

**LESBIAN, GAY, TRANSGENDER AND BISEXUAL
DOMESTIC VIOLENCE IN NEW YORK, 2001**

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



The report was prepared by the
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Overview

The New York City Gay and Lesbian Anti-Violence Project (AVP) began in 1980 as an all grassroots response to anti-gay bias attacks in the Chelsea area of Manhattan to which the police were not responding. AVP is a service organization which serves primarily lesbian, gay, transgender, bisexual and HIV-affected (LGTBH) victims of crime. AVP is the only organization within the tri-state area with specialized services for LGTB victims of domestic violence, anti-gay bias and hate crimes, police and community relations, sexual assault and rape, pick-up and HIV-related crimes, and for friends and family of those murdered in bias attacks. AVP has documented cases of same sex domestic violence since 1983 when they comprised 30% of all cases handled. Sixteen years ago, AVP began the first formalized program for survivors of same sex domestic violence and continues to be the area's only agency with specialized services for LGTB victims of domestic violence.

This report encompasses incidents of LGTB domestic violence directly reported to AVP in 2001, a year in which AVP opened 391 domestic violence cases, served 428 new¹ victims (cases often involve more than one victim), and continued to serve 118 on-going, domestic violence clients. This report does not purport to document the actual number of domestic violence incidents among 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 Program (NCAVP) member organizations. A copy of the Intake/Incident Form can be found at the end of this report.

A Very Unusual Year

The terrorists' attacks of September 11th of 2001 brought New York City face to face with horror, shock, and great loss. AVP, as a crime victims' organization founded to address trauma and the impact of hate crimes, was uniquely equipped and able to effectively serve individual victims as well as other community members traumatized by these devastating attacks. Professionally trained staff conducted critical incident stress debriefing

¹AVP 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-up crimes, 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 a new lover, friends, family etc. Thus one 'incident' may involve more than one victim and perpetrator.

groups for community organizations and social groups. AVP counseling staff provided crisis intervention assessment and counseling to all clients related to the attacks in addition to addressing the usual range of victimization. After-effects of the attacks compounded and complicated the situation of many domestic violence clients as well as other crime victims.

These after-effects included anti-gay/anti-Arab bias/hate crimes, an increase in walk-in clients suffering from exacerbated symptoms of mental illness or distress related to posttraumatic stress disorder (PTSD), as well as domestic violence victims experiencing escalating situations of abuse who were more than usually fearful of taking action against their abusive partners. Many LGTB domestic violence clients reported feeling that their problems were insignificant in comparison to the attacks and the continuing onslaught of new dangers. Many who had planned to leave abusive situations prior to September 11th almost without exception chose to stay with their batterers after the attacks. One woman who had planned to enter a domestic violence shelter prior to 9/11 reported after the attacks that she was afraid to be with strangers if something else happened. Further, domestic violence clients, often reluctant to acknowledge the seriousness of their situations, experienced difficulty believing that their concerns and fears merited a response after the loss and devastation so many had faced. With AVP's office located in Manhattan many clients from the other boroughs were fearful to travel into the city. Clients even within the Manhattan area hesitated to take trains further into midtown. AVP had been very saddened to learn that one male domestic violence survivor and regular client had escaped his batterer only months earlier to live in the downtown area near the World Trade Towers where he worked, and was lost in the attacks.

Many clients, as well as most New Yorkers, have experienced various degrees of responses to the trauma of the attacks: hypervigilance; difficulty sleeping; nightmares; changes in appetite; fatigue; outbursts of anger; depression and other symptoms all consistent with acute and on-going responses to trauma. Regular crisis intervention counseling and safety planning has been needed, not only to address domestic violence but to help clients stabilize in the aftermath of the terrorists' attacks, threats of anthrax and on-going concerns about the war. 2001 ended as a challenging year overall, and for many LGTB domestic violence victims, compounded the many difficulties they already faced.

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 breakdown when applied to same sex domestic violence.

AVP understands and defines 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 the awareness of societal biases to convince victims of the very real possibility that they 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 their 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 the rate of occurrence of abusive relationships (25%-33% of all relationships involve violence²) have been demonstrated to be comparable to heterosexual domestic violence. Because the rates of domestic violence in same sex and heterosexual relationships are so similar, it is reasonable to conclude that gender alone cannot form the basis for domestic violence theory. AVP's approach within the context of available literature and AVP's 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. pro-

²Lobel, K. (Ed.). (1986). *Naming the violence*. Seattle: Seal Press.

vide 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 the presence of complicating issues of substance abuse, mental illness or other factors.

Within and beyond the LGTB community, outreach and education based on heterosexual relationships has too frequently 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 behaviors and relationships. Given this increased denial that abuse in LGTB relationships is domestic violence, as well as the increased barriers to service that LGTB people face, AVP recognizes that the client numbers that this report represents are only a small sample of the total number of LGTB victims of domestic violence.

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

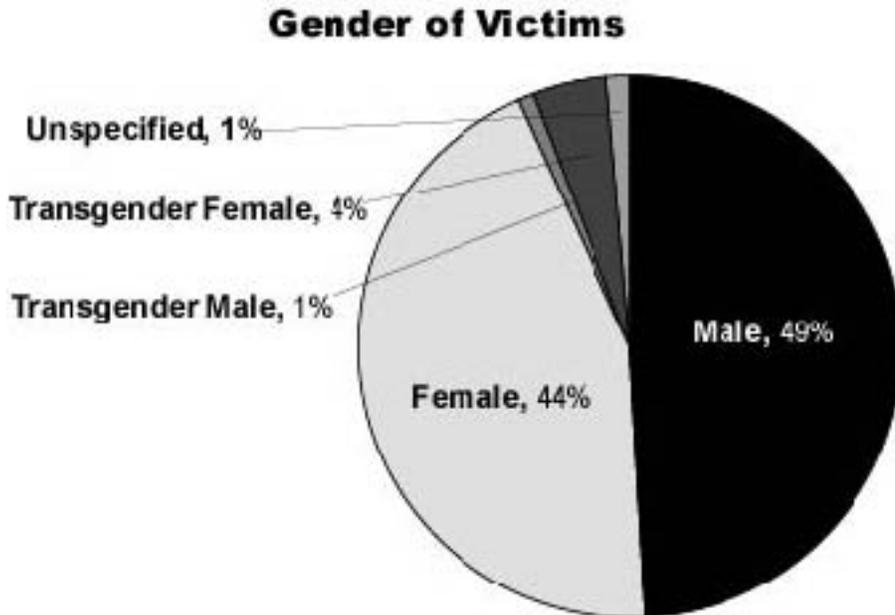
NEW YORK CITY STATISTICS FOR 2001

Demographics of Victim/Survivors

Gender

Male victims of domestic violence accounted for 50% (214) of the total victims reporting incidents of domestic violence to AVP, while female victims accounted for 49% (208). Gender was unspecified for 1% (6). The percentage of male, versus female victims, is consistent with the overall client base that the agency serves. Within NCAVP it has been observed that those agencies formed to address domestic violence see primarily female victims and those agencies initially formed to address victims of bias that also have LGTB domestic violence programs tend to see both male and female victims in almost equal proportions. This likely reflects the belief that domestic violence services are for women; whereas, gay, transgender and bisexual men tend to access services through a bias or general crime victims' program. Further research is needed to study the frequency and dynamics of LGTB domestic violence before definitive conclusions can be drawn regarding any comparisons of incidence and 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 2001,

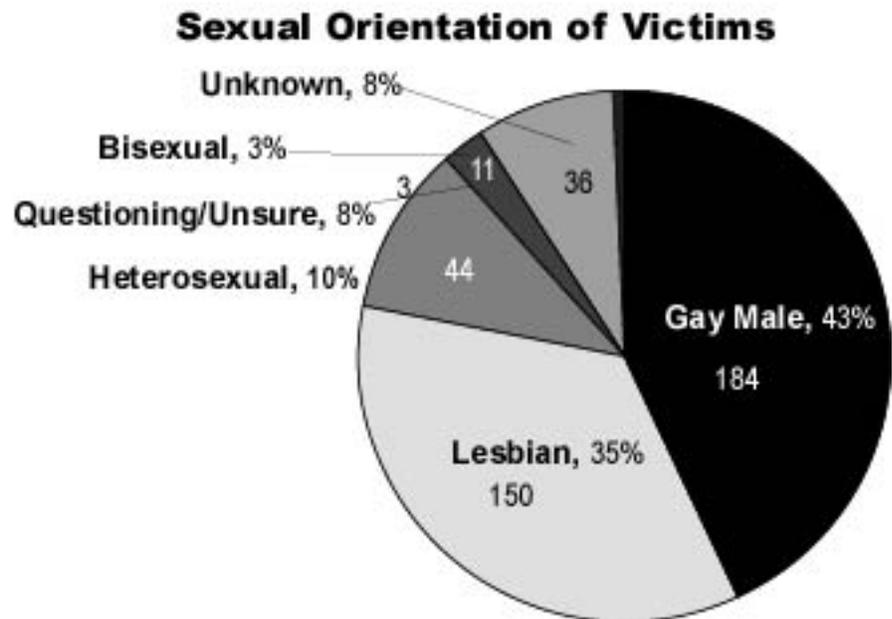


nineteen (19) clients self-identified as transgender M to F. Four (4) clients self-identified as transgender F to M. Given that gender information is compiled based on a clients' self-identification, it is possible that a greater number of transgender males or transgender females were served but were noted according to their self-identified gender.

Sexual Orientation

Gay males (184) accounted for 43% of the total number of domestic violence clients served at AVP, one of whom identified as a transgender man. Lesbians (150) accounted for 35%, one of whom identified as a transgender woman.

Heterosexuals (44) accounted for 10% 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 (36) (including (16) transgender women) chose to continue with the agency.



Seven (7) heterosexual men (including one transgender man) accessed services in 2001. 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 3% (11); six (6) women, five (5) men.

Clients of unknown sexual orientation (37) comprised 8% of AVP's domestic violence clients. Of the number of clients of unknown sexual orientation, thirteen (13) were female (including two (2) transgender women), eighteen (18) were male (including two (2) transgender men), and five (5) were of unknown sexual orientation. Three (3) women, 1% of clients, reported their sexual orientation as "questioning" or "unsure."

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 of Victims

The largest age category for victims of domestic violence was in the 30-44 year range 43% (183). 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 23% (98) in the 23-29 year range. The next youngest age category of 18-22 year olds accounted for 7% (31) of clients served at AVP. Victims under 18 accounted for 4% (16) and those in the 45-64 age range accounted for 11% (49). Victims age 65 or above (4) accounted for 1%. This age group is often reluctant to identify as LGTB to family

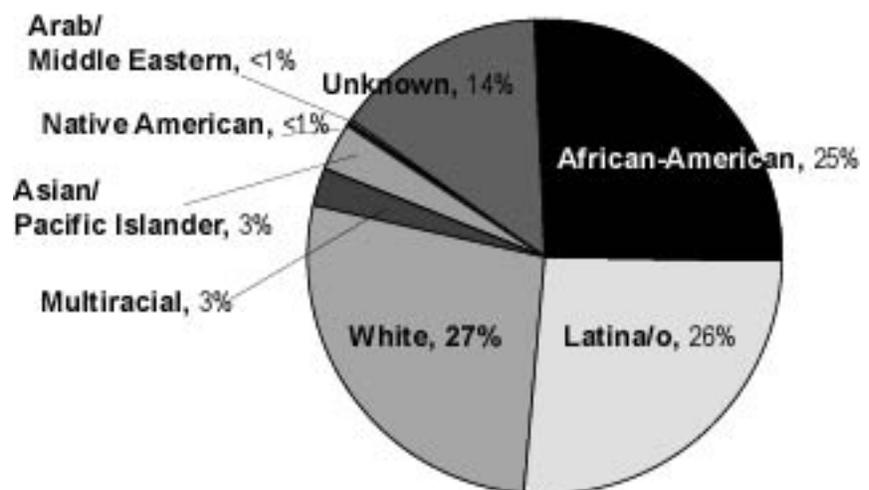
members, caretaking professionals, or others for fear of bias and abuse. They are vulnerable to increased physical, economic and other forms of anti-LGTB violence, including homelessness, as are the younger age groups. Unspecified ages of victims (47) accounted for 11%.

Race/Ethnicity of Domestic Violence Victims

The racial/ethnic spectrum of victims accessing AVP remained consistent overall. One significant shift is the parity among the African American, Latina/o and white clients served in 2001 and 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 a second year of success in these efforts.

Twenty-five percent (25%) (108) of victims identified as African American, 26% (112) identified as Latina/o, and 27% (116) identified as white [Note: victims who identified as Jewish (4) were also identified as white and were included in this category consistent with prior reporting years]. Those identified as multi-racial accounted for 3% (11) of victims. Victims who identified as Asian/Pacific Islanders (14), Native American (1), Arab/Middle Eastern (1) combined comprised 4%. Clients who identified as "other" comprised 1% (3), and reflect those 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 14% (62). This number reflects those who were either reluctant to identify under any of the existing

Race/Ethnicity of Domestic Violence Victims



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.

Because of new organizational practices, it has become apparent that inclusive representation among staff and volunteers, 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.

Reporting 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.

Incident Related

Location

The majority of reported incidents 35% (138) occurred in Manhattan. Brooklyn followed with 19% (75), Queens with 13% (51), Bronx 12% (48), and Staten Island with 3% (13).

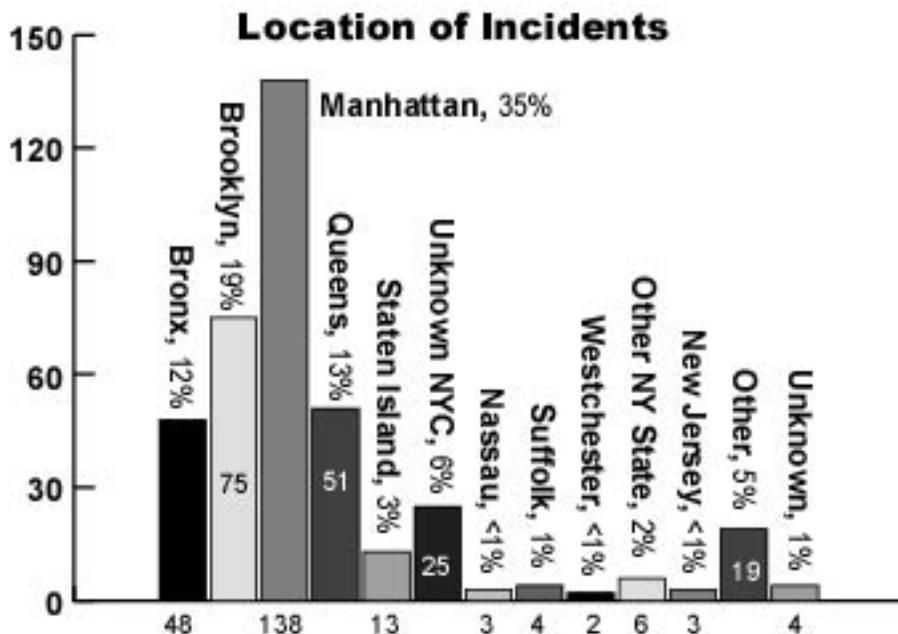
Three percent (3%) of those who reported to AVP were victimized in the outer counties of Suffolk (4), Nassau (3), and Westchester (2) while another 2% (6) came from the greater New York State area and 1% (3) came from New Jersey. Five percent (5%) (19) came from across the country including Rhode Island, Philadelphia, Delaware, Washington D.C., Florida, Georgia, Tennessee, etc. The locations of the remaining 7% (29) 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.

Site

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 83% (324) of incidents reported occurred in victims' homes. Incidents on the street or in public areas occurred 7% (28) of the time. Victims indicated their workplace in 2% (6) of incidents. The remaining 8% (32) of incidents were 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. One incident was reported to have occurred in a police precinct or jail setting. 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.

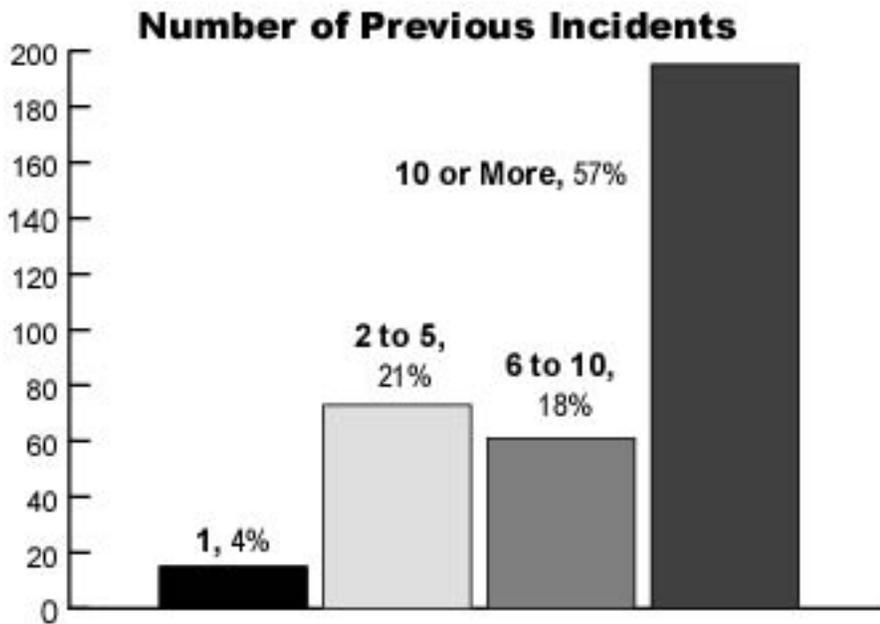
Serial Offenses

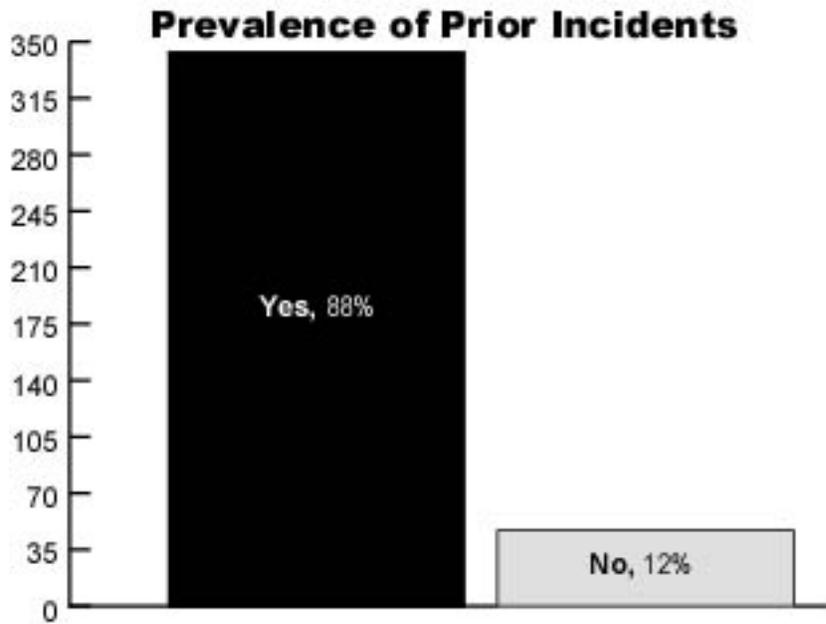
Violence can continue to occur even after a victim has attempted to leave or has left their abuser. As previous sources have demonstrated, a victim may in fact be at greater risk of violence at these times. Domestic violence is understood to increase in frequency and intensity over time and abuse typically 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 88% (344) of cases. It is 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, 57% (195), of those who experienced previous incidents contacted AVP after 10+ occurrences. Twenty-one percent (21%) (73) of victims contacted AVP after two-to-five prior incidents, and 18% (61) contacted AVP after 6-10 incidents. Four percent (4%) (15) of victims contacted AVP after at least one prior identified incident.

2001 marked a shift in this breakout. In the last several years victims most frequently contacted AVP after two-to-five incidents had occurred. It had been AVP's hypothesis that outreach and education could enable earlier intervention and access to services for victims. Forty-three percent of those with prior incidents were spread out among the first three categories as opposed to the largest overall concentration falling within the two-to-five incident category. This seems to indicate that outreach and education have indeed begun to reach a greater spectrum of those in abusive relationships within the LGBTB community. If this shift was related to outreach and education, then the largest number reported (ten or more prior incidents) may reflect several possibilities: reaching partners who had remained in long-term abusive relationships or greater awareness on the part of some victim/survivors to recognize a wider range of their partners' abusive behaviors.





However, it continues to be alarming that 88% of cases reported any prior history of offenses. This high percentage may speak to several issues. It may be that current approaches to addressing LGBT domestic violence continue to need to be revisited and revised. Although there has been a concerted effort to address domestic violence in New York generally, LGBT victims are usually not specifically indicated or targeted in educational outreach done by most mainstream organizations. Where LGBT victims are meant to be included, the effort is usually obliquely made through the subtlety of gender neutral language. This subtlety is usually missed by LGBT victims as well as service providers. Clear and direct language must be incorporated in all educational and outreach modalities and materials. Trainings on domestic violence need to cover LGBT victims and same-sex domestic violence in order to be truly comprehensive. Greater funding and support is needed for specific LGBT domestic violence educational outreach, training and advertising campaigns.

Incident Reporting to the Police

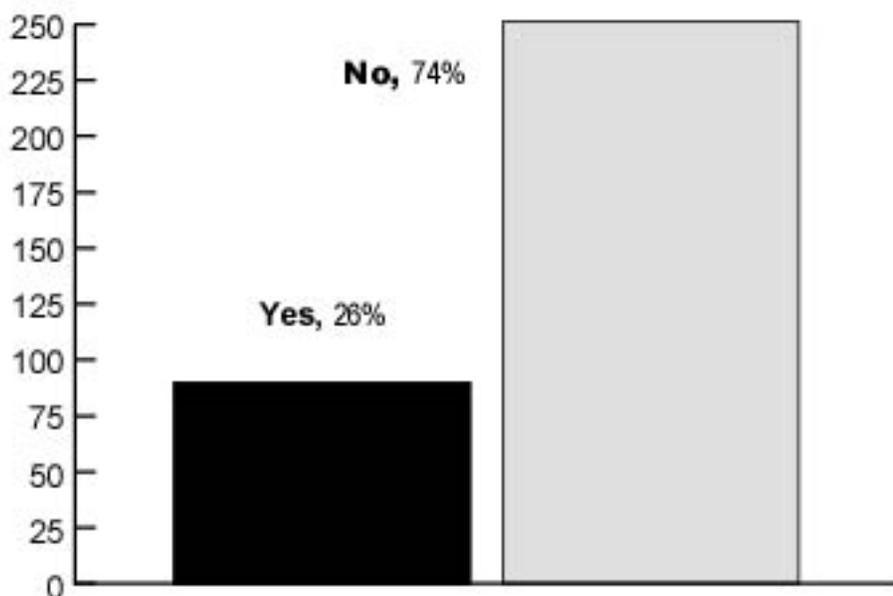
Clients in only 37% (146) of cases attempted to report incidents to the police. LGBT victims of violence fear, often justifiably, that they will not receive protection and may be exposed to further victimization. In 5% (18) of cases where clients did attempt to report, police refused to take a complaint. In 20% (78) 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 1% (5) of cases where a victim sought police protection, the victim was arrested. In 12% (45) of cases a complaint was

taken and the offender was arrested.

In sixty-three percent (63%) (245) of cases victims did not make a report. AVP does not specifically track possible causes related to reporting. In 7% (27), clients expressed intent to report an incident to the police. In 3% (11) the status of reporting at the time of intake was unknown.

For LGTB 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 LGTB 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 makes LGTB 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

Previous Reports of Abuse to Police



LGTB victims of intimate partner violence to obtain exclusionary Orders of Protection which ban the abuser from the home. For LGTB 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 reflect greater police efforts to respond to domestic violence situations when identified and reported, as well as a misunderstanding of LGTB domestic violence dynamics. Just as service providers using heterosexist standards often have difficulty distinguishing LGTB victims, 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

Only 26% (90) of clients who had experienced prior incidents of abuse reported that the abuse had been documented by the police, despite the fact that 88% (344) had reported experiencing prior incidents. (See Serial Offenses) Domestic violence victims 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 report. This is usually due to several factors: lack of recognition of same sex domestic violence; ignorance by beat officers of internal police policy on domestic violence; poor conduct; or anti-LGTB bias. When officers fail to recognize that an abusive incident has occurred in the context of an intimate relationship an LGTB domestic violence victim may not only be at greater risk of retaliation or further abuse by the partner but the victim is shut out from access to protective orders afforded their heterosexual female counterparts. For LGTB domestic violence victims to obtain an Order of Protection in New York State an arrestable offense must be committed. Battered women's advocates fought long and hard to educate the judicial system about the need for easy access to protection which can be accessed simply by a request before a Family Court judge with the report that the victim is fear-

ful for her safety. LGTB victims generally must suffer a physical attack severe enough to warrant an arrest before such an order is considered by a Criminal Court. Criminal Courts operate on the removal of civil liberties based on the level of infraction committed, unlike Family Court which focuses on the safety of the family. When physical attacks are not severe enough to warrant an arrest, DIRs serve as critical documentation of same sex domestic violence. Victims frequently report being discouraged from making a report because of the threat of a dual arrest. Such dual arrests confuse the legal process and serve the batterer by creating further obstacles for LGTB domestic violence victims to obtain protection. When police do recognize and document LGTB domestic violence, they are often 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) AVP continues to address these issues through outreach, education and alliance building. In the last several years, New York courts have developed specialized domestic violence parts which are beginning to look at how to remedy these inequities.

Police Attitude

Overall, 51% (78) evaluated the attitude of the police as courteous, a positive increase from only 40% (61) in 2000. Police attitude was reported as indifferent in 27% (41) of cases. Four percent (4%) (6) reported that they experienced verbal abuse, a positive drop from 9% (13) in 2000. One percent (1%) (1) reported they had experienced verbal abuse and biased slurs by the police. In 2001 there were no reports of either physical abuse or physical abuse with bias slurs by police as opposed to two incidents of the first and one incident of the latter in 2000. The attitude of the police was unknown in 17% (26) 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 are being considered for future reporting.

It is noteworthy that there were positive decreases in some categories of negative police attitudes and appropriate that there were no reports of physical abuse by police in 2001. During the year concentrated efforts were made to engage various levels of the New York Police Department (NYPD) and other criminal justice personnel. Efforts included multiple precinct trainings, outreach to the Police Academy around training, and meetings with the Police Commissioner Bernard Kerik and his staff, and

with Director of the Domestic Violence Division of the NYPD Lucia Davis-Raiford, as well as outreach to precinct commanders and Domestic Violence Police Officers. The NYPD was responsive to these efforts and AVP continues to work with the force to raise awareness and understanding of LGTB domestic violence.

Reporting of Incidents by Borough

Interestingly, only in 37% of LGTB domestic violence cases were reports made to the police. Police response can vary from precinct to precinct and among the boroughs and often impacts reporting. The largest number of complaints made to the police, as reported to AVP, occurred in Manhattan in 34% (48) of cases. Other incidents reported by borough were: Brooklyn 17% (25); Bronx 17% (25); Queens 14% (20); Staten Island 3% (4); and the remaining complaints 18% (26) were unspecified by borough at the time of intake.

Abuse

Perpetrators

The 391 domestic violence cases opened in 2001 represent 417 offenders (some cases may involve more than one perpetrator³). Lovers/partners accounted for 42% (174) of offenders. Ex-lovers accounted for 37% (155) 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.

³AVP 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-up crimes, 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 a new lover, friends, family etc. Thus one 'incident' may involve more than one victim and perpetrator.

Note: Statistics on incident reporting and police attitude generally reflect general police force responses. 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 social service providers.)

The remainder of perpetrators were relatives/family members 10% (42), roommates 3% (12), from other relationships 7% (29), unspecified 1% (5). 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 LGTB. For instance elderly LGTB 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 LGTB, 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 39% (166) of victims. Minor injuries occurred with 28% (121) of victims. Serious injuries were experienced by 10% (43) of victims, up from 6% (28) in 2000. There were two (2) same sex domestic violence related murders/deaths (<1%) reported to AVP in 2001. However it is important to note that in both of these cases although there was a well documented history of domestic violence and the occurrence of a death or murder, there was no conclusive information to indicate that the murders had occurred as a result of the domestic violence.

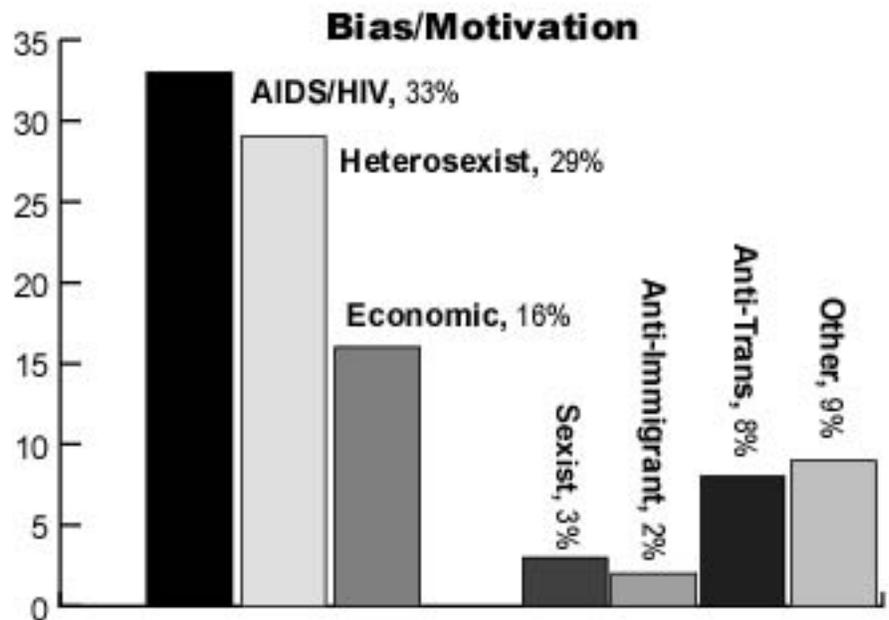
In the last three years, 2001, 2000 and 1999, 1% of domestic violence victims were killed. Prior to 1999 DV-related murders/deaths had not been reported. It is likely that report of these murders does not indicate higher levels of violence but rather increased awareness by social and legal service providers 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 seven in 2000 and included one murder/suicide and two intra-familial murders of gay male adults by a heterosexual family member. In 1999 there were six domestic violence related murders which included children (two children and a lesbian parent were killed by an ex-husband), as well as adult victims.

Medical Attention

Thirty-eight percent (38%) of victims sustained injuries; 69% of whom required medical attention. Thirteen percent (13%) 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 in particular. Victims may be dissuaded or prevented from seeking medical care by their partner to prevent interference by concerned medical practitioners or police involvement. Lack of medical coverage or awareness of Crime Victim's Board compensation for these costs, prior to contact with AVP, may also contribute to not pursuing needed medical treatment.

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,



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, unfortunately not an unfounded concern, for bias or even abuse. 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-transphobia and biphobia. Heterosexism refers to the presumption that heterosexual relationships are the 'right', only or preferred form of relationship-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.

Bias/motivations, included: heterosexist, 29%, a significant positive decrease from 43% in 2000, but still well up from 7% in 1999; AIDS/HIV-related 33%, up from 25% in 2000 and only 5% in 1999; economic 16%; disabilities 5%; anti-transgender 8%, up from 1% in 1999; anti-immigrant 1%; and other bias/motivations 13% including sexism, religion, race, ethnicity, etc.

Weapons

Of the 391 LGTB domestic violence cases handled by AVP in 2001, weapons were cited in 20% of (77) domestic violence cases in 2001; 12% involved assault with a weapon, and 8% involved attempted assault with a weapon. (see Crimes Committed for further details). A total of 75 weapons were used. Objects reported to AVP were categorized into six subtypes: blunt objects including car clubs, barbells, wooden 2x4s, hammers, etc., were used in 31% (23) of cases; bottles, bricks, rocks, were used in 4% (3) of cases; sharp objects including knives, kitchen utensils, razor blades, hypodermic needles, etc., were used in 44% (32) of cases; firearms were used in 1% (1) of cases; restraints including ropes, chains, etc., were used in 3% (2) of cases; a vehicle was used in 1% (1) of cases; and other weapons including gasoline, cigarettes, books, cordless phone antennas, furniture, etc., were used in 16% (12) of cases.

Crimes Committed

It is AVP's 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 (428) reported 1,051 crimes and/or offenses. Thirty percent (30%) (316) specified verbal harassment and 31% (326) reported intimidation. Telephone harassment accounted for 4% (46), down from 6% (65) in 2000, while mail harassment occurred in 1% (7) of cases. Physical violence included assault without a weapon reported by 20% (205); assault with a weapon accounted for 4% (45), down from 6% (62) in 2000. Attempted assault with a weapon occurred in 3% (32) of cases. Sexual harassment, sexual assault and rape were reported by 3% (28) 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% (2) of cases. (See Extent of Injuries.) Other incidents of crime, 4%, included arson, abduction/kidnapping, extortion/blackmail, illegal eviction, robbery, vandalism, etc.

Service Related Information

Referral Source

Referrals to AVP come from a wide range of sources. In 2001, 36% of referrals came from service providers, 21% of clients were self-referred and, friends referred 17%. These referrals are often based on past experience with or awareness of the agency. AVP advertising and other media coverage accounted for 7%. Advertising and media have resulted in higher numbers in years where funding has been available to permit a substantial campaign in mainstream as well as LGTB media venues. Lower numbers have occurred during years when funding has been available for only limited print advertisements in predominately LGTB papers and magazines. Referrals also came from the police 4% and telephone book listings accounted for 2%. The referral source for 13% was from other or unspecified sources at the time of intake.

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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 (victims) as they did in 82% (321) of cases. Others including a lover/friend/family member 4% (15) or service providers 6% (23) may also make initial calls. In 7% (29) 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% (3) 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 conferences, to building alliances, networking, and use of advertising campaigns. In 2001 AVP provided 105 trainings and presentations on LGTB domestic violence to social service, medical, legal and other professionals throughout New

York City.

Services Provided

In 2001, AVP provided 11,157 units of service to new domestic violence clients, up 13% from 9,652 in 2000. In a year when victims served decreased by 9%, it is important to recognize the significant increase in service provision. The decrease in victims coming forward speaks to the impact of the terrorists' attacks as does the steep rise in services reflective of the increased needs of domestic violence clients during this year; loss of employment, loss of insurance or financial documentation destroyed in the attacks, need for housing and medical care, counseling and safety planning around fears of leaving familiar settings and increased levels of agitation and aggression by abusers, etc.

The highest categories of services were provision of referrals 5,602, up from 4,386 in 2000, and client follow-up 2,551 units. The next highest categories were hotline counseling 1,255 up from 1,190 in 2000, and short-term professional counseling 443 units. Crime Victims Board (CVB) claim filing assistance and CVB advocacy 312 up from 253 in 2000, advocacy and accompaniment with police 99 up from 66, legal advocacy 72, other advocacy/assistance 143 units (including general advocacy with social service providers, emergency financial assistance, court accompaniment and monitoring, contact/advocacy with media/elected officials, etc.), agency follow-up 514 up from 429, housing advocacy 106, support group meetings 30, medical/hospital advocacy and accompaniment 30 up from 19. Increases in direct services in 2001 clearly reflect an increase in the needs of clients seen at AVP. They further reflect the delivery of a high level of professional commitment and service provision during a critical time in our city and nation's history.

Aftermath

Although all of AVP's clients were in some way affected, in three percent (3%) (75) of cases domestic violence victim/survivors were directly impacted by the terrorists' attacks. These clients had either been at the World Trade Center site at the time of the attacks, had witnessed the attacks (through direct line of sight versus media exposure) and/or lost friends or family in the attacks, or were impacted in some other manner that required counseling and services specific to the traumas suffered. Services to these domestic violence clients accounted for 7% (781 units) of services to all new domestic violence clients. Service provision overall to new domestic violence clients jumped 13% reflecting the more complex needs around trauma, loss of employment or housing, etc. which followed September 11,

2001.

Cases Prior to 2001

In addition to the 391 new cases and 428 victims served in 2001, AVP provided services for 109 on-going cases opened prior to 2001 involving 118 victims of domestic violence; bringing the overall total cases up to 500 and total clients up to 546. Service units for these clients were 2958 in addition to 11,157 units of service provided to new clients raising the overall total 14,115.

Hotline Service

The agency provides hotline crisis counseling, safety planning, information and referrals to domestic violence hotline callers that do not engage as AVP clients. These calls range 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.

Interestingly, although domestic violence service activity seemed to drop immediately after the terrorists' attacks and new cases for the year dropped by 9%, domestic violence non-case domestic violence related hotline activity was up by a remarkable 17%.

There were 717 non-case domestic violence related calls (compared to 609 in 2000) in addition to the 1,255 hotline counseling calls provided to new domestic violence clients. Hotline counseling calls for on-going domestic violence clients (see above) accounted for 338 calls. Overall domestic violence related hotline calls in 2001 totaled 2,310.

On Batterers

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. 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 appropriate, but also need interventions that will change their behavior. To this end AVP has committed funds and agency support to the development of SNAP-Seeking Non-Violent Alternatives Program. SNAP is the first New York based program (and one of only two such programs 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. Unlike their heterosexual counterparts, generally every two out of three same sex batterer SNAP group participants are self-motivated, not mandated.

For more information on SNAP contact AVP at (212) 714-1141, or to connect with the program directly contact London Terrace Psychotherapy Services at (212) 627-8419 and ask for someone in the SNAP program.

Summary of Findings

Provision of services to clients, rose by striking thirteen percent in a year when the number of reports of LGBTB domestic violence decreased by nine percent. The steep rise in service provision reflected the increased needs of domestic violence clients impacted by the terrorists' attacks and the subsequent emotional and economic consequences faced by many in New York City. Women and men continued to report incidents of LGBTB domestic violence to AVP in nearly equal numbers. The race and ethnicity of those reporting remained consistent for a second year. Nearly ninety percent of those seeking assistance had been victimized prior to the incident that prompted them to call and more than half of those clients reported that they had experienced ten or more prior abusive incidents. In sixty-three percent of cases victims did not make a police report. Only a third of domestic violence incidents reported to AVP were reported to the police. Four percent of those who did go to the police reported having experienced verbal abuse, and one suffered verbal abuse with bias slurs. Encouragingly, in just over half of cases where clients filed complaints with the police, officers were reported as courteous. Abuse of victims by perpetrators occurred overwhelming in victims' homes. Unsurprisingly, the largest group of perpetrators were current lovers, and others that abusive partners used to carry out abuse for them. Remarkably in a year where many sought to stay close to home, and to strengthen ties with family and friends, there was an increase of intrafamilial domestic violence perpetrated against LGBTB family members that frequently resulted in homelessness for the LGBTB victims. In cases of intimate partner violence, ex-lovers continued to account for over a third of perpetrators. More than one-third of all domestic violence victims reported that they had sustained injuries and of these two-thirds had required medical attention. The thirteen percent that did sustain injuries, did not seek or receive the medical attention needed. Stigmas related to issues of class, race, education, immigration and health status were used as added weapons of abuse by many LGBTB batterers. The use of anti-LGBTB bias by abusive partners remained high at twenty nine percent, not surprising given the increasingly conservative, homophobic, and often hostile, social and political climate. To address many of the issues raised in this report and to raise awareness and understanding of this serious public health issue, AVP conducted one hundred and five trainings, presentations and seminars, and participated in a variety of outreach efforts in 2001 within and beyond the LGBTB community.