for us to live together but I felt flattered by everything he said and we ended up moving in together.

We started fighting a lot. Robert got mad at ridiculous things and then I discovered that he was cheating on me. I confronted him and asked him to leave. Instead of leaving, he hit me and said, "Don't you ever tell me to leave this house!" The next day, he apologized and promised he'd never hit me again.

For the next two years, Robert beat me up on several occasions and finally broke my jaw. A week later, he knocked me into the wall so hard that I needed stitches in my head. I got a restraining order against him the following day. He called to apologize three days after it had been served. He was being so nice that I let him back into the house and, as soon as he was inside, he became abusive again. He broke the dishes and called me a "faggot spic." I called the police and they arrested him.

Later, Robert called me from the police station and said that since I got
YEAR 2000 STATISTICS

Number of Cases Reported

As noted in the Introduction, the twelve agencies that compiled data for this report documented a total of 4,048 incidents of domestic violence affecting LGBT individuals in 2000, compared with 3,120 reported by eleven agencies in all the same nine regions (except Minnesota, which added 36 cases to the 2000 total) in 1999. Even eliminating the reports from agencies that provided data in 2000 but not in 1999, the increase in reported cases is substantial, at 18.4%.

The most meaningful increases in reported cases occurred in Los Angeles (from 1,356 to 2,146, to account for 53% of the national total in 2000), Chicago (from 46 to 109) and Boston (where two agencies reported a combined increase in cases from 289 to 397). Reported cases decreased in New York City (from 510 to 471) and in San Francisco (where three agencies reported a combined caseload in 2000 of 691, compared with 741 in 1999).

Also as noted in the Introduction, caseloads in excess of 100 were recorded in only five of the reporting regions: San Francisco, Los Angeles, Chicago (with 109), Boston and New York City. Four other regions—Colorado, Minnesota, Columbus and Cleveland—each reported smaller numbers of cases, ranging from 36 in Minnesota to 91 in Columbus. Still, in every one of the latter, the number of cases in 2000 exceeded the number reported in 1999.

Murders

The local NCAVP member in New York City was alone among the participating agencies this year in reporting five murders and at least one murder-suicide attributable to LGBT domestic violence. All of the deaths occurred in New York except for one, which was reported to the agency from Florida (an unusual occurrence).

It should not be assumed that these were the only LGBT domestic violence-related murders that occurred last year throughout all regions represented in this report. Three of the six murders reported from the NCAVP member agency in New York City, for example, initially came to the attention of its Bias Violence Unit, which strives to identify and investigate any homicide involving LGBT individuals. In several past instances, NCAVP has been the first to characterize murders like the ones described below as instances of domestic violence:

• A 30-44 year old white lesbian woman was killed by her female partner’s estranged husband in Syracuse, NY, in February 2000. The victim had experienced domestic violence with her husband, and the couple had separated. The victim was watching television with her lesbian partner when the estranged husband broke in through an open window in the back of her house.

NEW YORK—Charlene, 32, female, lesbian, woman of color, disability, urban

I’ve been with my partner, Rhonda, for three years. Our relationship is very deep, often in ways that I’ve never experienced before. All of my friends envy me. I have asthma and sometimes have to stay in the hospital. Rhonda is the only one who has ever been there for me.

There’s also a crazy side to our relationship and some wild fights. The last time we fought, Rhonda chased me up the fire escape with a
• New York’s upstate Crime Victims’ Board reported a domestic violence murder/suicide in July 2000. A 40-year-old gay white male was shot by his lover, also a white male in his 40s. The second man then turned his gun on himself. Both men were pronounced dead upon arrival at the hospital.

• The remains of a 19-year-old gay African-American man were found in Queens, NY, at the Alley Pond Park. A man walking in the woods discovered a plastic container containing a bleached skull, a foot, loose teeth and a pair of trousers. The words “Gay nigger number one” were written on the skull, along with what appeared to be a Social Security number. Police traced the number to a missing person, and proceeded to notify the parents that their son’s remains might have been found. The victim’s stepfather reacted violently to the news, and after a seven-hour stand-off with police, shot himself to death. Police investigated the case for nine months, but never made an arrest. In December 2000, the case was turned over to New York City Police Department’s Hate Crimes Task Force to be investigated as a bias-motivated crime. Note: NCAVP has recorded this case as a potential domestic violence-related homicide due to the very unusual behavior of the dead stepfather, who remains a prime suspect in the case.

• A 38-year-old gay man was found fatally beaten in his Jamaica, Queens apartment. A second victim, another gay man, was later found in a local hospital, in critical condition. Police arrested a suspect who is also gay. They believe the motive for the assaults to have included jealousy.

• A middle-aged gay Latino male was found dead in Prospect Park, Brooklyn, in June. The man was a day laborer in the city. It was learned that he was killed by his roommate with the possible assistance of his cousin. Police believe the death was related to an argument over money.

• A 48-year-old gay white male high school teacher in North Miami Beach, FL, was killed by a 20-year-old gay white male. The two had reportedly met months earlier in an Internet chat room. Police said the murder was the result of a domestic dispute. The victim was repeatedly struck with a 15 lb. dumbbell until he lost consciousness. Afterward, the perpetrator fled the scene in the victim’s car.

**Gender Identity of Victims**

In 2000, 1,893 (46.8%) of the LGBT domestic violence victims reported to NCAVP identified themselves as female, and 1,938 (47.9%) as male. An additional 3.0% identified as transgender (the vast majority male to female), while the gender identity of 2.3% was reported “unknown.” These figures do not differ substantially from the ones recorded for 1999, when a smaller number of agencies served...
a victim population that was 47% female, 50% male, and less than 3% transgender.

It should be noted, however, that the relative distribution of gender identity among domestic violence victims reported to NCAVP probably bears little relation to its distribution among LGBT domestic violence victims generally. Not only the Queer Asian Women’s Services of the Asian Women’s Shelter in San Francisco, but also the Lesbian, Bisexual, Transgender Anti-Domestic Violence Program of W.O.M.A.N., Inc. in the same city and The Network/La Red in Boston primarily serve women. Eliminating these agencies from the 2000 total (and leaving only the ones that serve people of every gender), the reported victims in 2000 were 38.9% female, 56.6% male, 2.4% transgender and 2.0% unknown. But this result, too, is skewed, because it cannot be guessed how many of the female victims reported to NCAVP would have accessed services at one of the more general LGBT domestic violence service agencies, if they had not had the choice of going to organizations that primarily serve women. In general, NCAVP member organizations that provide domestic violence responses to people of every gender encounter more men and transgender victims than women, for the reason that most of the former have no other place to turn.

Still, the relatively broad distribution of victims across genders demonstrates that gender identity alone has little predictive value in assessing who is likely to seek domestic violence services within the LGBT community. Of course, much more resourceful study is needed to assess whether gender identity plays no significant role in LGBT domestic violence, or whether its role is one that cannot be characterized from the limited data reported to NCAVP.
Among all the victims reported to NCAVP last year, 69.6% identified themselves as lesbian or gay. This percentage is considerably less than the 84% documented in 1999, but the primary reason is that one participating agency in Boston did not report information about the sexual orientation of its 335 clients, helping boost the percentage of “unknowns” in this category from 4% in 1999 to 14.6% in 2000. Eliminating all unknowns from the 2000 total, the population that remains is 81.5% lesbian or gay, 9.0% bisexual, 7.4% heterosexual and 2.0% questioning or unsure: proportions largely consistent with those reported for 1999.

For reasons described in past editions of this report, even the adjusted figures should be approached with caution. Some people seeking services from LGBT agencies may identify themselves as “lesbian” or “gay” even if they might describe themselves as “bisexual” or “questioning” in most other contexts. Conversely, some individuals who say they are bisexual do so as an alternative to describing themselves as lesbian or gay: identities they may not wish to express for reasons that have little if anything to do with their actual gender or affectional preferences.

It is also likely that some bisexual individuals will try to seek assistance from mainstream service providers, if the domestic violence they experience occurs within the context of an opposite gender relationship. So, too, may some self-identified lesbian women who experience continuing victimization by past male partners (one of the murder cases described earlier presents just such a scenario, which is not uncommon).
Bisexual victims are also likely to be undercounted if the agency from which they seek services “constructs” the sexual orientation of the victim based on the gender identity of the abusive partner, and does not explicitly ask how the victim perceives him/herself. In general, however, NCAVP member agencies strive to avoid such assumptions at all costs.

Among the heterosexuals accessing domestic violence services at LGBT agencies, there may be a variety of motives. Some are transgender individuals who identify themselves as heterosexuals as the result of expressing a specifically male or female gender identity and forming relationships with those of the opposite gender. Others are HIV-affected individuals who seek services from LGBT agencies because the latter are expert at addressing the occurrence and consequences of domestic violence involving HIV-affected partners. Finally, some are people who choose to access services at a particular LGBT agency because of its reputation, advertising, location or for other reasons. These reasons might include that they are beginning to question their sexual orientation, or that they do no see people like themselves reflected in the public advertising or outreach of other domestic violence service providers.

**Age of Victims**

A plurality of victims reported in 2000 (1,801 or 44.5%) were between the ages of 30 and 44 years old. 586 victims or 14.5% of the 2000 total were aged 23 to 29, and 368 or 9.1% between 18 and 22. Victims between 45 and 64 accounted for another 353 reports or 8.7%, while those in the over-65 and under-18 categories amounted to 0.4% and 1.7%, respectively.

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I became increasingly fearful for my daughter’s life as well as my own. I told my ex-wife that our daughter could no longer visit but I couldn’t explain why to her—Derrick would have killed me. She went to court and was granted full custody. Derrick didn’t permit me to go to court that day and told me that I didn’t deserve to be there.

We had numerous friends who saw my black eyes, cuts, bruises and the silence. One of them confronted Derrick and Derrick refused to speak to him again. Derrick continued to reduce our social life until we were totally isolated and only had each other—exactly the way he wanted it.

I lost my six-figure income, my condo, my daughter and my health. Derrick and I continue to live together in public housing but I can’t leave because I’m afraid that he’ll kill my daughter and make my life a living hell. I’m in therapy now and working on a safety plan. I can’t leave Derrick until I know that my daughter will be safe.

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**SAN FRANCISCO—Zolo,**

40, male, gay, African American, urban

I moved in with Manny after we dated for two years. He started getting angry over simple things, became jealous of my success, and began abusing me emotionally. The abuse continued to esca-
late. I attempted to justify Manny’s behavior by telling myself that he’d had a really hard childhood. Manny was using drugs and I started using them too because I was becoming so depressed. During one argument, Manny injured me and we decided to separate. We got back together because I wanted to give the relationship one last chance after drug rehabilitation but the abuse started again. I left Manny and filed for a restraining order.

COLUMBUS—Darla, 29, female, bisexual, rural

I’m a 29 year old bisexual woman living in rural Kentucky and I’m becoming active in the SM/BD community. I’ve been married for nine years and my husband, James, has been emotionally abusive throughout our relationship and often goes into rages and punches holes in walls, sometimes only inches from my head.

When I started to explore my identity online, James was curious and seemed interested in playing along but it quickly became another opportunity for him to hurt me. He told me that he was interested in experimenting, encouraged me to download images, then gave them to my parents. Despite his active participation, he convinced my parents and friends that I’m in a “cult” and that my child-

These age distributions are not substantially different from the ones reported in 1999, although there was significant growth in the absolute number of clients in the under-18 category. However, for 854 or 21.1% of the victims in 2000, ages were reported “unknown,” largely because of differences in the ways some non-NCA VP members participating in this report recorded age information about their clients.

The fact that 85.8% of all the victims whose ages were identified in 2000 were between 23 and 64 primarily reflects the circumstance that virtually all the agencies participating in this report have been designed to serve adults. NCAVP believes that in actuality, domestic violence affecting younger and older LGBT individuals occurs with much greater frequency than is documented here, because few of its members or affiliates have dedicated youth or senior outreach programs. As a case in point, the growth in the number of cases reported among victims aged 18 to 22 occurred primarily in Los Angeles and Colorado, where outreach to younger people became a prominent part of the local NCAVP members’ work in 2000. Their experiences emphasize once more the dependency of individual reporting behavior on an organization’s visibility to a variety of LGBT subpopulations affected by domestic violence, and its perceived capability to respond to a diverse set of cultural and social identities and needs.

Race/Ethnicity of Victims

The race/ethnicity of LGBT domestic violence victims reported to NCAVP also remained largely unchanged in 2000. The largest number of victims (1,767 or 43.7%) continued to be white, compared with 45% reported in 1999. The next highest percentage was recorded for Latina/o individuals (610 or 15.1%), followed by African Americans (450 or 11.1%) and Asian/Pacific Islanders (117 or 2.9%). Both the Latino and Asian/Pacific Islander percentages declined slightly from their 1999 figures of 17% and 4%, respectively.

Members of other racial/ethnic groups continued to account for a very small percentage of domestic violence victims in 2000, less than 5% combined. These groups included Native Americans, Arab/Middle Easterners, multiracial individuals, individuals classified as “other” and individuals identified as Jewish (a category tracked by NCAVP because of this population’s vulnerability to bias-related violence). It should be noted that the numbers of Jewish and multiracial victims were almost certainly underreported, since many may have identified themselves as members of another racial/ethnic community. Also, a very small percentage of victims (<0.2%) appear to have reported themselves as members of two or more specific racial/ethnic communities. There were no significant changes in any of these categories between the two years.

Again, few general conclusions can be drawn from NCAVP’s limited data about the racial/ethnic distribution of LGBT domestic violence victims as a whole. One of the agencies reporting in 2000 serves a specific racial/ethnic constituency,
while most of the others have varying degrees of capacity to provide culturally and linguistically competent outreach and services to all the diverse elements of the LGBT community. Barriers to reporting domestic violence in some communities of color may be even greater than described elsewhere in this report, especially if the victims have additional reason to fear or mistrust the police. Finally, large numbers of LGBT people in every racial/ethnic community do not identify themselves as such or willingly seek services from LGBT-identified organizations, and this phenomenon may be more frequent among people in some communities of color.

**Other Information Recorded About Incidents**

NCAVP member agencies recorded a significant amount of additional data about cases of LGBT domestic violence in 2000, including information about crimes/offenses, injuries, perpetrators and police response. For the reasons outlined in the Introduction, however, these data are not presented here, but may nonetheless inform the observations made in some of the local NCAVP member reports that follow. Readers seeking more specific information about the incidence and characteristics of LGBT domestic violence are encouraged to read through all the local reports, as well as contact individual NCAVP members with specific questions or concerns. In particular, some NCAVP members are preparing much more comprehensive local reports about their domestic violence services in 2000, of which it is only possible to present brief summaries in this document.
someone would try to make me do something that I didn't want to do and would hit me when I refused.

Julio picked me up one night after I'd been in Hollywood about a year. He seemed different that all of the others. He took me to dinner, told me that I was beautiful, asked me questions about myself and seemed really interested in me. When he paid me, he always gave me double or triple the amount we had agreed on and, eventually, he began picking me up almost every night.

Julio asked me to move in with him two months after we met. I knew I was in love with him and couldn't wait to start our life together.

He wouldn't give me the keys to his house because he said that for "security reasons", he didn't want his keys "floating around." When I was home alone though, I felt trapped because the security door would automatically lock behind me when I left. I was also not allowed to use the telephone because he didn't want me to keep in touch with "the other trash from the streets."

Things were going pretty well until Julio and I had our first disagreement. He'd been drinking and was angry at me for breaking a plate when I was washing it. I tried to apologize but he just kept screaming about how inconsiderate and
LOCAL REPORTS

The following local reports were prepared directly by NCAVP members. They have been edited slightly to ensure consistency of presentation.

Los Angeles, CA

The L.A. Gay & Lesbian Center’s STOP (Support, Treatment, Outreach/Education & Prevention) Partner Abuse/Domestic Violence Program serves lesbian, gay, bisexual and transgender victims and perpetrators of domestic violence and offers a broad range of services including survivors’ groups; a court-approved batterers’ intervention program; crisis intervention; short-term and ongoing counseling; prevention groups and workshops; criminal justice advocacy; specialized assessment; LGBT domestic violence training, education and consultation; and prevention services for those at risk.

Reported cases of LGBT domestic violence in Los Angeles increased from 1356 in 1999 to 2146 in 2000. 95% of these cases were reported to, assessed by, or brought to the attention of the STOP Program, the Mental Health Services Department, the Anti-Violence Project or the Youth Services Department of the L.A. Gay & Lesbian Center. In fact, 62% of all clients seen by the L.A. Gay & Lesbian Center’s Mental Health Services Department reported or were assessed with domestic violence. The remaining 5% of 2000’s total number of cases were reported to organizations in Los Angeles other than the L.A. Gay & Lesbian Center that track and maintain information about the number of LGBT clients that they serve.

Since 1996, the STOP Program has seen a consistent increase in the number of persons who report domestic violence or who are assessed with it. While that increase has been attributable to progressively expanded domestic violence programming by the L.A. Gay & Lesbian Center, the most recent increase is due in large part to funding for domestic violence prevention activities from the California Department of Health Services, Maternal and Child Health Branch. With receipt of this funding beginning in July 2000, the STOP Program was able to hire staff for its prevention activities and subsequently increased its outreach and community education efforts, in addition to expanding collaborative efforts with other Southern California service providers.

The STOP Program has developed and maintains strong collaborative relationships with the L.A. County Domestic Violence Council, the West Hollywood Partner Abuse Education Task Force, the Statewide California Coalition for Battered Women, the Gay and Lesbian Community Center of Greater Long Beach and numerous other organizations devoted to preventing and addressing domestic violence in California. As a result, the number of service providers that requested and received training about LGBT domestic violence increased in 2000, and there was a broader distribution of LGBT-specific domestic violence prevention materi-
anger and would become verbally abusive and insult me for no apparent reason.

She ordered me around, degraded me, was very jealous of my friends and even my pets. Then she began to physically mistreat my dog. Whenever I attempted to leave, Tasha would threaten suicide. The abuse continued to escalate. Tasha shoved me, pushed me, pinned me against walls, threw objects at me, and drove recklessly to scare me.

The most recent incident occurred when I told Tasha that I didn't want to go on vacation with her. She exploded and started yelling, "I want you out of this house," and threw my clothing and other belongings out of our home.

I left and was too frightened to return. I eventually came back to pick up my belongings and Tasha pushed and shoved me, threatened to melt the hard drive on my computer, and said, "If you take anything from this house that is mine, you will draw your last breath."

Tasha threatened to kill me two more times while we were breaking up. On one of those occasions, I called the police. When they interviewed Tasha, she told them that I had attacked her. Although we no longer live together and I'm attempting to resolve all...
hearing-impaired communities, W.O.M.A.N., Inc. initiated a TTY support line. CUAV strengthened its ongoing efforts to provide services to the most underserved groups within the LGBT community, providing advocacy, emotional support, emergency housing and courtroom accompaniment to increased numbers of survivors from communities of color and the transgender community.

The bulk of the cases, 438 out of 691, were reported by lesbians and gay men (63%). There were 100 documented cases from bisexual survivors (15% of the total), and 80 cases involving heterosexual survivors (12% of the total). There were also significant increases in Latina/Latino survivors (+30% or 86 cases) and multiracial survivors, with 25 incidents reported, up from 14 in 1999.

Survivors from communities of color, as well as transgender individuals, often face discriminatory barriers every step of the way when seeking help. In San Francisco, this problem is being addressed with culturally appropriate and sensitive services available at each of the reporting agencies. In 2000, monolingual survivors could access a language bank of multilingual advocates and translators trained in domestic violence through Asian Women’s Shelter’s MultiLingual Access Model. Community United Against Violence has dedicated Spanish-speaking staff, who are also bi-cultural. Also at CUAV, transgender survivors can work directly with a trans advocate. W.O.M.A.N., Inc. began work on the overlooked population of children who witness domestic violence in LGBT families.

Statistics on LGBT domestic violence reported by the three agencies represent only a small number of actual cases, and as in heterosexual relationships, LGBT domestic violence occurs in approximately 20 to 25% of all couples. Even in San Francisco, there is a long way to go to meet the demands posed by this problem. Community need still exceeds available resources, especially in providing survivors with emergency housing and shelter. Currently this is provided through a network of limited hotel vouchers. There is still no fixed shelter or transitional housing specifically designed for San Francisco’s LGBT community; consequently, most battered LGBT individuals are more likely to remain with their abusers longer and be at even greater risk for injury.

**Colorado**

The Colorado Anti-Violence Program (located in Denver) reported 88 incidents of domestic violence in 1999, a 9% increase over the total (81) reported in 1999. This continues a four-year trend of steady increases in reporting to the agency. It should be noted that these figures are representative only of domestic violence incidents reported to or brought to the attention of the Colorado Anti-Violence Program. There is no common intake form for service providers in the state, and only a few organizations and agencies actually track LGBT domestic violence.

In 2000, 49 of the victims were female (56%) and 35 were male (40%), as compared to 36 (44%) and 42 (52%), respectively, in 1999. While the number of

LOS ANGELES—
Roberto, 48, male, gay, HIV+, Latino, urban

I met Jorge at a party a year ago. We hit it off immediately because we both worked at the same hospital. He was charming and very persistent about asking me out. I was a bit hesitant at first but he called me every day for two weeks and I finally said “yes.”

After a month, he moved in with me. In the beginning of our relationship, we worked the same shift and spent all of our time off together. We could hardly stand to be apart.

When my supervisor asked me to change my shift, things started to change. Jorge usually stayed after his shift and expected me to talk to him. When he left the hospital, he’d usually call me at work at least 5-6 times while I was still there. When I got home, he’d ask a lot of questions about what I’d been doing, who I’d been with, and why I hadn’t called him.

Once, when I came home from work, he accused me of having an affair with one of the doctors because he’d seen me looking at him. I turned away from Jorge and he pushed me. I fell into a door jamb and broke three teeth.
Colorado saw reporting levels remain virtually the same for African American and Latina/o victims, as well as a decrease in Native Americans (2 in 1999 and 1 in 2000). Increases were seen among whites (44 in 1999, 54 in 2000) and victims who identified themselves as Jewish (0 in 1999, 2 in 2000).

The majority of reports, 33 (38%), came from people who did not disclose their age at the time of reporting, continuing 1999's trend. The second and third highest number of reports came from people aged 30-44 (24%) and 23-29 (19%).

Colorado saw a notable increase in reports from victims under 18 (3 in 1999, 8 in 2000) and in victims 18-22 (3 in 1999, 4 in 2000), probably as a result of its youth-based anti-violence initiative begun in 1999. Reports also increased from victims 65 and over (0 in 1999, 2 in 2000).

In March 2000, the Colorado Anti-Violence Program became a project partner of the Colorado Nonprofit Development Center, an incubator for new nonprofits. This transition marks the first step toward establishing the 14 year-old Colorado Anti-Violence Program as an independent agency. Despite the challenges of decreased staff and the demands of establishing institutional structures, the program and services remained strong and effective, illustrated by the continued increase in reporting during this period.

Chicago, IL

Horizons Community Services in Chicago has seen continuing growth in the number of domestic violence incidents reported to it. In 1998, 28 incidents were reported; there were 46 in 1999, and the year 2000 saw 109 individual incidents of domestic abuse.

One reason for the growth is Horizons' commitment to community outreach. Through Horizons' efforts, an increasing number of agencies, institutions, and individuals have come to know about its Anti-Violence Program and access its services. Horizons has become a major referral source for other agencies whose clients identify as LGBTQH (Lesbian, Gay, Bisexual, Transgender, Questioning, and/or HIV impacted). Horizons has also continued a major collaboration with the Chicago Police Department, which utilizes the agency for training and referral purposes. In 2000, Horizons made it a priority to complete roll call trainings in all of its north side districts, and succeeded in doing so. In 2001, the agency plans to expand roll call trainings to the south side of Chicago.

Other observations about the cases reported to Horizons include:

- May continued to be the highest volume month for domestic violence calls, with six incidents reported in 1999 and 17 in 2000.
- In the past, twice as many males reported domestic violence as females, but in 2000 the numbers were nearly equal, with 50 males and 57 females. The
agency also received calls in 2000 from two transgender (male to female) and three bisexual victims of domestic violence.

- The number of victims under 44 years of age increased substantially in 2000. There were seven victims in this age range in 1999, versus 25 last year.

**Boston, MA**

Boston had two reporting programs in 2000, the Violence Recovery Program (VRP) at Fenway Community Health and The Network/La Red: Ending abuse in lesbian, bisexual women’s and transgender communities (The Network/La Red). A total of 397 cases were reported by both groups, with the majority of reports (approximately 80%) originating with The Network/La Red. This is an increase over the past two years, with 289 reports in 1999 and 193 reports in 1998.

The growth in reported LGBT domestic violence cases can be explained by several contributing factors. VRP added one full time staff, upgraded two part time staff members to full time, and added three interns. The Network/La Red added two full time staff and several interns. The additional staff at both agencies increased their capability to respond to more clients. The Network/La Red added an Advocacy Program and began a larger visibility campaign, which included ads in LGBT and mainstream newspapers, magazines and on public transportation as well as the distribution of a palm card and other materials throughout the state.

Both the VRP and The Network/La Red also increased trainings and outreach. The VRP, through the VAWA technical assistance program, received funding to perform specific training for healthcare staff and traditional domestic violence programs as well as continuing trainings to criminal justice professionals. The Network/La Red increased trainings to domestic violence programs and college groups.

The gender breakdown of cases continued to be overwhelming female (75%). This is not because there is a greater frequency of domestic violence in woman-to-woman relationships, but because The Network/La Red targets its outreach to women and transgender individuals, while the VRP targets outreach to male, female, and transgender people alike. Because only one of these programs provides services to men, the number of males is smaller. This year, The Network/La Red began recording gender beyond male and female.

In 40% of the 397 cases reported, race/ethnicity was not recorded, while 30% reported their race/ethnicity as white. There has been a significant increase in people of color reporting (20%), and this could be explained by an increase in targeted outreach, bilingual staff, materials and advertising to communities of color. The percentage is still not adequate and further culturally competent materials need to be developed, as well as continued targeted outreach.

It appears that transgender victims are less likely to report and access resources designed for the broader LGBT community. An increase in outreach

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**SAN FRANCISCO—**

Janet, 35, female lesbian, white, urban

Laura and I met just as I had finally managed to extricate myself from my abusive partner, Margo. Laura and I became friends and fell in love. In fact, it was Laura who actually protected me from physical assault by Margo as I gathered my remaining belongings from the home that Margo and I had shared. I felt eternally grateful to Laura for her protection of me from my violent ex-lover.

The first six months with Laura were full of romance and relief but as we entered the end of our first year together, Laura became controlling...
to transgender communities was begun in 2000, but needs to expand. There are fewer than four domestic violence shelters that accept transgender victims in Massachusetts, and because of the lack of capacity, some victims are forced into the homeless shelter system, which is unsafe and lacks appropriate services.

It is important to note that the cases reported here are only representative of those who came forward to the VRP and The Network/La Red. This is probably a significantly lower number than the total of actual cases, because many LGBT victims of domestic violence do not report their abuse or seek out services from any organization or service provider. Additionally, in Massachusetts, there are only a few other domestic violence programs that perform targeted outreach to the LGBT communities. These agencies are not represented in this report.

**Minnesota**

In both 1999 and 2000, Minneapolis-based OutFront Minnesota's domestic violence service levels were lower than in previous years. Unfortunately, this does not necessarily mean there were fewer incidents of same-sex domestic abuse. The reasons for the lower numbers are due, the agency surmises, to several factors.

First, having financial support to keep enough staff in its employ continued to pose a challenge during the 2000 reporting period. At any given time, the agency has just one full time domestic violence intervention advocate on staff, plus back-up staffing from the Director of Programs. This translates into having one person stretched very thin, answering calls from individuals, presenting trainings to other agencies and groups and networking with other domestic violence service providers. Little capacity is left to expand program outreach and services.

But the training and networking have proven valuable, resulting in an expansion of service providers that, even though they are not LGBT-specific, have begun providing reasonably sensitive service to LGBT individuals. As a result, OutFront Minnesota has compiled evidence showing that some victims of LGBT domestic violence are connecting directly with other service providers. Of course, these individuals are not represented in the agency’s service figures.

OutFront’s greatest challenge is to continue finding adequate resources, especially safe housing, for gay, bisexual, and transgender male victims, and often for trans-identified women. In Minnesota, there are no housing resources for men, and few women’s shelters are comfortable with transgender women.

Recently, however, the Minnesota Legislature modified the language used in defining domestic violence victims, and that language now reads: “battered women and domestic abuse victims.” This italicized portion is new, and means, among other things, that OutFront Minnesota may be able to approach its state funding entity in an effort to have additional domestic violence funds designated to correspond with the expanded definition.
The New York City Gay and Lesbian Anti-Violence Project (AVP) serves lesbian, gay, bisexual, transgender (LGBT) and HIV-affected victims of crime, with specialized services for those surviving or victimized by bias, domestic violence, pick-up crimes, rape and sexual assault, HIV-related violence, police misconduct and abuse. Nearly one-half of AVP’s clients seek domestic violence services.

In 2000, AVP served 471 domestic violence victims, providing 9,652 units of service including a bilingual English/Spanish hotline and in-person counseling, support groups, referrals, advocacy, accompaniment, court monitoring, assistance locating sensitive, safe shelter, and other services. To better capture the agency’s efforts, AVP documents additional domestic violence-related hotline calls that do not result in ongoing clients. These calls totaled 609 in 2000 (an increase from 552 in 1999) and ranged from those questioning their experience of and/or their role in an abusive relationship, to victims who contacted AVP only in a period of crisis, to social, legal and medical service providers who sought case consultation and agency information.

Actual domestic violence clients ranged in age from under 18 to over 65 and included gay men (47%), lesbians (33%), heterosexuals (7%), and bisexual individuals (4%). 7% were unspecified. People who identified as transgender (and who placed themselves in various of the sexual orientation categories) accounted for 4% of the agency’s domestic violence clients.

There was a slight increase in the number of domestic violence victims who sought assistance from the police, but problematic increases in negative police responses. Police refused to take complaints in 9% of attempted reports, up 3 percentage points from 1999. In 8% of cases in which victims sought police protection, the victims were arrested, up 2 percentage points from 1999. Disturbingly, 2000 marked a third year of increase in reports of verbal abuse of victims by police officers (9% in 2000, 6% in 1999, and 4% in 1998). Unfortunately in 2000, 2% also reported physical abuse by police, sometimes accompanied by homophobic slurs, as opposed to none in 1999.

There were 439 perpetrators in 422 reported cases of domestic violence. Perpetrators committed 1,100 crimes/offenses against victims ranging from harassment to murder. AVP received reports of seven LGBT domestic violence-related murders in 2000, compared with six in 1999 and none in 1998. These numbers continue to reflect some increased awareness about LGBT domestic violence by other social and legal service providers as well as media, since they were the primary reporters of these murders.

Strikingly in 2000, elements of anti-LGBT bias (such as derogatory name-calling) were reported as components of the abuse experienced by victims in a far larger percentage of domestic violence cases—43%, versus just 7% in 1999. HIV-related bias also became a more common element of domestic abuse, present in gender politics. I accompanied Laura—now called Larry—to support groups and various functions in the transgender community. By the time Larry began testosterone shots, I had completely accepted my partner as Larry and was grateful to be a part of the process with him.

Larry’s moods began to fluctuate more frequently and he began to take his periodic rage out on me more and more. He intimidated me, yelled and threw tantrums to scare me.

At the same time, Larry was constantly struggling to maintain his job and rented room. He began having health issues and underwent several surgeries. He also began taking strong prescription medication for chronic pain relief. These events pulled me even closer to him and I didn’t want to leave him in such a vulnerable state. I had hardly any time for myself, my friends or family, however, because Larry demanded that I spend all of my free time with him. I hung on hoping that things would change.

During our sixth year together, Larry shoved me to the floor so hard that I bruised my back. We tried breaking up several times but were never apart for more than several months at a time. We saw a couple counselor who recommended that Larry attend an anger manage-
ment group but he never followed through. I lived in fear of Larry and his constant abuse. I cried a lot and he would apologize or tell me to get over it and stop being afraid.

When Larry left for five months of travel, I began to regain a sense of myself again. Just as I was beginning to feel good, he came back to town. He intimidated me into a six month trial run of living together. Several months later, I was so depressed that I was barely able to function.

All I did was work and take care of Larry who spent most days at home getting high and watching television. When I planned a vacation for myself, he exploded. I was, once again, afraid all the time.

One day, Larry shoved me down the stairs and pushed me out the front door of our building. At other times, he would block my path if I attempted to leave. He stole my keys and locked me in a room. Once, when I told him that I was going to call the police, he pulled the phone out of the wall and said he would kill himself and me before any police came to our house.

I left one night and stayed at a hotel in another city then moved in with a family member. He found me and starting stalking my family members and me. I filed for a restraining order, which was very 25% of all cases reported in 2000 versus just 5% in 1999. Finally, anti-transgender bias was reported in 7% of domestic violence cases overall, up from 1% in 1999. The reasons for these trends are unclear, but may reflect AVP’s greater visibility among a more diverse population of victims, as well as a larger number of referrals from other groups.

Cleveland, OH

The Lesbian/Gay Community Service Center of Greater Cleveland saw an increase in reported cases of domestic violence, from ten in 1999 to 19 in 2000. This increase can be attributed to greater outreach efforts in the LGBT community and the establishment of stronger ties with local domestic violence organizations and the justice system.

The Center continued its collaboration with the YWCA Domestic Violence Project, providing direct, culturally competent counseling to LGBT domestic violence survivors. In 2000, The Center also became an active participant in the Cuyahoga County Domestic Violence Coordinating Council, which includes representatives of domestic violence service organizations, police departments, the judiciary and other justice system departments. Participation by The Center has provided more opportunities for referrals to The Center’s Domestic Violence Project, and helped The Center obtain additional resources.

Outreach to the community was also a priority for The Center’s Domestic Violence Project in 2000, with three major educational campaigns. Each campaign consisted of press releases, leafleting bars and other gathering places and outreach to social service agencies. In addition, all speaking engagements by The Center included information about its Domestic Violence program.

Columbus, OH

Columbus reported 91 incidents of domestic violence in 2000, 4% more than the 87 reports collected in 1999. 48 reports came from females, 42 from males, and there were no reports of domestic violence made by transgender individuals. 86 reports came from people who identify themselves as lesbian or gay; four victims were bisexual and one report came from a person who identified as questioning/unsure.

63% of people reporting were between 23 and 44 years of age. There was a 2% decrease in the number of young people who reported domestic violence; 18 people under age 22 made reports in 2000. Likewise, there was a significant decrease in reports from people aged 45 and older. This age range comprised less than 10% of reports in 2000, down from 23% in 1999.

In 2000, there were 12 reports from African American victims, an 8% decrease relative to the total in 1999. Overall, the race/ethnicity of victims was similar to
that reported in 1999. 51 victims (57%) were white, six were multiracial (7%), four were Jewish (4%), two were Asian/Pacific Islander, two were Native American and one was Latino.

Although Columbus reported a small increase in the total number of incidents in 2000, its cases represented a narrowing segment of the LGBT community. Most reports came from white, middle-aged lesbians and gay men. The lack of diversity can in part be attributed to BRAVO’s focus on technical assistance to domestic violence service providers rather than outreach to underserved communities in 2000. It is not surprising that even as we strive to reach LGBT communities, we garner the most reports from the people with the greatest privilege relative to existing systems and services. In addition, the low number of reports in Columbus reflects a continued reluctance on the part of LGBT communities to report domestic violence and a lack of cooperation and support from mainstream service providers.
LIKE domestic violence in general, LGBT domestic violence is not an insoluble problem. Modest changes in government laws and policies, law enforcement practices, funding allocation strategies and service provision standards could easily bring to domestic violence in the LGBT community the same powerful responses that are currently only available to many heterosexual women.

In pursuit of this end, NCAVP member organizations make the following recommendations to federal, state and local governments, government agencies, funders of domestic violence services and service providers:

**Recommendation 1. Enact legally inclusive definitions of family**

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

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

**Recommendation 2. Enact LGBT-inclusive non-discrimination legislation**

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

**Recommendation 3. Increase access to public and private funding for LGBT domestic violence services and research**

It is imperative to the development of more capable services and research in response to LGBT domestic violence that new and continuing funding initiatives include the LGBT community as a priority audience. NCAVP applauds the small number of public agencies and private corporation and foundation funders that have taken this step in recent years, and calls on others to do the same.
Recommendation 4. Adopt LGBT-inclusive standards of service

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

Recommendation 5. Train more service providers about LGBT domestic violence concerns

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

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

Supplemental Recommendation. Utilize training resources offered by LGBT agencies

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