

# **LESBIAN, GAY, TRANSGENDER AND BISEXUAL DOMESTIC VIOLENCE IN NEW YORK IN 2000**



**A Report of the  
New York City Gay and Lesbian  
Anti-Violence Project**





*This report has been prepared by the*  
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## OVERVIEW

**T**HE NEW YORK CITY GAY AND LESBIAN Anti-Violence Project (AVP) began documenting incidents and providing specialized program services to survivors of same sex domestic violence in 1986. This report encompasses incidents of domestic violence directly reported to AVP in 2000, a year in which AVP opened 422 domestic violence cases. These cases represent 471 domestic violence victims (cases often involve more than one victim, see note below).

This report does not purport to document the actual number of domestic violence incidents among lesbian, gay, transgender and bisexual (LGTB) victims/survivors in the New York City area, but is an analysis of information reported to AVP. In collecting data, AVP uses a standardized intake form, as well as definitions and criteria consistent with those approved in association with other National Coalition of Anti-Violence Programs (NCAVP) member organizations. A copy of the Intake/Incident Form can be found at the end of this report.

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*Note:* AVP utilizes an “incident-based” data collection system, rather than a “client-based” system to document a range of crime types including bias, domestic violence, police misconduct, HIV-related violence, biased murders, pick-ups, and sexual assault. In cases of domestic violence, abusers frequently engage family members, friends and others in the abuse of their victim, and may also target those close to the victim such as children, a new lover, friends, family etc. Thus one ‘incident’ may involve more than one victim and perpetrator.

## LGTB DOMESTIC VIOLENCE

The United States has come to understand domestic violence as a dynamic of power and control exerted by one partner, generally male, over another partner, generally female. Statistics of heterosexual domestic violence tend to bear out this apparent gender link for the majority of documented cases. Although heterosexual men do report as victims of domestic violence, women are overwhelmingly documented as victims in cases of heterosexual domestic violence. Many have used these statistics to theorize that within a patriarchal paradigm, gender forms the basis for the inequity of power in all intimate relationships. Hypotheses of abuse based on gender, however, break down when applied to same sex domestic violence.

AVP understands domestic violence to be *any pattern of behavior within an intimate relationship used to coerce, dominate or isolate; the exertion of any form of power that maintains control*. Domestic violence may include but is not limited to emotional/psychological, physical, economic, sexual abuse and social isolation. For LGTB victims of domestic violence, abusers may also use “outing” (the revealing or threat of revealing of someone’s sexual orientation or gender identity, HIV or immigration status, etc., to government and local authorities, immigration, landlords, employers, friends, family, etc.), heterosexism, homophobia, transphobia or biphobia to control their victims. (See Bias/Motivations for definitions of these terms.) The use of outing, heterosexism and these phobias play on a victim’s awareness of societal biases to convince a victim of the very real possibility that the victim won’t receive help from legal, social or medical providers just because of who they are. Abusers additionally use these added weapons to exert greater control, lower self-esteem, and instill fear in victims.

Beyond the added weapons an LGTB abuser may use against a victim, the forms and patterns of abuse in same sex domestic violence and rate of occurrence of abusive relationships (25%-33% of all relationships

involve violence<sup>1)</sup> have been demonstrated to be comparable to heterosexual domestic violence. That domestic violence in same sex and heterosexual relationships is so similar, it is reasonable to conclude that gender cannot form the basis for domestic violence theory. AVP's approach within the context of available literature and AVP's own history of experience is to view domestic violence within a context of oppressions and interpersonal relations. In an abusive relationship where one partner wields power and control over another, oppressions based on class, ethnicity, race, education, HIV status, socioeconomic status, disabilities, gender, etc. provide tools for power and control. Under this formulation, service provision models cannot presume an abuser/victim gender based paradigm. Violence between partners of any gender cannot be assumed to be mutual if there is in fact power and control by one partner over another. And if mutuality of violence does appear to exist within any form of relationship, domestic violence needs to be ruled out from complicating factors of substance abuse and mental illness.

Within and beyond the LGTB community, outreach and education based on heterosexual relationships has served to obscure LGTB victims and same sex domestic violence. Societal stereotypes of dysfunctional LGTB relationships serve to normalize or dismiss abusive behaviors, often making it difficult for victims or abusers to recognize abusive relationships and behaviors.

AVP uses the data collected to provide statistical analysis of same sex domestic violence, and to develop responsive and appropriate services.

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1. Lobel, K. (Ed.). (1986). *Naming the violence*. Seattle: Seal Press.

## **DEMOGRAPHICS OF VICTIMS/ SURVIVORS**

### **Gender**

Male victims of domestic violence accounted for 52% (246) of the total victims reporting incidents of domestic violence to AVP, while female victims accounted for 47% (222). Gender was unspecified for 1% (3). The greater percentage of male, versus female victims, is consistent with the overall client base which the agency serves. This does not necessarily indicate that males are in abusive relationships at a higher rate than are females. It has been AVP's experience that lesbians and transgender women do not report incidents of victimization as consistently as gay men. Further research is needed to study the frequency and dynamics of LGTB domestic violence before definitive conclusions can be drawn regarding comparisons of gender.

People of transgender experience may self-identify according to the categories available on the intake form as transgender male to female (M to F), female to male (F to M), female, male, or questioning/unsure. In 2000, seventeen (17) clients self-identified as transgender M-F. One (1) client self-identified as transgender F-M. Given that gender information is compiled based on clients' self-identification, it is possible that a greater number of transgender males or additional transgender females were served but were noted under their self-identified gender.

### **Sexual Orientation**

Gay males (220) accounted for 47% of the total number of domestic violence clients served at AVP. Lesbians (157) accounted for 33% of this number, one of whom identified as a transgender woman. There were no self-identified transgender gay men.

Heterosexuals (34) accounted for 7% of clients. Clients of heterosexual orientation come to AVP for several different reasons. These clients may be of bisexual orientation experiencing domestic violence within a heterosexual relationship. They may feel more comfortable

accessing services through AVP in discussing the variation, and history of their relationship patterns. Other heterosexual clients may have a friend or family member of significance to them that is LGTB who recommended the agency's services. Some heterosexuals are referred by other service providers, and some find our listing in resource guides and only recognize the Anti-Violence Project component of the agency's name. Depending on their level of comfort and finding the services beneficial, heterosexual clients, primarily women (28) (including (12) transgender women) chose to continue with the agency. Six (6) heterosexual men (including one transgender man) accessed AVP in 2000. It has been AVP's experience that when heterosexual men contact AVP, they often present as victims of domestic violence who fear being treated as the abuser if they access assistance through a battered women's hotline. Bisexual victims accounted for 4% (20); twelve (12) women (two transgender women), eight (8) men.

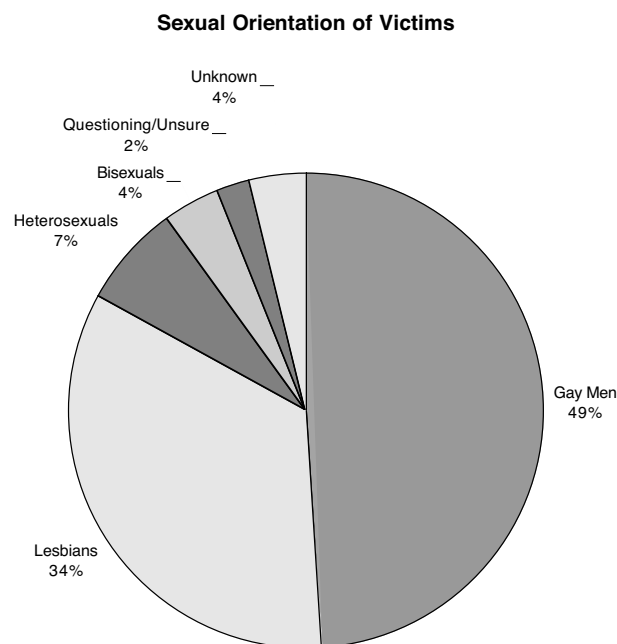
Clients of unknown sexual orientation (32) comprised 4% . Of the number of clients of unknown sexual orientation, twenty (20) were female including two (2) transgender women and nine (9) were male. Finally, eight (8) clients, or 2% of the total, were questioning or

unsure of their sexual orientation. This group included five (5) women and three (3) men.

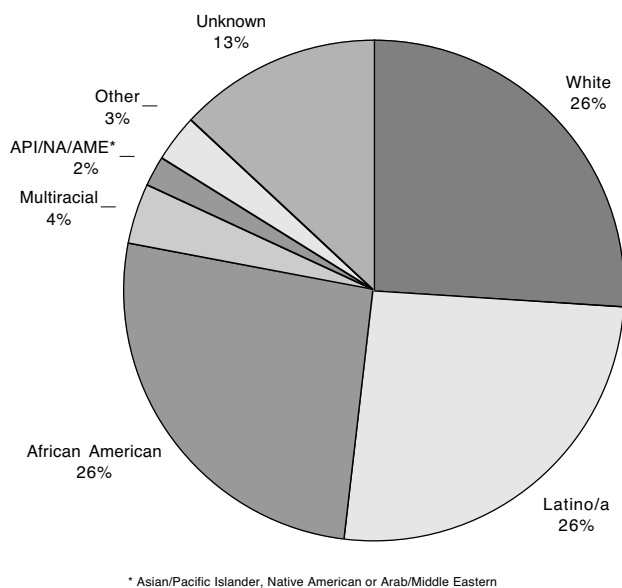
Sexual orientation is generally determined by the client's self-identification. However, people from various groups, cultural, ethnic, etc., may not identify as LGTB even if they are in relationships with same sex partners. Future adjustments to the intake form will seek to address this. Clients who are not 'out' may be reluctant to label their orientation despite contacting AVP. In some cases, sexual orientation may be unknown because the client made only an initial or limited contact with the agency. In some cases, clients may opt not to be defined by a binary gender orientation and/or may not identify with the available categories. The data may also not have been made available to the counselor, or the client may have declined to give this information.

### Age

The largest age category for victims of domestic violence was in the 30-44 year range 48% (225). This category is generally the largest and may reflect AVP's general outreach practices including the distribution of materials in bars, advertisements in gay/lesbian publications and mailings to political activist organizations. It may also be attributed to a larger sense of awareness or comfort level among people in this age range in considering or addressing what constitutes an abusive relationship. It is likely that people in this age range often have more access to, and awareness of resources. AVP has launched a number of outreach initiatives including flyering, hosting events, and participating in other LGTB events to broaden outreach efforts. The second largest category was 19% (91) in the 23-29 year range. The next youngest age category of 18-22 year olds accounted for 9% (40) of clients served at AVP. Victims in the 45-64 age range accounted for 12% (55). Victims age 65 or above (1) accounted for less than 1%. Unspecified ages of victims (43) accounted for 9%.



### Race/Ethnicity of Victims



### Race/Ethnicity

The racial/ethnic spectrum of victims accessing AVP remained consistent overall. One significant shift is the parity among the African, Latina/o and White clients served in 2000. AVP has made a concerted effort, particularly in the last several years, to do more balanced outreach to each of these groups. This year's figures reflect the success of these efforts.

Twenty-six percent (26%) (121) of victims identified as African American, 26% (122) identified as Latina/o, and 26% ((124) identified as White [Note: victims who identified as Jewish (10) were also identified as white and were included in this category consistent with prior reporting years]. Those identified as multi-racial accounted for 4% (20) of victims. Victims who identified as Asian/Pacific Islanders (6), Native American (2), Arab/Middle Eastern (1) combined comprised 2%. Clients who identified as other comprised 3% (13), and reflects clients who were reluctant to be placed in one category that may not have been fully representative of their identity. Victims of unknown race/ethnicity comprised 13% (62). This number reflects those who were either reluctant to identify under any of the exist-

ing categories or for whom the race/ethnicity of the victim was not made known to AVP staff.

Limitations of language (AVP provides bilingual services in English and Spanish) and limited culture-specific outreach may have inhibited reporting in some categories. There may also be cultural barriers in accessing a western gay-identified organization. It is particularly likely, for instance with Asian/Pacific Islanders, that language as well as cultural barriers may obstruct reporting to AVP.

At AVP it has become apparent that inclusive representation among staff, and sensitive-specific outreach, can serve to increase reporting by various facets of AVP's client population. To the degree possible, and resources available, AVP regularly attempts to deliver services, retain providers and volunteers that are relevant to the client population.

Categories of race and ethnicity were last revised in the early 1990's with the establishment of NCAVP's standardized intake form. The National Coalition is currently in the process of reviewing and revising these categories. For a listing of the categories used by NCAVP, please refer to a copy of the Intake/Incident Report Form used by NCAVP.

# INCIDENT-RELATED DATA

## Geographic Location

The majority of reported incidents 33% (139) occurred in Manhattan. Brooklyn followed with 19% (82), Bronx, 16% (66), Queens with 11% (46), and Staten Island with 2% (9).

One percent (1%) of those who reported to AVP was victimized in the outer counties of Suffolk (1), and Nassau (2), while another 2% (7) came from the greater New York State area and 4% (18) came from New Jersey. Seven percent (7%) (28) came from across the country including Georgia, the Carolinas, Florida, Virginia, Michigan, Mississippi, etc. The locations of the remaining 5% (24) were unspecified.

AVP primarily serves New York City, however, given the scarcity of LGTB sensitive or specific services, victims beyond this area frequently call on the agency. AVP works to serve victims beyond the NYC area to whatever degree possible.

## Sites of Abuse

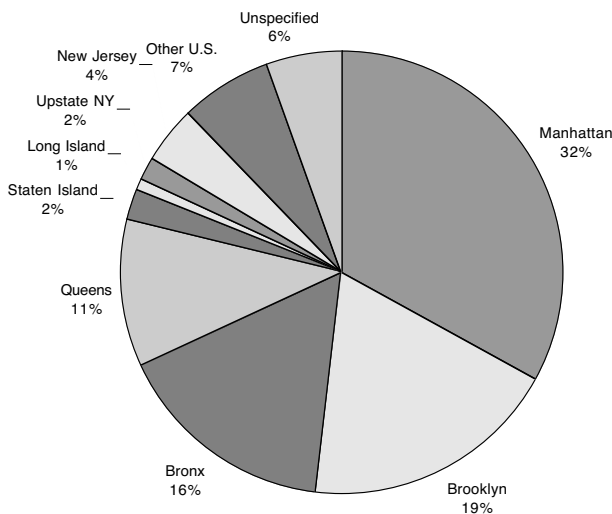
Victims of domestic violence are subject to danger no matter where they may be, out in public, at work, and most especially within the home. Violence often occurs

where the perpetrator feels most in control or feels that she or he is most likely to maintain control. Not surprisingly then, an overwhelming 76% (323) of incidents reported occurred in victims' homes. Incidents on the street or in public areas occurred 9% (36) of the time. Victims indicated their workplace in 4% (16) of incidents. The remaining 11% (47) of incidents were also reported to have occurred in other locations such as stores or restaurants, in and around LGTB businesses and institutions (bars, bookstores, community centers, etc.), at LGTB events, on public transportation, at schools or colleges. Strikingly two incidents were reported to have occurred in police precinct or jail settings. In cases of mutual arrests, some LGTB clients have reported being held in the same cell as their abuser, placing the victim at immediate risk and likely adding to increased victimization following release.

## Serial Offenses

Violence can continue to occur even after a victim has attempted to leave or has left their abuser. As previous sources have demonstrated, a victim may in fact be at greater risk of violence at these times. Domestic violence is understood to increase in frequency and intensity over time and abuse typically follows a pattern of escalating violence which may include, but is not limited to emotional, verbal, financial, sexual, social and physical abuse. Often victims try to minimize or excuse the abuse and so do not often seek help initially. Strikingly, prior domestic violence incidents had occurred in 85% (358) of cases. It also generally understood that assistance is usually sought during periods of crisis. AVP collects data that indicates if a victim has experienced one, two-to-five, six-to-ten, or ten or more previous incidents. The greatest percentage of those who experienced previous incidents contacted AVP after two-to-five prior incidents, 41% (145). Thirty percent (30%) (109) of victims contacted AVP after 10+ incidents while 20% (72) of victims contacted AVP after 6-10 incidents. Nine percent (9%) (32) of victims contacted AVP after at least one prior identified incident.

Location of Incidents



It continues to be alarming that 85% of cases reported a prior history of offenses. This high percentage may speak to several issues. It may be that current approaches to addressing domestic violence need to be revisited and revised. Although there has been a concerted effort to address domestic violence in New York generally, LGBTB victims are usually not specifically indicated or targeted in educational outreach done by most mainstream organizations. Where LGBTB victims are meant to be included, the effort is usually obliquely made through the subtlety of gender neutral language. This subtlety usually misses LGBTB victims as well as service providers. Clear and direct language should be incorporated in all educational and outreach modalities and materials. Trainings on domestic violence need to cover LGBTB victims and same-sex domestic violence in order to be truly comprehensive.

### Incident Reporting to Police

Clients in only 36% (153) of cases indicated an attempt to report incidents to the police. LGBTB victims of violence fear, often justifiably, that they will not receive protection and may be exposed to further victimization. In 9% (14) of cases where clients did attempt to report, police refused to take a complaint, up from 3% in 1999. In 56% (84) of cases where a report was attempted, although a complaint was taken, no arrest was made preventing the victim from access to an Order of Protection. In 8% (13) of cases where a victim sought police protection, the victim was arrested, up from 2% in 1999. On a more positive note, in 27% (42) of cases a complaint was taken and the offender was arrested.

Fifty-three percent (53% (226)) of cases did not make a report, a positive downward shift from 1999 when 71% did not report. AVP does not specifically track possible causes related to reporting. However in New York 2000 was a year of heightened media focus and accountability of the New York Police Department following mishandled responses to a number of crimes. Perhaps LGBTB victims may have hoped that in this climate the police would be less inclined to be hostile or unresponsive to LGBTB victims. This was unfortunately

not the case. In 4% (18), clients expressed intent to report the incident to the police. In 6% (25) the status of reporting at the time of intake was unknown.

For LGBTB domestic violence victims, Criminal Court is the only access to obtaining an Order of Protection. If no arrest is made, a victim is unable to secure a restraining order. Therefore LGBTB victims of intimate partner violence often sustain a higher level of violence before they are entitled to receive protection under the law. In contrast, domestic violence victims who are married, have a child in-common or are related by blood have access through New York Family Courts for civil Orders of Protection which generally only require that a complaint be filed with the police and that the victim express fear for their safety. Legally, gay men and lesbians are not, as yet, permitted to marry. Further, it is only with rare exception that same sex partners have been able to gain co-adoption of children. And blood relation is meant to encompass intra-familial violence. Victims of any sexual orientation or gender identity, generally do not want their partner to be arrested, they just want the violence to stop. The history of criminalization of homosexuality also makes LGBTB victims reluctant to access protection through an institution known to persecute and stigmatize them. These limitations effectively block lesbian and gay male victims, most transgender and bisexual victims as well as non-married heterosexual victims from receiving necessary protection under the law. Additionally, it is considerably more difficult for LGBTB victims of intimate partner violence to obtain exclusionary Orders of Protection which ban the abuser from the home. For LGBTB victims to obtain this added level of protection it often requires multiple criminal charges or a charge for a more severe offense, usually involving a weapon or serious injury as a result of an assault.

The arrest of victims who reported, may actually reflect greater police efforts to respond to domestic violence situations when identified and reported, as well as a misunderstanding of LGBTB domestic violence dynamics. Just as service providers using heterosexist standards often have difficulty distinguishing LGBTB vic-

tims, police frequently have difficulty distinguishing the victim from the abuser in same-sex relationships. While there is a growing body of documentation on heterosexual female victims who protect themselves through physical means along with gradual changes in the law to acknowledge this awareness, LGTB victims who act similarly are often incorrectly labeled as abusers by themselves, service providers and law enforcement. Victims who have acted to defend themselves in same sex relationships and who are then arrested frequently identify themselves on intake to AVP as the abuser seeking supportive/corrective services.

### Prior Incident Reporting

Clients with previous incidents reported that police had documented previous incidents in only 37% (133), despite 85% (358) of clients reporting that they had experienced prior incidents. (See Serial Offenses)

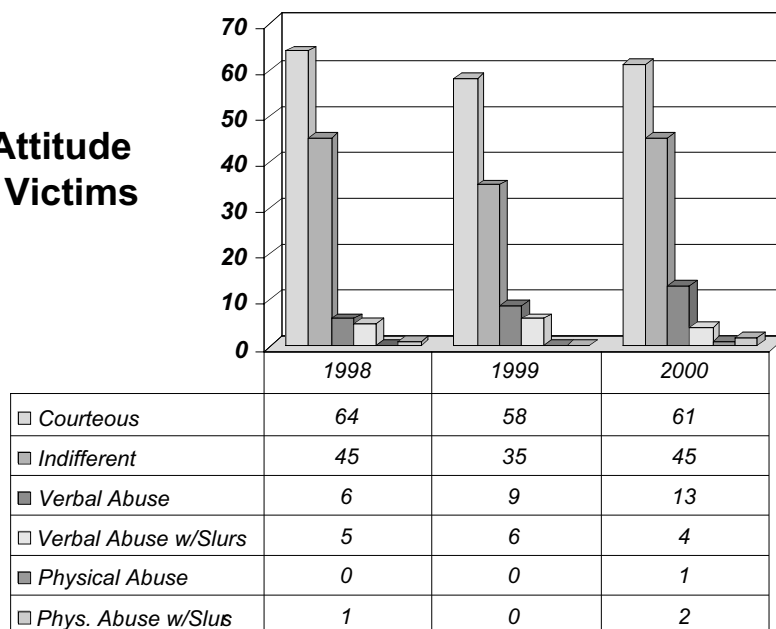
Domestic violence victims seen over time frequently report experiencing one or more previous incidents where police were called but no complaint was taken. In some cases victims will decline to report their partner in order to protect the abuser and often to avoid further risk of violence. In New York the police are required

to take a complaint and a Domestic Violence Incident Report (DIR) when called to the scene of a domestic violence incident. Sometimes responding officers neglect to take a domestic violence report. This may be due to ignorance about police policy on domestic violence, poor conduct or may be based on anti-LGTB bias. In some cases officers may fail to recognize that the incident has occurred in the context of an intimate relationship. For LGTB domestic violence victims, DIRs are a critical step to obtaining other legal protections. Victims also frequently report being discouraged from making a report because of the threat of a dual arrest. When police do recognize and document LGTB domestic violence, however, they often are instrumental in prompting victims to pursue supportive services. In some of these cases, police officers may be the referral source for the client contacting AVP. (See Referral Sources)

### Police Attitude

Overall, 40% (61) evaluated the attitude of the police as courteous while, 29% (45) reported police attitude as indifferent. Nine percent (9%) (13) reported that they experienced verbal abuse, up from 6% in 1999 and 4% in 1998. Three percent (3%) (4) reported they had expe-

### Police Attitude Toward Victims



rienced verbal abuse and biased slurs by the police. Unfortunately in 2000, 2% (3) of victims reported physical abuse by police, and physical abuse with homophobic slurs as opposed to none reported in these categories in 1999. The attitude of the police was unknown in 17% (27) of cases where victims had reported. This number likely reflects two issues. When intake occurs during a crisis, this information may not initially be obtained and therefore cannot be reflected by data based on intake. In other instances, those who reported their experience with the police as 'okay' may decline to categorize police attitude as either courteous or indifferent. Alternative categorizations of police attitudes may need to be considered for future reporting. *Note:* Statistics on incident reporting and police attitude generally reflect general police force responses. The numbers as reported in 2000 and 1999 are distressing in that they suggest a problematic and ultimately endangering trend in the handling of LGBT domestic violence. AVP will work to address this issue with the New York Police Department.

It is important to know that in New York City, there is usually one or more Domestic Violence Police Officers (DVPOs) in every precinct. These officers are specially trained in domestic violence. Their training encompasses how to handle domestic violence situations with same sex couples. DVPOs have, with some exceptions, provided a uniquely receptive and appropriately protective resource to lesbian, gay and bisexual victims and some transgender victims. (Transgender victims often still encounter significant bias and misunderstanding by all types of public servants and human service providers.)

### Reporting of Incidents by Borough

Police response can vary from precinct to precinct and among the boroughs also impacting accurate reporting. The largest number of complaints made to the police, as reported to AVP, occurred in Manhattan in 27% (41) of cases. Other incidents reported by borough were: Brooklyn 16% (24); Bronx 19% (29); Queens 12% (18); Staten Island 3% (4); and the remaining complaints 18% (28) were unspecified by borough at the time of intake.

## PERPETRATORS AND ABUSE OUTCOMES

### Perpetrators

The 422 domestic violence cases opened in 2000 represent 439 offenders (some cases may involve more than one perpetrator; see note below). Lovers/partners accounted for 38% (169) of offenders. Ex-lovers accounted for 38% (168) of offenders. This is consistent with the understanding that violence does not end with the termination of an abusive relationship. In most cases of domestic violence, abuse escalates when the victim attempts to leave, often in the form of increased harassment, stalking, as well as assaults. In many cases the violence continues to escalate well after the victim is out of the relationship.

The remainder of perpetrators were relatives/family members 10% (42), roommates 4% (17), from other relationships 9% (41), unspecified 7% (29). In the case of roommate, other relationships and unspecified there is often found to be a current or past intimate relationship that is not being presented as such at intake. This may reflect cultural or generational differences in identifying same sex relationships or difficulty identifying as LGBT. For instance elderly LGBT victims of domestic violence frequently do not identify directly as being in a same sex or bisexual relationship and may instead refer to a perpetrator as a roommate or 'friend'. People of various cultures also do not always use the terms LGBT,

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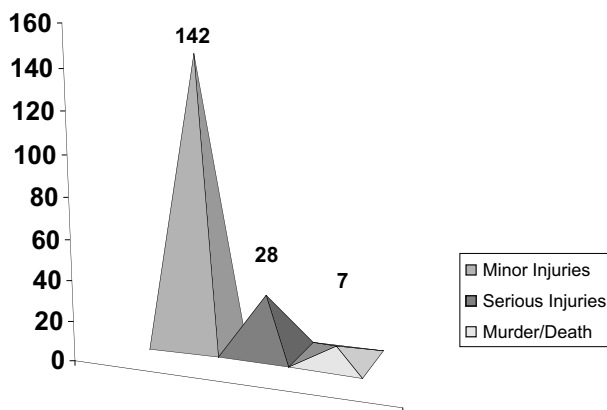
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and may not identify their relationship as same sex or bisexual. They may be more likely to identify themselves and their perpetrators (usually the primary partner) in terms of another relational context such as a friendship, relative or family member. Further, abusers are also known to engage family members, friends and others in the abuse of their victim, indicated by the greater number of offenders as compared to incidents.

### Extent of Injuries

Injuries ranging from minor to fatal were reported for 37% (177) of victims. Minor injuries occurred with 30% (142) of victims. Serious injuries were experienced by 6% (28) of victims. There were seven (7) same sex domestic violence related murders/deaths (1%) reported to AVP in 2000. Six were murders and one death was the result of a suicide by a perpetrator after he murdered his partner. Three gay men were murdered by their current or former partner. One woman was murdered by her estranged husband in the presence of her female lover. The two remaining murder victims were gay men killed by members of their own family in intra-familial domestic violence where sexual orientation was a significant or motivating factor. Three of the murders occurred in NYC, three occurred upstate, including the murder/suicide. One murder occurred in North Miami but was reported to NYC AVP for documentation, as

### Extent of Injuries



there was no AVP equivalent organization/program in the state of Florida.

In 1999 and 2000, 1% of domestic violence victims were killed. Prior to 1999 DV-related murders/death had not been reported. It is likely that this does not indicate higher levels of violence but rather increased awareness by social and legal service providers as well as media, as they were the primary reporters of these murders. Often for those not involved in work with domestic violence, abuse or the potential for harm is minimized because the abuser is someone close to the victim. For those who are familiar with domestic violence, it is understood that the closeness of the relationship is at times itself a factor for increased risk. Victims of domestic violence related murders were reported to be six in 1999 and included children, as well as adult victims.

### Medical Attention

Twenty-seven percent (27%) of victims required medical attention for sustained injuries. Forty-eight percent (48%) needed, but did not receive medical attention. Victims may not receive medical attention for a variety of reasons. They may be too embarrassed about the abuse or they may be fearful of experiencing bias or further victimization-this last concern is often a reality for many transgender victims of domestic violence. Victims may be dissuaded or prevented from seeking medical care by their partner to prevent interference by concerned medical practitioners or police involvement.

### Bias/Motivation

Victims who reported domestic violence were asked if incidents of abuse included other biases/motivations on the part of the abuser. AVP defines biases in cases of domestic violence as added weapons abusers can use to maintain power and control and instill fear in their victims. Added weapons often represent aspects of added vulnerability, and may include someone's immigration or HIV status, disabilities, economic resources, race, ethnicity, religion, gender, etc. These added weapons are available to all abusers regardless of sexual orientation or gender identity. However LGTB abusers have

some added weapons at their disposal-heterosexism, homophobia, transphobia and biphobia. Heterosexism refers to the presumption that heterosexual relationships are the 'right', only or preferred form of relationship. Homo/trans/bi-phobias refer to fear, ignorance and hatred of LGTB persons. Heterosexism, as well as the other phobias, can be exhibited or used by people of any sexual orientation or gender identity. LGTB abusers use these biases and stigmas to convince their victims that no one else will care about them, and that if victims seek assistance from others, they may be at risk for bias or even abuse (unfortunately, not an unfounded concern). LGTB abusers may also use these biases within relationships to control their victims' forms of self-expression or social contact with others. Another weapon is the use of outing-the revealing of vulnerable information-or threats of outing someone, e.g. revealing immigration or HIV status, sexual orientation or gender identity to governmental agencies, employers, family, landlords, etc. Outing and the threat of outing, effectively instills fear in victims, and often delays and may even prevent a victim from seeking help. 'Outing' may result in severe repercussions for victims including deportation, vandalism or bias attacks from neighbors, homelessness, unemployment and in some cases removal of parental rights. Documenting the use of bias/motivations in domestic violence relationships confirms the understanding that abusers use deliberate tactics to manipulate and control their victims.

Biases/motivations included: heterosexist 43%, up from 7% in 1999; AIDS/HIV-related 25%, up from 5%; economic 21%; disabilities 5%; anti-transgender 7%, up from 1% in 1999; anti-immigrant 2%; and other bias/motivations 8% including sexism, religion, race, ethnicity, etc.

### **Weapons**

Use of weapons was cited in 24% of (101) domestic violence cases in 2000. Use of weapons occurred in assaults, and attempted assaults with a weapon (see Crimes Committed for further detail). A total of 116 weapons were used. Objects reported to AVP were cat-

egorized into six subtypes: blunt objects including car clubs, barbells, wooden 2x4s, hammers, etc., were used in 36 cases; bottles, bricks, rocks, were used in 2 cases; sharp objects including knives, kitchen utensils, razor blades, hypodermic needles, etc., were used in 32 cases; firearms were used in 3 cases; restraints including ropes, chains, etc., were used in 1 case; vehicles were used in 2 cases; and other weapons including gasoline, cigarettes, books, cordless phone antennas, furniture, etc., were used in 40 cases.

### **Crimes Committed**

It is AVP's belief and experience that intimidation and harassment are intrinsic to all relationships involving domestic violence. As the pattern of abuse escalates, intimidation and harassment lead to other forms of violence. In recording statistical information from clients, specific forms of intimidation and/or harassment were noted only when reported or were clearly evident. Victims (471) reported 1,100 crimes and/or offenses. Twenty-eight percent (28%) (308) specified verbal harassment and 29% (318) reported intimidation. Telephone harassment accounted for 6% (65), while mail harassment occurred in 1% (12) of cases. Physical violence included assault without a weapon reported by 20% (217) and assault with a weapon reported by 6% (62). Attempted assault with a weapon occurred in 3% (39) of cases. Sexual harassment, sexual assault and rape were reported by 3% (29) of victims. Sexual abuse is often harder for victims to discuss. The actual occurrence of sexual abuse within domestic violence situations is unknown, but is likely much higher than reported. Murder was reported in 1% (4) of cases. (See Extent of Injuries.) Other incidents of crime, 3%, included arson, abduction/kidnapping, extortion/blackmail, illegal eviction, robbery, vandalism, etc.

## **SERVICES PROVIDED**

### **Referral Source**

Referrals to AVP come from a wide range of sources. In 2000, 38% of referrals came from service providers, 19% of clients were self-referred and, 13% were referred by friends. These referrals are often based on past experience with, or awareness of, the agency. AVP advertising and other media coverage accounted for 10%. Referrals also came from the police 4%, courts 1%, and hospitals 1%. Telephone book listings accounted for 1%. The referral source for 13% was from other or unspecified sources at the time of intake.

### **Initial Call Received**

AVP receives initial calls from a variety of sources, including victims, friends, service providers and others as suggested by the above referral sources. AVP's policy requires that the client contact the agency directly to initiate service. Initial calls may come from clients as they did in 80% of cases. Others including a lover/friend/family member 4%, service providers 5%, or a witness of an abusive incident 1%, may also make initial calls. In 9% of cases it was the abusive partner that initiated the first contact. The abuser may or may not acknowledge his or her role in the relationship. In work with same sex domestic violence, it is a recognized tactic that an abusive partner may attempt to access the police, courts, social and other service providers not for help, but as a means of preventing the victim from obtaining assistance. AVP screens and assesses all contacts to distinguish victims from abusers. Other or unspecified initial contacts accounted for 1% of calls. These calls may have come from friends/family/neighbors or others who wished to remain anonymous at initial contact.

### **Outreach**

AVP utilizes multiple forms of outreach within the LGTB community, with service providers and to the public generally. Outreach ranges from flyering, tabling and presentations at community forums, trainings and con-

ferences, to building alliances, networking, and use of advertising campaigns. In 2000 AVP ran a unique advertising campaign involving six-foot posters placed on the sides of strategically selected telephone kiosks.

### **Direct Services**

In 2000, AVP provided 9,652 units of service, up from 8,003 in 1999, to domestic violence clients. The two highest categories were provision of referrals 4386, up from 3409 in 1999, and client follow-up 2417, up from 2143. The next highest categories were hotline counseling 1190 and short-term professional counseling 404. Other services included information about Crime Victims Board (CVB) claim filing and CVB advocacy 253, advocacy and accompaniment with police 66, legal advocacy 90, support group meetings 77, other advocacy/assistance 143 (including general advocacy with social service providers, emergency financial assistance, etc.), agency follow-up 429, up from 272, housing advocacy 134, up from 35, medical/hospital advocacy and accompaniment 19, court accompaniment and monitoring 18, and contact/advocacy with media/elected officials 11, up from 3 in 1999. Increases in direct services in 2000 when victim to case ratios with 1999 remain consistent, likely reflect an increase in the complexity of client situations brought to AVP, as well as the delivery of a higher level of professional service.

In addition to the services listed above that were provided for domestic violence clients, the agency also provides hotline crisis counseling, safety planning, information and referrals to hotline callers that do not engage as AVP clients. These calls range came from those questioning their experience of and/or role in an abusive relationship, to victims who contact AVP in a period of crisis, but do not engage as clients, to social, legal and medical service providers who seek case consultation and agency information. On the following page are the additional numbers for these kind of DV calls handled on a monthly basis for 2000 and 1999, along with the number of domestic violence cases opened in the same month of each year. These numbers add 100%+ increase

to each year's total number of domestic violence clients served by AVP (471 in 2000 and 510 in 1999).

### On Batterers

Many domestic violence providers document overall numbers of service and general client population information, however their data is often not as detailed and is not usually structured to aid in the review of patterns and consideration of theoretical etiology as AVP's. In regard to batterers, AVP's history of data collection has consistently recorded the identities of victims and perpetrators when provided. As the only program in New York serving LGTB domestic violence victims, AVP is in the further unique position to be able to note trends within the LGTB community. It has become clear to AVP that perpetrators who do not receive necessary interventions repeat their offenses with new victims.

To break the cycle of domestic violence, it is essential to address both victims *and* batterers. Batterers not only need to face criminal and legal action where appro-

prate, but also need interventions that will change their behavior. To this end AVP has committed funds and agency support to the development of SNAP—the Seeking Non-Violent Alternatives Program. SNAP is the first New York-based program (and one of only two nationally) which addresses same sex batterers, and batterers in relationship with transgender partners.

As a crime victim's organization, AVP cannot directly serve batterers. SNAP is collaboratively run off-site through London Terrace Psychotherapy Services. SNAP was designed as a non-mandated program for perpetrators of domestic violence. However, as awareness of the program has grown, some participants have been mandated by the courts. SNAP completed its first year as a pilot program and is in the process of implementing outcome measures. For more information on SNAP, contact AVP at (212) 714-1141, or London Terrace Psychotherapy Services at (212) 627-8419 and ask for someone in the SNAP program.

### Additional LGTB Domestic Violence Hotline Calls \*

	<b>Add'l DV Calls for 2000 Per Month</b>	DV Cases for 2000 Per Month	<b>Add'l DV Calls for 1999 Per Month</b>	DV Cases for 1999 Per Month
<b>January</b>	<b>48</b>	26	<b>33</b>	36
<b>February</b>	<b>27</b>	34	<b>28</b>	34
<b>March</b>	<b>76</b>	40	<b>55</b>	40
<b>April</b>	<b>45</b>	45	<b>39</b>	28
<b>May</b>	<b>47</b>	44	<b>48</b>	42
<b>June</b>	<b>43</b>	34	<b>36</b>	56
<b>July</b>	<b>38</b>	22	<b>42</b>	49
<b>August</b>	<b>54</b>	33	<b>28</b>	40
<b>September</b>	<b>59</b>	25	<b>42</b>	40
<b>October</b>	<b>66</b>	46	<b>74</b>	37
<b>November</b>	<b>49</b>	38	<b>82</b>	28
<b>December</b>	<b>57</b>	35	<b>45</b>	29
<b>Yearly DV Call Totals</b>	<b>609</b>	422	<b>552</b>	459

\*Numbers for domestic violence hotline calls are *in addition* to AVP's breakout of domestic violence clients for 2000.

## SUMMARY OF FINDINGS

Although the reported number of LGTB domestic violence cases decreased slightly, overall domestic violence calls and services rose significantly in 2000. This increase may be related to a targeted advertisement campaign conducted by AVP. The last media campaign conducted by AVP (1997) had also resulted in increased reporting.

On a mixed note, there was a slight increase in the number of victims that sought protection from the police, but some problematic increases and trends in police response. Police refused to take complaints in 9% of attempted reports, up 3% from 1999. In 8% of cases where victims sought police protection, the victims were arrested, up 2% from 1999. And most disturbingly, 2000 marked a third year increase in verbal abuse of victims by police officers (9% in 2000, 6% in 1999, and 4% in 1998). Unfortunately in 2000, 2% of domestic violence victims also reported physical abuse by police and physical abuse with homophobic slurs as opposed to none reported in these categories in 1999.

AVP rates as one of its greatest resources the Domestic Violence Police Officers (DVPOs) of the New York Police Department (NYPD). These officers, with rare exception, effectively serve and protect domestic violence victims of all sexual orientations and gender identities. These statistics of negative outcomes generally reflect interactions with frontline and beat officers who have first contact with most victims of domestic violence. These kinds of problems also affect many heterosexual domestic violence victims as well. However LGTB victims have severely limited options for protections and services and are additionally at risk for biased discrimination and abuse. Inappropriate and abusive treatment by police officers toward any victim is not acceptable. Efforts on the part of NYPD must be made to address and correct the situation.

It is interesting to note that 2000 reflected a year of change in the social and political climate of the country as a whole. Overall there was a shift to a more conservative approach and outlook. Toward the conclusion of the

1996 presidential term there was a notable increase in the presence of the religious right and an emphasis on traditional (read conservative) values. Correspondingly in the tracking of hate crimes (Anti-Lesbian, Gay, Transgender and Bisexual Violence in 2000) in such social and political climates, there is often an increase in bias, and oppression directed at groups seen as outside of the 'majority'. These messages often inspire and condone acts of bias, hatred and violence toward those seen as outside the majority. Groups who are targeted for bias and oppression internalize these messages and stigmas often impacting how members feel about themselves and how they may relate with others even within their own groups. In 2000, a year of growing conservatism and a year of heightened (right wing/religious extremist) family values, it was interesting to note that anti-LGBTB bias within LGTB domestic violence rose to 43%, from 7% in 1999. And in a year where AIDS and HIV was seen as a back burner health issue, AIDS/HIV bias rose to 25% from 5%. While transgender people (who are often marginalized even within the LGB community) experienced anti-transgender bias in domestic violence in 7% of cases, up from 1% in 1999.

Beliefs define our society from legislation to the funding of services. The belief that LGTB domestic violence does not exist, keeps the issue invisible and obscures the actual scope of the problem. Beliefs that one person or group is any less valuable than any other, exposes people to victimization and then has the effect of condoning the abuse. It is essential that all victims of domestic violence have equal access to protection and services.

## **YEAR 2000 STATE HIGHLIGHTS**

AVP does not formally track policy and legislation. However, the agency is profoundly aware of the role that policy and legislation play in determining what funding, services and protections are available to LGTB people. In 2000, New York City saw the passage or enactment of significant laws for victims of LGTB domestic violence. In October 2000, the repeal of the sodomy law was enacted, and went into effect in early 2001. Further, the new Anti-Stalking Law was enacted in December 1999 and went into effect in 2000. Also in 2000, the HIV Partner Notification Law went into effect and in relation to this law the first-ever state level LGTB domestic violence curriculum was produced.

The repeal of New York State's sodomy law was significant for LGTB domestic violence on several levels. LGTB victims of domestic violence are often confronted by conflicting challenges. In states where there is an existing sodomy law, and an LGTB domestic violence victim is limited to criminal court access for an Order of Protection, there is an all too real concern that a victim seeking protection could suddenly be subject to the charges of arcane legislation. The existence of sodomy laws also serves to create and reinforce offensive and unfounded stereotypes of LGTB people as criminals and perverts. As a member of the National Coalition of Anti-Violence Programs (NCAVP), AVP is aware of how such laws in combination with a dearth of anti-discrimination legislation facilitate, and even sanction, anti-LGBTB bias behavior and attacks. AVP applauds the repeal of this law in New York State.

The Anti-Stalking Law that went into effect in 2000 represented significant progress in the ability of the judicial system to respond effectively to the many varied and insidious forms of abuse all victims of domestic violence may encounter. Many domestic violence victims have experienced harassment and intimidation through unwanted telephone, mail and in-person contact from their abusers, and through abusive ex-part-

ners who they have tried to flee. Abusers often repeatedly call victims at their workplace, harass victims in social settings, or follow their victims to maintain power and control over their lives. Stalking behaviors have repeatedly been linked with increased risk including loss of employment, higher levels of physical injury and even death. As reports by the media have shown over the last several years, the danger of stalking behaviors is not limited to domestic violence victims alone. The new Anti-Stalking Law institutes significant escalating penalties for unwanted and threatening behaviors. The Law further includes penalties for the stalking of third-party victims, such as those who may be close to the primary victim, like friends, family, etc. LGTB domestic violence victims who had not been severely assaulted by their perpetrators, but instead had been repeatedly stalked or threatened, previously had little access to protection. The criminalization of these behaviors now offer earlier access to legal protection and hopefully to the reduction of violence an LGTB victim may contend with before being eligible for the same protections available to other victims of domestic violence. The new Anti-Stalking Law covers anyone who may experience stalking behaviors, and is not limited to situations of domestic violence.

In 2000, New York State enacted an HIV Partner Notification Law. While the Law raises serious concerns for AVP and many others within the LGTB and HIV-impacted communities about how it may be carried out, it also recognizes the serious and complex health concern posed by the intersection of HIV and domestic violence. Under this law, when a positive diagnosis is returned, a patient is asked, though not required, to provide names of sexually intimate or needle sharing partners who may also have been exposed to the virus. Partner notification to protect public health, in the context of domestic violence, also creates the potential for the initiation or escalation of physical violence. The regulations of the bill included a domestic violence subsection unwritten at the time of its initial passing. As the only organization in New York, and only one of two nationwide, with programs specializing in the impact of

HIV-related violence and LGBTB domestic violence, AVP was uniquely positioned to recognize and speak to the salient concerns this law presented. During the period for public comment, AVP sought to share its knowledge and experience with the New York State Department of Health AIDS Institute, while also advocating for regulations and protocol sensitive to the ways in which LGBTB domestic violence might surface in the execution of this Law. In response, the AIDS Institute hosted a unique forum of primarily domestic violence and some HIV service providers to share their experience and offer information useful to the formulation of the final wording of the domestic violence sub-section of the Partner Notification Law. The AIDS Institute further recognized the importance of inclusively and specifically addressing LGBTB domestic violence. AVP commends the AIDS Institute's responsiveness to public comment and advocacy from experts within the domestic violence and HIV service communities. The AIDS Institute responded with the recognition of LGBTB domestic violence issues in the structuring of the regulations and protocol for partner notification. Under the Law, the State mandated the development of a specialized domestic violence training related to partner notification. The New York State Office for the Prevention of Domestic Violence (OPDV) was the agency charged to work with the AIDS Institute to develop this training. Rather than including limited information about LGBTB people within a mainstream domestic violence training for service providers, OPDV and the AIDS Institute, with AVP as an active advisor, created the first-ever state-level training specifically addressing domestic violence in lesbian, gay, transgender and bisexual communities. The six-hour curriculum is now being offered as a standard training in New York State. This innovative model serves as a testament to the successful efforts of these government agencies, and their strength and sensitivity to develop inclusive education in the interest of protecting the full public health.