

# **Lesbian, Gay, Transgender and Bisexual Domestic Violence in New York City**

**2002**



## **A report of the New York City Gay and Lesbian Anti-Violence Project (AVP)**

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## Introduction

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 that serves lesbian, gay, transgender, bisexual, HIV-affected (LGTBH) and other 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/hate crimes. AVP has documented cases of same-sex domestic violence since 1983 when they comprised 30% of all cases handled. Sixteen years ago, in 1986, 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 2002, a year in which AVP opened 371 new domestic violence cases, and served 433 new victims (cases often involve more than one victim<sup>1</sup>). AVP continued to serve 109 on-going domestic violence victims who came to the agency for services prior to 2002.

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 the 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.

## LGBTB 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*. Further, fear tends to be a marked characteristic within domestic violence. Forms of abuse may include but are 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 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. Within the National Coalition of Anti-Violence Programs (NCAVP) it has been observed that agencies formed solely to address domestic violence primarily see female victims and agencies that were formed initially to address hate crimes and have an LGTB domestic violence program tend to see both male and female victims in almost equal proportions.

The occurrence of abuse within intimate partner relationships (25%-33% of all relationships involve violence<sup>2</sup>) within LGTB relationships has been demonstrated as similar to the rate of heterosexual domestic violence; about 1 in every 4 relationships experiences some form of abuse. Because the rate of domestic violence among same-sex and heterosexual relationships is so similar, as are the dynamics of power and control, 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. provide tools for power and control. Under this formulation, service provision models cannot presume an abuser/victim gender based paradigm. And violence between partners of any gender cannot be assumed to be mutual if there is a pattern of power and control by one partner over another. If mutual violence does appear to exist

within any form of relationship, domestic violence needs to be ruled out first, to account for safety considerations, from the presence of complicating issues of substance abuse, mental illness or other factors.

AVP primarily serves LGTB victims of intimate partner domestic violence, but a portion of those under 18 and those between 18-22 seek services as victims of intrafamilial as well as intimate partner domestic violence. Unlike most young victims of intrafamilial domestic violence, in addition to witnessing violence, being abused emotionally, physically and sometimes sexually, LGTB adolescents and young adults also encounter anti-LGBTB bias/hate and abuse from family members based *solely* on their gender identity and sexual orientation. LGTB victims of intrafamilial domestic violence are often at greater risk of homelessness and are subjected to increased abuse and physical violence, and even murder. As AVP has observed and documented, victims of physical violence and murder as a result of bias and hate are usually subjected to extreme and brutal force well above that required to injure or kill a victim. This appears to be all too true as well for intrafamilial domestic violence involving anti-LGBTB bias/hate as well. This was clearly exemplified in a 2000 case involving intrafamilial domestic violence and anti-gay bias and hate crime, when the dismembered and mutilated body of 19 year-old Steen Fenrich was found in a Queens park. The horrific remains included a foot, loose teeth, a pair of trousers and a bleached skull. The words, "Gay nigger number one" and the teen-ager's social security number were written in magic marker on the skull. The police determined that John Fenrich, 36, the stepfather of Steen Fenrich, killed the bi-racial son of his wife in a homophobic rage.

For LGTB intimate partner domestic violence victims, Criminal Court remains the only means of access to obtaining an Order of Protection. If no arrest is made, a victim is unable to secure a restraining order. LGTB victims of intimate partner violence must sustain a felony level assault before they are entitled to access an Order of Protection. 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 intrafamilial 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 LGTB victims of intimate partner violence to obtain exclusionary Orders of Protection that 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.

Unfortunately the current climate coupled with the only access for protection limited to the Criminal Court system, results in victims not wanting to 'out' (reveal) their orientation as well as the abuse or risking their partner facing bias and hate as well as criminal charges, or cruelly, being ineligible for protection because the violence was not severe enough to warrant a felony level offense. To the credit of the New York Police Department, the Department's internal policy and definition of family encompasses those in intimate relationships who reside or have resided together at least offering some added support through Domestic Violence Officers (DVOs) who are specially trained and equipped to aid victims. On a State level it has generally been acknowledged that preventing access to Family Court by same-sex couples and LGTB people has been the dominate motivation for refusing to open Family Court to all victims of domestic violence—with the fear expressed by one NYS senator that 'the Family Court system will be overrun.' In New Jersey all victims of domestic violence are able to access Family Court without their system suffering this dire consequence, so once again anti-LGBTB bias is used to stigmatize, prevent access to necessary services and protections, and once again institutionalizes bias and hate.

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 abuse, 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 generally, AVP recognizes that this report can only represent a sample of the actual number of LGTB victims of domestic violence.

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

## **One Year Later**

The impact of the September 11, 2001 terrorist attacks traumatized the City and the country and was anticipated to complicate and exacerbate existing domestic violence. The needed healing would have begun when the trauma ended, but 2002 did not bring relief. It brought on-going stressors and new fears related to anthrax poisoning, bioterrorism and other forms of attacks, further prolonging recovery and exacerbating the complications of trauma. Categories throughout this report reflect erratic variances in comparison to any previous year in which this report was released. These differences are theoretically consistent with traumatic responses which often interrupt normal response patterns.

Interestingly in addition to the variations in response noted in this report, in AVP's 2002 Annual Hate Violence Report it was observed that there was a decrease in reported bias incidents in New York, while reports of anti-LGTB bias/hate incidents rose across the country. Reported incidents indicated a rise in the expression of hate and the level of employed violence. Although national numbers are not yet available, reported incidents of LGTB domestic violence in New York decreased slightly while the number of those victimized increased as did the number of weapons, and the number of abusive incidents involving the use of weapons. The increased levels of aggression and violence may reflect the conservative climate which often corresponds with added stressors and incidents of bias and hate experienced by LGTB people as well the context of United States involvement in war against Iraq. Further tracking of this trend is needed before any conclusions can be adequately drawn.

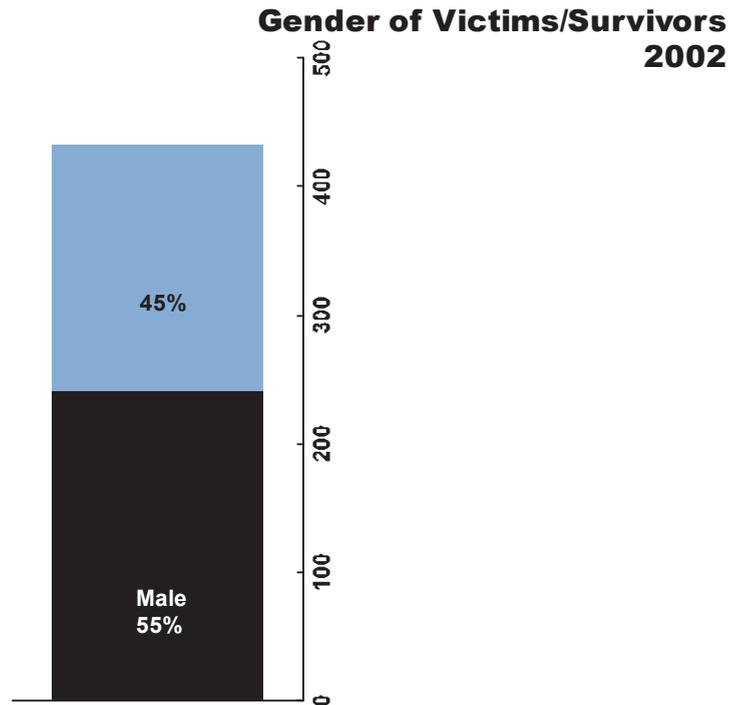
See Summary of Findings for an overview of statistics and an examination of possible contributing dynamics.

# NEW YORK CITY STATISTICS FOR 2002

## DEMOGRAPHICS OF VICTIM/SURVIVORS

### Gender

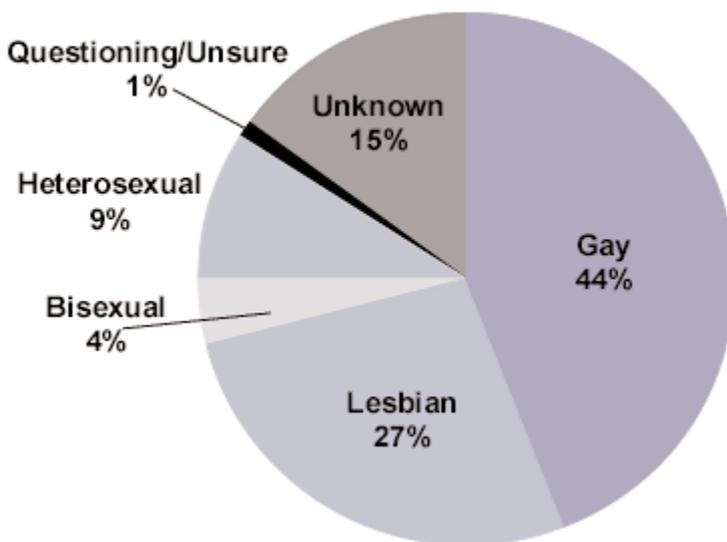
Reports by male victims of domestic violence *increased by 12%* and accounted for 55% (240) of the total victims reporting incidents of domestic violence to AVP. Reports by female victims of domestic violence in 2002 *dropped by 7%* and accounted for 45% (193). People of transgender experience may self-identify 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 2002, twenty (20) clients self-identified as transgender M to F and four (4) clients self-identified as transgender F to M. In some cases, clients may opt not to be defined by a binary gender identity and/or may not identify with the available categories. 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. Reports from clients of transgender experience of intimate partner domestic violence increased by 6% likely reflecting AVP's improved outreach and service to the transgender community rather than an increase in actual incidents of domestic violence.



## Sexual Orientation

Gay males (191) accounted for 44% of the total number of domestic violence clients served at AVP, one of whom identified as a transgender man. Lesbians (119) accounted for 27%, one of whom identified as a transgender woman. Bisexual men and women accounted for 4% (12 women and 5 men, none identified as transgender). Reports by heterosexual women and men were *down 11%* and accounted for 10% (39) of clients (16 women and 5 men, 15 identified as transgender women and 3 transgender men). Clients of heterosexual orientation generally come to AVP for one of several reasons. These clients may be bisexual 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. Or they 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. 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.

**Victim Sexual Orientation  
2002**



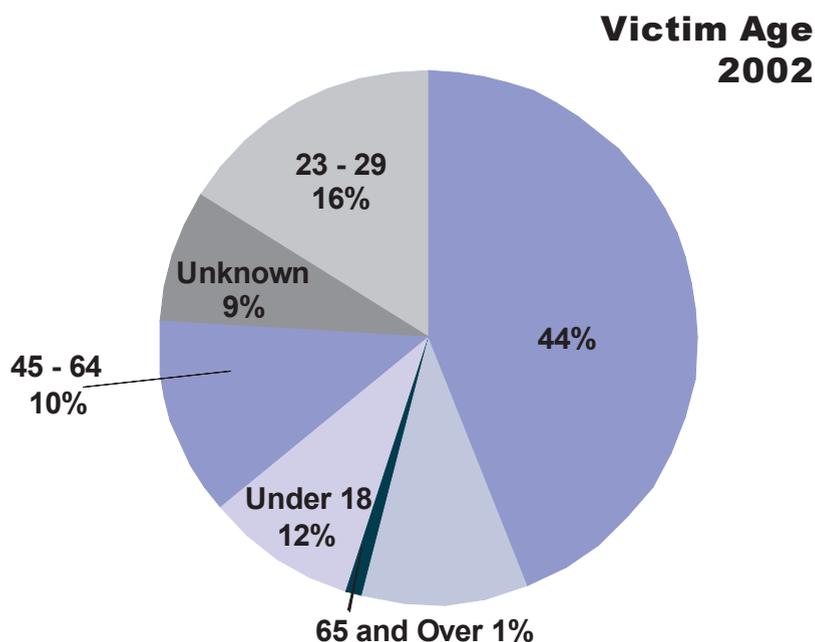
Clients who did not specify sexual orientation (63) comprised 15%, up 75% from 2001. Of these, twenty-eight were female (including three transgender women), and thirty-five males.

Three women (including one transgender woman) and one man accounted for 1% of clients who reported their sexual orientation as “questioning” or “unsure.”

Sexual orientation is generally determined by the client’s self-identification. However, people from various groups, cultures, ethnicities, 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 view ‘sexual orientation’ as fluid and may opt not to be defined by type and/or may not identify with the available categories.

### Age of Victims

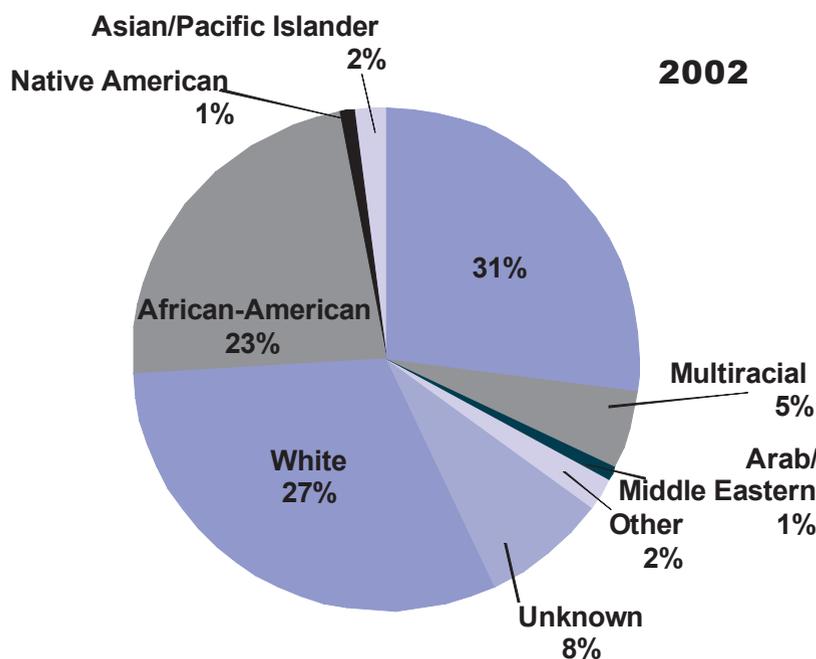
The largest age category for reports to AVP by victims of domestic violence continues to come from those aged 30-44, which accounted for 44% (190), *up 4%*. This category is generally the largest and may reflect AVP’s general outreach practices including the distribution of materials in bars, advertisements in gay/lesbian publications and mailings to political activist organizations. Reports for those aged 23-29 were *down by 29%* and accounted for only 16% (70) of reports, while victims 18 and under accounted for 12% (53) *a 231% rise*. Reports by those 18-22 *rose by 13%* and accounted for 8% (35). While reports from those aged 45-64 *dropped by 12%* and accounted for 10% (43). Reports by those 65 and over remained consistent and accounted for



less than 1% (4). Reports by those of unspecified age, accounted for 9% (38).

### Race/Ethnicity of Domestic Violence Victims

AVP has made a concerted effort, particularly in the last several years, to do more balanced outreach to all members of the New York's LGBTB communities. This year's figures continue to reflect success in these efforts with the racial/ethnic spectrum of victims accessing AVP being represented in relative parity to the spectrum within the LGBTB communities. As noted earlier there were a number of wide ranging variances within this category among others throughout this report. Shifts in reporting cannot be used to determine an increase or decrease in the rate of occurrence of domestic violence among various populations, but more likely reflect differences reflective of the impact of trauma. It is too early to draw specific conclusions about these differences.



Reports in 2002 by African American-identified victims *decreased by 7%* and accounted for 23% (100), while victims identified as Latina/o *increased by 19%* and accounted for 31% (133) of victims. Reports by victims identified as white accounted for 27% (121), *a rise of 6%* to [Note: victims who identified as Jewish (2) were also identified as white and were included in this category consistent with prior reporting years]. Reports by those identified as multi-racial *increased by 109%* and accounted for 5% (23) of victims. Reports by those identified as

Asian/Pacific Islanders *decreased by 43%* to account for 2%, while those identified as Native American 1% (3) and Arab/Middle Eastern 1% (3) *each increased by 200%*. Clients who identified as “other” 2% (8) *increased by 167%* and reflect those who were reluctant to be placed in a category that may not have been fully representative of their identity. Victims of unknown race/ethnicity comprised 8% (34). This number generally reflects those who were either reluctant to identify under any of the existing categories or for whom the race/ethnicity of the victim was not made known to AVP staff. Of note those of unknown race/ethnicity dropped by 45% from reports in 2001. This significant shift is likely reflective of greater comfort by clients in sharing information regarding race and ethnicity based on AVP’s outreach efforts and employment of a multi-racial/ethnic staff reflective of the composition within NYC’s LGTB communities. 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. 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.

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**

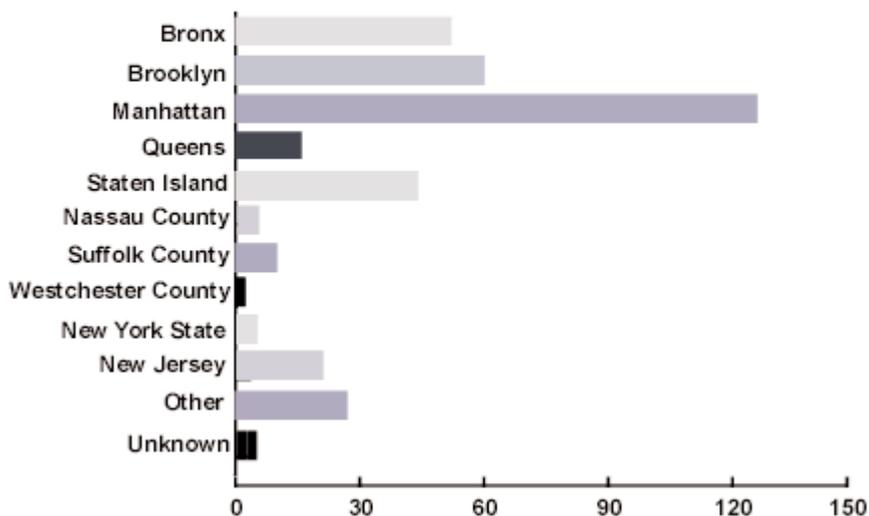
The majority of reported incidents, continued to come from Manhattan 34% (126). Brooklyn incidents represented a drop of 20% and accounted for 16% (60). Reports from Queens dropped by an astonishing 69% and accounted for 4% (16). Bronx incidents rose by 8% and accounted for 14% (52) of reports, while reported incidents from Staten Island dramatically rose by 238% and accounted for 12% (44) of incidents. Other striking increases included New Jersey 6% (21), up 600% and incidents from the outer counties of Suffolk (10),

Nassau (5), and Westchester (1) rose by 100% to account for 4% of reports. From the greater New York State area reports of incidents accounted for 1% (5). The locations of the remaining 8% (29) were unspecified.

## Site

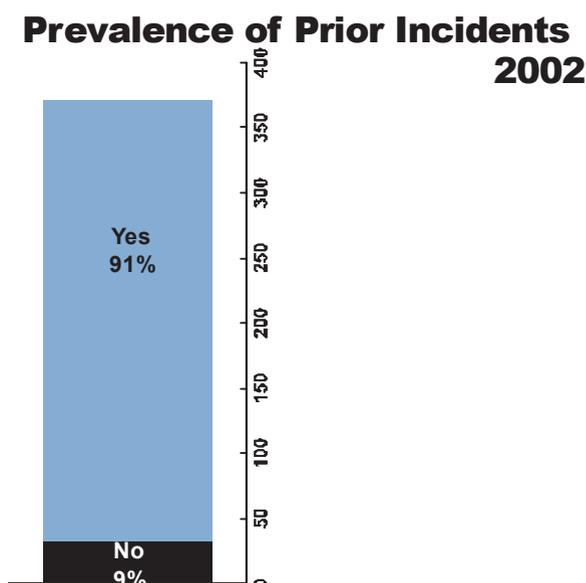
Victims of domestic violence are subject to danger no matter where they may be, out in public, at work, and most especially within the home. Violence often occurs where the perpetrator feels most in control or feels that she or he is most likely to maintain control. Not surprisingly then, an overwhelming 80% (297) of incidents occurred in victims' homes. Interestingly while incidents in the home account for the majority, there was an 8% drop in this area and a 117% rise of incidents in the workplace that accounted for 4% (13) of reports. Incidents on the street or in public areas rose 26% to account for 8% (29). The remaining 7% (34) 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.

### Geographic Distribution of Cases 2002



## Prior Incidents

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 when trying to escape an abusive and violent partner. Domestic violence is understood to increase in frequency and intensity over time and abuse typically follows a pattern of escalating violence. Often victims try to minimize or excuse the abuse and so do not often seek help initially clearly reflected by only 9% (32) of victims reporting no previous incident—down 32%, while 92% (339) of victims reported experiencing *prior abuse*. The drop in those reporting domestic violence earlier may speak to the current aggressive climate and in the context of United States involvement in the war against Iraq. The economy has slowed, and the jobless and homeless rate has risen significantly since 2001. Domestic violence is understood to rise within this context while reporting may be put off unless medical attention or immediate police protection is required, as people seek first to meet their basic survival needs. Many in New York continue to suffer from symptoms of post-traumatic stress. As a result, victims may further minimize the violence they're experiencing or they may choose to remain with a known situation rather than face another unknown or risk facing increased violence from the abusive partner.

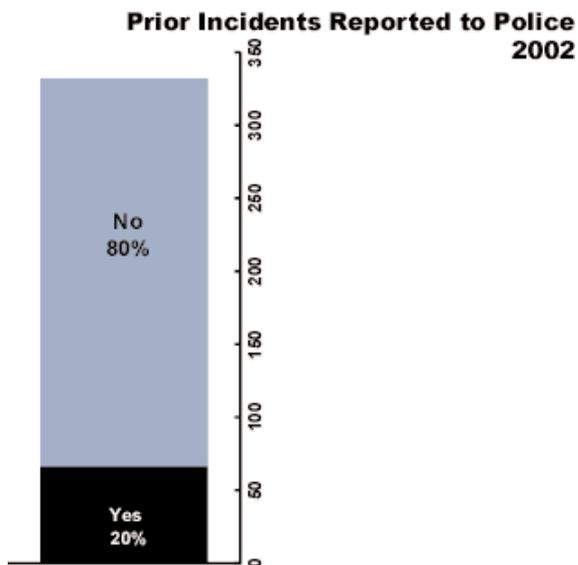


AVP collects data that indicates if a victim has experienced one, two-to-five, six-to-ten, or ten or more previous incidents. In 2002 significant shifts occurred within this area of collected data, most notably

fully 92% of all cases involved prior incidents of violence, (up from 88%) while only 19% indicated that they had reported prior incidents to the police. Those who sought services after only one incident *dropped by 47%* and accounted for only 2% while those seeking services after two-to-five incidents *rose by 22%*. Those seeking services after six-to-ten incidents *rose by 20%*. These increases are consistent with AVP's anecdotal observations of an accelerated escalation of violence within abusive relationships. Sadly the largest number of clients reporting previous incidents, those seeking services after ten or more previous incidents, *dropped by 12%*, likely reflective of the tendency for victims in longer term relationships to stay with the known danger rather than face further unknown risks.

### Prior Reports to Police

Despite the fact that 92% of victims reported experiencing prior incidents of abuse, only 19% (66) indicated that the abuse had been documented by the police. (See Serial Offenses)



Domestic violence victims frequently report experiencing one or more previous incidents where police were called but inappropriately no complaint was taken. In some cases victims will refuse 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 for having called the police to begin with but the victim is shut out from access to protective orders afforded the majority of their heterosexual 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 fearful for her safety. LGTB victims generally must suffer a physical attack severe enough to warrant an arrest before such an order can be considered by a Criminal Court judge. 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 as defined in New York State. 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 to track family offenders who have committed offenses both criminal and against family and are also beginning to look at how to remedy inequities experienced by domestic violence victims who cannot access Family Court protections.

### Current Incident Reporting

At intake 54% percent (201) of incidents were not reported to police. Only 30% (110) of incidents were reported to the police. This represents less than a third of all incidents reported to AVP, and represents a 25% drop from 2001, reflecting increasing concerns by LGTB victims that they may be at risk for bias/hate and even possible abuse for

themselves or their partners. LGTB victims of violence have historically feared, often justifiably, that they would not receive protection and might be exposed to further victimization. In times of patriotic fervor, LGTB communities are often seen as ‘other’ than all-American and as justifiable objects of hate. In 5% (19) of cases where clients did attempt to report, *police refused to take a complaint, up 6% from 2001*. In 20% (73) 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*. Because of the continued discrimination and exclusion from Family Court, LGTB victims must endure violence justifying criminal arrest before being able to seek an Order of Protection which their heterosexual counterparts can generally seek simply by presenting the risk or threats presented by the batterer. In 3% (11) of cases where a victim sought police protection, the *victim was arrested, up 120%*. In 1% (3) of cases the *victim and offender were arrested*. For 3% (12) the status of reporting at the time of intake was unknown. After accessing AVP services, only an additional 7% (25) of LGTB domestic violence victims stated that they would report the incident to the police, down 7% from 2001 and down 12% from 2000 reflecting the increasingly conservative and sometimes hostile climate in which we now live and the fear by victims that are likely to experience further bias and abuse—a fear that is unfortunately too often justified by prior experience or by reports from other LGTB people.

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 heterocentric 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.

### Police Attitude at Report

In 2002 only 39% (53) of those who interacted with the police reported the police as courteous, a severe decline of 31% from 2001. Police

attitude was reported as indifferent by 35% (47), up 17%. There were no reports of clients who experienced verbal abuse; however, 2% of victims reported experiencing verbal abuse with bias/hate slurs and 1% reported experiencing physical abuse and bias/hate slurs. AVP will seek to work with the New York Police Department to address and correct these trends. The attitude of the police was unknown in 23% (31) of cases where victims had reported. This number likely reflects two issues. When intake occurs during a crisis, this information may not initially be presented. 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.

**Note:** Statistics on incident reporting and police attitude generally reflect general police force beat officer responses. It is important to know that in New York City, there is usually one or more Domestic Violence Officers (DVOs) in every precinct. These officers are specially trained in domestic violence. Their training encompasses how to handle domestic violence situations with same-sex couples. DVOs have, with rare exception, 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.)

### Incidents Reported to Police by Borough

Only 35% of all clients attempted to report incidents to the police. The largest number of complaints made by borough, as reported to AVP, occurred in Manhattan 36%. Other incidents reported by borough were: Bronx 15%, Brooklyn 15%, Queens 10%, Staten Island 2%, and the remaining complaints 23% were unspecified by borough at the time of intake.

## Abuse

### Perpetrators

In 2002, 386 perpetrators of domestic violence abused 433 victims. Interestingly there was a 7% decrease in the number of offenders but a 1% rise in victims, further speaking to the levels of violence and aggression which was indicated in the incidents reported to AVP.

Lovers/partners accounted for 44% (171) of offenders. Ex-lovers accounted for 39% (149) 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. Nine percent (9%) (36) of perpetrators were relatives/family members. This category encompasses cases of intrafamilial domestic violence, relatives of abusers who helped to reinforce the control of the abusive intimate partner, and those who initially presented their intimate partner as a family member. The remainder of perpetrators were: roommates 2% (9), landlords/neighbors 1% (4), other relationships 5% (19), unspecified 1% (2). In the case of roommates, other relationships and unspecified there is often found to be a current or past intimate relationship that is not 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 reported cases.

### Extent of Injuries

Injuries, which ranged from minor to fatal, were reported for 38% (163) of victims. Minor injuries were sustained by 28% (122) of victims. Serious injuries were experienced by 8% (36) of victims. There were five (5) same-sex domestic violence related murders/deaths (1%).

In the last four years of this report 1999-2002 domestic violence-related murders/deaths were reported for about 1% of victims. Prior to 1999 no such reports were received. It is likely that these reports do 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. Domestic violence is dangerous to not only the primary partners, but can also result in abuse of or injury to family members and others close to the victim. In 2000, there were seven reported victims of domestic violence-related murders that 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 that also included children (two children and a lesbian parent were killed by an ex-husband), as well as adult victims.

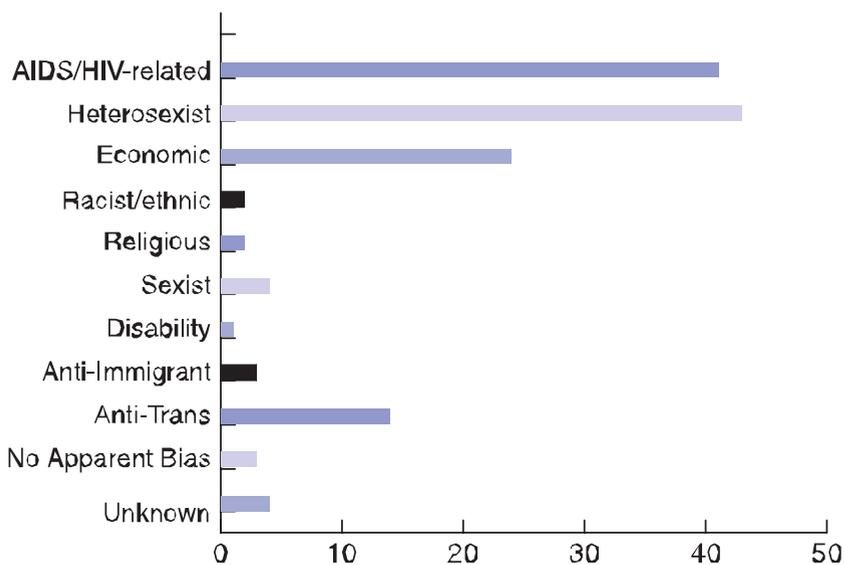
### Medical Attention

*Thirty-eight percent (38% (163)) of all victims sustained injuries, 67% (110) of which required medical attention. Victims that needed but did not receive medical attention, 18%, accounted for a 38% rise.* 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 at the hands of emergency service or medical providers—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 tools that abusers can use to maintain power and control and instill fear in their victims. These 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. LGTB abusers have some additional tools 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, 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. For instance an abusive partner that is closeted might prevent his lover from attending gay community events or dressing in a way that would 'too obvious.' Another situation might involve an abusive partner who criticizes her partner for not looking gay enough. A transgender woman may be told that she is 'not real' and the violence might be directed at destroying her female-identified clothing or physically targeting hormonally or surgically altered body parts such as the face or breasts. 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.



Bias/motivations, included: *heterosexist bias increased by 26%* and was used in 30% of all cases; *AIDS/HIV-related bias increased by 8% from 2001 and 21% from 2000*, and was used in 29% of cases. *Anti-transgender bias motivations increased 56%* and *anti-immigrant bias motivations increased 50%*. *Economic bias motivations rose by 26%* and occurred in 17% of cases. Disability bias motivations accounted for 1%, and other bias/motivations were involved in 9% of cases including sexism, religion, race, ethnicity, etc.

## Weapons

Of the 371 LGTB new domestic violence reported to AVP in 2001, *incidents involving use or attempted use weapons rose by 14%* and were cited in 24% of (88) cases in 2002; *assault with a weapon rose by 11%* and *attempted assault with a weapon rose by 19%*. (see Crimes Committed for further details). *Assault with a weapon increased by 13%*, and involved a total of 85 weapons. Objects reported to AVP were categorized into six sub-types: *use of blunt objects were used in 28% (24) of cases and represented a 4% increase*—these included car clubs, barbells, wooden 2x4s, hammers, etc.; *use of sharp objects were used in 45% (38) of cases and increased by 15%*—these included knives, kitchen utensils, razor blades, etc.; *firearms were used in 7% (6) of cases, an increase of 500%*; use of restraints including ropes, chains, etc., was not reported for 2002, and no incidents involving vehicles were reported in 2002. Use of other weapons accounted for 16% (14) of cases and included: cordless phone antennas, television sets, furniture, etc. and bottles, bricks, rocks, were used in 4% (3) of cases.

## Crimes Committed

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 as reported. *Overall reports of crimes in new domestic violence cases rose by 2%*. Victims (433) reported 1,070 crimes up from 2001 when 428 victims reported 1,051 crimes and/or offenses. Thirty percent (30%) (321) of victims in 2002 specified verbal harassment, up 2%, and 32% (339) reported incidents involving intimidation, up 4%.

Telephone harassment was up 13% and was used in 52 cases. Mail harassment rose by 29% and was used in nine cases. Physical violence

included assault without a weapon reported in 17% (180) down 12%; assault with a weapon rose by 11% and was used in 50 cases.

Attempted assault with a weapon rose by 19% and occurred in 38 cases. *Sexual harassment* rose 67%, and was reported for 20 cases. Rape was reported in 10 cases and *sexual assault*, reported in 14 cases, rose 133%.

Domestic violence related murders/deaths rose 150% including the killing of a woman, her female partner, and her partner's two year-old son, by the woman's biological father.

## **Service related**

### Referral Sources

Referrals to AVP come from a wide range of sources. In 2002, 38% of referrals came from service providers, 22% of clients were self-referred, and friends referred 16% of clients. These referrals are often based on past experience with or awareness of the agency. AVP advertising and other media coverage accounted for 8%. 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 3% and telephone book listings accounted for 1%. The referral source for 12% of clients came from other (5%) or unspecified sources (7%) 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 (victims) as they did in 83% (307) of cases. Others initial calls may come from a lover/friend/family member 5% (20), service providers 4% (13) or witnesses 1% (2) may also make initial calls. AVP screens and assesses *all* contacts to distinguish victims from abusers. In 6% (24) of cases it was the abusive partner that initiated the first contact. The abuser may or may not be aware of his or her role in the relationship. In work with same-sex domestic violence, it is a recognized tactic that an abu-

sive partner may also 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. There are often severely limited resources available to LGTB victims and they are often widely known to members of the community. An LGTB abuser may access services to further dissuade the victim from seeking help by convincing the victim that there is no one else to turn to, or to create the impression for service providers and police that the victim is actually the abuser by getting the victim arrested or getting an Order of Protection against the victim. These tactics serve to confuse the already difficult assessment process, particularly in same-sex abusive relationships, to distinguish victim from perpetrator. Other or unspecified initial contacts accounted for 1% (4) 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 2002 AVP provided 77 LGTB domestic violence related trainings and presentations to social service, medical, legal and other professionals throughout New York City.

### Services Provided to New Domestic Violence Clients in 2002

New domestic violence victims received 8,804 units of service. The highest categories of services were provision of referrals 4,271 and client follow-up 2,066 units. The next highest categories were hotline counseling 980, and short-term professional counseling 367 units. Crime Victims Board (CVB) claim filing assistance 264 and CVB advocacy 32, advocacy and accompaniment with police 108 units up 207% from 2001, legal advocacy 30 units, other advocacy/assistance 164 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 383 units, housing advocacy 107 units, medical/hospital advocacy and accompaniment 16 units.

## Total Services Provided Including those for On-Going Cases

In addition to the 371 new cases and 433 victims served in 2002, AVP provided services for 109 on-going cases opened prior to 2002; bringing the overall total cases up to 480. Service units to on-going cases accounted for 2,181 units of service in addition to the 8,804 units of service provided to new 2002 domestic violence clients raising the overall total to 10,985 units of service.

## 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 came from those wondering if they are in an abusive relationship, or those questioning their role as victim or perpetrator, to victims who contact AVP in a period of crisis and are not ready to engage as clients, to social, legal and medical service providers who seek domestic violence related agency information, case consultation and client assistance.

There were 711 non-case domestic violence related hotline calls (compared to 609 in 2000 and 717 in 2001) in addition to the 980 hotline counseling calls for new domestic violence clients. There were 274 hotline counseling calls provided to on-going domestic violence clients in 2002 (see above). Overall domestic violence related hotline calls in 2002 totaled 1,938.

## 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 only go on to repeat their offenses with new victims.

To break the cycle of domestic violence, it is essential to address both the victims *and batterers*. Batterers not only need to face criminal and legal action where appropriate, but the victims need there to be interventions to address batterers' abusive behaviors before the violence reaches criminal levels. 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 of transgender partners.

As a crime victim's organization, AVP cannot directly serve batterers. The agency's mission and services require a space that victims can access safely without fear of violence, especially from abusive partners. SNAP has been collaboratively run off-site through a host organization, formerly 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, the courts have begun to mandate some participants. Unlike their heterosexual counterparts, generally every two out of three SNAP group participants have been *self-referred* rather than mandated.

Due to the closure of London Terrace Psychotherapy Services at the end of 2002 and a gap in funding SNAP had to be put on hiatus. AVP is committed to resuming this very necessary resource and programmatic intervention to break the cycle of violence a. For more information or updates on the status of the program call the SNAP message line at (212) 714-1084.

## **SUMMARY OF FINDINGS**

In 2002 AVP observed a number of dramatic shifts and fluctuations across nearly every category of reporting. These shifts are distinct from any other year in which this report has been published and appear to be reflective of the impact of on-going trauma following the September 11<sup>th</sup> terrorist attacks of 2001. AVP opened 371 new domestic violence cases, a 5% drop, but served 433 new victims constituting a 1% increase in victims from 2001 (cases often involve more than one victim<sup>3</sup>). AVP continued to serve 109 on-going domestic violence victims who had come to the agency for services prior to 2002. By categories, *male victim reports of domestic violence rose a full 12%* during a year when *female victim reports dropped by 7%*. Reports from those *under 18 rose 231%*, and for those *18-22 reports rose by 13%*. In

AVP's traditionally largest age group of those reporting domestic violence, 30-44, reports increased by 4%. While at the same time *reports by those 23-29 dropped by 29%* and *for those ages 45-64, reports dropped by 12%*. By race and ethnicity reports by those identified as *African-American dropped by 7%*, and by those identified as *Asian/Pacific Islander reports dropped 43%*. Reports by those identified as *Latina(o) rose by 19%* as did reports by those identified as *white, by 6%*. In rather stark contrast, *reports by those identified as Native American and Arab/Middle-Eastern each rose by 200%*, and reports by those identified as *multi-racial rose 109%*. Incidents by borough exhibited dramatic shifts such as a 238% rise in reports from Staten Island, 150% increase in reports from Suffolk County, and an overwhelming 600% increase in reports from New Jersey. Nassau County reports rose by an astonishing 67% and reports from the Bronx rose by 8%. Decreased reporting included a 69% drop in reports from Queens, a 20% drop in reports from Brooklyn and a 9% drop in reports from Manhattan. *Initial calls from victims dropped by 4%*, while *initial contacts by batterers rose by 33%*. While crimes and offenses presented a 12% drop in assaults without weapons, incidents involving weapons saw a 14% increase and the number of weapons involved in these incidents rose by 13%. *Incidents involving the use of firearms increased 500%*. Reports of sexual assault rose by a distressing 133%. Sexual harassment rose 67%, while harassment by mail increased 29%, and telephone harassment increased by 13%.

Domestic violence related murders/deaths rose 150% from 2 in 2001 to 5 in 2002. In this same year intrafamilial domestic violence jumped 26% and often included anti-LGTB bias and hate motivated violence. Abusive partners injured over a third of their victims and 38% of those injured needed but did not receive medical attention. Previous incidents of abuse were reported by 92% with 50% having experienced at least ten or more incidents. However only 20% stated that police reports had been made or taken in previous incidents, *a 27% drop in police reporting from 2001*. Only 30% of incidents were reported to police, down 25% from 2001. In cases where victims did make reports, *only 7% of offenders were arrested while 20% of victims were prevented from access to an order of protection because no arrest was made. Three percent (3%) of victims were arrested and for 1% both the victim and offender were arrested. After contact with AVP only an additional 7% of victims stated their intent to report the current incident to the police, down 7% from 2001 and down 12% from 2000. Victims who did interact with the police reported that police attitude was courteous in only 39% of instances, a 31% decrease from 2001. Police attitude was indicated as indifferent by 35% of victims, while 2% reported experiencing verbal abuse with anti-LGTB bias/hate slurs, and 1% of victims experienced anti-*

*LGTB bias/hate slurs and physical abuse.*

The fluctuations noted in this report are significant because prior reports have presented rather consistent statistics by category for each year. This included statistics for 2001 where the greatest fluctuation appeared in the large increase in the need for added services, advocacy and support. It is clearly too early to be able to determine what the statistics for this report may indicate for future service and outreach efforts. However, it is likely that some of these numbers may reflect several dynamics. The increase in reports by male victims and increase in initial contacts by batterers, may speak to increased levels of aggression within both the context of response to trauma and to United States involvement in the war against Iraq. Aggression is one response to trauma that especially for males is generally considered a more acceptable outlet than fear or upset. Perpetrators of domestic violence generally cannot tolerate feeling out of control and may escalate their controlling behaviors in order to feel more in charge of their immediate environment. Abusive partners may seek services out of their concern that they may be losing control of their partner, or of their own behaviors. Male victims may be faced with higher levels of aggression and violence by their same-sex partners creating a greater need for outside intervention. While the decrease in initial contacts by victims and reports by female victims within this same context may reflect the efforts by some to stay within familiar settings or not upset the status quo. Victims of abusive relationships generally are more focused on their partners needs than their own and may be reluctant to go outside the relationship and risk further upsetting the abusive partner. Female victims of domestic violence in periods of heightened difficulty may initially try harder to make a relationship work or even tolerate higher levels of anger in order to be there for their partners and may delay seeking aid until the violence erupts into the need for immediate medical attention or outside initiated police involvement. The striking increase in reports by those 18 and under and increase in reports by those 18-22 with a corresponding plunge in reports by those 23-29 may reflect several issues. AVP has conducted targeted research and outreach to address violence experienced by LGTB youth and developed visibility among youth and youth providers. Aging out of youth services generally occurs around 22-24 years of age depending on various programs. Unlike AVP's general majority of clients ages 30-44, those between 23-29 often do not possess the same resources, community connections or awareness and comfort in navigating and accessing systems and services. In 2002 a unique survey was conducted at AVP to investigate the reality of being able to prac-

tice safe sex within abusive relationships. This survey was conducted with a strong commitment to the safety and quality of service to victims of domestic violence and allowed staff to assess in greater detail than previously possible the extent of sexual abuse experienced by victims of domestic violence. This may account for the higher number of reported sexual crimes. Both staff and clients experienced this avenue of assessment as beneficial to providing comprehensive service and relevant counseling and to this end some survey generated questions will be integrated as good practice methods for regular assessment and counseling.

<sup>1</sup> 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, bias/hate crime murders, pick-up crimes, rape 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.

<sup>2</sup> Lobel, K. (Ed.). (1986). Naming the violence. Seattle: Seal Press.

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