

A REPORT FROM THE
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

LESBIAN, GAY, BISEXUAL, TRANSGENDER, QUEER, AND HIV-AFFECTED

HATE VIOLENCE IN 2013

2014 RELEASE EDITION

This report was written by the
NATIONAL COALITION OF ANTI-VIOLENCE PROGRAMS

A program of the NEW YORK CITY ANTI-VIOLENCE PROJECT
 240 West 35th St., Suite 200
 New York, NY 10001
 www.ncavp.org



WRITING

Osman Ahmed, New York City Anti-Violence Project
 Chai Jindasurat, New York City Anti-Violence Project

DATA COLLECTION AND DATA ANALYSIS

Osman Ahmed, New York City Anti-Violence Project

LAYOUT & DATA DESIGN

Kate Traub, New York City Anti-Violence Project

ADDITIONAL WRITING AND DATA

Joel Ayala, Civil rights Commission of Puerto Rico
 Christopher Aygryos, L.A. Gay & Lesbian Center
 Ursula Campos, New York City Anti-Violence Project
 Aaron Eckhardt, MSW, Buckeye Region Anti-Violence Organization
 Patrick Farr, Wingspan
 Lisa Gilmore, LMHC, Center on Halsted Anti-Violence Project
 Lisa Knox, New York City Anti-Violence Project
 Sydney Kopp-Richardson, New York City Anti-Violence Project
 Anna Lee, Colorado Anti-Violence Program
 Sophia Isabel Marrero-Cruz, Civil Rights Commission of Puerto Rico
 Lauren McDade, MSW, LSW, Buckeye Region Anti-Violence Organization
 Jane Merrill, Center on Halsted
 Lindsey Moore, Kansas City Anti-Violence Project
 Rick Musquiz, LCSW, Montrose Counseling Center
 Brenda Pitmon, LICSW, Safe Space Program @ R U 1 2? Community Center
 Cara Presley-Kimball, LICSW, Violence Recovery Program, Fenway Community Health
 Desiree Rucker, New York City Anti-Violence Project
 Catherine Shugrue dos Santos, New York City Anti-Violence Project
 Yvonne Siferd, Equality Michigan
 Lynne Sprague, Colorado Anti-Violence Program
 Harper Jean Tobin, National Center for Transgender Equality
 Norio Umezu, Community United Against Violence
 Taryn Walker, New York City Anti-Violence Project
 Rebecca Waggoner, OutFront Minnesota

Copyright © 2014 New York City Gay and Lesbian Anti-Violence Project, Inc. All Rights Reserved.



This report was produced in part with the generous support of the Arcus Foundation. The findings and opinions expressed in this report are those of the authors and do not necessarily represent the view of its funders.

MISSION

The National Coalition of Anti-Violence Programs (NCAVP) works to prevent, respond to, and end all forms of violence against and within lesbian, gay, bisexual, transgender, queer, (LGBTQ), and HIV-affected communities. NCAVP is a national coalition of local member programs, and affiliate organizations who create systemic and social change. We strive to increase power, safety, and resources through data analysis, policy advocacy, education and technical assistance.

PREFACE

In 2013, NCAVP member programs worked tirelessly to prevent and respond to violence against lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV-affected communities. 2013 was a monumental year for LGBTQ and HIV-affected communities, with a number of high profile legislative victories and unprecedented visibility of several LGBTQ and HIV-affected issues on a national level. However, 2013 was also a year where the rights of many marginalized communities came under direct attack by lawmakers, and violence against the most marginalized LGBTQ and HIV-affected communities continued unabated.

On March 13, 2013 President Obama signed the reauthorized Violence Against Women Act (VAWA) into law, which for the first time on the federal level, included non-discrimination protections covering gender identity and sexual orientation and explicitly named LGBTQ communities as underserved populations. The reauthorized VAWA also includes provisions that provide protections to survivors of color and immigrant survivors of intimate partner violence and expanded the jurisdiction of Native American tribal governments to prosecute non-Indians on domestic violence related crimes and breaches of protective orders.

NCAVP's advocacy efforts were instrumental in this historic victory. However, throughout the summer and early fall of 2013, NCAVP responded to an alarming number of homicides of transgender women of color across the country. NCAVP documented twelve hate motivated homicides of transgender women of color in 2013, many of them occurring through the months of June through September. These homicides demonstrate that while legislative change is an indicator of progress on a national level, the fundamental lived realities of some of the most marginalized individuals in LGBTQ and HIV-affected communities remains mired in violence and hate.

Nonetheless, in a victory for the rights of transgender women of color, CeCe McDonald, a transgender woman of color who was prosecuted and incarcerated by the Hennepin County District Attorney after she defended herself in response to a hate violence attack in Minneapolis in 2011, was released on parole in early 2014 after a campaign to secure her freedom. In 2013 NCAVP also deepened its relationship with LGBTQ communities in Puerto Rico by collaborating with the Civil Rights commission of Puerto Rico to obtain data on hate violence against LGBTQ and HIV-affected communities in Puerto Rico for the first time.

LGBTQ and HIV-affected movements saw many victories on national and state levels in 2013. The Supreme Court struck down Section 3 of the Defense of Marriage Act of 1994, paving the way for individual states to legalize same-gender marriage. The Supreme Court also struck down the infamous

Proposition 8 initiative in California, allowing same-gender marriages to resume. In, New Jersey, and New Mexico, court orders legalized same-gender marriage, while the legislators of Delaware, Hawaii, Illinois, Minnesota, and Rhode Island also passed laws legalizing same-gender marriage.

Amidst these wins for LGBTQ and HIV-affected communities, there were several major setbacks in 2013 for marginalized communities. The Supreme Court passed a decree allowing states to ban affirmative action practices for public college and university admissions, which will severely impact access to higher education for communities of color and undoubtedly have a disproportional impact on LGBTQ and HIV-affected communities of color. In addition, the Supreme Court overturned a provision of the Voting Rights Act formed in 1965 to combat racial discrimination in voting. Without the protection from this provision, states can now change their election laws without advance federal approval, fostering strategic voter discrimination that create additional barriers to voting for people of color, immigrants, and low-income people. The law had applied to Alabama, Alaska, Arizona, Georgia, Louisiana, Mississippi, South Carolina, Texas, and Virginia, as well as municipalities in other states, including New York. This decision disenfranchises low income communities and communities of color from participating in the democratic process, and further marginalizes the voices of LGBTQ and HIV-affected people, particularly those who also identify as people of color, and who are disproportionately impacted by poverty.

2013 also saw the Obama administration's immigration programs continue to deport undocumented people at alarming rates with an unprecedented expansion of the Secure Communities (S-Comm) program, 287(g), and other programs which increase collaborations between Immigration and Customs Enforcement (ICE) and local law enforcement. The administration's detention and deportation practices criminalize immigrant communities and communities of color and risks the lives of approximately 267,000 LGBTQ¹ identified undocumented immigrants, who face a higher risk of violence not only in their countries of origin, but also in immigration detention centers in the United States. NCAVP's data from 2013 shows that hate violence has a severe impact on undocumented survivors and that undocumented LGBTQ communities are at higher risk of facing police violence.

In addition to the continuing deportation crisis and roll backs for voting rights and higher education people of color, on June 25, 2013 the Supreme Court voted to remove many of the protections of the Indian Child Welfare Act by reducing the oversight Native parents have over the adoption of Native American children.

¹ Gates, Gary J. *LGBT Adult Immigrants in the United States*. Rep. Los Angeles: Williams Institute, 2013. Print.

While 2013 saw setbacks for LGBTQ and HIV-affected and progressive movements, communities continued to organize for the rights and dignity of LGBTQ and HIV-affected people. 2013 saw an unprecedented increase in the visibility of transgender issues. Transgender activists such as Janet Mock and Laverne Cox brought the issue of violence against transgender people of color to the national discourse. Although the violence against transgender communities, specifically transgender women of color, continues to be a deadly issue, the national attention brought to this issue is a victory for transgender communities and allies. NCAVP continued to work with transgender communities and organizations to bring attention to the violence that transgender individuals face every day.

Undocumented communities mobilized against the alarming tide of state violence against them, and shifted the national attention to the deportation crisis. Throughout the country, undocumented immigrant justice organizers continued campaigns that demanded an end to the deportation crisis and called for comprehensive immigration reform. Community United Against Violence (CUAV) in San Francisco, along with a coalition of other local organizations, won a major victory against the S-Comm program by limiting the number of S-Comm related deportations from San Francisco.

NCAVP members organized to achieve substantial progress to address anti-LGBTQ and HIV-affected police violence on local levels across the country in 2013. NCAVP members BreakOUT! and the Colorado Anti-Violence Program launched a national “Know Your Rights” campaign, along with Streetwise and Safe (SAS), for LGBTQ youth to share resources to reduce harm when interacting with the police, and continued to organize for systemic changes in policing practices. CUAV in San Francisco won a local campaign to prevent the police department from acquiring tasers, and continued to document the impact of police violence and surveillance on LGBTQ and HIV-affected communities. The New York City Anti-Violence Project, in coalition with communities of color, immigrant, and civil rights organizations, advanced citywide legislation which aims to prevent profiling based on sexual orientation, gender identity or expression, immigration status, age, race, housing status, ethnicity, religion or national origin, and increase oversight of the NYPD. In addition, many NCAVP members continued to train law enforcement throughout the country in ways to better work with and respond to violence in LGBTQ and HIV-affected communities.

Major data findings from 2013 highlight that for the third year in a row transgender, transgender people of color, and LGBTQ and HIV-affected people of color experienced disproportionately severe violence. More than half of 2013’s homicide victims were transgender women of color. Transgender survivors and victims were six times as likely to experience discrimination compared to overall survivors. Latin@ survivors and victims were twice as likely to experience physical violence compared to overall survivors. Black and African American survivors were two times as likely to experience discrimination compared to overall survivors. NCAVP’s 2013 Hate Violence Report reflects the on the ground work of

our members who organized and advocated to prevent, respond to, and end violence against LGBTQ and HIV-affected communities across the country. We hope it will be used as a tool to amplify survivors' experiences, provide research for anti-violence campaigns and actions, and advance our national agenda to increase power, safety, and resources for LGBTQ and HIV-affected communities.

NCAVP Governance Committee

Tasha Amezcua, New York Anti-Violence Project

Aaron Eckhardt, Buckeye Region-Anti Violence Organization

Kathy Flores, Fox Valley/Oshkosh LGBTQ Anti-Violence Project

Lisa Gilmore, Illinois Accountability Initiative

Justin Shaw, Kansas City Anti-Violence Project

Terra Slavin, L.A. Gay & Lesbian Center

Rebecca Waggoner, OutFront Minnesota

J Zirbel, Rainbow Community Cares, Inc.

CONTENTS

MISSION 3

PREFACE 4

EXECUTIVE SUMMARY 9

RECOMMENDATIONS 13

INTRODUCTION 16

METHODOLOGY 19

Data compilation and analysis 19

Limitations of findings 20

Contributing organizations 21

FINDINGS 22

Hate violence homicides 23

Survivor and victim demographics 25

Most impacted identities 37

Trends in anti-LGBTQ and HIV-affected hate violence 43

Offender demographics 51

DISCUSSION 59

RECOMMENDATIONS 77

BEST PRACTICES 81

For community based hate violence initiatives 81

For supporting LGBTQ and HIV-affected survivors of hate violence 84

For data collection and documentation 86

CONCLUSION 87

APPENDIX

Local summaries 89

Map of 2013 homicides 127

Homicide narratives 128

Member and affiliate directory 136

NCAVP reporting and intake form 139

EXECUTIVE SUMMARY

In 2013 overall reports of anti-LGBTQ and HIV-affected hate violence and anti-LGBTQ and HIV-affected homicides stayed relatively consistent to 2012, with slight decreases. NCAVP's 2013 hate violence report continues to document multi-year trends revealing that anti-LGBTQ and HIV-affected hate violence disproportionately impacts transgender women, LGBTQ and HIV-affected communities of color, transgender people, and transgender people of color. Also consistent with previous years, White gay cisgender² men represented the largest group of hate violence survivors and victims in 2013, showing that hate violence remains a pervasive and persistent issue for all LGBTQ and HIV-affected people. These findings continue to shed light on the importance of violence prevention initiatives, strategic responses to violence, research, and accurate reporting of hate violence as it affects LGBTQ and HIV-affected communities.

KEY FINDINGS

Reported incidents

In 2013, reports of anti-LGBTQ and HIV-affected hate violence stayed relatively consistent with 2012, with a slight .74% decrease (2,016 total reports in 2012, and 2,001 total reports in 2013). However, for NCAVP member organizations that reported data both in 2012 and 2013, the number of incidents actually increased. NCAVP member organization Sean's Last Wish reported data in 2012 and not in 2013, while the Civil Rights Commission of Puerto Rico reported for the first time in 2013. Total number of incidents, disregarding the data from Sean's Last Wish in 2012 and by the Civil Rights Commission of Puerto Rico in 2013, increased by 3%, from 1,926 incidents in 2012 to 1,984 incidents in 2013. In addition, 2013 also saw an increase in the severity of hate violence incidents, with substantial increases in the number of hate violence incidents involving physical and sexual violence.

Hate violence homicides

In 2013, anti-LGBTQ and HIV-affected homicides decreased by 28% from 2012 (25 hate violence homicides in 2012 to 18 hate violence homicides in 2013). While NCAVP documented a decrease in homicides in 2013, the total homicides for 2013 remains amongst the highest ever recorded by NCAVP. Severe violence against people of color, transgender, and gender non-conforming LGBTQ and HIV-affected people remains alarmingly high. 89% of all homicide victims in 2013 were people of color, yet LGBTQ and HIV-affected people of color only represented 55% of total survivors and victims. The overwhelming majority of homicide victims (78%) were Black and African American,

² Cisgender is a term used to identify individuals whose gender identity and gender expression matches the sex they were assigned at birth. NCAVP replaced the term non-transgender with "cisgender" in the 2012 report in order for the report language to reflect contemporary language used in the LGBTQ community.

11% of homicide victims were Latin@, and 11% of homicide victims were White. More than half (72%) of victims were transgender women, while 67% of homicide victims were transgender women of color, yet transgender survivors and victims only represent 13% of total reports to NCAVP, highlighting a disproportionate impact of homicide against transgender people. 28% of homicide victims were men, all of whom identified as gay.

MOST IMPACTED COMMUNITIES

Transgender women survivors were:

- 4 times more likely to experience police violence compared to overall survivors.
- 6 times more likely to experience physical violence when interacting with the police compared to overall survivors.
- 2 times more likely to experience discrimination and 1.8 times more likely to experience harassment compared to overall survivors, and 1.5 times more likely to experience threats and intimidation compared to overall survivors.
- 1.8 times more likely to experience sexual violence when compared to overall survivors.

Transgender survivors were:

- 3.7 times more likely to experience police violence compared to cisgender survivors and victims.
- 7 times more likely to experience physical violence when interacting with the police compared to cisgender survivors and victims.
- 1.8 times more likely to experience discrimination compared to cisgender survivors and victims.
- 1.4 times more likely to experience threats and intimidation compared to cisgender survivors and victims.
- 1.5 times more likely to experience harassment when compared to cisgender survivors.
- 1.7 times more likely to experience sexual violence when compared to cisgender survivors.

Transgender people of color survivors were:

- 2.7 times more likely to experience police violence and 6 times more likely to experience physical violence from the police compared to White cisgender survivors and victims.
- 1.5 times more likely to experience discrimination, 1.5 times more likely to experience threats and intimidation, and 1.5 times more likely to experience sexual violence compared to White cisgender survivors and victims.
- 1.8 times more likely to experience hate violence in shelters.

Transgender men survivors were:

- 1.6 times more likely to experience violence from the police and 5.2 times more likely to experience physical violence perpetrated by the police.
- 1.5 times more likely to experience injuries as a result of hate violence and 4.3 times more likely to be the target of hate violence in shelters when compared with other survivors.

LGBTQ and HIV-affected undocumented survivors were:

- 1.7 times more likely to report to the police and 1.4 times more likely to experience police violence.
- 3.4 times more likely to experience sexual violence and 3.5 times more likely to experience any physical violence.
- 2.0 times more likely to experience injury as a result of hate violence and 1.7 times more likely to require medical attention.

LGBTQ and HIV-affected people of color survivors were:

- 1.5 times more likely to experience physical violence compared to White LGBTQ survivors and were 1.4 times more likely to experience violence in the street or a public area.
- 1.7 times more likely to experience hate violence at the workplace when compared to other survivors.
- 1.7 times more likely to be injured and 2.0 times more likely to require medical attention as a result of hate violence when compared with other survivors.

LGBTQ and HIV-affected Black survivors were:

- 1.4 times more likely to experience any physical violence, 2.0 times more likely to experience threats and intimidation, and 1.4 times more likely to be harassed in public areas.
- 1.4 times more likely to be injured and 2.0 times more likely to require medical attention.

LGBTQ and HIV-affected Latin@ survivors were:

- 1.7 times more likely to experience discrimination, and 1.5 times more likely to be injured.
- 1.5 times more likely to experience police violence, and 1.9 times more likely to report to the police.
- 2.1 times more likely to experience hate violence incidents at the workplace.

Gay men survivors were:

- 1.4 times more likely to report to the police.
- 1.4 times more likely to experience physical violence.
- 1.6 times more likely to experience hate violence incidents in public areas.

- 1.4 times more likely to experience injury as a result of hate violence and 1.7 times more likely to require medical attention.

Lesbian survivors were:

- 1.4 times more likely to experience discrimination and harassment.
- 1.2 times more likely to experience sexual violence, and 1.8 times more likely to experience violence in the workplace

Cisgender women survivors were:

- 1.6 times more likely to experience sexual violence and 1.6 times more likely to experience hate violence in the workplace.

Hate violence survivor and victim demographics

In 2013, gay survivors and victims represented the highest percentage of total reports (50%). This is consistent with 2012's findings, where gay survivors represented 45% of overall victims and survivors. Lesbian survivors represented 19% of survivors in 2013, a decrease from 2012's findings (21%). Heterosexual survivors represented 14% of survivors in 2013, a decrease from 18% in 2012.³ Bisexual survivors represented 9% of survivors in 2013, consistent with 2012 (9%). Men accounted for 37% of total hate violence survivors, an increase from 2012 (30%). Women represented the second highest (24%) gender identity category in 2013, with a slight decrease from 2012 (25%). Transgender survivors represented 13% of survivors, a significant increase from 2012 (11%). There was also an absolute increase in the number of transgender survivors who reported to NCAVP in 2013, from 305 in 2012 to 344 individual survivors in 2013 which represents a 12.79% change from 2012. 8% of survivors were undocumented immigrants.

Police response

Only 45% of survivors reported their incidents to the police, a slight decrease from 2012 (56%). 32% of survivors reported hostile attitudes from the police in 2013, an increase from 2012 (27%). Of the survivors who interacted with the police and experienced hostility and police misconduct, 55% reported being unjustly arrested by the police, consistent with data from 2012 (57%). Excessive force accounted for 28% of police misconduct, which is exactly consistent with 2012 (28%). Entrapment accounted for 8% of police misconduct, down from 12% in 2012. Police raids accounted for 8% of police misconduct, a large increase from 2012 (3%).

Police classification

In 2013, 24% of hate violence incidents reported to the police were classified as bias crimes, a substantial decrease from 2012 (77%).

³ Within NCAVP's data, "heterosexual" includes multiple identities and most likely represents more transgender people than within heterosexual communities in the United States.

RECOMMENDATIONS

FOR POLICYMAKERS AND FUNDERS

End the root causes of anti-LGBTQ and HIV-affected violence through ending poverty and anti-LGBTQ and HIV-affected discrimination.

- Federal, state, and local governments should pass non-discrimination laws such as the Employment Non-Discrimination Act, the Repeal HIV Discrimination Act, and enact policies that protect LGBTQ and HIV-affected communities from discrimination based on sexual orientation, gender identity, gender expression, and HIV-status.
- Federal, state, and local governments should end laws and policies which criminalize homelessness, HIV-status, participation in sex work, and drug possession to increase safety for the most severely impacted LGBTQ and HIV-affected survivors and victims of hate violence.
- Policymakers and legislators should pass laws and policies to address LGBTQ and HIV-affected youth experiences of bullying, harassment, and violence in schools, foster care, family court, shelters, and the juvenile justice system by passing an LGBTQ-inclusive Runaway and Homeless Youth Act, funding trainers familiar to work with these agencies on LGBTQ and HIV-affected cultural competency trainings, and support restorative justice models in schools.
- Policymakers and law enforcement should end policies which profile and police people engaged in survival crimes, and support harm reduction services to support people engaged in survival crimes.
- The United States Interagency Council on Homelessness should establish an LGBTQ and HIV-affected specific research agenda to research policies and programs to address hate violence against LGBTQ and HIV-affected homeless people.
- Federal and state policymakers should raise the minimum wage to increase low-income and low-wage workers to be able to meet basic needs and increase their safety.

End the homophobic, transphobic, and biphobic culture that fuels violence:

- Policymakers and funders should support public education and awareness campaigns to reduce and end homophobia, biphobia, and transphobia.
- Policymakers and public figures should promote safety for LGBTQ and HIV-affected people by denouncing homophobic, biphobic, and transphobic statements, laws, and programs.
- Policymakers should prohibit offenders of anti-LGBTQ and HIV-affected hate violence from using “Gay and Transgender panic” defenses.
- Policymakers should support alternative sentencing programs including individual and group intervention programs, community service with LGBTQ and HIV-affected organizations, and

LGBTQ and HIV-affected anti-violence education programs to encourage behavior change for hate violence offenders.

- Federal, state, and local governments should reduce reporting barriers for LGBTQ and HIV-affected survivors including removing laws and policies that prevent survivors from accessing law enforcement.
- Federal, state, and local governments should mandate trainings that increase first responders' and non-LGBTQ and HIV-affected direct service providers' knowledge and competency on serving LGBTQ and HIV-affected survivors of violence.
- Federal, state, and local governments should pass laws and policies that prevent LGBTQ and HIV-affected students from experiencing bullying, harassment, and violence in schools such as the Student Non-Discrimination Act and the Safe Schools Improvement Act.

End police profiling and police violence against LGBTQ and HIV-affected people.

- Federal, state, and local governments should enact policies that prohibit police profiling such as the federal End Racial Profiling Ban that includes provisions on sexual orientation, gender identity, gender expression, immigration status, housing status, and race.
- Policymakers should ensure that police officers are investigated and held accountable for homophobic, biphobic, and transphobic harassment and violence.
- Federal, state, and local governments should enact humane, LGBTQ-inclusive immigration reform policies which create a pathway to residency and citizenship for undocumented immigrants and end "enforcement-only" policies such as the Secure Communities (S-Comm), and 287(g) programs, while expanding Deferred Action for Childhood Arrivals (DACA) to include adult immigrants.
- The Center for Disease Control and the Department of Justice should issue guidance condemning reliance on the use of condoms as evidence of prostitution law violations to improve the public safety and public health of LGBTQ and HIV-affected people. State and local law enforcement agencies should prohibit the use of condoms as evidence of prostitution law violations.
- Local law enforcement agencies should prohibit policing protocols and practices that use searches to assign gender for detainees.
- Policymakers should enact policies that address homophobic, transphobic, and biphobic violence within jails, detention centers, and prisons.
- Policymakers should continue to implement the Prison Rape Elimination Act (PREA) in immigration detention centers.

Collect data and expand research on LGBTQ and HIV-affected communities overall, particularly data and research on LGBTQ and HIV-affected communities' experiences of violence.

- Federal, state, and local governments should collect and analyze data that includes sexual orientation and gender identity, whenever any demographic information is requested, to more effectively analyze data on LGBTQ and HIV-affected hate violence survivors and victims.
- Federal surveys that collect data on incidents of violence, including the FBI's Uniform Crime Report and the United States Department of Justice's National Crime Victimization Survey, should include questions regarding the sexual orientation and gender identity of both survivors and offenders.

Increase funding for LGBTQ and HIV-affected anti-violence support and prevention.

- Policymakers and funders should support research on effective LGBTQ and HIV-affected hate violence prevention strategies and models.
- Federal, state, and local governments should fund programs that increase government support for LGBTQ and HIV-affected anti-violence programs, by including LGBTQ and HIV-affected specific funding in all federal, state, and local anti-violence funding streams.
- Federal, state, and local governments should recognize that violence against LGBTQ and HIV-affected people, particularly transgender communities of color, as a public health crisis and support initiatives to prevent this violence.
- Public and private funders should support programs that provide training and technical assistance on serving LGBTQ and HIV-affected survivors of violence to anti-violence grantees.
- Public and private funders should support community-based hate violence prevention initiatives to target programming within communities that are disproportionately affected by violence or underreporting their incidents of violence.
- Private funders including foundations, corporate donors, and individual donors should fund strategies to support LGBTQ and HIV-affected survivors separate from the criminal legal system including community accountability and transformative justice.
- Public and private funders should fund data collection and research on LGBTQ and HIV-affected communities' experiences of violence.

INTRODUCTION

The 2013 LGBTQ and HIV-affected hate violence report highlights annual and multi-year trends grounded in contemporary research to give policymakers, LGBTQ and HIV-affected communities, and anti-violence practitioners a wide-ranging viewpoint on the current dynamics of homophobic, biphobic, and transphobic hate violence. It represents the most in-depth information to date on anti-LGBTQ and HIV-affected hate violence available throughout the U.S. including: detailed demographic information on survivors and victims of violence, information on hate violence offenders, and data on police and medical response to anti-LGBTQ and HIV-affected incidents of violence. Data on LGBTQ and HIV-affected communities in the United States is extremely limited, making it challenging for NCAVP to compare its data on LGBTQ and HIV-affected survivors to data on overall LGBTQ and HIV-affected communities. Current data that exists suggests that between 20 – 25% of lesbian and gay people experience hate crimes within their lifetimes.⁴ Unfortunately, data on the prevalence of hate violence against queer, bisexual, transgender, and HIV-affected people is virtually non-existent. The U.S. Census and the American Community Survey, the main data collection surveys for the federal government, and the National Crime Victimization Survey, the federal survey on violence in the U.S., contains no questions on sexual orientation or gender identity. The only comparable data to NCAVP's hate violence report is the "Hate Crime Statistics" report annually released by the FBI's Criminal Justice Information Services Division. This report documents hate crimes motivated by bias against sexual orientation that local law enforcement agencies report to the FBI annually, although only 13.3% of the 13,022 participating law enforcement agencies reported hate crime data to the FBI in 2012. The FBI is currently working to collect information on hate crimes data motivated on the basis of gender identity in accordance with the Matthew Shepard, James Byrd Jr. Hate

DEFINITIONS IN THIS REPORT

Cisgender: A term used to describe an individual whose self-perception of their gender matches the sex they were assigned at birth.

Gay: A term that describes a person who identifies as a man who is primarily or exclusively attracted to other people who identify as men. It is also sometimes used as an umbrella term to describe LGBTQ communities.

Gender Identity: A term that describes how a person identifies their gender. A person's gender identity may be different than social norms and/or stereotypes of the sex they were assigned at birth. There are a wide range of gender identities and expressions, including identifying as a man, woman, transgender, genderqueer, and/or identifying as gender non-conforming.

Gender Non-Conforming: A term that describes a person whose gender expression is different from the societal expectations based on their assigned sex at birth. This term can refer to a person's gender identity or gender role and refers to someone who falls outside or transcends what is considered to be traditional gender norms for their assigned sex.

Heteronormative: A viewpoint that expresses heterosexuality as a given instead of being one of many possibilities for a person's sexual orientation. Heteronormativity is often expressed subtly where heterosexuality is "accepted" as the default sexuality.

(Continued on next page)

⁴ Hate Crime Victimization Among Lesbian, Gay, and Bisexual Adults: Prevalence, Psychological Correlates, and Methodological Issues <http://psychology.ucdavis.edu/rainbow/html/violence.PDF>

Crime Prevention Act, but this information is not currently published.⁵ In 2013 NCAVP documented over 600 more survivors and victims of hate violence than the FBI in 2012 (1,376 survivors and victims compared to 2,001 survivors and victims).⁶ While the FBI tracks hate crimes and NCAVP tracks hate violence including incidents that may not be reported to law enforcement or incidents that law enforcement may not classify as a hate crime, NCAVP still finds the stark difference between these incidents disconcerting.

In January, 2013 the Centers for Disease Control and Prevention (CDC) released a report titled: “The National Intimate Partner Violence and Sexual Violence Survey (NISVS): 2010 findings on Victimization by Sexual Orientation.”⁷ This groundbreaking report is the first nationally representative prevalence estimate of sexual violence, stalking, and intimate partner violence among those who identify as lesbian, gay, or bisexual in the United States. In many instances of stalking, intimate partner violence, and specifically sexual violence against LGBTQ and HIV-affected communities, anti-LGBTQ bias is utilized. In this study, participants were asked to identify their sexual orientation and/or gender identity. Transgender and gender non-conforming people were not represented in the NISVS findings because the sample size was too small and based on self-reporting. This suggests the need for more explicit inclusion of gender identity and expression in future studies; specifically the inclusion of gender identity and sexual orientation in national surveys, like the FBI’s Uniform Crime Report and the Department of Justice’s National Crime Victimization Survey, that collect data on hate crimes and hate violence. The study highlights that the lifetime prevalence of rape by any offender against bisexual women was 46.1%, 13.1% for lesbian women and 17.4% for heterosexual women.⁸ In addition, 1 in 3

DEFINITIONS IN THIS REPORT

HIV- Affected: A term that describes HIV- positive people, people living with AIDS, partners, friends, lovers, family members, and communities that are impacted by HIV/AIDS.

Intimate Partner Violence (IPV): a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship.

Lesbian: A term that describes a person who identifies as a woman who is primarily or exclusively attracted to other people who identify as women.

Queer: A political and sometimes controversial term that some LGBTQ people have reclaimed. Used frequently by younger LGBTQ people, activists, and academics, the term is broadly inclusive, and can refer either to gender identity, sexual orientation or both. It is also sometimes used as an umbrella term to describe LGBTQ communities.

Sexual Orientation: A term that describes a person’s physical or emotional attraction to people of a specific gender or multiple genders. It is the culturally defined set of meanings through which people describe their sexual attractions. Sexual orientation is not static and can change over time.

Transgender: An umbrella term used to describe a group of individuals whose gender identity and how it is expressed, to varying degrees, are different than the sex assigned at birth. Transgender identity relates to a person’s gender identity.

⁵ FBI Criminal Justice Information Services Division 2011 Hate Crimes Report. Accessed from <http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2010/tables/table-4-offenses-offense-type-by-bias-motivation-2010.xls> on April, 4 2013.

⁶ Ibid.

⁷ Centers For Disease Control and Prevention. The National Intimate Partner and Sexual Violence Survey: 2010 Findings on Victimization by Sexual Orientation. Accessed from http://www.cdc.gov/violenceprevention/pdf/nisvs_sofindings.pdf on April 4th, 2013.

⁸ Ibid.

bisexual women (36.6%) have experienced stalking victimization during their lifetime.⁹ NCAVP welcomes the increased federal attention on the experiences of LGBTQ and HIV-affected survivors and victims and that federal data collection systems are becoming increasingly more inclusive.

Despite this groundbreaking progress, the lack of comprehensive data about LGBTQ and HIV-affected communities and violence results in policymakers, advocates, practitioners, and LGBTQ and HIV-affected communities having less information on the dynamics of anti-LGBTQ and HIV-affected hate violence. This reduces LGBTQ and HIV-affected communities' ability to create programs that increase safety and support for LGBTQ and HIV-affected survivors and limits LGBTQ and HIV-affected anti-violence programs' ability to measure and evaluate the impact of their programs. Programs experience challenges measuring their impact without this prevalence data because they cannot compare and contrast their programmatic rates of violence with overall rates of hate violence for LGBTQ and HIV-affected communities. It also affects anti-violence programs' ability to tailor programming to the communities who are most severely impacted by violence.

Recognizing the unique and critical role that NCAVP's hate violence report serves, NCAVP continually strives to ensure that this report is accessible to multiple audiences, reflects the current lived experiences of LGBTQ and HIV-affected communities, and provides practical tools to assist anti-violence programs and policymakers working to end anti-LGBTQ and HIV-affected hate violence. In 2013 NCAVP continued the data enhancement project, which originally started in 2010. This project allowed NCAVP to highlight the specific impact of hate violence and intimate partner violence on transgender communities and LGBTQ and HIV-affected communities of color, among many other communities, within our annual reports. In addition, in 2013 NCAVP collected data on the socioeconomic condition of survivors, and plans to publish this data in 2014 reports. NCAVP, in 2013, increased the amount of variables and person-level analysis compared to previous years and continues to create new analytical categories to understand the intersections of identity and hate violence. The increasing severity of hate violence LGBTQ and HIV-affected communities face only reinforces NCAVP's need to find new ways to document and analyze hate violence to support critical legislative, policy, and cultural change.

⁹ Ibid.

METHODOLOGY

HOW ORGANIZATIONS COLLECTED THE DATA

This report contains data collected in 2013 by NCAVP member programs. Fourteen NCAVP members and ally organizations across thirteen states and Puerto Rico submitted data to NCAVP. Organizations collected this information from survivors who contacted LGBTQ and HIV-affected anti-violence programs in person, by calling a hotline, or by making a report online. Most NCAVP member programs used NCAVP's Uniform Incident Reporting Form to document the violence that occurred to these individuals. Others have adapted and incorporated the form into other data collection systems to document hate violence incidents. In 2013, NCAVP continued to use data collection tools that were developed in previous years with NCAVP staff and consultants. With the use of these tools, NCAVP collected aggregate data from local organizations and person-level data that gives policy makers, first responders, and LGBTQ and HIV-affected communities a comprehensive depiction of anti-LGBTQ and HIV-affected hate violence. With person-level data, NCAVP can anonymously analyze many facets of incidents of hate violence. This allowed us to explore trends in hate violence, such as whether or not types of violence varied across LGBTQ and HIV-affected survivor's identities (i.e. "do women experience more physical violence?"). It also allowed NCAVP to examine survivors with multiple intersecting identities such as LGBTQ and HIV-affected people of color and transgender people of color and the types of violence or police response that they faced.

DATA COMPILATION AND ANALYSIS

With support from the Arcus Foundation, NCAVP provided each member program with tailored support to submit data in ways that met their program's needs while remaining consistent across all organizations. NCAVP cleaned and coded the data to compile it for both the aggregate and person-level data analysis. For the aggregate data, NCAVP compared data proportionally for each variable between 2012 and 2013 allowing NCAVP to accurately assess increases or decreases in violence, demographic shifts for survivors, or demographic shifts for offenders across these two years. For the person-level data, NCAVP coded approximately one hundred-fifty variables on 2,001 survivors in order to explore the relationships between various identities and experiences in this report. This is a .74% decrease from 2012's person-level data set, which analyzed 2,016 survivors. NCAVP selected statistics for publication based upon their relevance, and reliability. Additional data not included in the report may be available upon request by contacting NCAVP. In order to protect survivor confidentiality, not all information will be available to the public.

LIMITATIONS OF THE FINDINGS

The vast majority of this report contains information from LGBTQ and HIV-affected-identified individuals who experienced hate violence and sought support from NCAVP member programs. Local member organizations then submitted data to NCAVP, which NCAVP compiled and analyzed for national trends. Since NCAVP only measures data collected from individuals who self-reported and from other public sources, it is unlikely that these numbers represent all incidents of violence against LGBTQ and HIV-affected people in the United States. NCAVP's data may particularly omit populations such as incarcerated people, people in rural communities, people who may be unaware of their local anti-violence program, people that cannot geographically access anti-violence programs, people who are not out, people who are uncomfortable with reporting, and people who face other barriers to accessing services or reporting. While the information contained in this report provides a detailed picture of the individual survivors, it cannot and should not be extrapolated to represent the prevalence of hate violence against LGBTQ and HIV-affected communities in the United States. The data and analysis pertains to the sample of survivors that contacted NCAVP member programs and affiliates. NCAVP members' capacity for data collection also varied based upon the programs' financial resources, access to technology, and other factors. These considerations resulted in some programs submitting partial information in some categories, creating incomplete and dissimilar amounts of data for different variables within 2013's data set. Recognizing this, NCAVP continues to work to address these issues to create the most complete and consistent data set possible.

NCAVP made only slight changes to the data collection forms from 2012 to 2013, including collecting data on socioeconomic indicators for the very first time. The slight changes allowed for NCAVP's data analysis between 2012 and 2013 to be more accurate to track, report, and analyze in 2013. When comparable data is not available, NCAVP notes this within the report. In addition, NCAVP has worked to increase reporting from our members and decrease the number of undisclosed responses from survivors. As NCAVP continues to collect aggregate data, our data analysis and annual comparisons from year to year gradually become more accurate and the reader may see shifts in the proportions over time. NCAVP recognizes that these shifts are, in part, illuminating a more accurate depiction of the experiences of LGBTQ and HIV-affected survivors of hate violence.

CONTRIBUTORS

PERSON LEVEL AND AGGREGATE DATA

- Buckeye Region Anti-Violence Organization (BRAVO) (Columbus, OH)
- Center on Halsted (Chicago, IL)
- Civil Rights Commission of Puerto Rico (San Juan, Puerto Rico)
- Colorado Anti-Violence Program (CAVP) (Denver, CO)
- Community United Against Violence (CUAV) (San Francisco, CA)
- Equality Michigan (Detroit, MI)
- Fenway Health Violence Recovery Program (Boston, MA)
- New York City Anti-Violence Project (NYC AVP) (New York, NY)
- SafeSpace at the RU12? Community Center (Winooski, VT)
- Los Angeles Gay & Lesbian Center (Los Angeles, CA)

AGGREGATE DATA ONLY

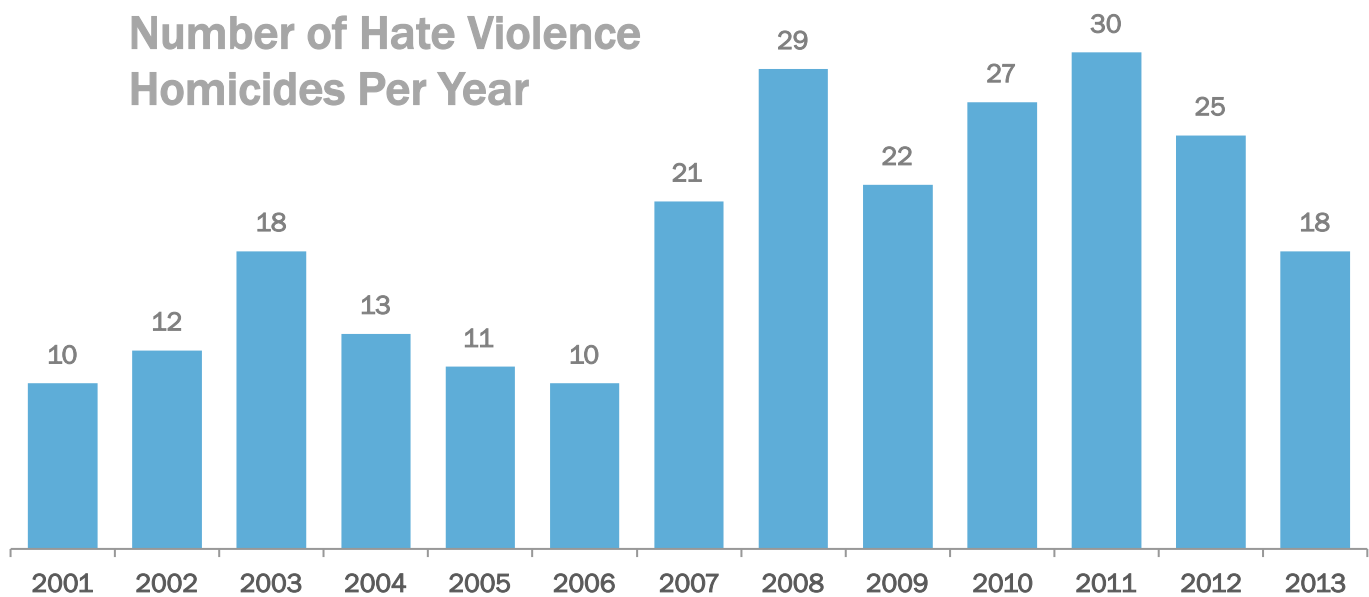
- Kansas City Anti-Violence Project (KCAVP) (Kansas City, MO; data reflects reports from Kansas and Missouri)
- Montrose Center (Houston, TX)
- OutFront Minnesota (Minneapolis, MN)
- Wingspan Anti-Violence Programs (Tucson, AZ)

FINDINGS

NCAVP's 2013 findings are based on analyzing aggregate and person-level data from reporting members. The findings include information on survivor demographics, incident details, most impacted identities, information about offenders, data on access to services for LGBTQ and HIV-affected hate violence survivors and victims, and information on police response for survivors and victims. This data can help us identify key gaps in survivor and victim's access to support and trends in LGBTQ and HIV-affected survivor and victim demographics over time. This year's findings contain an analysis of both aggregate and person level data.

HATE VIOLENCE HOMICIDES

While NCAVP documented a slight decrease in homicides in 2013, the severity of fatal violence against people of color, transgender women, and gender non-conforming LGBTQ and HIV-affected people remains alarmingly high and suggests these communities are at highest risk of homicide.



HATE VIOLENCE HOMICIDE DEMOGRAPHICS

In 2013 NCAVP documented 18 anti-LGBTQ and HIV-affected homicides. This is a 28% decrease from 2012 (25 in 2012 to 18 in 2013). While NCAVP documented a decrease in homicides in 2013, the total homicides for 2013 remains amongst the highest ever recorded by NCAVP. Severe violence against people of color, transgender women, and gender non-conforming LGBTQ and HIV-affected people remains alarmingly high. 88.89% of all homicide victims in 2013 were people of color, yet LGBTQ and HIV-affected people of color only represented 55.32% of total survivors and victims in 2013. The overwhelming majority of homicide victims were Black and African American, (77.78%), 11.11% of victims were Latin@, and 11.11% of victims were White. More than half (72.22%) of the homicide victims were transgender women, while 66.67% of victims of homicide were transgender women of color, yet transgender survivors and victims only represent 13.14% of total reports to NCAVP. 27.78% of homicide victims were men, all of whom identified as gay.

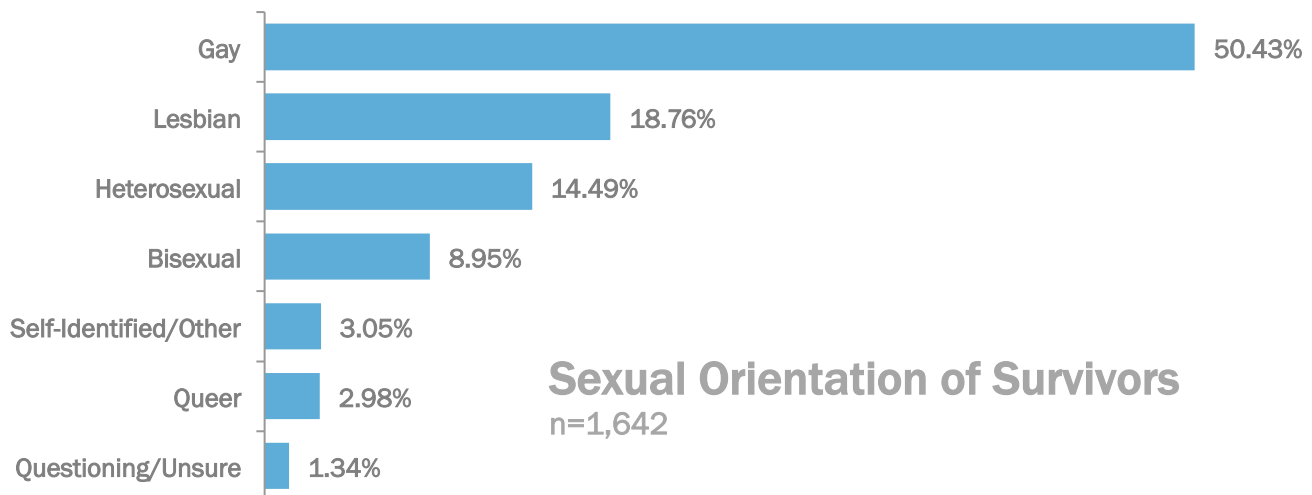
This data continues a three year trend in which transgender women, LGBTQ and HIV-affected people of color, and transgender people of color experienced a greater risk of homicide than other LGBTQ and HIV-affected people. These statistics demonstrate that the most marginalized LGBTQ and HIV-affected communities experience higher rates of severe violence. These same communities experience higher rates of homelessness, poverty, and job discrimination which can increase their risk of violence¹⁰.

¹⁰ Sears, Brad, and Lee Badgett. "Beyond Stereotypes: Poverty in the LGBT Community." *Williams Institute*. TIDES | Momentum, n.d. Web. 14 May 2014.

SURVIVOR AND VICTIM DEMOGRAPHICS

The data in the following section describes the many identities of LGBTQ and HIV-affected Hate Violence survivors and victims in 2013. LGBTQ and HIV-affected people often have several intersecting marginalized identities, such as their racial identity, gender identity, socio-economic status, immigration status, and disability status. In this section NCAVP examines the identities of LGBTQ and HIV-affected survivors and victims who sought assistance from NCAVP programs, thus allowing NCAVP to better understand the diversity of LGBTQ and HIV-affected Hate Violence survivors and victims in 2013.

SEXUAL ORIENTATION



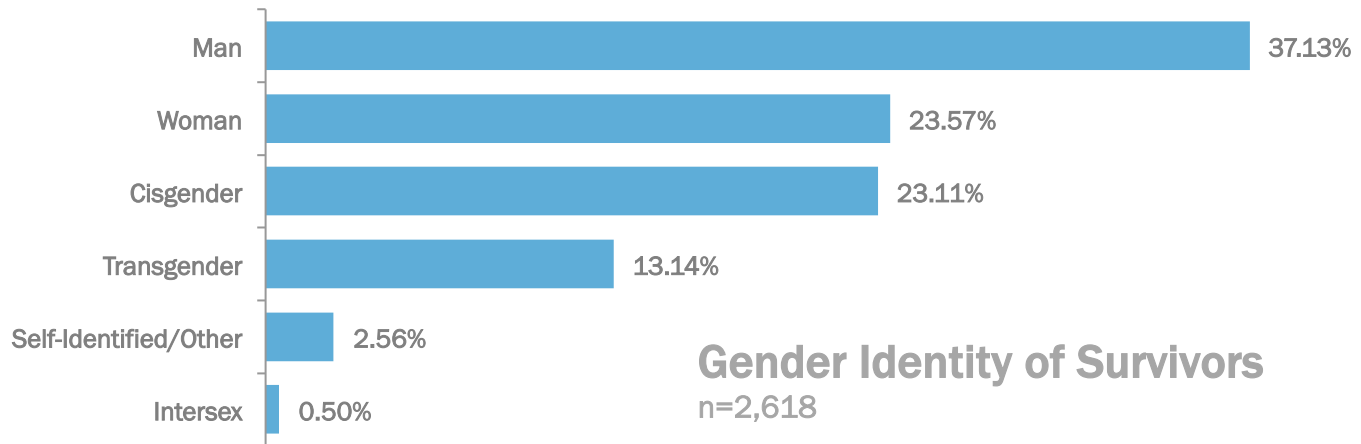
In 2013, gay survivors and victims represented the highest percentage of total reports (50.43%). This is consistent with 2012's findings, where gay survivors and victims represented 45.3% of overall victims and survivors. Lesbian survivors represented 18.76% of survivors and victims in 2013, a decrease from 2012's findings (20.65%). Heterosexual people represented 14.49% of survivors and victims in 2013, a decrease from 18.18% in 2012.¹¹ Bisexual survivors represented 8.95% of survivors and victims in 2013, consistent with 2012 (8.68%). Queer survivors and victims represented 2.98% of survivors and victims in 2013, remaining consistent with 2012. Self-Identified/other survivors and victims represented 3.05% of survivors and victims in 2013, a slight increase from 2012 (2.58%). NCAVP members believe that the large number of gay survivors and victims may result from the historical relationship many member programs have with gay cisgender men communities. Many anti-violence programs were founded by gay cisgender men to address issues of violence against this community. Anti-violence programs may have more experience in reaching gay men and may exist in locations where many gay men live and feel more comfortable reporting incidents of violence. Anti-violence programs may also receive fewer reports from other LGBTQ and HIV-affected survivors and victims if their outreach events are oriented towards gay cisgender men.

NCAVP members have also observed that in some communities, fewer LGBTQ and HIV-affected people are identifying with the term "lesbian" and are using other terms, such as "queer" or "gay," NCAVP data collection and analysis takes into account the fluidity of terminology used by LGBTQ and HIV-affected

¹¹ Within NCAVP's data, "heterosexual" includes multiple identities and most likely represents more transgender people than within heterosexual communities in the United States.

survivors of violence and strives to be inclusive all identities. NCAVP member programs serve diverse and unique communities; targeted outreach or community specific programming is likely to affect the types of survivors that each program serves. However, gay survivors are the most common reporting survivors in the majority of NCAVP programs.

GENDER IDENTITY



In 2013, 37.13% of total hate violence survivors and victims identified as men, an increase from 2012 when 30.36% of survivors identified as men. Women represented the second highest (23.57%) gender identity category in 2013, which is a slight decrease from 2012, when women represented close to a quarter (24.98%) of survivors and victims. Transgender identified survivors and victims represented 13.14%, a significant increase from 2012 (10.51%). There was also an absolute increase in the number of transgender survivors who reported to NCAVP in 2013, from 305 in 2012 to 344 individual survivors in 2013, which represents a 12.79% change from 2012. Although the increase in number of transgender survivors may not seem that significant, it should be taken into account that the overall number of survivors decreased this year while the number of transgender survivors increased. The proportion of survivors that were self-identified or “other” (2.56%) and intersex (0.50%) remains the lowest reported categories in 2013, continuing the trend that has been observed in previous years.

Cisgender survivors and victims represent 23.11% of survivors and victims and account for a large proportion of survivors and victims because they may be more comfortable reporting violence to NCAVP’s member programs, due to cisgender communities long term relationships with LGBTQ and HIV-affected anti-violence programs. NCAVP believes that the percentage of survivors who identify as cisgender is actually deflated, as most cisgender individuals rarely encounter circumstances where they need to identify their cisgender identity and therefore might not indicate this on NCAVP intake and data collection documents. Transgender communities, however, face a multitude of barriers when seeking support after experiencing hate violence, and yet account for 13.14% of total survivors. The number of transgender survivors reporting to NCAVP does not reflect the proportion of transgender individuals in the U.S. population in general (by some estimates, there are close to a million transgender individuals in the U.S.). This reflects the disproportionate impact of violence on transgender communities. Some

NCAVP programs are designing specific programs to address violence against transgender communities. Both the New York City Anti-Violence Project and the Los Angeles Gay and Lesbian Center have programs to specifically serve transgender survivors which could increase NCAVP's ability to collect reports from these communities. In addition, several programs such as Communities United Against Violence (CUAV) in San Francisco and the Colorado Anti-Violence Program (CAVP) have intentionally increased their outreach to transgender communities, resulting in a higher number of transgender survivors in 2013.

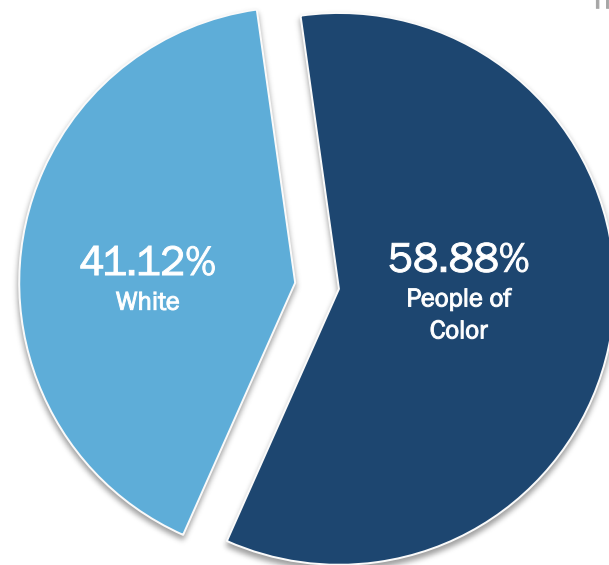
RACIAL AND ETHNIC IDENTITY

White survivors and victims remained the largest single proportion of survivors and victims in 2013 (41.12%), consistent with 2012 (44.18%), however, when taken together, survivors who identified as people of color accounted for 58.88% of all survivors. Latin@ survivors and victims represented 28.50% of overall survivors and victims, the second highest group, which is a slight increase from 2012 (29%). Black and African American survivors and victims represented the third highest group of survivors, making up 18.09% of total survivors and victims, which is a small increase from 2012 (15.02%). Asian and Pacific Islander (3.60%) and multiracial (3.40%) survivors and victims remained consistent with previous years. Native

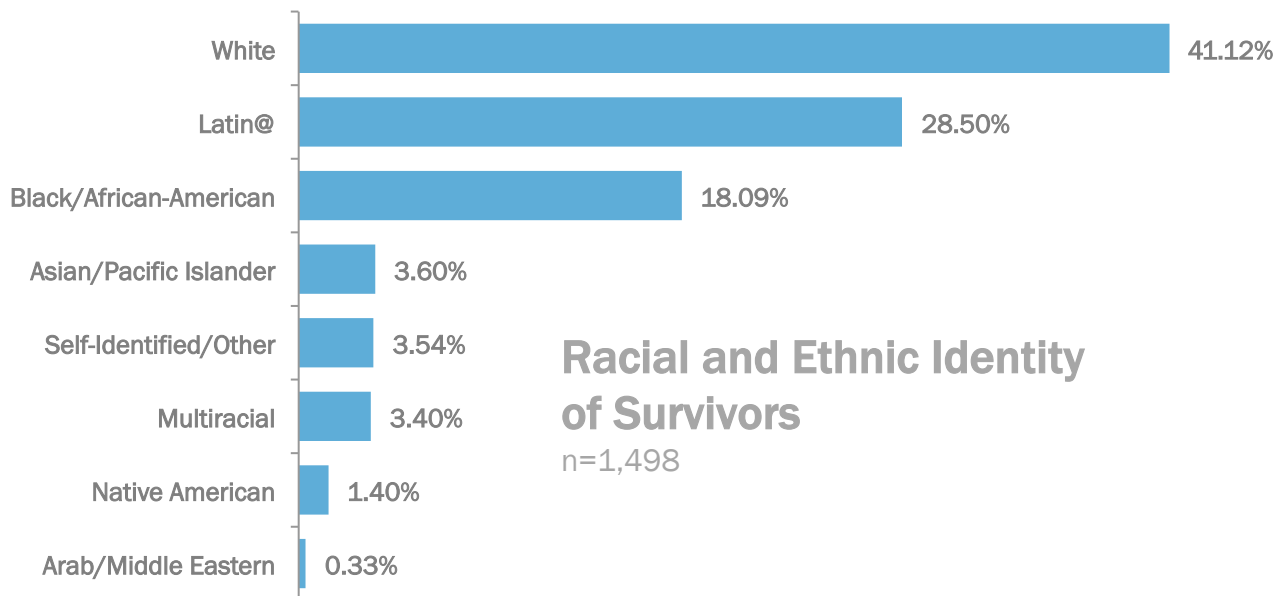
American survivors and victims made up 1.40% of overall survivors and victims, a slight decrease from 2012 (2%). Arab and Middle Eastern survivors and victims represented 0.33% of the total, another small decrease from 2012 (0.61%). Self-Identified/Other survivors and victims made up 43.54% of total survivors and victims, a decrease from 2012 (4.87%).¹² The low rates of reporting for Native American, Asian Pacific-Islander, and South Asian survivors means that meaningful data analysis cannot be conducted on experiences of hate violence among these communities. NCAVP member programs continually strive to reach out to these communities and create programs that serve people of color communities. In all, the number of survivors reporting to NCAVP who identify with various racial and ethnic groups remains consistent from year to year. Although we see certain shifts in specific ethnic and racial populations depending on programming, outreach, and interventions targeted at specific communities by member programs, the overall composition remains fairly stable every year.

Racial and Ethnic Identity of Survivors

n=1,498



¹² NCAVP members document the racial identities that survivors disclose to them, therefore survivors and victims can select multiple racial identities.

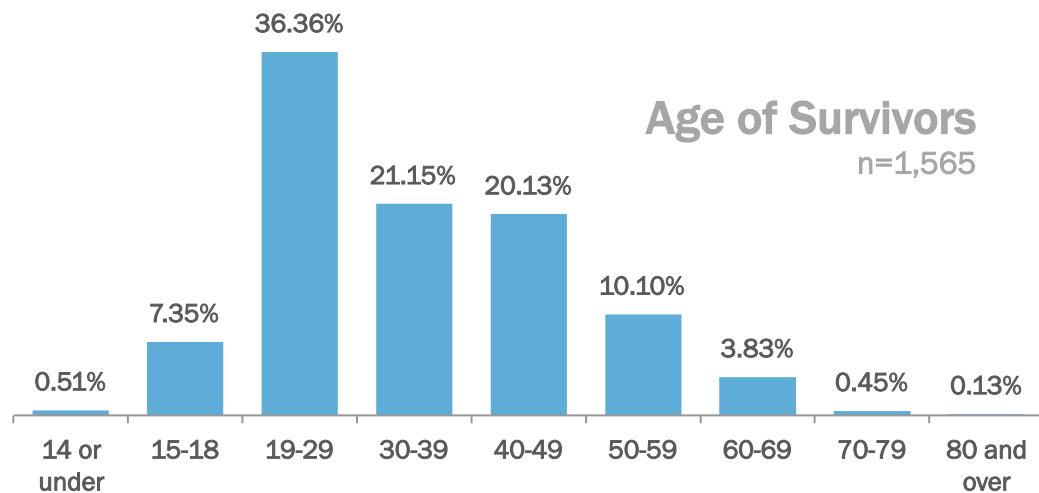


Consistent with 2012, White survivors and victims are underrepresented within NCAVP's reports. People who identify as White (non-Hispanic or Latin@) accounted for 63% of the general population within the United States in 2012, but they made up only 41.12% of NCAVP's survivors and victims.¹³ Latin@ survivors are overrepresented within NCAVP's reports, representing almost 17% of the population in the U.S. yet 28.50% of survivors reporting hate violence incidents to NCAVP in 2013. The number of Black and African American survivors are relatively consistent with the overall population, representing approximately 13% of the general population and making up 18.09% of reports in 2013. The number of Asian/Pacific Islander and Native American survivors and victims who report to NCAVP closely mirror the general population of the United States. Asian/Pacific Islander survivors and victims made up 3.60% of total reports to NCAVP, and 5% of the U.S. population. Native American survivors and victims made up 1.40% of total reports to NCAVP, and 1.2% of the U.S. population.

To some degree, the overrepresentation of people of color in NCAVP's reporting population may be explained by the location of reporting member programs in urban areas and states with significantly higher numbers of immigrant communities and communities of color. This report contains data from states known for high Latin@ populations such as: Arizona, California, Colorado, Illinois, New York, and Texas. Many programs also reside in regions with high populations of Black and African American

¹³ U.S. Census Bureau. "State & county Quick facts: Data derived from Population Estimates, American Community Survey" (2012, January 12). Accessed from: <http://quickfacts.census.gov> April, 2013.

people. These numbers demonstrate NCAVP's member programs' outreach efforts within LGBTQ and HIV-affected communities of color. For example, NCAVP member organization CUAV in San Francisco, California does extensive outreach to low-income communities of color, and in 2013 more than 60% of the survivors and victims who reported to CUAV identified as Latin@ or Black. In addition to outreach and programming from NCAVP members, these figures also reinforce that LGBTQ and HIV-affected people of color are at higher risk for violence.



AGE

Survivors and victims between the ages of 19-29 represented 36.36% of overall hate violence survivors and victims in 2013, a slight increase from 2012 (35.8%). Survivors and victim between the ages of 30-39 represented 21.15% of reports, a slight increase from 2012 (18.67%). Ages 40-49 made up 20.13% of reports, a significant increase from 2012 (11.63%). Ages 50-59 represented 10.10% of reports, a slight decrease from 2012 (9.21%). Ages 15-18 represent 7.35% of reports, a slight increase from 2012 (4.08%). Ages 60 and above continue to be the least represented age group (4.41%) accounting for less than 5% of total survivors in 2013, which although slightly higher than 2012 is still relatively consistent as the least represented age category for NCAVP. The large representation of reports from ages 19-29 people may result from several factors. Many of NCAVP's member programs have programming and outreach directly targeted to youth and young adults including the Branching Seedz of Resistance youth organizing project of the Colorado Anti-Violence Program and the KC LOVE project of the Kansas City Anti-Violence Project. NCAVP's member program in Houston, the Montrose Center, also established partnerships with local schools which account for an increase in the population of youth (15-18) survivors of hate violence. NCAVP is also consistently increasing the number of elder survivors (ages 60 and above) each year although older survivors of hate violence are still largely underrepresented in NCAVP statistics.

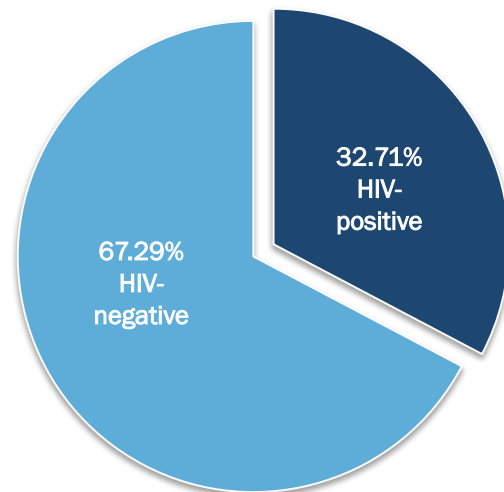
HIV STATUS

Of the survivors and victims who disclosed their HIV status in 2013, 32.71% were HIV-positive, an increase from 2012 (27.40%), while the number of HIV-negative survivors reduced in relation to 2012. This high proportion of HIV-affected community members can suggest an increased risk of violence for HIV-affected people as well as a high number of HIV affected survivors and victims feeling safe to report to NCAVP member organizations. This interpretation is reinforced as the number of people disclosing HIV status to NCAVP (both positive and negative) increased by almost 100%, while the overall number of survivors decreased. Many NCAVP member programs have outreach initiatives that focus on HIV-affected communities, which can also lead to a high proportion of HIV-affected community members reporting hate violence. It is important to highlight

the disproportionate impact HIV has on the LGBTQ and HIV-affected community. As of April, 2013, studies indicate that 1 in 5 young gay and bisexual men are living with HIV.¹⁴ While the percentage of people who were HIV-positive was much higher in NCAVP's sample than the percentage nationwide, a low number of survivors and victims (431) provided this information to NCAVP. This could be due to the sensitive nature of discussing HIV-status and may mean that these statistics may not be fully reflective of the experiences of all the survivors and victims that NCAVP served.

HIV Status of Survivors

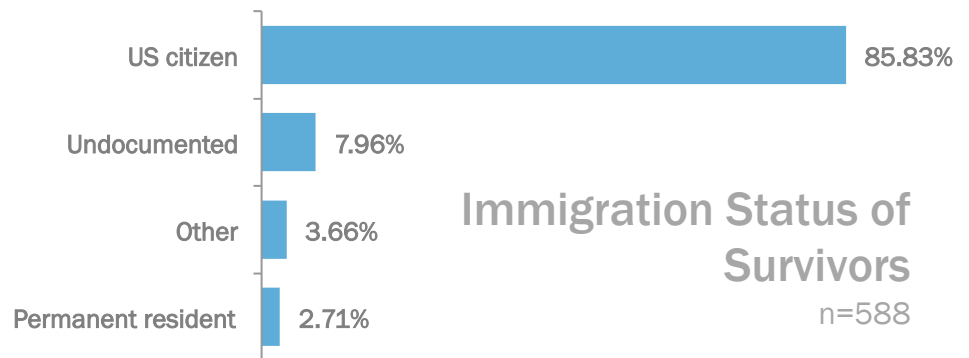
n=431



¹⁴Centers for Disease Control and Prevention (CDC), "HIV among Gay, Bisexual and Other Men Who Have Sex with Men (MSM)," (2010).

IMMIGRATION STATUS

85.83% of survivors in 2013 were US citizens, a number that has decreased slightly from 2012 (87.52%) but remains consistently the most common response by survivors through the years. Permanent residents and those whose citizenship status is described by the “other category” together represent less than 7%



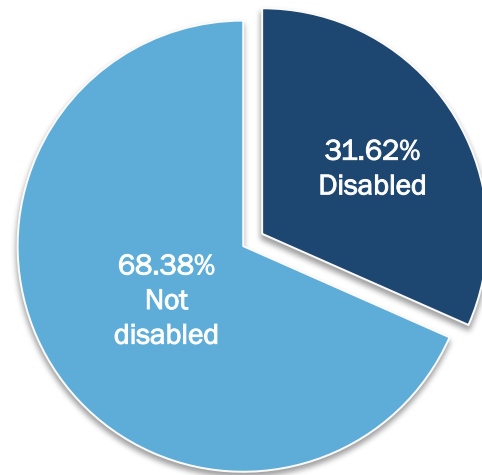
of total survivors and remains consistent with 2012 data. 2013 saw an increase in the number of undocumented survivors reporting to NCAVP. Undocumented survivors accounted for 6.43% of survivors in 2012, while in 2013 7.96% of survivors were undocumented immigrants. In absolute terms, the number of undocumented survivors rose by almost 50% in 2013. According to recent research, there are approximately 267,000 LGBTQ undocumented immigrants in the U.S.¹⁵. This increase in the number of undocumented survivors and victims in 2013 may reflect the increased visibility of immigration issues in national discourses, and more targeted outreach to immigrant communities from NCAVP members. In addition, there have been several high-profile campaigns for the rights of undocumented individuals in the U.S., a year which saw a record number of deportations of immigrants by the current presidential administration. The increased visibility of immigration causes and undocumented individuals coupled with the presence of programs that specifically address the needs of undocumented victims of violence (U-Visas) means that the intensive efforts by NCAVP member programs to reach out to undocumented communities was more effective in 2013 than in previous years, leading to a larger number of undocumented survivors seeking services and assistance. The increase in the number of undocumented survivors also demonstrates that, as NCAVP's person level-data shows, undocumented survivors are at greater risk of certain types of violence, and that living at the intersection of anti-immigrant sentiment and homophobia, biphobia, and transphobia, and often racism, may increase their risk of violence.

¹⁵ Gates, *op.cit.*

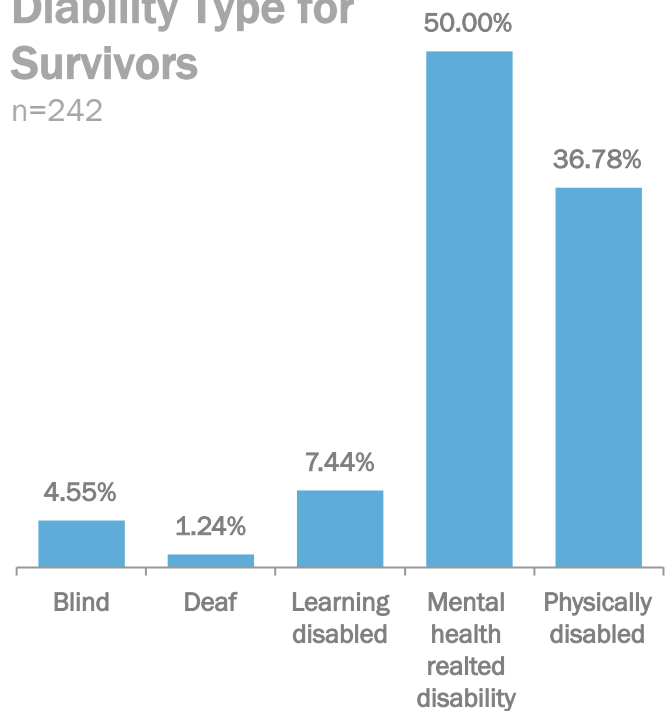
PEOPLE WITH DISABILITIES

In 2012 the overall number of disabled survivors and the number of survivors disclosing their disability status increased. Only 558 survivors disclosed their disability status in 2012, compared with 838 survivors disclosing in 2013. However, this also meant that the percentage of survivors that reported having disabilities decreased in relation to the total number of survivors; In 2013 31.62% of survivors and victims reported having a disability while in 2012 that number was 40.14%. This means that NCAVP served more survivors with disabilities in 2013 (265) than in 2012 (224). Of those who reported having a disability, 50.00% of survivors and victims reported having a disability associated with their mental health, 36.78% of survivors and victims reported having a physical disability, 7.44% of survivors and victims reported having a learning disability, 4.55% of survivors reported being blind and 1.24% of survivors reported being deaf.¹⁶ These proportions remain relatively consistent with data from 2012. LGBTQ and HIV-affected survivors and victims with disabilities can face increased risk of hate violence in addition to specific barriers when trying to access law enforcement, medical assistance, and social services in the aftermath of an incident of violence. NCAVP will continue to document and research the intersection of anti-LGBTQ and HIV-affected hate violence and disability to better respond to the needs of LGBTQ and HIV-affected survivors and victims with disabilities.

Disability Status of Survivors
n=838



Disability Type for Survivors
n=242



¹⁶ This is the first year that NCAVP included this data in the report.

MOST IMPACTED IDENTITIES

NCAVP's person-level data allows us to highlight the identities that are most impacted by different types of hate violence. Similar to findings for 2012, this year's data suggests that LGBTQ and HIV-affected people of color, transgender people, transgender women, transgender people of color, and undocumented survivors experience more severe and deadly forms of violence while simultaneously having less access to anti-violence services and support. The data also shows that different marginalized communities face various forms of hate violence in unique ways. For example, gay men were more likely to experience physical forms of hate violence while women were more likely to experience sexual violence and discrimination. The person-level findings below help to describe the ways in which these identities are specifically impacted by hate violence in order to assist policymakers and practitioners to craft targeted programs, campaigns, policies, and legislation to address this violence.

GENDER IDENTITY

Transgender women were more likely to experience police violence, discrimination, harassment, sexual violence, threats, and intimidation. Transgender women were more likely to experience hate violence in shelters and in public areas. Transgender women were less likely to report to the police.

Much of the violence impacting transgender survivors and victims overall also impacted transgender women to similar or heightened degrees, as transgender women experience hate violence that is oftentimes based on both transphobia and sexism. The severity of violence reported by transgender women in 2013, compounded by the high proportion of transgender women homicide victims, suggests that transgender women face an alarming vulnerability to hate violence. Transgender women were 4 times more likely to experience police violence compared to overall survivors. Transgender women were 6 times more likely to experience physical violence when interacting with the police compared to overall survivors. Additionally, transgender women were 2 times as likely to experience discrimination, 1.8 times more likely to experience harassment, and 1.5 times as likely to experience threats and intimidation compared to overall survivors. Transgender women were 1.8 times more likely to experience sexual violence when compared with other survivors. In addition, transgender survivors were 1.5 times more likely to experience hate violence in public areas and 1.4 times more likely to experience hate violence in shelters. These alarming statistics demonstrate the severely pervasive violence and harassment that transgender women face from both the police and overall society. These findings suggest a need for targeted interventions and violence prevention focused on transgender women, and strategies to address and prevent transphobic law enforcement violence.

Transgender people were more likely to experience police violence and physical violence from law enforcement. The breadth and severity of violence reported by transgender people in 2013 highlights the specific vulnerability of transgender communities to severe violence. Transgender people were 3.7 times more likely to experience police violence compared to cisgender survivors and victims. Transgender people were 7 times more likely to experience physical violence when interacting with the police compared to cisgender survivors and victims. Transgender communities' experience of discriminatory and violent policing can be a barrier to accessing critical support in the aftermath of violence, placing transgender people at greater risk when they do experience violence. Additionally, this data suggests that transgender people are experiencing hate violence directly from the police, who are charged with protecting people. NCAVP will continue to examine these dynamics in addition to researching specific programs to address the severity of transphobic violence.

Transgender people were more likely to experience discrimination, harassment, threats, and intimidation. Transgender people were 1.8 times more likely to experience discrimination compared to cisgender survivors and victims. Transgender people were 1.4 times more likely to experience threats and intimidation compared to cisgender survivors and victims. In addition, transgender survivors and victims were 1.5 times more likely to experience harassment when compared to other survivors. Discrimination, harassment, threats, and intimidation can often go together and can impact the mental health, access to services, access to housing, and access to employment for transgender communities. These factors in turn can create a vicious cycle by increasing the risk for additional forms of violence. This data highlights a crucial issue that transgender people are disproportionately impacted by multiple forms of violence and discrimination, some which reinforce each other.

Transgender people were more likely to experience sexual violence. Transgender survivors were 1.7 times more likely to experience sexual violence when compared to cisgender survivors. Violence against transgender survivors is often more brutal, and often sexual in nature. Sexual violence is one of the most traumatizing forms of violence, and coupled with the restricted access to services and precarious relationship between transgender communities and law enforcement and service providers means that transgender survivors of sexual violence are disproportionately impacted.

Transgender men were more likely to be injured as a result of hate violence, more likely to experience police violence, and more likely to experience physical violence at the hands of police. Transgender men were also more likely to experience hate violence in shelters. This is the first year that NCAVP was able to report on the impact of hate violence on transgender men. 2013 data shows that transgender men are especially vulnerable to police violence, being 1.6 times more likely to experience violence from the police and 5.2 times more likely to experience physical violence perpetrated by the police. Transgender men may be profiled by the police as not being "gender conforming" which historically and currently places people at risk of criminalization and violence by the police. In addition, transgender men were 1.5 times more likely to experience injuries as a result of hate violence and 4.3

times more likely to be the target of hate violence in shelters when compared with cisgender survivors. This suggests that transgender men face severe violence, and violence within systems designed to provide social support. These findings highlight that shelters may be extremely dangerous for transgender men.

Men were more likely to report incidents of hate violence to the police and more likely to receive a hate crime classification. Men were 1.6 times more likely to report incidents of hate violence to police compared to survivors and victims who did not identify as men. In addition, men were also 1.7 times more likely to receive a hate crime classification by the police. Men are far more likely to have favorable interactions with law enforcement than other communities. Men, especially White men who represent a plurality of hate violence incidents reported to NCAVP, may historically have greater access to services and police reporting than other LGBTQ and HIV-affected survivors and victims.

Men were more likely to experience physical violence, injury, and require medical attention. Men were 1.3 times more likely to experience physical hate violence when compared with other survivors. Men were 1.7 times more likely to require medical attention compared to survivors and victims who did not identify as men. Men were 1.4 times more likely to experience injury compared to other survivors and victims. Physical violence is likely to result in injuries and require medical attention. Disproportionate experiences of physical violence, injury and needed medical attention highlight the need for first responders to be LGBTQ and HIV-affected culturally competent to ensure that the specific needs of men survivors and victims are met.

Cisgender women were more likely to experience sexual violence and more likely to experience violence in the workplace. This is the first year that NCAVP has published data for cisgender women, as the severity of violence faced by transgender women, which has been highlighted earlier, skewed the results of any statistical analysis done on women as an inclusive category. This data suggests that cisgender women are 1.6 times more likely to experience sexual violence and 1.6 times more likely to experience hate violence in the workplace. This shows that women experience violence in different forms than men; however the violence is no less severe.

SEXUAL ORIENTATION

Gay men survivors were more likely to report to the police, experience physical violence, more likely to experience violence in public areas, more likely to experience injury, and more likely to require medical attention. Gay men survivors were 1.4 times more likely to experience physical violence. It is likely that societal constructions of masculinity lead to men, specifically gay men, being more at risk of physical altercations and violence. The increased risk of physical violence against gay men places gay men at higher risk of injury. Specifically, gay men were 1.4 time more likely to experience injury as a

result of hate violence and 1.7 times more likely to require medical attention. That gay men were 1.6 times more likely to experience violence in public areas suggests that gay men may be at particular risk of violence when in public spaces.

Lesbian survivors were more likely to experience discrimination and harassment, more likely to experience sexual violence, and more likely to experience violence in the workplace. Lesbian survivors were 1.2 times more likely to experience sexual violence. Lesbian survivors were 1.4 times more likely to experience discrimination and harassment, and 1.8 times more likely to experience violence in the workplace. Lesbian survivors may experience disproportionate forms of hate violence due to the intersections of sexism and anti-LGBTQ bias. Women have historically been barred from the workforce, and on average continue to be paid less than men, which may contribute to lesbian women's increased risk of experiencing violence in the workplace. Women also experience higher rates of public sexual harassment due to sexist attitudes towards women, and sexual violence has long been associated with a form of violence used against women to enforce gender roles and men's dominance over women. These findings highlight the unique needs of lesbian survivors, and implications for specific prevention and intervention strategies targeted at lesbian women.

LGBTQ AND HIV-AFFECTED PEOPLE OF COLOR

Transgender people of color were more likely to experience police violence, physical violence by the police, sexual violence, violence in shelters, discrimination, threats and intimidation, and were more likely to require medical attention as a result of hate violence. Transgender people of color faced multiple disproportionate experiences of violence. Transgender people of color were 2.7 times more likely to experience any form of police violence and 6 times more likely to experience physical violence from the police compared to White cisgender survivors and victims. Transgender people of color were 1.5 times as likely to experience discrimination, 1.5 times more likely to experience threats and intimidation, 1.5 times more likely to experience sexual violence compared to White cisgender survivors and victims. In addition, transgender people of color were 1.8 times more likely to experience hate violence in shelters. The intersection of racism and transphobia can make these survivors and victims more vulnerable to violence and more likely to experience discrimination and violence from direct service providers and law enforcement. This is a deadly combination for these survivors and victims and highlights the urgent need for specific programs, research, policies, and legislation to increase the safety of transgender people of color.

LGBTQ and HIV-affected people of color were more likely to experience physical violence, discrimination, threats and intimidation, police violence, and violence in the workplace and in public areas. LGBTQ and HIV-affected people of color were more likely to be injured and require medical attention as a result of hate violence. LGBTQ and HIV-affected people of color were more likely to receive hate violence classification by police. LGBTQ and HIV-affected people of color were 1.7 times more likely to receive hate violence classification by the police compared to White LGBTQ survivors. The high rates of hate violence classification suggests that LGBTQ people of color are at greater risk to severe injury which requires emergency medical attention and is often consequently reported to the police. This is supported by the fact that LGBTQ and HIV-affected people of color were also 1.5 times as likely to experience physical violence compared to White LGBTQ and HIV-affected survivors and were 1.4 times more likely to experience violence in the street or a public area. In addition, LGBTQ people of color were 1.7 times more likely to experience hate violence at the workplace when compared to other survivors. LGBTQ and HIV-affected people of color were also 1.7 times as likely to experience discrimination and 1.6 times more likely to experience threats and intimidation compared to White LGBTQ survivors. LGBTQ people of color were 1.7 times more likely to be injured and 2.0 times more likely to require medical attention as a result of hate violence when compared with other survivors. These numbers highlight the severe impact of violence that LGBTQ and HIV-affected people of color experience.

Black survivors were more likely to experience physical violence, threats and intimidation, more likely to be injured, require medical attention, and to be harassed in public areas. The experience of hate violence for Black LGBTQ and HIV-affected survivors lies at the intersection of racism, homophobia, transphobia, and biphobia. Black LGBTQ and HIV-affected individuals, similar to other people of color communities, not only face homophobia, biphobia, and transphobia from members of their own communities and society at large, but also face structural and interpersonal racism that exacerbates their experiences of hate violence. The data analysis shows that Black survivors were 1.4 times more likely to experience any physical violence and 2.0 times more likely to experience threats and intimidation during incidents of hate violence. The experience of Black LGBTQ and HIV-affected survivors of hate violence may be connected to the historical oppression of Black communities in the United States through slavery, racial segregation, Jim Crow laws, and the high rates of police profiling and incarceration of Black men. That racism still exists is clearly demonstrated by the levels of poverty, police brutality, unemployment, and rampant discrimination faced by Black communities to this day. The experience of hate violence, therefore, is disproportionately impactful for LGBTQ and HIV affected Black individuals. The data from 2013 shows that Black survivors were also 1.4 times more likely to be injured and 2.0 times more likely to require medical attention as a result of hate violence, demonstrating the physical impact of the intersection of racism, homophobia, transphobia, and biphobia. Black survivors were also 1.4 times more likely to be harassed in public areas, highlighting that Black LGBTQ and HIV-affected people may be at a higher risk of public violence.

Latin@ survivors were more likely to experience discrimination, more likely to be injured, more likely to experience police violence, report to the police, experience physical violence by the police, and experience hate violence at the workplace. Xenophobia and anti-immigrant bias likely play a major role in the experience of bias against Latin@ survivors of hate violence. That Latin@ LGBTQ and HIV-affected survivors are disproportionately impacted by hate violence is supported by data that shows that Latin@ survivors were 1.5 times more likely to be injured due to incidents of hate violence. Latin@ survivors were also 1.5 times more likely to experience police violence, much like the experiences of other communities of color due to the historical maltreatment of communities of color at the hands of the police. However, data in 2013 also suggests that Latin@ survivors were 1.9 times more likely to report hate violence to the police. NCAVP data shows that higher rates of reporting to the police are likely associated with experiencing police violence. Latin@ survivors were also 2.1 times more likely to experience violence at the workplace, another indication of the intersections of racism and anti-LGBTQ and HIV bias.

LGBTQ AND HIV-AFFECTED UNDOCUMENTED PEOPLE

Undocumented survivors were more likely to report to the police and to experience police violence, violence in the workplace and public areas, threats, intimidation, and discrimination. Undocumented survivors were also more likely to experience sexual violence, physical hate violence, injury, and to require medical attention. Undocumented survivors were 1.7 times more likely to report to the police and 1.4 times more likely to experience police violence, 1.4 times more likely to experience violence in the workplace and public areas, 1.6 times more likely to experience threats and intimidation and 1.8 times more likely to experience discrimination. Undocumented survivors were 3.4 times more likely to experience sexual violence, 3.0 times more likely to experience physical hate violence, and 3.5 times more likely to experience any physical violence. Undocumented survivors were also 2.0 times more likely to experience injury as a result of hate violence and 1.7 times more likely to require medical attention. As discussed in fuller detail in the discussion section, undocumented LGBTQ and HIV-affected people live at the intersections of severe anti-immigrant sentiment and homophobia, biphobia, and transphobia. The current political climate is very hostile towards undocumented immigrants, and current policies are overwhelmingly focused on immigration enforcement through the arrest, detention, and deportation of undocumented people. The high rates of reporting to the police by undocumented survivors is most likely linked to the higher rates of physical violence and injury reported by undocumented survivors. In many instances where survivors require medical attention first responders have to report the incident to the police, and as undocumented survivors are more likely to experience injury as a result of hate violence the rates of reporting to the police are also higher. In addition, specific limited immigration protections such as U and T-visas may also contribute to undocumented survivors' willingness to report to the police. This data highlights concerning levels of violence against LGBTQ and HIV-affected undocumented people.

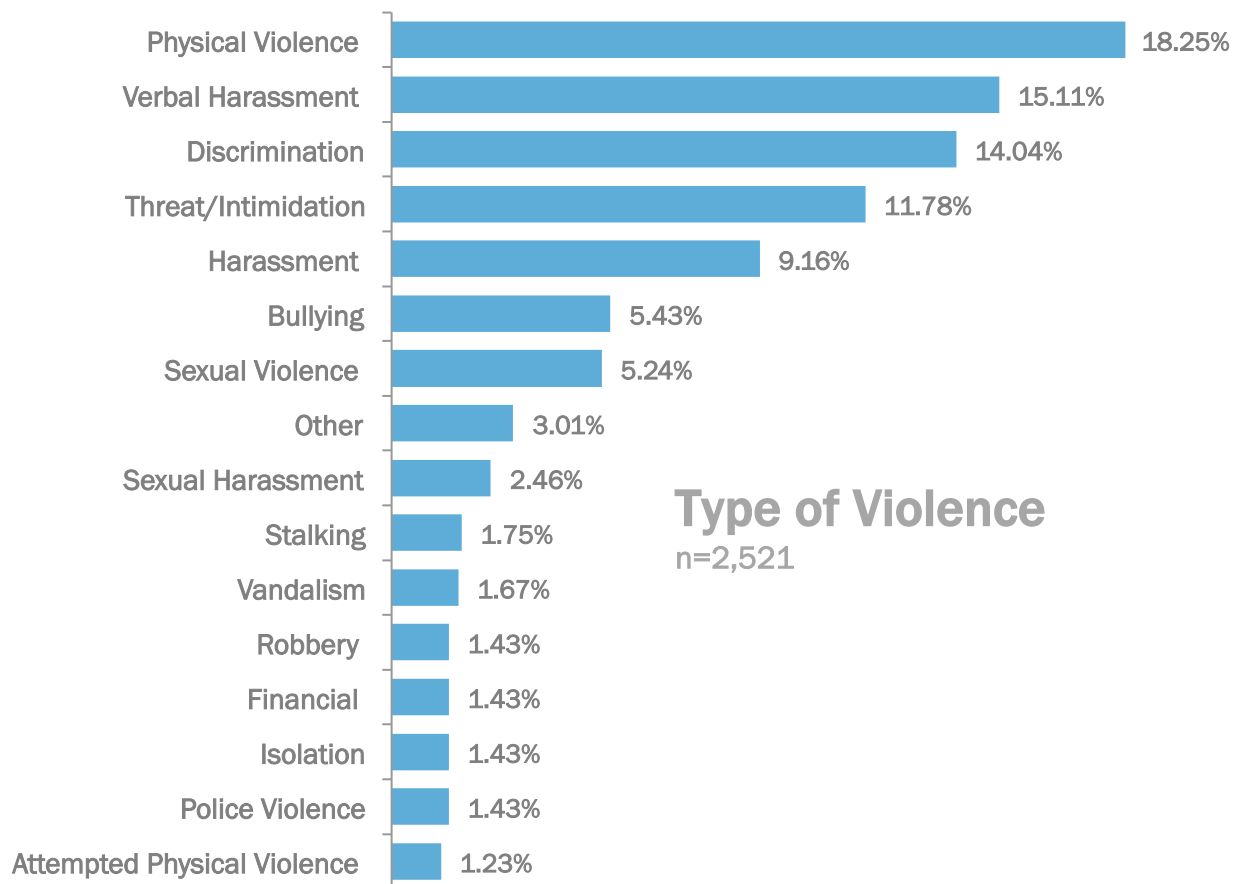
17

TRENDS

IN ANTI-LGBTQ AND HIV-AFFECTED HATE VIOLENCE

This section provides data and analysis on the dynamics of relationships between survivors and offenders, as well as survivors' experiences with injury and efforts to access safety, services, and support.

¹⁷ The total number of responses in this category can exceed the total number of reports because survivors can select multiple categories.



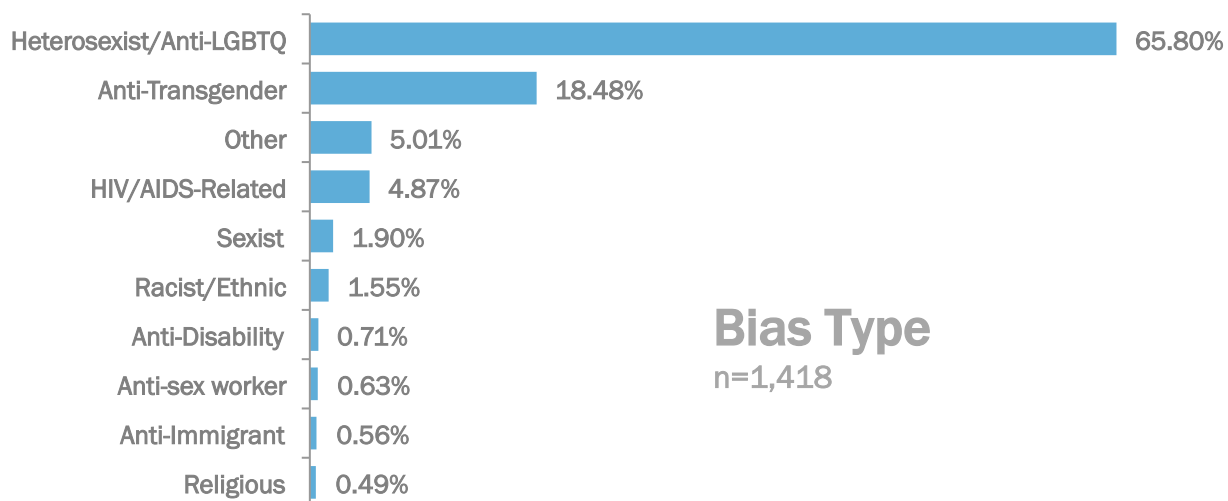
TYPES OF HATE VIOLENCE

In 2013 NCAVP member programs saw a large increase in reports of physical violence and verbal harassment. While physical violence accounted for only 10.8% of reported cases in 2012, that proportion increased to 18.25% in 2013 while verbal harassment increased to 15.11% of cases from 13.63% in 2012. Although the number of survivors reporting on type of hate violence experienced decreased in 2013, the number of survivors reporting physical violence increased by close to 20%. There was also a marked increase in the number of cases of sexual violence, which accounted for 5.24% of reported hate violence incidents. There is no simple explanation to this increase in number of cases of physical violence. In 2013 NCAVP documented many instances of brutal violence against LGBTQ and HIV-affected communities and member programs supported survivors of high profile cases of hate violence. Apart from the noteworthy increase in number of incidents of physical violence, all

other categories of violence types remained relatively consistent from previous years. The number of survivors experiencing discrimination as a form of hate violence went from 16.52% in 2012 to 14.04%, a small decrease. Harassment accounted for 9.16%, of reports, a slight decrease from 2012 (9.66%). Threats and intimidation accounted for 11.78% of total reports of hate violence a slight decrease from 2012 (12.69%). Bullying accounts for 5.43% of hate violence incidents, remaining consistent with data from 2012. Robberies decreased sharply from 2012 (5.04%) to 1.43% of total hate violence incidents. All other categories of violence each made up less than 3% of all incidents, which are similar to their values for 2012. These findings point to the increasing diversity of hate violence that LGBTQ and HIV-affected people experience. This data also suggests a need to continue prevention and response efforts that include initiatives that address multiple forms of anti-LGBTQ and HIV-affected violence, ranging from anti-bullying education, to institutional change to end harassment, to homicide prevention efforts.

BIAS TYPE

In 2013, 65.80% of survivors and victims reported anti-LGBTQ/heterosexist bias, an increase from 2012 (59%), but consistently the most common bias for incidents of hate violence. 18.48% of bias reports were anti-transgender, remaining consistent with data from 2012; it must be noted here that transgender survivors account for only 13.14% of total survivors which shows the disproportionate impact of anti-transgender bias against LGBTQ and HIV-affected communities. Reports of anti-immigrant bias decreased sharply from 2012 when 4.46% of survivors faced anti-immigrant hate violence while only .49% of survivors in 2013 reporting the same. The largest increase was reported in instances of HIV-related bias, which increased from 1.82% in 2012 to 4.87% in 2013. This may largely be due to targeted outreach to HIV positive survivors of violence and the greater number of survivors disclosing HIV-status to NCAVP members. All other bias types were reported less in 2013.



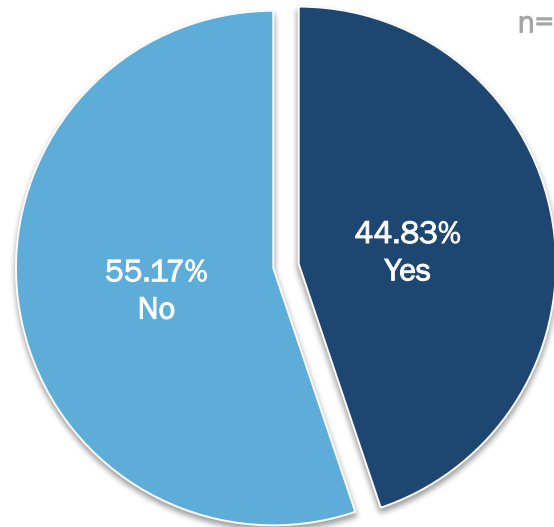
POLICE RESPONSE

Only 44.83% of survivors reported to the police, a large decrease from 2012 (56.49%). Although the proportion of survivors reporting to the police decreased in relation to the total number of survivors, the actual number of survivors reporting to the police increased from 2012. While 418 survivors reported in 2012, 447 did so in 2013. This could suggest an increase in LGBTQ and HIV-affected survivors comfort level in reporting to the police. In fact, many local LGBTQ programs reported creating stronger ties with local police departments, and nationally police and law enforcement personnel are being trained in LGBTQ competency with more frequency.

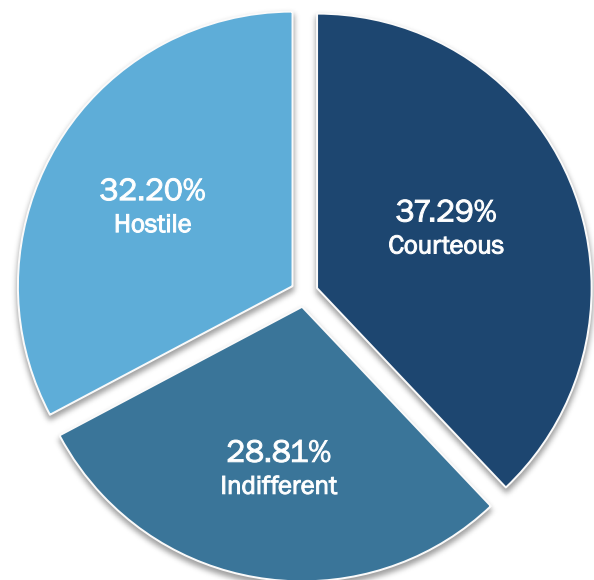
Despite this shift, more than half of LGBTQ and HIV-affected survivors and victims did not report to the police, indicating that substantial barriers to police reporting and high amounts of mistrust continue to exist for many LGBTQ and HIV-affected hate violence survivors and victims. NCAVP will continue to create strategies to support LGBTQ and HIV-affected survivors and victims that do not rely on police reporting while simultaneously working to increase the LGBTQ and HIV-affected cultural competency of law enforcement.

Only 37.92% of survivors and victims who interacted with law enforcement in 2013 reported that the police were courteous. This is a decrease from 2012, when 42.58% of survivors and victims reported courteous interactions with the police.

Reported to Police
n=997

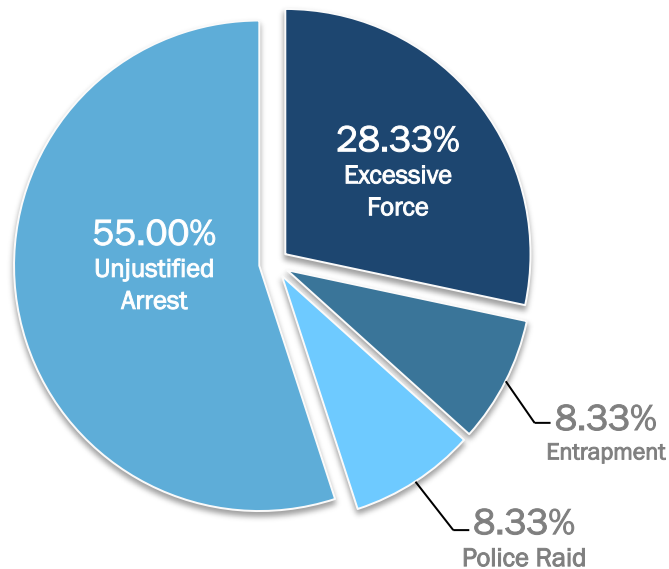


Police Attitude
n=118



Type of Police Misconduct

n=60

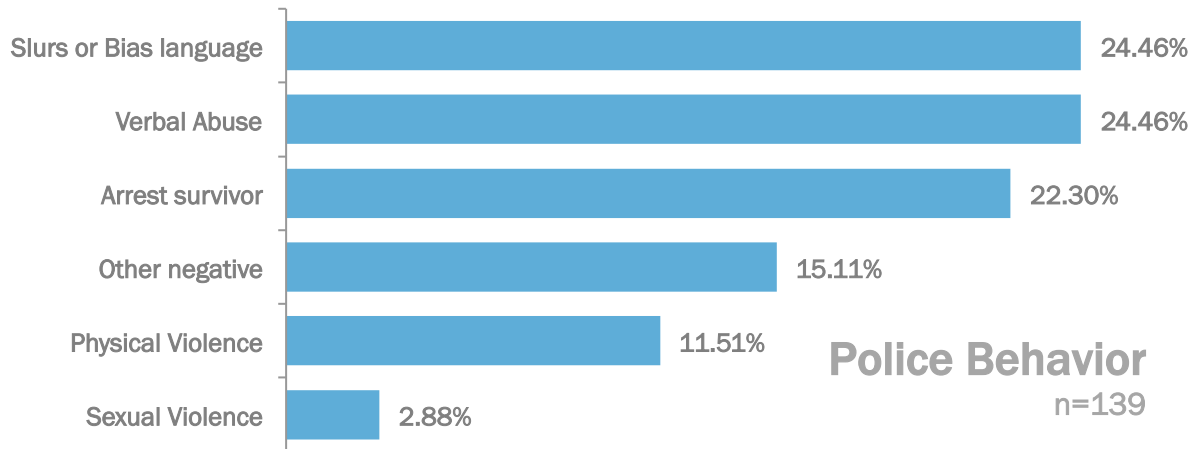


32.20% of survivors reported hostile attitudes from the police in 2013, an increase from 26.77% in 2012. 28.81% of survivors reported indifferent attitudes from the police in 2013, a decrease from 2012 (20.65 %).

This increase in hostile attitudes from police and law enforcement personnel may be due to the increased number of transgender and undocumented survivors reporting to NCAVP, as both communities are at higher risk of experiencing violence at the hands of the police. This increase in hostile police attitudes is alarming particularly since many NCAVP member programs in 2013 continued or increased programming to educate law enforcement, first responders, and other direct

service providers on the specific needs of LGBTQ and HIV-affected survivors of violence. Member programs such as OutFront in Minneapolis, Minnesota, Los Angeles Gay and Lesbian Center in Los Angeles, California, BRAVO in Columbus, Ohio, the Kansas City Anti-Violence Project in Kansas City, Missouri, Montrose in Houston, and the New York City Anti-Violence Project all have police training programs where officers receive LGBTQ cultural competency training. This data suggests that the majority of LGBTQ and HIV-affected survivors and victims who report this data to NCAVP are having indifferent and hostile experiences with the police. Due to these experiences survivors and victims may choose to not engage with law enforcement in the future. NCAVP will continue to document this trend in future reports.

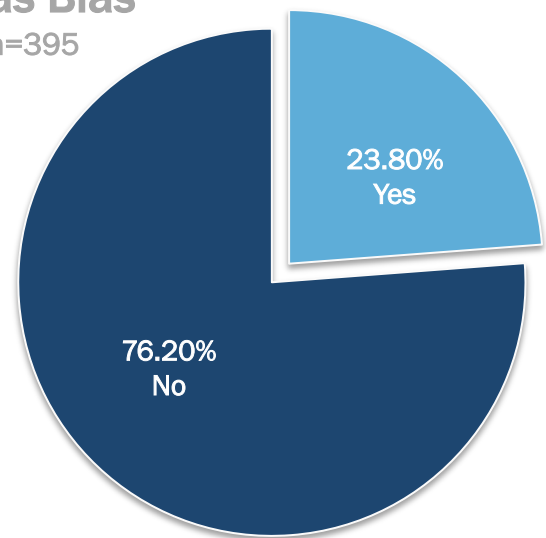
Of the survivors who interacted with the police and experienced hostility and police misconduct, 55.00% reported being unjustly arrested by the police which remains consistent with data from 2012, where 56.67% of survivors were unjustly arrested. Excessive force accounted for 28.3% of police misconduct, which is exactly consistent with 2012 (28.33%). Entrapment accounted for 8.33% of police misconduct, down from 11.7% in 2012. Police raids accounted for 8.33% of police misconduct, a large increase from 2012 (3.33%). This increase in the number of police raids might stem from an increase in number of transgender and undocumented survivors of violence reporting in 2013. Not only are these communities especially vulnerable to police violence, but are more likely to be targeted by police personnel. The number of survivors and victims reporting their experiences of police misconduct remained exactly the same from 2012 to 2013 at 60 reports.



LGBTQ and HIV-affected survivors and victims in 2013 experienced various forms of negative police behavior. Verbal abuse, which can include threats, insults, and intimidating language, accounted for 24.46% of reports, a decrease from 2012 (29.29%). In contrast, slurs and biased language were used by the police in 24.46% of cases of police misconduct, up from 15% in 2012. Physical violence accounted for 11.51% of reports, a decrease from 2012 (21.43%). Police arrested survivors and victims in 22.30% of reports in 2013 while the data showed that 20% of survivors were wrongfully arrested in 2012. Other negative behavior accounted for 15.11% of reports, a decrease from 2012 (10%). Sexual violence accounted for 2.88% of reports.¹⁸ Police misconduct not only re-victimizes survivors after they have experienced violence, but it can reduce trust and create barriers for LGBTQ and HIV-affected survivors to seeking support from law enforcement and anti-violence programs. Police misconduct can also contribute to a fear of re-victimization when survivors report to the police. In order to address these issues police officers should be held accountable for incidents of homophobic, biphobic, and transphobic violence and harassment, and LGBTQ cultural competency training efforts should continue.

In 2013, 23.80% of hate violence incidents reported to the police were classified as bias incidents, also known as hate crimes. This is a substantial decrease from 2012, when 77.24% of the cases were classified as a hate crime. In addition, prosecutors were even less

Police Classify as Bias
n=395



¹⁸ Sexual Violence was included in “other negative” police behavior in 2011.

likely to classify incidents of hate violence as hate crimes, as only 2.73% of prosecutors classified incidents of hate violence as hate crimes. Bias classification often increases the minimum sentence for the crime in order to acknowledge the impact that hate violence has in causing fear to the community at large in addition to the individual. For many survivors and victims, bias classification is a critical component of having their incident acknowledged as hate violence, and this assists in their healing process after an incident of violence. Bias classification also allows for the recognition and documentation of homophobia, biphobia, and transphobia as underlying motivations of anti-LGBTQ and HIV-affected violence.

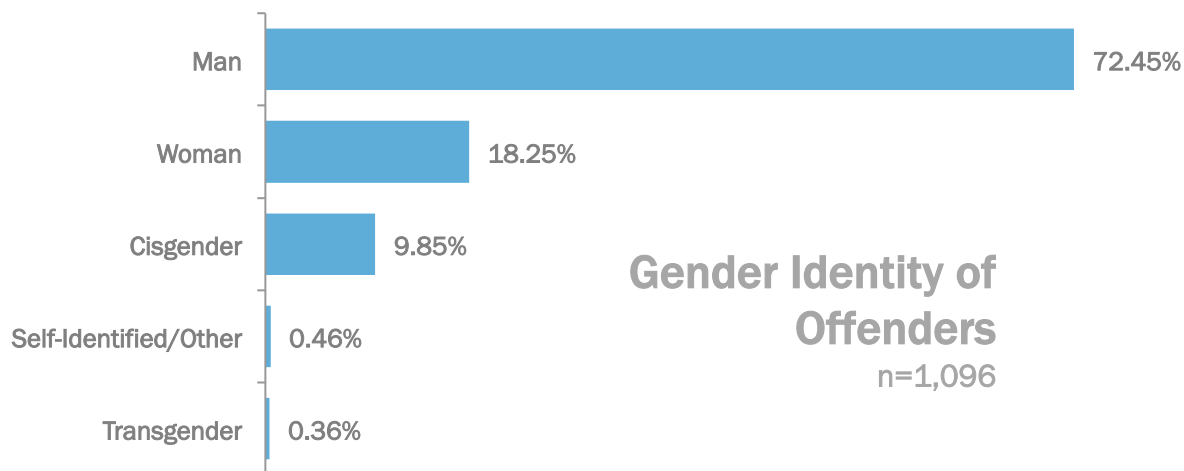
The enhanced penalties that come with most hate crime legislation is also heavily criticized within LGBTQ and HIV-affected communities. Many LGBTQ and HIV-affected individuals and organizations feel that bias crime laws are not preventative and can be disproportionately used against communities of color. Recognizing the many documented racial and economic biases within the criminal legal system, some LGBTQ and HIV-affected survivors and victims are wary about using the criminal legal system to address the violence that they experience. Another issue with bias crime classification is that federal hate crime reporting guidelines require that a hate crime be classified as motivated by a single type of bias. Therefore, a hate incident which was motivated by racism and homophobia would be reported as motivated by race or sexual orientation, which fails to demonstrate and address the multiple forms of bias involved.

OFFENDER DEMOGRAPHICS

The following charts offer an overview of aggregate data on offender demographics, as reported by survivors and victims, or the media in a small number of cases. This data differs from crime statistics and the survivor/victim demographics because the anti-violence programs are unlikely to have direct contact with the offender to verify this information. This information is based on survivor reports, which particular for unknown offenders, can be biased or based upon on assumptions and approximations. These findings summarize age, racial and ethnic identity, and gender identity, of hate violence offenders in 2013.

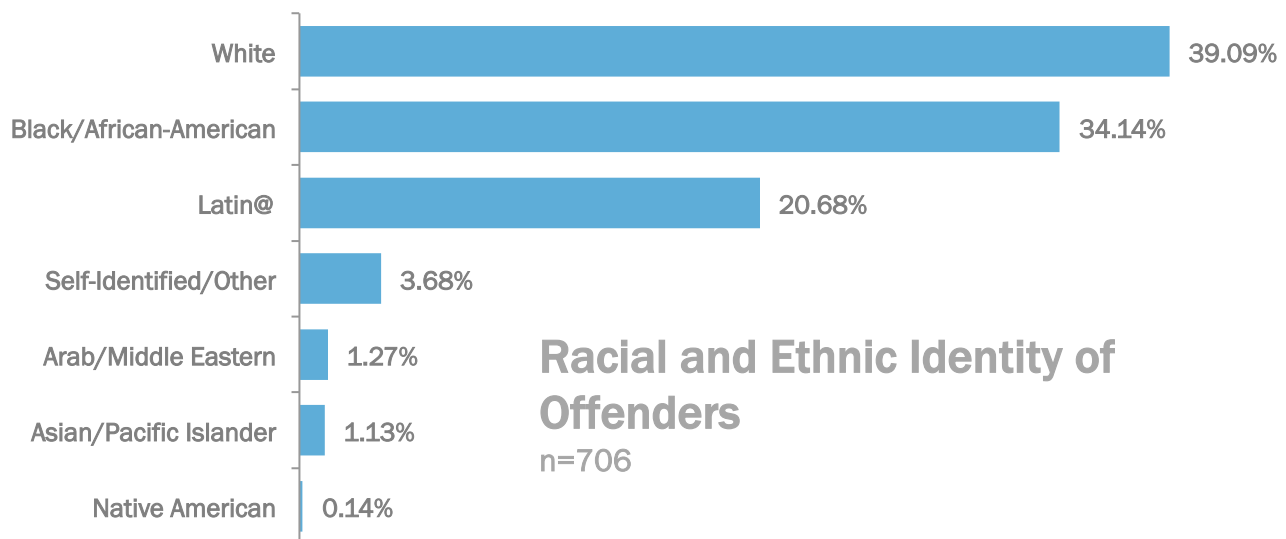
GENDER IDENTITY OF OFFENDERS

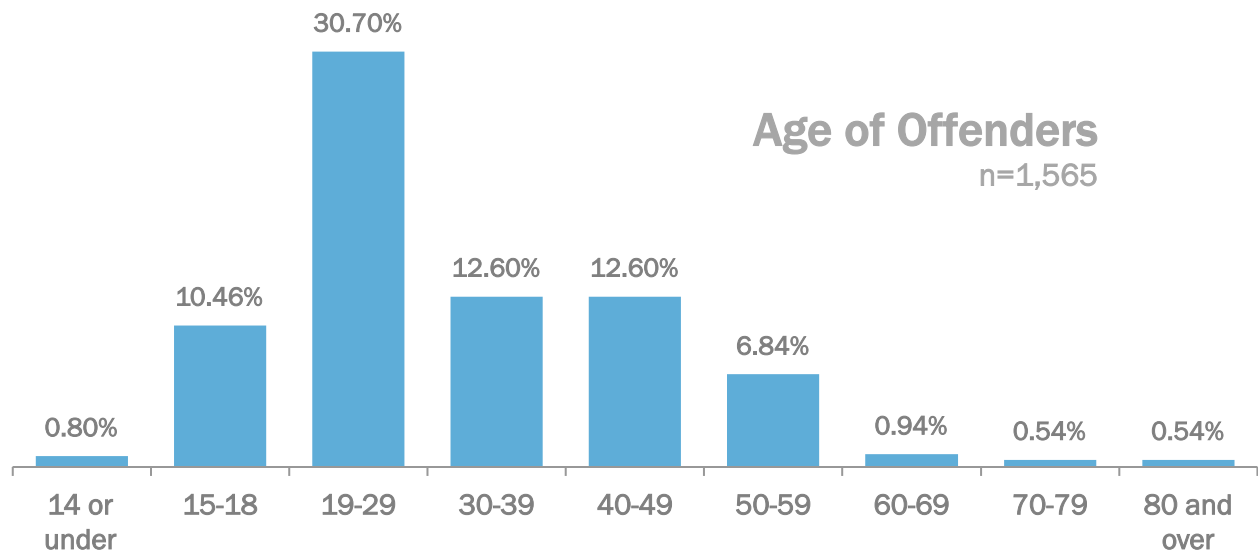
In 2013, male offenders were the majority of the perpetrators of hate violence, representing 72.45% of reports of hate violence offenders, a large increase from 2012 (43.49%). Women made up 18.25% of offenders, an increase from 2012 (9.52%). These increases in the number of male and female perpetrators are due to the decrease in the reporting of the number of offenders identified as cisgender, although it would be safe to assume that a large majority of those offenders identified as men and women are also cisgender individuals. Transgender, intersex, and other self-identified offenders account for less than 1% of offenders in instances of hate violence. These findings suggest, similar to age, that offenders are more likely to target people of the same identity they hold, except for hate violence incidents involving transgender survivors, who usually identify the person who acted violently against them as cisgender. This is the second year that NCAVP has collected this data, and we believe that the data, while reflecting the survivors and victims' perceptions, is more accurate for men and cisgender offenders than for other gender identities. This data gives policymakers and practitioners important information on the need to target hate violence prevention programs towards cisgender men.



RACIAL AND ETHNIC IDENTITY OF OFFENDERS

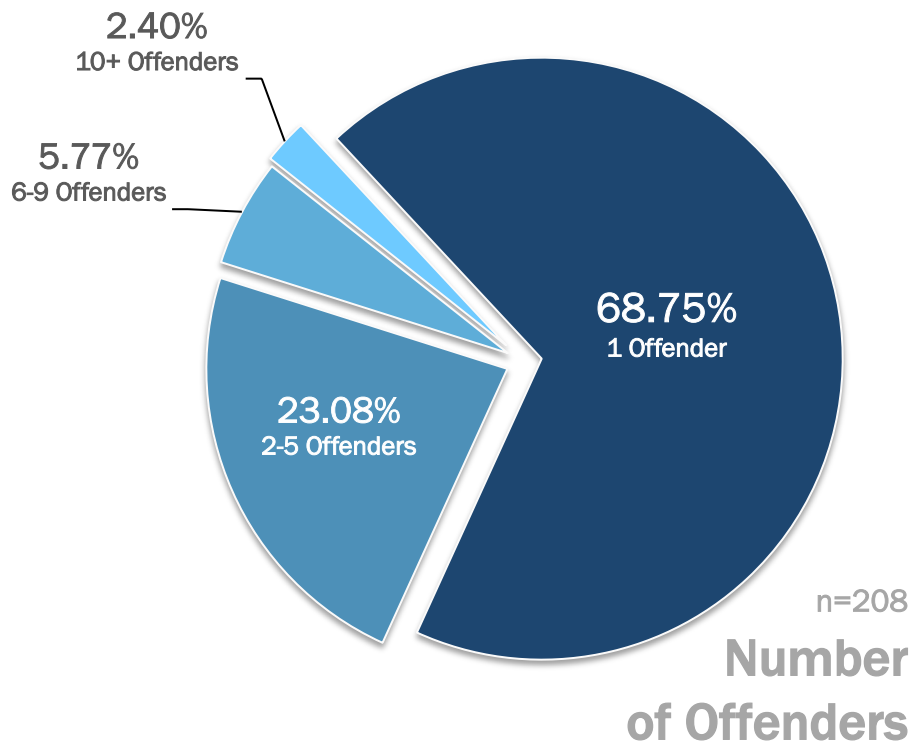
In 2013 most instances of hate violence against LGBTQ and HIV-affected communities (39.09%) were committed by offenders perceived to be White by survivors, while in 2012 White offenders accounted for 27.30% of total offenders. Black and Latina@ offenders account for 34.14% and 20.68% of offenders respectively. In 2012 Black offenders were identified in 40.7% of incidents while Latin@ offenders accounted for 25.11% of overall offenders. In 3.68% of hate violence incidents, the perpetrators were not identified as clearly belonging to a particular ethnic or racial category and were identified as “self-identified or other” by survivors which is consistent with data from 2012. Asian/Pacific Islander, Arab/Middle Eastern and Native American offenders make up a combined total of less than 3% of offender racial identities. It is important to note that offender race is based on the survivor’s perception of the offenders’ racial identity, and data in this category often does not show any particular trends from one year to the next.





AGE OF OFFENDERS

In 2013 30.70% of offenders were between 19-29, a decrease from 2012 (45.5%). Ages 30-39 and 40-49 both represent 12.60% of reports, which represents a decrease for both age categories from 18.67% and 14.79% respectively. The number of youth offenders, between the ages of 15-18 also decreased from 13.12% in 2012 to 10.46% in 2013. In contrast, the number of offenders over the age of 50 increased sharply from accounting approximately 7% of offenders in 2012 to more than 9% in 2013. The range of reported ages of offenders mirrors that of LGBTQ and HIV-affected survivors of hate violence, suggesting that offenders are likely to be close in age with the survivors. This data also shows the need for hate violence prevention strategies and LGBTQ and HIV-affected education programs targeted at youth and young adults.



TOTAL NUMBER OF OFFENDERS

In 2013 68.75% of survivors were attacked by one offender, a slight increase from 2012 (62.80%). Also in 2013, 23.08% of survivors reported 2-5 offenders, which is fairly consistent with 2012 (18.90%), and only 2.40% of survivors reported 10 or more offenders, a large decrease from 2012 (16.10%). Furthermore, 5.77% of survivors reported 6-9 offenders, which is an increase from 2012 (2.20%). The increase in multiple offenders is likely reflecting more accurate reporting by NCAVP members. NCAVP members often observe that more than other types of violence, hate violence is more likely to involve group violence. Scholars observe that hate violence is often fueled by a sense of peer approval¹⁹, which increases the amounts of offenders. Anti-LGBTQ and HIV-affected group violence may be particularly common due to a need on the part of offenders to assert their heterosexuality in front of their peers. This “peer mentality” can make hate violence incidents more severe and in some cases more deadly.²⁰

¹⁹ Hate Crimes: Characteristics of Incidents, Victims, and Offenders”, McDevitt, J., et al. Accessed from: http://www.sagepub.com/upm-data/14238_Chapter6.pdf on April 16, 2014.

²⁰ *Ibid*

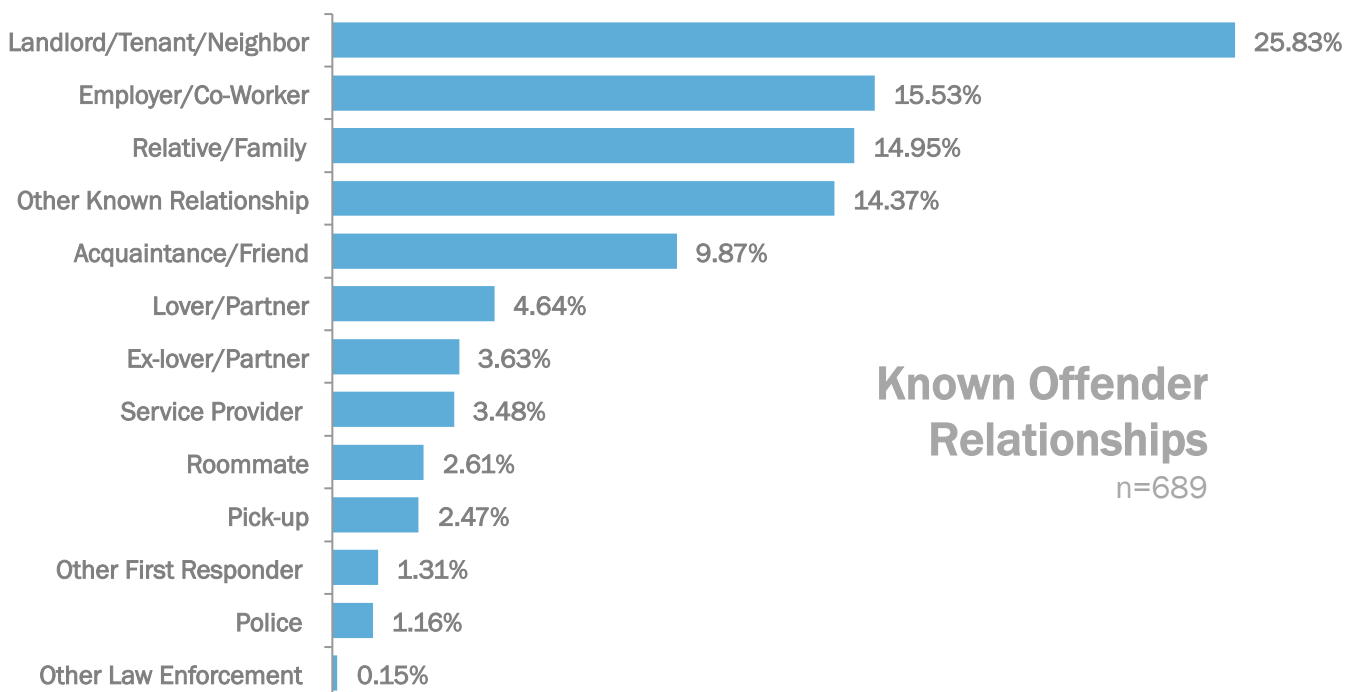
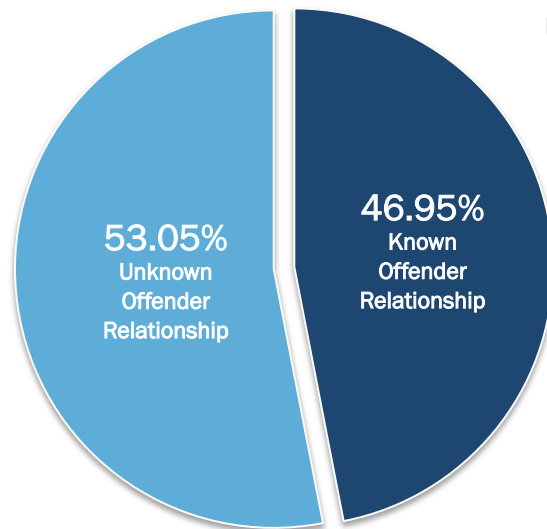
OFFENDER RELATIONSHIPS

Data collected by NCAVP from 2013 indicates that in 46.95% of cases of hate violence, the offender was someone whom the survivor already knew, which contradicts the popular belief that hate violence is usually perpetrated by strangers.

In 2013, landlords, tenants, and neighbors represented the most common category of known offenders (25.83%), a slight increase from 2012 (24.26%). Employers and co-workers represent 15.53% of known offenders, which is consistent with 2012 when 15.99% of known offenders were employees and co-workers. Relatives and family represent 14.95% of known offenders, another increase from 2012 (13.74%). Within known offenders, other relationships represented 14.37%

of total reports, a slight increase from 2012 (11.78%), which indicates that these categories are not exhaustive. Acquaintances and friends represent 9.87% of known offenders, remaining fairly consistent with 2012 data (8.98%). The police and other law enforcement combined represent less than 2% of hate

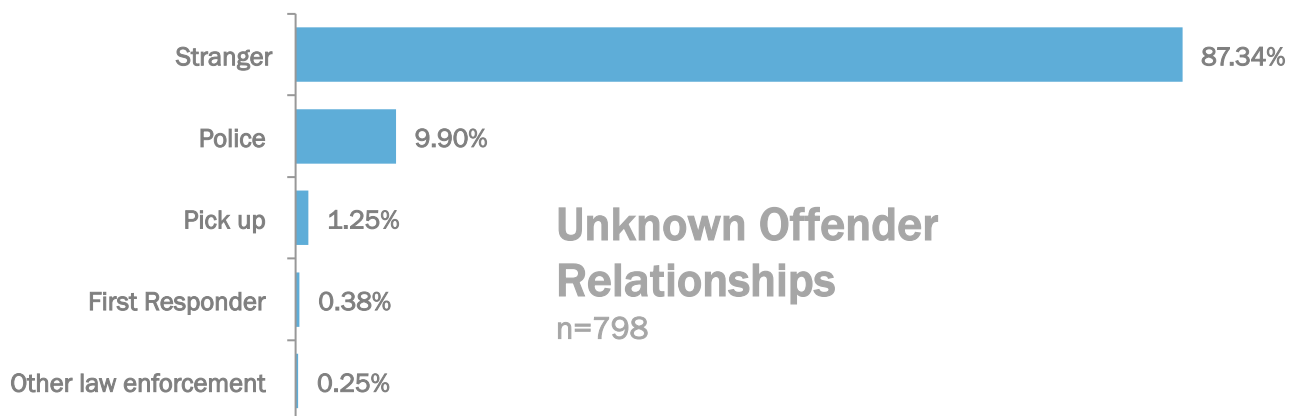
Offender Known/Unknown to Survivor
n=1,623



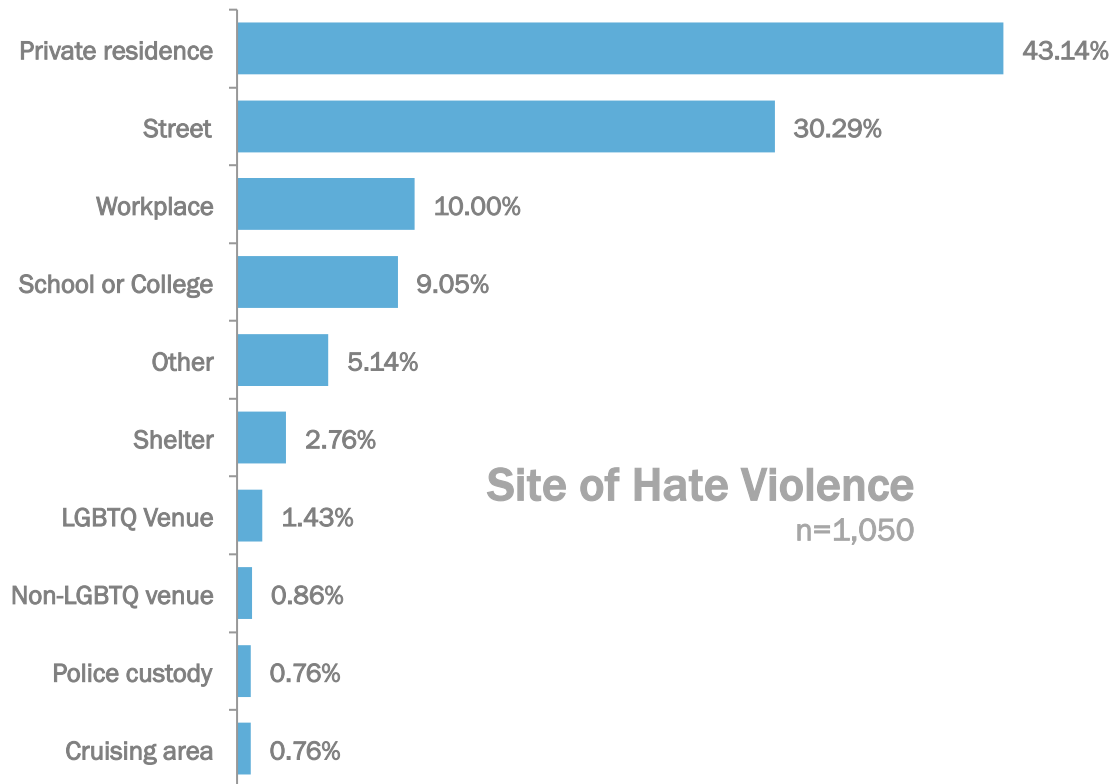
Known Offender Relationships
n=689

violence offenders, a notable decrease from the previous year (6.45%). Ex-lovers, ex-partners, lovers and partners, service providers, roommates, and first responders each represent 5% or less of known offenders.

These findings reflect the diversity of hate violence offenders showing that LGBTQ and HIV-affected people experience hate violence from a range of people in their lives, from landlords, from employers, within families, and from law enforcement. The increase in hate violence from employers, co-workers, and landlords points to the need for non-discrimination policies for LGBTQ and HIV-affected people to prevent workplace and housing based hate violence. For some LGBTQ and HIV-affected, communities, the pervasive experiences of hate violence and discrimination can result in long-term economic consequences.



In 2013, 87.34% of unknown offenders were strangers, an increase from 2012 (73.01%). Only 9.90% of unknown offenders were police, a significant decrease from 2012 (23.93%). In 1.25% of cases where the offender was indicated as unknown, the violence was reported to be related to pick-up/hook-up violence which remains consistent with 2012 (1.53%). To address pick-up/hook-up related hate violence, the Buckeye Region Anti-Violence Organization, New York City Anti-Violence Project, and other NCAVP members are engaged in targeted outreach through online dating and hook-up sites. First responders, other unknown relationships, and other law enforcement combined made up less than 1% of total unknown offenders.



SITES OF HATE VIOLENCE

In 2013, most incidents of hate violence (43.14%) occurred in a private residence, while 30.29% of incidents occurred in public. This demonstrates that hate violence is not always random or misdirected violence but is often perpetrated by people known to the survivor. The workplace and institutes of learning (schools, colleges, etc.) were also common sites for hate violence to occur, respectively accounting for 10.00% and 9.05% of sites. Although shelters account for only 2.76% of sites for hate violence in NCAVP's data, it is important to highlight that transgender survivors have historically had very limited access to shelters and experience disproportionate violence in shelters and other similar communal housing settings. All other site types account for less than 5% of the total.

DISCUSSION

VIOLENCE AGAINST TRANSGENDER PEOPLE

Disproportionate impact of homicides of trans women of color

In 2013 anti-LGBTQ and HIV-affected homicides decreased by 28% (25 in 2012 to 18 in 2013). Despite this decrease, NCAVP's data continues to highlight the disproportionate impact of homicide against transgender women of color in 2013. Out of these homicides, 72.22% of victims were transgender women, and 66.67% were transgender women of color, primarily Black transgender women. These homicide rates are disproportionately high for these communities as compared to their representation within NCAVP's overall sample. This trend highlights the impact of the multiple forms of bias that these communities experience including: racial bias, gender bias, gender identity bias, and sexual orientation bias on decreased safety for these communities. NCAVP has documented a multi-year trend of severity and disproportionate impact of hate violence against LGBTQ people of color and transgender and gender non-conforming people that continues in 2013.

The disproportionate impact of homicides of transgender women of color shed light on the importance of targeting prevention and outreach efforts in marginalized communities. There is a lack of LGBTQ and HIV-affected anti-violence intervention and prevention strategies that center the leadership of marginalized LGBTQ and HIV-affected people, particularly transgender people of color. All government agencies can play a crucial role in reducing violence against these communities. The federal government funds violence prevention initiatives, however very little specific funding supports LGBTQ and HIV-affected anti-violence initiatives. In addition to supporting comprehensive LGBTQ hate violence prevention initiatives; there is a need for governmental agencies to identify violence against transgender women of color as a crisis to address the disproportionate violence against these communities. Government agencies can support programs and campaigns to raise awareness about hate violence such as funding for community based organizations to implement organizing and public awareness campaigns to educate and mobilize their communities to prevent transphobic, homophobic, and biphobic violence, such as the Transgender Awareness campaign in Washington, DC.

Transgender people of color also experience severe employment discrimination and poverty. In a study by the Nation Center for Transgender Equality and the National Gay and Lesbian Task Force titled

“Injustice at Every Turn: A report of the National Transgender Discrimination Survey” 26% of respondents lost a job due to being transgender or gender non-conforming; 19% had experienced homelessness at some point in their lives; and transgender people were four times as likely as the general population to be living in extreme poverty, with incomes less than \$10,000 per year.²¹ The severe marginalization of transgender women of color through discrimination, poverty, and violence places transgender women of color at risk of deadly violence. A lack of visibility of transgender people of color also contributes to the culture of violence against transgender women of color. Increasing the cultural competency and awareness of the media to address hate violence against these communities is also a critical intervention to reduce this violence. While media attention to anti-LGBTQ and HIV-affected homicide is improving, NCAVP still recognizes that limited media attention on this issue impacts NCAVP’s ability to monitor incidents of homicide, particularly in areas where NCAVP does not have member programs.

Significant increase in transgender survivors

In 2013, reports of hate violence against transgender people increased by 13%. NCAVP has documented and amplified the disproportionate impact of severe and deadly violence against transgender communities for several years, and encourages LGBTQ and HIV-affected anti-violence programs to target outreach and services to transgender communities. This significant increase may be in part due to transgender specific initiatives, programs, and targeted outreach at LGBTQ and HIV-affected anti-violence programs, including the Colorado Anti-Violence Program, Los Angeles Gay & Lesbian Center, Community United Against Violence, and the New York City Anti-Violence Project.

Police violence against transgender communities

In 2013, NCAVP documented disproportionate police violence against transgender communities. Transgender people as a whole were 3.7 times more likely to experience police violence than non-transgender people, and 7 times more likely to experience physical violence from the police. These findings continue a multi-year trend of police violence against transgender communities. Law enforcement agencies have a long history of gender policing and violence against transgender and gender non-conforming communities. Transgender people in particular may be at risk of being profiled as being engaged in sex work, and commonly have negative and violent interactions with law enforcement. This discussion section contains a fuller analysis of police violence against LGBTQ and HIV-affected communities, however it is important to highlight the alarming trends in police violence against transgender communities, and warrants immediate action from policy makers, funders, and anti-violence organizations.

²¹ National Center for Transgender Equality and National Gay and Lesbian Task Force, Equality “Injustice at Every Turn: A Report of the National Transgender Discrimination Survey” February 2011. Accessed from: http://transequality.org/PDFs/Executive_Summary.pdf on May 10, 2014.

Hate violence against transgender women

NCAVP documented disproportionate experiences of hate violence against transgender women. In addition to the alarming percentage of homicides of transgender women, transgender women were almost twice as likely (1.8) to experience sexual violence, highlighting a disproportionate impact of sexual violence against transgender women. Hate motivated sexual violence is a unique and serious form of violence. Disproportionate experiences of sexual violence against transgender women may highlight how transphobia in our society scrutinizes and punishes transgender people because their bodies, particularly their genitalia, do not conform to narrow societal expectations of gender. Because our society is transfixed on transgender bodies and genitalia, hate violence offenders may focus their hatred and violence against transgender women on their bodies and genitalia.

Transgender women were also 4 times more likely to experience police violence, and 6 times more likely to experience physical violence from the police. Transgender women in particular are often profiled and harassed by law enforcement, and NCAVP has documented very severe incidents of police violence against transgender women. These person level findings of police violence against transgender women provide insight into the continued policing and violence against transgender women at the hands of law enforcement. A fuller analysis of police violence is included in the police violence section of this discussion.

Transgender women were twice as likely to experience discrimination as non-transgender women in 2013. This data aligns with additional research on discrimination against transgender people. This finding highlights the critical importance of non-discrimination laws and policies which protect people from discrimination based on gender identity and expression.

Hate violence against transgender men

In 2013, transgender men were 1.5 times more likely to be injured than people who were not transgender men. Transgender men may be more likely to experience injury because of societal notions of what it means to be a man. Similar to how cisgender gay men are more likely to experience physical violence because of social notions that associate masculinity with violence, transgender men may experience seriously harmful violent physical attacks for transgressing gender norms. Transgender men's experiences of violence do not have similar visibility as violence against other LGBTQ and HIV-affected communities, and this finding highlights the importance of targeting anti-violence efforts on transgender men.

Transgender men were also 4.3 times more likely to experience violence in shelters. This finding highlights the unique experience of transgender men within sheltering services, such as homeless shelters and domestic violence shelters. Transgender people experience high rates of poverty and homelessness due to employment discrimination, but may not be safe entering homeless shelters due to

transphobic violence²². This violence can come from other shelter residents or staff. To address this issue, some LGBTQ and HIV-affected advocacy organizations provide critical training and technical assistance to social service providers to protect LGBTQ communities, such as the National Training and Technical Assistance Center, and the National Gay and Lesbian Task Force's "Transitioning Our Shelters" initiative.

²²Grant, Jaime M., Lisa A. Mottet, Justin Tanis, Jack Harrison, Jody L. Herman, and Mara Keisling. *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. Retrieved on 3/2/13 at http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf

LOW INCOME LGBTQ AND HIV-AFFECTED COMMUNITIES

NCAVP began to collect data on socioeconomic status for the first time in 2013, however the sample size and inconsistencies in data types did not meet the threshold for statistical significance. NCAVP will continue to work with member programs to collect socioeconomic status of survivors and victims in order to provide further research into the intersections of poverty, LGBTQ and HIV-affected communities, and violence.

The disproportionate impact of homicide on transgender communities of color can in part stem from their economic status; therefore NCAVP is committed to gathering data on the socioeconomic indicators for future reports. Research from other sources show that LGBTQ and HIV-affected people²³ and LGBTQ and HIV-affected people of color, particularly those who identify as Black and Latin@, have higher unemployment and poverty rates²⁴ within LGBTQ communities. Transgender people experience legalized employment discrimination, and have twice the national rates of poverty.²⁵ According to the National Center for Transgender Equality (NCTE) and National Gay and Lesbian Task Force's findings in "Injustice at Every Turn," Black and Latin@ transgender people are at greater risk for housing discrimination, employment discrimination, educational discrimination, and decreased access to resources. The survey found that 34% of Black transgender people and 28% of Latin@ transgender people were living in extreme poverty.²⁶ Transgender people of color, especially those who identify as Black and Latin@, experience poverty at four times the national average.²⁷

Many studies chronicle that impoverished communities experience higher rates of violence and decreased access to resources to address this violence.²⁸ Through service provision NCAVP members see these same trends within LGBTQ and HIV communities. One way that poverty can increase violence is in access to safe employment. As this report highlights, LGBTQ people of color, transgender people, and transgender people of color face high rates of discrimination. Homophobic and

²³ Albelda, R, Badgett, M.V.L., Schneebaum, A., and Gates, G. *Poverty in the Lesbian, Gay, and Bisexual Community* (2009). Retr on 3/2/13: <http://williamsinstitute.law.ucla.edu/wp-content/uploads/Albelda-Badgett-Schneebaum-Gates-LGB-Poverty-Report-March-2009.pdf>.

²⁴ US Department of Labor, Bureau of Labor Statistics data, retrieved on 3/2/13 from: <http://www.bls.gov/cps/cpsrace2009.pdf>

²⁵ *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*, *op. cit.*

²⁶ National Center for Transgender Equality and National Gay and Lesbian Task Force, "Injustice at Every Turn" fact sheets. Accessed from: http://transequality.org/PDFs/BlackTransFactsheetFINAL_090811.pdf and http://transequality.org/Resources/Injustice_Latino_englishversion.pdf on April, 2013

²⁷ Grant, *op. cit.*

²⁸ Short, James F., Jr. *Poverty, Ethnicity, and Violent Crime*. Boulder, CO: Westview Press, 1997.

transphobic discrimination can eliminate access to traditional employment options for transgender and LGBTQ and HIV-affected people of color communities. The National Transgender Discrimination Survey also found that 34% of transgender Latin@ respondents and 50% of transgender Black respondents had engaged in sex work or sold drugs at some point in their lives.²⁹ Sex work and drug sales are accessible and lucrative forms of employment for communities that face barriers to traditional forms of employment. These forms of employment are also correlated with high rates of violence.

Both these circumstances can create critical barriers when accessing support for violence. In order to reduce severe violence against these populations, there must be increased economic opportunities for transgender, and LGBTQ and HIV-affected people of color in addition to programs that reduce discrimination. Programs such as the Transgender Economic Empowerment Initiative³⁰, recruits transgender-friendly employers in safe and welcoming employment which decreases the risk of transgender people being driven to engage in employment that places them at higher risk for violence. Additionally, barriers to accessing housing, food, and employment for people with criminal records at federal and state levels create barriers for people to meet their basic needs, further driving them into poverty and criminalized economies.

High rates of homelessness among these disproportionately impacted communities also increases their risk of violence. NCTE also documented that within transgender communities, 19% of respondents reported experiences of being refused a home or apartment and 11% reported being evicted because of their gender identity or gender expression. One-fifth of NCTE's respondents (19%) reported experiencing homelessness at some point in their lives because they were transgender or gender non-conforming and the majority of those trying to access a homeless shelter were harassed by shelter staff or residents (55%), and 29% were turned away altogether.³¹ The challenge of finding safe housing can expose transgender communities to an increased risk of violence. Homeless LGBTQ and HIV-affected people spend more time in public, placing them at increased risk for hate violence motivated by gender identity or gender expression, racial identity and class status. For transgender community members this can substantially increase their risk of violence. In 2012, the Department of Housing and Urban Development (HUD) released a landmark new rule prohibiting discrimination based upon sexual orientation and gender identity in all HUD funded housing.³² This rule adds critical new protections for communities most impacted by hate violence by increasing LGBTQ access to public housing.

²⁹ National Center for Transgender Equality and National Gay and Lesbian Task Force, "Injustice at Every Turn" fact sheets. Accessed from: http://transequality.org/PDFs/BlackTransFactsheetFINAL_090811.pdf and http://transequality.org/Resources/Injustice_Latino_englishversion.pdf on April, 2013

³⁰ Transgender Economic Employment Initiative. Accessed from: <http://www.teeisf.org/> on April, 2013.

³¹ National Center for Transgender Equality and National Gay and Lesbian Task Force, "Injustice at Every Turn" (2011). Accessed from: http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf on April, 2013.

³² Federal Register Rules and Regulations Department of Housing and Urban Development / Vol. 77, No. 23 / Friday, February 3, 2012 / Accessed from <http://portal.hud.gov/hudportal/documents/huddoc?id=12lgbtfinalrule.pdf> on April, 2013.

There is a need for increased employment opportunities and economic assistance for LGBTQ and HIV-affected people of color, and transgender people on the federal state and local level. In addition, most currently funded employment programs do not have non-discrimination protections for gender identity and sexual orientation. Enacting non-discrimination laws along with increased employment and economic assistance can reduce violence against these communities. Project Empowerment³³ is a model of an education and employment program specifically for transgender people created in Washington, DC. This program was created following recurring reports of severe violence and homicide against transgender people of color. It includes city funded transgender-specific classes geared to increasing economic opportunity and employment options for transgender communities as a violence prevention strategy.

³³ Project Empowerment is a program of the Washington DC Department of Employment Services which provides training and job placement for people with criminal records and histories of substance abuse Accessed on April, 2013.

POLICE VIOLENCE AGAINST LGBTQ AND HIV-AFFECTED PEOPLE

Within NCAVP's person level data, transgender people, people of color, undocumented people, young adults, and transgender people of color all faced an increased risk of hate motivated police violence. Many NCAVP members supported LGBTQ and HIV-affected survivors who were falsely arrested, experienced violence, and/or were profiled based upon race, immigration status, HIV-status, sexual orientation, gender identity, and gender expression.

The criminalization and policing of LGBTQ and HIV-affected communities has a long history in the U.S., from bar raids of LGBTQ establishments, arresting people not wearing three articles of clothing which matched their assigned gender, to sodomy laws which criminalized consensual same-gender sexual activity. Many forms of police violence and the criminalization of LGBTQ and HIV-affected people continues to this day. One common form of profiling that many LGBTQ and HIV-affected community members experience is police officers profiling LGBTQ and HIV-affected people as sex workers. Another form of police profiling is falsely arresting or selectively arresting LGBTQ and HIV-affected couples for public displays of affection or sexual activity. As NCAVP's data suggests, these issues particularly affect transgender communities of color. Additionally, law enforcement are increasingly raiding immigrant communities in immigration enforcement efforts, which contributes to police violence against undocumented LGBTQ and HIV-affected people.

The policing and criminalization of LGBTQ and HIV-affected communities has devastating impacts. In many states, certain criminal records can bar access to basic assistance such as Supplemental Nutrition Assistance Program (SNAP) formerly known as food stamps, public assistance (Temporary Assistance for Needy Families or TANF), public housing, and employment. Under the Personal Responsibility and Work Opportunity Act of 1996, a lifetime ban from federally funded SNAP and TANF is placed on people with drug felony convictions, and many states currently maintain this ban without modification.³⁴ With regard to public housing, in most cases Public Housing Authorities (PHAs) possess broad discretion to determine individuals' suitability for public housing. Under federal law, 42 U.S.C. §13661(c) permits, but does not require, denial of public housing for people who have engaged in criminal activity within a "reasonable" amount of time. This can include people who were arrested but not convicted of a crime. A lack of access to these programs further continues the cycles of poverty, discrimination, and vulnerability that increase exposure to violence for LGBTQ and HIV-affected

³⁴ Legal Action Center, (2011). *Opting Out of Federal Ban on Food Stamps and TANF Advocacy Toolkit*. Accessed from <http://www.lac.org/toolkits/TANF/TANF.htm> on May, 2013

communities. The collateral consequences of holding a criminal record only create further barriers to safety for LGBTQ and HIV-affected people.

Poverty can increase LGBTQ and HIV-affected community members' likelihood to engage in sex work or the drug trade, both of which can increase the risk of hate violence and hate motivated police violence. These circumstances can also decrease a survivor's or victim's ability and willingness to report incidents to law enforcement out of fear of arrest, and increase police violence against them.

Police officers and law enforcement agencies often lack knowledge on LGBTQ and HIV-affected communities, particularly LGBTQ and HIV-affected communities of color, transgender communities, and LGBTQ and HIV-affected youth. This can result in officers using inappropriate and disrespectful language, conveying hostile attitudes, and committing violence against LGBTQ and HIV-affected people. Many NCAVP member programs provide LGBTQ training to local law enforcement. The focus of these programs is to make sure LGBTQ and HIV-affected people do not face homophobic, biphobic, and transphobic violence and harassment when engaging with the police. NCAVP member programs like the Kansas City Anti-Violence Project in Kansas City, Missouri, OutFront in Minneapolis, Minnesota, BreakOut in New Orleans, Louisiana, and the New York City Anti-Violence Project in New York, New York have programming aimed at police reform and/or training for local law enforcement focusing on LGBTQ cultural competency. NCAVP's data also shows that 55% of survivors did not report their incidents of violence to law enforcement. This highlights a continued need for anti-violence programs to create community-based interventions that do not rely on the criminal legal system. These interventions could prove particularly supportive to meet the needs of marginalized LGBTQ and HIV-affected communities, many of whom may be reluctant to seek or face barriers in seeking support for the violence that they experience. Community accountability models focus on alternative forms of safety outside of the criminal legal system and utilize the communities' resources to ensure safety for LGBTQ and HIV-affected survivors and victims of violence. NCAVP member program, Communities United Against Violence (CUAV) in San Francisco, California has a peer based leadership development model, which aims to increase the leadership skills of survivors and victims through their personal experience to address larger social, economic, and political conditions. Community accountability efforts can be funded and evaluated that can provide functioning alternatives where law enforcement is not supportive or adequate.

Many LGBTQ and HIV-affected organizations across the country are engaged in campaigns against police violence against LGBTQ and HIV-affected communities. NCAVP members, BreakOUT! in New Orleans, Community United Against Violence in San Francisco, the DC Trans Coalition and GLOV in Washington, DC, the Los Angeles Gay and Lesbian Center, the Colorado Anti-Violence Program, and the New York City Anti-Violence Project are all engaged in local campaigns to end policing and criminalization of LGBTQ and HIV-affected people. Streetwise and Safe (SAS), which organizes LGBTQ youth of color in the sex trades in New York City, and BreakOUT! launched a national Know Your

Rights network for LGBTQ youth engaging with law enforcement. Additionally, a group of LGBTQ and HIV-affected organizations convened the first institute on police violence at the National Gay and Lesbian Task Force's Creating Change conference in January, 2014. While NCAVP's data documents pervasive and troubling police violence against LGBTQ and HIV-affected communities, there are many examples of campaigns and organizing efforts combating this violence across the country.

SITES OF HATE VIOLENCE

It is a common perception that hate violence against LGBTQ and HIV-affected communities occurs primarily on the street and in public spaces, however NCAVP's data shows that the most common site type for hate violence is within a private residence (43.1%). This data also reflects offender demographics, where almost 47% of survivors knew their offender, with landlord/tenant/neighbor offenders making up a significant percentage (25.83%) of known offenders.

Street and public violence was the second highest percentage of violence sites, at 30% of reports. Gay men, transgender women, and LGBTQ and HIV-affected people of color were more likely to experience violence in public as compared to other identities. This may highlight that certain safety planning and public violence interventions should be targeted at outreaching and engaging these communities.

10% of hate violence incidents occurred in the workplace, with lesbian women 1.8 times more likely to experience violence in the workplace as compared to other identities. These findings highlight the intersections of workplace discrimination, sexism, and violence. Women in general currently experience higher rates of discrimination in the workplace. Lesbian women may be at an increased risk of workplace discrimination and violence due to sexism and homophobia, and currently there is no federal law which comprehensively bans employment discrimination based on sexual orientation and gender identity.

LGBTQ AND HIV-AFFECTED WOMEN AND SEXUAL VIOLENCE

Women made up 24% of the total survivors and victims reporting in 2013. 35.1% of women identified as transgender. Of the transgender survivors who reported to NCAVP, 80.9% identified as transgender women. Women were 2.12 times more likely to experience sexual violence compared to overall survivors, consistent with person level findings from the previous year. Transgender women were 1.7 times more likely to experience sexual violence and cisgender women were 1.6 times more likely to experience sexual violence. Sexual violence can be committed against any gender, however due to the historical and current role of sexual violence against women as a form of sexism, offenders may specifically target LGBTQ and HIV-affected women for hate-motivated sexual violence. This data suggests that more research is needed regarding the intersection of violence against women and hate motivated sexual violence.

HATE VIOLENCE AGAINST GAY MEN

NCAVP found that gay men were 1.3 times more likely to experience physical violence compared to overall survivors in 2013. Gay men were also 1.4 times more likely to experience injury and 1.7 times more likely to require medical attention than survivors who were not gay men, highlighting a severity of violence against gay men. Gay men are some of the most visible people within LGBTQ and HIV-affected communities and face discrimination based on a multitude of anti-gay stereotypes. For some gay men this visibility can lead to more access, but for others it also can result in an elevated risk of violence. Additionally, sexist notions of masculinity are often connected to violence, and gay men may be viewed as deserving of severe physical violence.

Gay men were 1.4 times more likely to report their experiences to police, which could be because gay men may have better experiences with law enforcement than other LGBTQ and HIV-affected identities and have more trust in engaging with law enforcement. This finding is also supported by data compiled by the Williams Institute which found that gay men are more likely to report incidents of hate violence when compared to other LGBTQ targets of hate violence.³⁵ For another year, NCAVP found that gay men were more likely to experience hate violence in public spaces, highlighting that gay men may require specific prevention and intervention efforts related to violence in public spaces.

³⁵ Williams Institute Comparison of Hate Crimes Across Protected and Unprotected Groups. Accessed from: <http://williamsinstitute.law.ucla.edu/research/violence-crime/comparison-hate-crime-rates-update/> on April 11th, 2014

BISEXUAL SURVIVORS

Bisexual survivors made up 8.95% of total survivors who reported to NCAVP in 2013, which remains fairly consistent with 2012. Bisexual survivors were 2.3 times more likely to have a hate violence incident classified as a hate crime by the police, but bisexual survivors were 3 times more likely to experience police violence than people who were not bisexual. These findings highlight complex dynamics between law enforcement and bisexual communities. Bisexual survivors were also 1.6 times more likely to experience threats and intimidation.

Bisexual people face oppression and discrimination from the general society, but may also experience biphobia from gay and lesbian communities who may not view them as a part of the LGBTQ communities. Bisexual people may face unique and additional barriers in accessing support for violence, given that they can face discrimination from multiple fronts. Bisexual communities remain under represented within total survivors, but recent research suggests that bisexual people face unique and disproportionate experiences of violence. The Centers for Disease Control found in their 2010 National Intimate Partner and Sexual Violence Survey (NISVS) that bisexual people experienced very high lifetime prevalence rates of sexual violence. Nearly half of bisexual women (46%) have been raped in their lifetime and nearly half of bisexual men (47%) have experienced sexual violence in their lifetime³⁶. Hate motivated violence can often take the form of sexual violence, and given the high rates of sexual violence against bisexual people, NCAVP will continue to research the intersection of hate motivated sexual violence against bisexual communities.

³⁶ Walters, M.L., Chen J., & Breiding, M.J. (2013). The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Findings on Victimization by Sexual Orientation. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.

UNIQUE EXPERIENCES OF UNDOCUMENTED SURVIVORS

Undocumented LGBTQ and HIV-affected survivors consisted of 8% of total survivors in 2013, a slight increase from 2012 (6%). According to recent research, there are approximately 267,000 LGBTQ undocumented immigrants in the U.S.³⁷. The increase in undocumented survivors reporting to NCAVP members in 2013 may be a result of targeted outreach to and programs for undocumented LGBTQ and HIV-affected communities at NCAVP member organizations, such as the Los Angeles Gay and Lesbian Center, Community United Against Violence in San Francisco, and the Center on Halsted in Chicago. Undocumented survivors experienced concerning levels of disproportionate violence in 2013. Undocumented survivors were 3.4 times more likely to experience sexual violence, 3 times more likely to experience physical violence, and twice as likely to experience injury as compared to survivors who were not undocumented. Undocumented survivors were also 1.6 times more likely to experience threats and intimidation, 1.7 times more likely to report to the police, and 1.4 times more likely to experience police violence. It may seem counter-intuitive that undocumented people were more likely to report to the police given the current anti-immigrant political climate, however often when people experience severe violence that results in injury and medical attention, local law enforcement are automatically involved. This data may reflect unintended police involvement, rather than voluntary involvement. Additionally, certain immigration remedies were designed for victims of crime, including the U-Visa and T-Visa, which may also influence the likelihood that someone reports to the police. However, even though undocumented people were more likely to be involved with police, they were also more likely to experience violence from the police.

The current political climate is very hostile towards undocumented communities. Beginning in 2009, Federal programs like Secure Communities (S-Comm)³⁸ and more recently, 287(g)³⁹, the Criminal Alien Program (CAP) and other Immigration and Customs Enforcement (ICE) ACCESS programs have increased collaborations between local law enforcement and ICE. Under these programs, local law enforcement share fingerprints of people they arrest with ICE, and claim that this process will identify undocumented people who commit violent crimes in order to deport them. However, research shows that many undocumented people are being held in detention and processed for deportation who have committed minor and nonviolent crimes, resulting in record numbers of deportations of undocumented people

³⁷ Gates, *op. cit.*

³⁸ Secure Communities is an American deportation program that relies on partnership among federal, state, and local law enforcement agencies. U.S. Immigration and Customs Enforcement (ICE), the interior immigration enforcement agency within the Department of Homeland Security, is the program manager.

³⁹ Immigration and Nationality Act (INA) Section 287(g) authorizes the Federal Government to enter into agreements with state and local law enforcement agencies, permitting designated officers to perform immigration law enforcement functions

under the Obama Administration⁴⁰. Given the pervasive profiling and police violence against LGBTQ and HIV-affected people, undocumented LGBTQ and HIV-affected people may be at increased risk of profiling and violence from the police, which can also place them at risk of detention and deportation. This current “enforcement only” approach to immigration contributes to anti-immigrant sentiment and creates extreme vulnerability for immigrant communities. In addition, Congress established an arbitrary quota requiring ICE to hold a certain amount of people in detention every day, which is currently at 34,000 people per day. The increased collaboration between local law enforcement, ICE, and pressure to fill detention facilities has created a crisis of detention and deportation of immigrant communities in the U.S.

Currently many LGBTQ and HIV-affected communities are organizing alongside immigrant rights organizations to demand an end to the deportation crisis and attack on undocumented communities, through the leadership of organizations such as Southerners on New Ground (SONG), the Transgender Law Center (TLC), and Immigration Equality. LGBTQ and HIV-affected undocumented people live at the intersections of anti-immigrant bias, racism, state violence, and homophobia, biphobia, and transphobia. Given the current hostile climate towards immigrant communities, LGBTQ and HIV-affected people who are undocumented face unique marginalization and exposure to violence.

⁴⁰ Gates, *op. cit.*

DISPROPORTIONATELY SEVERE VIOLENCE AGAINST LGBTQ AND HIV-AFFECTED PEOPLE OF COLOR

LGBTQ and HIV-affected people of color experienced disproportionately severe violence in 2013, which remains consistent with findings from NCAVP since 2010. People of color were 1.5 times more likely to experience physical violence, 1.7 times more likely to be injured and 2.0 times more likely to require medical attention. People of color were also more likely to experience police violence and public harassment.

Black LGBTQ and HIV-affected communities were 1.3 times more likely to experience physical violence, 2.0 times more likely to experience threats and intimidation, and 2.0 times more likely to require medical attention. These findings suggest that Black LGBTQ and HIV-affected people may be at increased vulnerability for severe hate violence.

Latin@ LGBTQ and HIV-affected communities were 1.7 times more likely to experience discrimination, 1.5 times more likely to be injured, 1.5 times more likely to experience police violence and 2.1 times more likely to experience HV at the workplace.

LGBTQ and HIV-affected people of color face racism as well as homophobia, biphobia, and transphobia which may contribute to their unique experiences of violence as well as increased rates of poverty and job discrimination. LGBTQ and HIV-affected people of color may face barriers in accessing support from both LGBTQ and HIV-affected communities and from larger communities. Many LGBTQ and HIV-affected organizations have strived to address these barriers by creating specific program for LGBTQ and HIV-affected people of color. NCAVP member, In Our Own Voices, is an organization by and for LGBTQ and HIV-affected people of color which has an anti-violence program. Community United Against Violence (CUAV) in San Francisco, also conducts targeted outreach to low-income LGBTQ and HIV-affected people of color and centers their programming on LGBTQ and HIV-affected people of color. These model programs can support LGBTQ and HIV-affected people of color in unique and specific ways to address the disproportionate impact of violence against LGBTQ and HIV-affected people of color.

TRENDS IN OFFENDER INFORMATION

A majority of hate violence offenders in 2013 were under 30 and men. 31% of offenders were between 19-29 years of age, and 10.46% of offenders were 15-18. The overwhelming majority of offenders were men (72.45%). Policymakers and funders should support violence prevention programs targeted at young men to reduce homophobia, biphobia, and transphobia. Current governmental responses to hate violence solely rely on criminal prosecution and penalty enhancements for offenders. However, this approach does not reduce or prevent violence. Currently our nation incarcerates more people than any other nation, and the majority of incarcerated people are young men. Many organizations currently advocate for a dramatic shift in our society's approach to preventing and ending violence beyond criminal prosecution, to prevention research and engagement of young men to reduce and end violence.

A substantial percentage of survivors also knew their offenders (46.9%) in 2013, with landlord/tenant/neighbor, employers/coworkers, and relatives consisting of the highest percentage of known offenders. These findings highlight that hate violence is not always committed by strangers on the street, but that LGBTQ and HIV-affected people are also at risk of violence from people in their lives at their workplace, in and around the home, and involving landlords, tenants, and neighbors.

RECOMMENDATIONS

FOR POLICYMAKERS AND FUNDERS IN FULL

End the root causes of anti-LGBTQ and HIV-affected violence through ending poverty and anti-LGBTQ and HIV-affected discrimination.

- Federal, state, and local governments should pass non-discrimination laws such as the federal Employment Non-Discrimination Act, the Repeal HIV Discrimination Act, and should enact policies that protect LGBTQ and HIV-affected communities from discrimination based on sexual orientation, gender identity, gender expression, and HIV-status.
- Policymakers and legislators should pass laws and policies to address LGBTQ and HIV-affected youth experiences of bullying, harassment, and violence in schools, foster care, social services agencies, family court, shelters, and the juvenile justice system funding trainers familiar to work with these agencies on LGBTQ and HIV-affected cultural competency trainings and restorative justice models.
- Federal, state, and local governments should remove barriers to access public benefits including food stamps and public housing for people with criminal records.
- Policymakers and Law Enforcement Agencies should end policies which profile and police people engaged in survival crimes, and support harm reduction services to support people engaged in survival crimes.
- Federal, state, and local governments should end laws and policies which criminalize homelessness, HIV-status, participation in sex work, and drug possession to increase safety for the most severely impacted LGBTQ and HIV-affected survivors and victims of hate violence.
- The United States Interagency Council on Homelessness should establish an LGBTQ and HIV-affected specific research agenda to research policies and programs to address hate violence against LGBTQ and HIV-affected homeless people.
- Federal, state, and local governments should protect the right to collective bargaining by passing the Employee Free Choice Act and other similar legislation and policies.
- Federal and state policymakers should raise the minimum wage to increase low-income and low-wage workers to be able to meet basic needs.
- Federal policymakers should pass an LGBTQ-inclusive Runaway and Homeless Youth Act which would permit young people to receive primary and specialty health care services without the consent of a parent or guardian, and authorize and appropriate adequate federal funds for homelessness developmental, preventive and intervention programs targeted to LGBTQ youth.

End the homophobic, transphobic, and biphobic culture that fuels violence:

- Policymakers and funders should support public education and awareness campaigns to reduce and end homophobia, biphobia, and transphobia.
- Policymakers and public figures should promote safety for LGBTQ and HIV-affected people by denouncing homophobic, biphobic, and transphobic statements, laws, and programs.
- Policymakers should prohibit offenders of anti-LGBTQ and HIV-affected hate violence from using “Transgender and Gay panic” defenses.
- Policymakers should support alternative sentencing programs including individual and group intervention programs, community service with LGBTQ and HIV-affected organizations, and LGBTQ and HIV-affected anti-violence education programs to encourage behavior change for hate violence offenders.
- Federal, state, and local governments should reduce reporting barriers for LGBTQ and HIV-affected survivors including removing laws and policies that prevent survivors from accessing law enforcement.
- Federal, state, and local governments should mandate trainings that increase first responders’ and non-LGBTQ and HIV-affected direct service providers’ knowledge and competency on serving LGBTQ and HIV-affected survivors of violence.
- Federal, state, and local governments should pass laws and policies that prevent LGBTQ and HIV-affected students from experiencing bullying, harassment, and violence in schools such as the Student Non-Discrimination Act and the Safe Schools Improvement Act.
- Federal, state, and local governments should remove laws and policies that include people convicted of prostitution within sex offender registries.

End police profiling and police violence against LGBTQ and HIV-affected people.

- Federal, state, and local governments should enact policies that prohibit police profiling such as the End Racial Profiling Ban that inclusive of provisions on sexual orientation, gender identity, gender expression, immigration status, housing status, and race.
- The Federal government should ensure that anti-discrimination and anti-profiling provisions based upon sexual orientation, gender identity, gender expression, immigration status, housing status, and race are a condition of block grant funding to local law enforcement.
- The Department of Justice (DOJ) should revise its “Guidance Regarding the Use of Race by Federal Law Enforcement Agencies” to include sexual orientation, gender identity, gender expression, immigration status, and housing status.
- Policymakers should ensure that police officers are investigated and held accountable for homophobic, biphobic, and transphobic harassment and violence.

- Federal, state, and local governments should enact humane, LGBTQ-inclusive immigration reform policies which create a pathway to citizenship for undocumented immigrants and end “enforcement-only” policies such as the Secure Communities (S-Comm) program.
- The Center for Disease Control and the Department of Justice should issue guidance condemning reliance on the use of condoms as evidence of prostitution law violations to improve the public safety and public health of LGBTQ and HIV-affected people. State and local law enforcement agencies should prohibit the use of condoms as evidence of prostitution law violations.
- Local law enforcement agencies should prohibit policing protocols and practices that use searches to assign gender for detainees.
- Policymakers should enact policies that address homophobic, transphobic, and biphobic violence within jails, detention centers, and prisons.
- Policymakers should implement the Prison Rape Elimination Act (PREA) in immigration detention centers.

Collect data and expand research on LGBTQ and HIV-affected communities overall particularly data and research on LGBTQ and HIV-affected communities’ experiences of violence.

- Federal, state, and local governments should collect and analyze data on LGBTQ and HIV-affected hate violence survivors and victims whenever other demographic information is collected.
- Federal surveys that collect data on incidents of violence, including the FBI’s Uniform Crime Report and the United States Department of Justice’s National Crime Victimization Survey, should include questions regarding the sexual orientation and gender identity of both survivors and offenders.

Increase funding for LGBTQ and HIV-affected anti-violence support and prevention.

- Federal, state, and local governments should fund programs that increase government support for LGBTQ and HIV-affected anti-violence programs by including LGBTQ and HIV-affected specific funding in all federal, state, and local anti-violence funding streams.
- Public and private funders should support research on effective LGBTQ and HIV-affected hate violence prevention programs.
- Federal, state, and local governments should recognize that violence against LGBTQ and HIV-affected people, particularly transgender women of color, as a public health crisis and support initiatives to prevent this violence.

- Public and private funders should support programs that provide training and technical assistance on serving LGBTQ and HIV-affected survivors of violence to anti-violence grantees.
- Public and private funders should support community-based hate violence prevention initiatives to target programming within communities that are disproportionately affected by violence or underreporting their incidents of violence.
- Private funders including foundations, corporate donors, and individual donors should fund strategies to support LGBTQ and HIV-affected survivors separate from the criminal legal system including community accountability and transformative justice.
- Public and private funders should fund data collection and research on LGBTQ and HIV-affected communities' experiences of violence.

BEST PRACTICES

Community based organizations, LGBTQ and HIV-affected anti-violence programs, non-LGBTQ and HIV-affected anti-violence programs, religious institutions, and other community-based organizations all play a critical role in challenging the culture of violence against LGBTQ and HIV-affected people. NCAVP recommends the following best practices for practitioners to address and prevent anti-LGBTQ and HIV-affected hate violence.

FOR COMMUNITY BASED HATE VIOLENCE INITIATIVES

Community based organizations should create programs and campaigns to prevent anti-LGBTQ and HIV-affected harassment and violence.

Community based organizations such as community pride centers, direct service organizations, political organizations, and civic organizations can play leadership roles in changing anti-LGBTQ and HIV-affected attitudes in order to create a culture of respect for LGBTQ and HIV-affected communities. Community based organizations should create public education programs and cultural events that increase public awareness of the impact of anti-LGBTQ and HIV-affected hate violence on LGBTQ and HIV-affected communities. Programs like the Transgender and Gender Identity Respect campaign by the D.C. Office of Human Rights (OHR) in Washington D.C. aim to increase understanding and respect for the transgender and gender non-conforming communities, decrease incidents of discrimination and increase reporting of discrimination to OHR. Organizations can also create community organizing campaigns to confront homophobic, biphobic, and transphobic institutions to change anti-LGBTQ and HIV-affected policies, to denounce anti-LGBTQ and HIV-affected rhetoric, or to challenge anti-LGBTQ and HIV-affected programs. One such program is Sean's Last Wish based out of Greenville, South Carolina, which provides education and awareness on hate violence as well as campaigns to reduce and prevent homophobia, biphobia, and transphobia.

Schools and universities should create LGBTQ and HIV-affected anti-violence initiatives and LGBTQ and HIV-affected-inclusive curricula to reduce hate violence and harassment.

As documented in this report, LGBTQ and HIV-affected youth and young adult survivors and victims consisted of 44% of total reports and youth and young adult offenders consisted of 42% of offenders. Schools and universities have a responsibility in preventing anti-LGBTQ and HIV-affected hate violence and ensuring the safety of their LGBTQ and HIV-affected students. As Lambda Legal points out in their Prison Pipeline work, LGBT students face harsher punishments for

similar infractions as their heterosexual peers and when faced with repeated bullying and harassment take matters into their own hands often resulting in higher rates of school violence.⁴¹ LGBTQ and HIV-affected anti-violence programs should work with educational institutions to create curricula that increase LGBTQ and HIV-affected cultural acceptance, create initiatives and events designed to decrease anti-LGBTQ and HIV-affected violence, assist educators in creating inclusive classrooms, and support school administrators in creating policies against anti-LGBTQ and HIV-affected violence. These partnerships can teach students to support all people's rights to safety regardless of sexual orientation, gender identity, or gender expression, and can also give students information on critical resources around anti-LGBTQ and HIV-affected violence. Organizations such as the Gay, Lesbian, Straight Education Network (GLSEN) have established best practices in reducing anti-LGBTQ and HIV-affected violence with schools through creating Gay Straight Alliances, anti-bullying campaigns, and national networks of educators and students dedicated to reducing anti-LGBTQ and HIV-affected violence in schools. GLSEN and organizations like Lambda Legal have also been cautious in their approach to anti-bullying policies by supporting approaches that do not support criminalization and incarceration of youth. LGBTQ and HIV-affected anti-violence organizations, non-LGBTQ and HIV-affected youth, and family service organizations should research these models in order to create effective programs.

Religious institutions should create LGBTQ and HIV-affected affirming programs, denounce anti-LGBTQ and HIV-affected rhetoric, and collaborate with LGBTQ and HIV-affected community based organizations in violence prevention campaigns.

Within many communities, religious leaders have the ability to influence the thoughts and actions of their constituents. LGBTQ affirming religious leaders have the power to reduce homophobia, biphobia, and transphobia and reduce violence against LGBTQ and HIV-affected communities.⁴² Some anti-LGBTQ and anti-HIV rhetoric from religious leaders actually exhorts violence against LGBTQ and HIV-affected communities, but even when the violence is not specifically encouraged, many NCAVP members and survivors of hate violence feel that homophobic, biphobic, and transphobic rhetoric that some religious leaders promote supports violence against LGBTQ and HIV-affected people and inhibits community support for anti-LGBTQ and HIV-affected violence prevention initiatives. LGBTQ and HIV-affected affirming religious and faith communities contribute to reducing violence against LGBTQ and HIV-affected people by creating a culture that respects and supports LGBTQ and HIV-affected communities. Religious institutions should create and support campaigns that publicly denounce homophobic, biphobic, and transphobic rhetoric and that promote the safety of LGBTQ and HIV-affected people. Faith organizations should collaborate with anti-violence programs on hate violence prevention campaigns in their local

⁴¹ Lambda Legal: School-to-Prison-Pipeline. Accessed from: <http://www.lambdalegal.org/blog/lambda-legal-helps-senate-address-school-to-prison-pipeline> on May, 2014.

⁴² Accessed from http://www.unityfellowshipchurch.org/mainsite/?page_id=7 on May, 2014.

communities. One such example is NCAVP's member program Rainbow Community Cares, a faith-based LGBTQ and HIV-affected anti-violence organization organizing against LGBTQ and HIV-affected hate violence in local religious communities.

LGBTQ and HIV-affected communities should continue to build alliances with other communities impacted by hate violence, to increase awareness and shared understanding of how multiple forms of oppression may intersect.

As documented in this report, LGBTQ and HIV-affected people living at the intersections of various race, gender, sexual orientation, and immigration statuses are vulnerable to specific forms or expressions of violence. LGBTQ and HIV-affected community based hate violence initiatives should take the lead in forming coalitions and partnerships with groups or organizations working to address racism, sexism, xenophobia, disability justice, and more in an effort to address hate violence in all its forms. NCAVP member organizations and affiliates such as the New York City Anti-Violence Project, Colorado Anti-Violence Program, and Community United Against Violence (CUAV) all maintain local alliances with non-LGBTQ and HIV-affected specific organizations working to address violence motivated by race, gender, immigration status, and ability to more effectively address the nebulous impact of surviving multiple forms of violence.

FOR SUPPORTING LGBTQ AND HIV-AFFECTED SURVIVORS OF HATE VIOLENCE

Increase Survivor leadership and decision making in LGBTQ, HIV-affected, and anti-violence organizations.

Organizations should work to support LGBTQ and HIV-affected survivors of violence, particularly transgender people, LGBTQ and HIV-affected people of color, and LGBTQ and HIV-affected youth in accessing leadership positions in the anti-violence movement. LGBTQ and HIV-affected anti-violence organizations, non-LGBTQ and HIV-affected anti-violence organizations, and other community based organizations should also support and prioritize the leadership the most marginalized LGBTQ and HIV-affected communities including transgender people, people of color, transgender people of color, and LGBTQ and HIV-affected youth to better serve the communities most impacted by severe hate violence and homicide. This includes programs such as speaker's bureaus, participatory action research projects, community advisory boards, and organizing campaigns that focus on increasing survivor leadership and participation in anti-violence advocacy and the day to day decisions of LGBTQ and anti-violence organizations. LGBTQ and HIV-affected survivors of violence possess lived experiences that provide invaluable perspectives for prevention efforts and innovative strategies to support survivors. Many of the communities that experience the most severe forms of violence also are often underserved within LGBTQ, anti-violence, and LGBTQ anti-violence organizations. Survivor development and cultivation at service providing organizations and as organizers and administrators can help to ensure organizational accountability and expertise to the communities most directly affected by violence. One such model exists at NCAVP member Community United Against Violence (CUAV) in San Francisco, which works to continue to engage survivors and support them to have leadership roles within the organization. Another model is the New York City Anti-Violence Project's community action committees focused on hate violence and intimate partner violence. Participants work with the New York City Anti-Violence Project's community organizers to identify specific issues and action steps to addressing hate violence and intimate partner violence in their communities through developing campaigns, conducting outreach, and organizing community forums to increase safety for LGBTQ and HIV-affected community members.

Increase resources and funding for LGBTQ, HIV-affected, and anti-violence organizations that utilize community accountability or transformative justice models.

As previously discussed, many LGBTQ and HIV-affected survivors of violence do not report incidents of violence to the police. This can be due to negative experiences with law enforcement, having a criminal record, having regular engagement with illegal activities, being undocumented, or having other immigration concerns. A small but growing number of organizations are developing

skills and best practices on anti-violence work separate from the criminal legal system. These strategies are variably called community accountability or transformative justice. LGBTQ and HIV-affected anti-violence programs and non-LGBTQ and HIV-affected service providers should collaborate with community based anti-violence groups to receive training and technical assistance on these models for programming and support. Some promising strategies aim to strengthen local community ties between neighbors, local businesses, and community organizations such as the Safe OUTside the System Collective of the Audre Lorde Project in Brooklyn, New York. Another program is CUAV in San Francisco leadership development which supports participants in building peer based support to connect their personal experience of violence to the larger social, economic, and political conditions they face as LGBTQ survivors of violence. These strategies involve training participants in how to prevent, identify, and de-escalate violence, and support survivors without relying on law enforcement.

Anti-violence organizations should prioritize outreach to the most marginalized members of LGBTQ and HIV-affected communities, including elders, people living with HIV, immigrants, transgender men, and Native American, Middle Eastern, Asian Pacific-Islander, and South Asian people, to reach and meet the needs of under-represented LGBTQ and HIV-affected survivors of hate violence. NCAVP's 2013 data lacks representation from LGBTQ and HIV-affected elders, HIV-positive survivors, immigrants, transgender men, LGBTQ and HIV-affected, Native American, Asian Pacific-Islander, and South Asian survivors, and other communities that may be underserved or under-reporting. NCAVP members do not feel this is due to lower rates of hate violence against these communities, but rather barriers for these communities to report and access services, as well as a gap in outreach and collaboration with these communities. Programs like the TransJustice of the Audre Lorde Project can be used as models by other organizations. TransJustice is for and by transgender and gender non-conforming people of color, and seeks to mobilize communities and allies into action about issues affecting the community like job access, housing, education, and trans-sensitive healthcare.⁴³ Anti-violence organizations should prioritize reaching out to LGBTQ and HIV-affected elders, HIV-affected communities, LGBTQ and HIV-affected immigrants, transgender men and LGBTQ and HIV-affected Asian and Native American communities and collaborating with organizations within these communities to develop specific and targeted initiatives to best meet the needs of these underserved communities.

⁴³ TransJustice. Accessed from <http://alp.org/tj> on May, 2014.

FOR DATA COLLECTION AND DOCUMENTATION

Schools, universities, and community-based organizations, including anti-violence programs, service organizations, and faith organizations, should collect data on violence against LGBTQ and HIV-affected people.

These organizations and institutions are in regular contact with community members and have opportunities to collect data and document experiences of LGBTQ and HIV-affected survivors. Organizations that do not collect comprehensive information on sexual orientation and gender identity should implement new protocols to collect this information, including a range of non-binary options that reflect the diversity of LGBTQ and HIV-affected people's ways of identifying, and should seek technical assistance and training to do so. NCAVP's 2013 data highlights that only 45% of survivors contacted the police. Some of these survivors prefer to seek support from community-based organizations. In order to fully understand and end hate violence against LGBTQ and HIV-affected people, comprehensive national data must be collected from non-governmental sources in addition to governmental sources. In recent years non-governmental organizations and governmental agencies have started collecting data that is LGB focused. While this work is ground breaking, it still leaves out a major identities like transgender and HIV affected populations within the LGBTQ and HIV-affected community. All data collection must be inclusive of LGBTQ and HIV-affected communities to have an accurate picture of the issues affecting the community.

CONCLUSION

2013 was a year of increased visibility for LGBTQ and HIV-affected communities, marked by a historic expansion of rights for LGBTQ and HIV-affected people and unprecedented efforts by the federal government to include LGBTQ and HIV-affected communities in its work to address violence. A decrease in reporting of anti-LGBTQ and HIV-affected violence matched with an increase in reports to police and other law enforcement suggest that violence is potentially decreasing and law enforcement are better serving and protecting LGBTQ and HIV-affected survivors. Amidst this progress, NCAVP finds the stark fact that deadly violence disproportionately impacts transgender women of color, specifically Black transgender women, and that the severity of physical and sexual hate violence against LGBTQ and HIV-affected communities increased in 2013. Taken together, these facts illuminate that anti-LGBTQ homicides may have decreased overall but transgender people of color remain victims of anti-LGBTQ violence at a higher rate than White and cisgender LGBTQ survivors and victims largely because of the intersectional identities they navigate with regards to gender and race. The media and policymakers have finally begun to recognize that anti-LGBTQ and HIV-affected violence is a critical issue, which is evidenced by the increased media attention given to anti-LGBTQ hate violence and the prominence of transgender activists such as Janet Mock and Laverne Cox. However there continues to be much work to do to address the alarmingly high rates of violence against transgender people and LGBTQ and HIV-affected people of color.

This year's report reveals an increase in the severity of anti-LGBTQ and HIV-affected hate violence. Similar to our findings in 2012 and 2011, NCAVP once again finds that transgender people, LGBTQ and HIV-affected people of color, and transgender people of color continued to be disproportionately impacted by violence and homicide. Simultaneously, these communities have the least access to resources and support services. NCAVP continues its commitment to understanding and implementing an analysis of anti-LGBTQ and HIV-affected hate violence that integrates an understanding of intersectional identities including how racism, ageism, classism, anti-immigrant bias, homophobia, transphobia, biphobia and heterosexism create can impact various LGBTQ and HIV-affected people differently.

This report serves as a reminder of the ongoing and necessary work conducted by community-based organizations, policy makers, funders, first responders, healthcare professionals, law enforcement, and community members in order to ensure safety for all of our communities. NCAVP urges LGBTQ and

HIV-affected communities and our allies to continue these conversations about marginalized identities and violence. LGBTQ and HIV-affected survivors of violence face multiple roadblocks to support and reporting, which emphasize the need to continue to invest in research, reporting, and outreach to communities that remain underrepresented in data collection and analysis. In this time of unforeseen political access and cultural visibility, NCAVP will continue to advance its mission, and continue the work of reducing violence and increasing safety for LGBTQ and HIV-affected communities.

2013

LOCAL SUMMARIES

BUCKEYE REGION ANTI-VIOLENCE ORGANIZATION (BRAVO)

Ohio Statewide

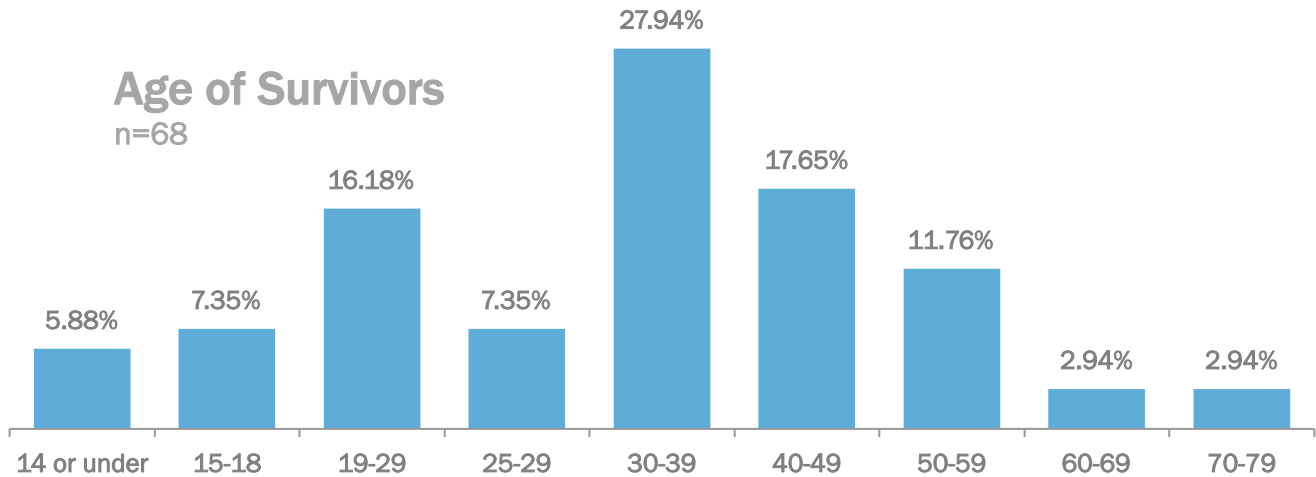
BRAVO works to eliminate violence perpetrated on the basis of sexual orientation and/or gender identification, intimate partner violence, and sexual assault through prevention, education, advocacy, violence documentation, and survivor services, both within and on behalf of the Lesbian, Gay, Bisexual, and Transgender communities.

Services include anonymous, confidential crisis support and information via a helpline with trained staff and volunteers, documentation of hate crimes & intimate partner violence, hospital and legal advocacy, public education to increase awareness of hate motivated violence and same sex intimate partner violence and to increase knowledge about support services available, education of public safety workers, and service and health care providers to increase their competency to serve LGBTQ survivors/victims and/or their families and communities.

BRAVO is committed to our belief that the best way to reduce violence is to foster acceptance. Only by making people and institutions aware of these issues and “demystifying” LGBTQ people and the issues that LGBTQ people face can we assure quality services to survivors and ultimately reduce the incidence of violence. Our work focuses on both bias crimes against LGBTQ people, intimate partner violence, and sexual violence.

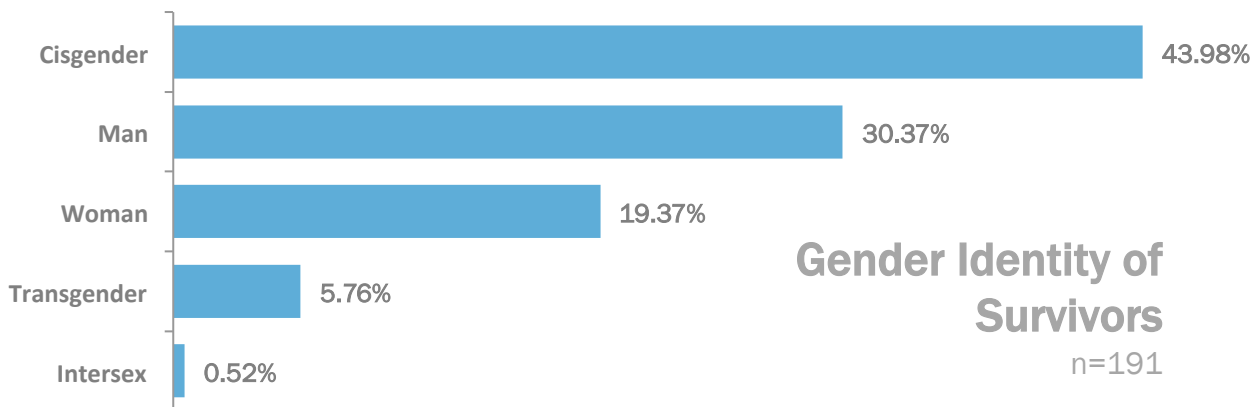
2013 marks the twenty-fourth year that BRAVO and NCAVP have documented hate violence statistics in Ohio. BRAVO responded to 100 hate violence incidents in 2013. While we documented 118 incidents in 2012, that number reflects the inclusion of two incidents that impacted large groups of people. Given that, we actually have seen a 172% increase in the number of unique incidents reported to our office in 2013.

BRAVO documented a 300% increase in reports of youth under 14 (from 1 to 4) and a 150% increase in reports of youth ages 15-18 (from 2 to 5) that were experiencing bullying at school and/or at extracurricular activities. Additionally, we continued to document an increase in reports from young adults (ages 19-24), with 11 reports in 2013, marking a 175% increase. The increase in reports from youth and young adults in 2013 may be due in part to increased outreach with this demographic. BRAVO received a grant from the Columbus Public Health Department to conduct the first ever LGBTQI Youth Safety Summit in central Ohio, which was a youth driven conversation around issues such as bullying, coming out and emotional safety, healthy relationships, sexual health, and street safety. We are excited about the continued involvement with LGBTQI youth in Ohio and are happy that this event was such a success.



The number of reports from individuals between 40-49 years old increased by 200% in 2013; however, we documented a decrease in reports for this demographic in 2012, which reflects typical fluctuations which may be dependent on where outreach is conducted throughout the state.

While more male-identified individuals (58) reported incidents of hate violence than female-identified individuals (37) in 2013, we documented a 164.29% increase in the number of female-identified individuals reporting incidents of hate violence. Subsequently, the number of lesbian identified individuals reporting also increased by 100% (12). This trend is consistent with past years, where BRAVO has documented fluctuations in the demographics of survivors reporting incidents. We received reports from 11 trans* identified individuals, marking a 57% increase from 2012. This increase is reflective of BRAVO’s outreach and engagement with the Ohio trans* community and partnership with TransOhio, a statewide trans* organization. In addition 2013 brought an increase in media awareness about anti-trans* violence in Ohio, following three high profile homicides of trans* women.



Consistent with previous years, the majority of survivors reporting were White (80.5%; 58 individuals). However, we saw a 50% increase in the number of reports from Black/African American survivors (9 individuals) and an increase in reports from Asian/Pacific Islander (from 0 to 2 individuals) and from Native American/American Indian/Indigenous survivors (from 0 to 2 individuals).

While BRAVO documented a decrease in the number of overall incidents involving physical injuries, there was a 25% increase in the number of survivors requiring medical attention, and a 28% increase in the number of reports involving physical violence (from 14 to 18). It is important to note that while overall physical injuries are slightly decreasing, the severity of violence is increasing. We documented 3 hate-motivated homicides in 2013, marking an alarming 133.33% increase from 2012. Weapons were involved in 7 incidents overall representing approximately 7% of total incidents reported, which is consistent from 2012.

There was a slight increase in reported incidents of workplace discrimination (10 to 14). BRAVO documented a 200% increase in the number of incidents occurring on school/college/university grounds (from 3 to 9), which is accounted for by the increase in reports received from youth under 18 and young adults (aged 19-24). We documented two incidents of hate violence occurring at a police precinct/jail. We documented a 60% increase of incidents occurring at or around LGBTQ identified venues (from 5 to 8) as well as an increase in incidents occurring at or around non-LGBTQ identified venues (from 0 to 7).

Incidents with unknown offenders increased by nearly 86% (39 incidents), while we documented a 37% decrease in incidents involving a known offender. We documented a 66.67% increase number of reports of pick-up related hate violence in 2013 (from 3 to 5); one of which was a pick-up related homicide. We also documented a 100% increase (from 3 to 6) in incidents that involved the use of a dating website or location based phone app. With the increased use of technology in society, electronic means of meeting someone continues to increase. These means of connection are indicative of our time, and are no more dangerous than meeting someone in a bar, restaurant, church, or community space; however, just as in years past offenders will use whatever means at their disposal to control and/or select a victim/survivor. It is important to note the increased use of website and location based phone apps, in so far as advocacy needs to keep pace with societal trends. This indication is in no way meant to blame the victim/survivor for meeting someone, it is always the offender's fault; the offender chose to hurt someone.

BRAVO continued to see an increase in the prevalence of anti-trans* violence. In 2013, we documented 14 incidents, which is a 133% increase from the previous year, and 367% increase in incidents reported to our office over two years. Of the 7 hate-motivated homicides documented in 2013, three of the victims were trans* identified. All three of the trans* victims were trans* women, and two were trans* women of color. Both in Ohio and nationwide we continue to document an alarming

trend of violence disproportionately directed towards trans* women, and in particular, trans* women of color.

In 2013, approximately 48% more survivors interacted with the police than in 2012 (from 21 to 31 cases). Twenty-eight survivors reported incidents to the police in 2013, of which police recorded 22 reports/complaints. In 16 incidents where the police attitude towards the survivor was known, BRAVO has documented a 60% reduction in survivors reporting hostile behavior from law enforcement. BRAVO has a longstanding relationship working with and training cadets that are going through the Columbus Police Academy, and close relationships with other law enforcement agencies throughout the state.

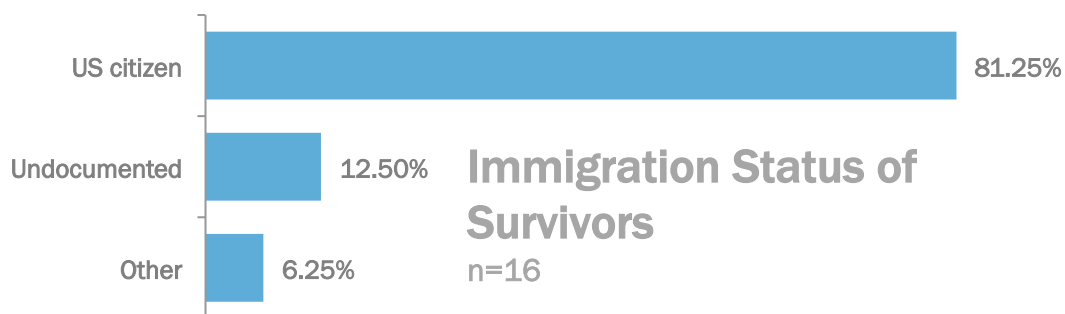
The increase in the number of high profile hate motivated physical assaults and homicides has brought about an increase in community supported events and conversations statewide. This community engagement has continued to raise awareness regarding the impact of violence toward LGBTQI communities in Ohio. These dialogues have sparked renewed community energy about anti-LGBTQI violence, resulting in increased advocacy for changes to how the community responds to and supports survivors of hate motivated violence. BRAVO, along with our community, continues to stand in solidarity and support each other as Ohio LGBTQI communities take steps to heal from the impact of these incidents. One of these events, which had particular impact, was in June of 2013, when the Columbus LGBTQI community came together with local individuals and businesses and held an event called *On Friday's We Wear Pink* which over 10,000 people attended, and received national recognition and trended at #6 on Twitter worldwide.

CENTER ON HALSTED ANTI-VIOLENCE PROJECT (COH AVP)

Chicago, Illinois

Center on Halsted is the Midwest's most comprehensive community center dedicated to advancing community and securing the health and well-being of the Lesbian, Gay, Bisexual, Transgender and Queer (LGBTQ) people of Chicagoland. More than 1,000 community members visit the Center every day, located in the heart of Chicago's Lakeview Neighborhood. It began in 1973 as an information clearinghouse and meeting space for gays and lesbians, named Gay Horizons. Over the years, in response to the emerging needs of the community, Center on Halsted established programs for persons living with HIV/AIDS, survivors of violence, young people, and older adults. In 2007, following the successful completion of a \$20 million capital campaign, we opened the doors to our current community center, bringing together the rich history of social services we provide for lesbian, gay, bisexual, and transgender (LGBT) people with an opportunity to broaden our work and increase our programs.

Center on Halsted advances communities and secures the health and well-being of the LGBTQ people of Chicago. Center on Halsted envisions a thriving lesbian, gay, bisexual, transgender and queer community, living powerfully in supportive, inclusive environments. Center on Halsted's LGBTQ Violence Resource Line responds to LGBTQ hate, domestic, sexual, police, and HIV-related violence across our region, providing direct support and services to survivors and witnesses, including crisis support, counseling, advocacy, safety planning, information and referrals. Our Training program works to decrease the impact of bias in the lives of LGBTQ people, reducing both risk for harm and re-victimization by training emergency responders and other service providers.



In 2013, we received a significant increase in reports of undocumented immigrants experiencing hate violence, representing approximately 12% of survivors who reported immigration/citizenship status, a sizeable change from 2012 where only one survivor identified their immigration status as undocumented. The shifting policy landscape at the national level is likely to have played a role in this increase of reports: both the debate around Comprehensive Immigration Reform, as well as the attention to the availability of U-Visas as a result of the 2013 Reauthorization of the Violence Against Women Act brought renewed interest in immigrant rights. The release of the Williams' Institute report on adult

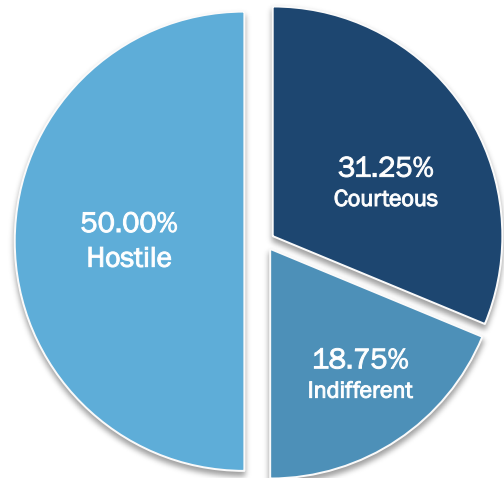
LGBTQ immigrant in the United States also contributed to this increased focus on “undocuqueers.” This attention may have heightened hostility toward undocumented LGBTQ people in particular, and therefore increased vulnerability to violence; however, it is also possible that with Center on Halsted working to better meet the needs of LGBTQ immigrants (both documented and not), survivors felt more comfortable in reporting their experiences.

While overall reports of hate violence decreased from 2012 by approximately 21% in 2013, Center on Halsted received increased reports of incidents involving a weapon, as well as reports of incidents reported to police. Hate violence incidents involving a weapon represented approximately 57% of reports in which weapon involvement was reported. Concurrently, hate violence incidents reported to the police represented approximately 50% of incidents in which police reporting was submitted. While these two trends represent different numbers of people, and cannot be said to be caused by one another, the correlation points to a future question for research: are survivors of hate violence more likely to involve law enforcement when a weapon is used? Furthermore, it would be valuable to examine whether or not this involvement of law enforcement is voluntary (survivor reported the incident) or involuntary (police were called by bystander, perpetrator, etc.).

While relations between the LGBTQ community and Chicago Police have progressed greatly, with survivors knowing their rights and police having received training, Center on Halsted also reported an increased number of incidents involving police hostility or violence. Taken in conjunction with the above data (more survivors interacting with police), this information suggests that while survivors may be more comfortable with law enforcement, their comfort may, in some cases, be unfounded. Looking to the future, this data points to the continued need for training and cultural competence work with police officers, particularly those likely to receive reports of hate violence.

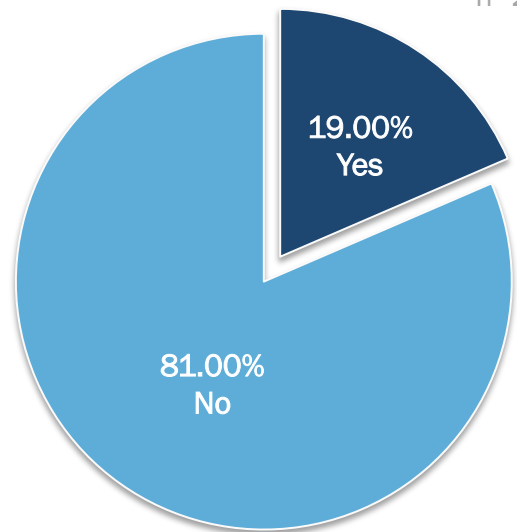
Police Attitude

n=16



Police Misconduct

n=27



CIVIL RIGHTS COMMISSION OF PUERTO RICO

San Juan, Puerto Rico

The compilation of 2013 data on violent acts and assaults based on prejudice against the LGBTT communities in Puerto Rico was possible thanks to members of the communities themselves, specifically Sophia Isabel Marrero-Cruz. Historically, the Puerto Rico Civil Rights Commission has worked actively and directly with the LGBTT communities, providing assistance and support in the processes of community empowerment and/or data collection to bring visibility to their realities. We also make sure that the communities are able to document the instances in which their rights are violated and provide the necessary assistance and guidance to claim their rights.

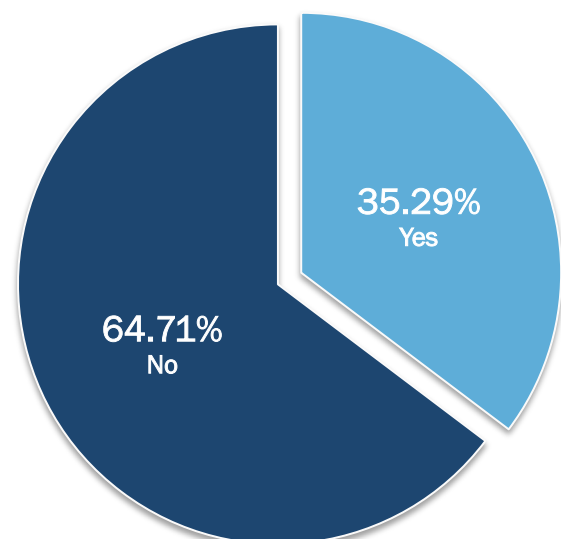
These actions have allowed us to bring to light the structural and systemic violence that the members of the LGBTT communities face in Puerto Rico. Institutionalized homophobia limits the actions and effectiveness of government agencies in the provision of services and attention to these communities, particularly in view of assaults and violent acts in which they are victims.

The situation is so serious that government structures obstruct finding solutions. In view of the complexity of this social problem, the Puerto Rico Civil Rights Commission has designed a work plan with the purpose of empowering the most disadvantaged communities so that they will be able to identify and face the instances in which the State does not give them the necessary assistance to claim their human rights de facto.

In 2013 the Civil Rights Commission of Puerto Rico recorded 17 instances of hate motivated violence against LGBTT individuals. 70.58% of the survivors identified as women while 29.42% identified as men. More than half (52.94%) of the survivors were transgender women. A majority (52.94%) of the survivors faced bullying as a form of hate violence, while police violence accounted for 35.29% of the incidents.

The cases compiled during 2013 show the lack of attention given to police complaints in cases of assault and violent acts against the LGBTT community and the lack of investigation and processing of these incidents, even in cases that were evidently motivated by prejudice. State

Survivors Experience Police Misconduct
n=17



security agencies are resistant to handling this type of complaint and usually investigate these acts as misdemeanors. This reality creates a dichotomy in the public policy. There is currently a public policy prohibiting workplace discrimination on the basis of sexual orientation and gender identity, but agencies refuse to provide essential services, such as security, to the members of the LGBTT communities. The actions of security agencies have led to perpetuating the stigma and promoting discrimination against the LGBTT communities.

For years, security agencies have insisted on classifying the areas frequented by the LGBTT communities as high crime areas. This has caused the criminalization of the LGBTT communities through police interventions based on discrimination and stigma. The limited number of cases of assault and violent acts motivated by prejudice compiled for this report is evidence of the magnitude of the institutional discrimination that exists in Puerto Rico.

COLORADO ANTI-VIOLENCE PROGRAM (CAVP)

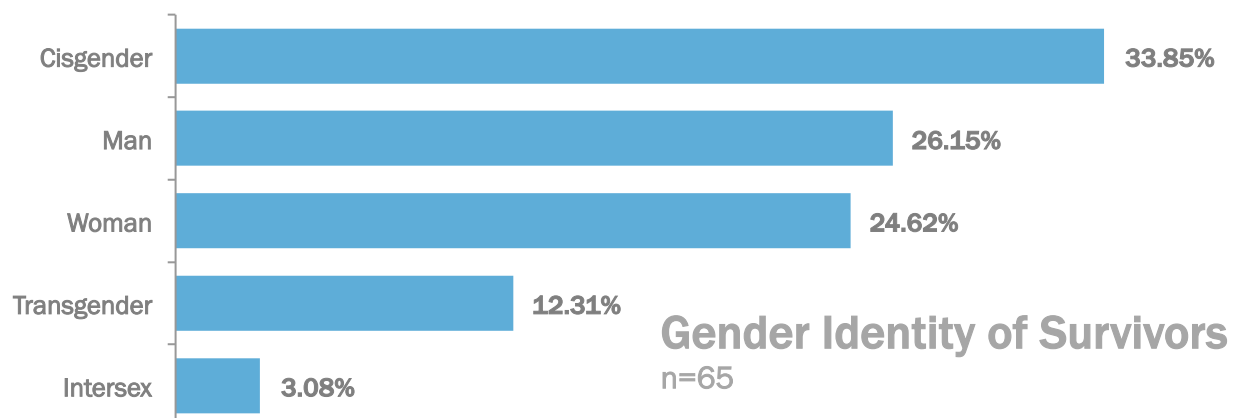
Denver, Colorado

Since 1986, the Colorado Anti-Violence Program (CAVP) has been dedicated to eliminating violence within and against the lesbian, gay, bisexual, transgender and queer (LGBTQ) communities in Colorado, and providing the highest quality services to survivors. CAVP provides direct services including a 24-hour hotline for crisis intervention, information and referrals. CAVP also provides technical assistance, training and education and advocacy with other agencies including, but not limited to, service providers, homeless shelters, community organizations, law enforcement and other community members. Branching Seedz of Resistance (BSEEDZ) is CAVP's youth-led project that works to build community power to break cycles of violence affecting LGBTQ young people. Using strategies of community organizing, arts & media, action research and direct action, BSEEDZ sparks dialogue, educates and empowers youth to take action. Led entirely 'By Youth, For Youth', BSEEDZ continues to build a base of youth leaders locally and nationally who are committed to fighting for safety and justice in their lives, families and communities.

We noted a decrease in numbers of hate violence reports from the previous year, from 77 in 2012 to 36 in 2013. We continue to feel that our outreach and data collection efforts need to be further strengthened so that we can more accurately understand the realities facing survivors in Colorado.

Survivors living with a disability were 22% of total reports, which represents a 200% increase from 2012 (3 in 2012 and 8 in 2013). Nationally in 2012, 72% of victims did not disclose their disability status, so we are encouraged to see an increase in reporting locally.

We continue to receive a disproportionate number of reports from survivors and victims who identify as transgender (14% of 2013 reports), which highlights the multi-year trend seen nationally and locally of hate violence targeting transgender survivors, particularly transgender women of color.



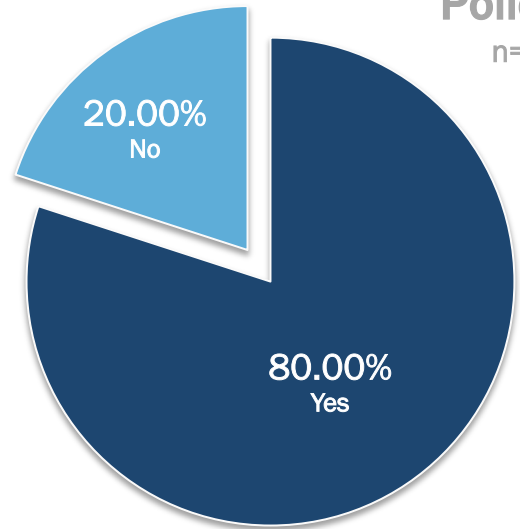
Additionally, we saw an increase in race/ethnic bias in reported hate violence incidents, in particular, targeting Black/African-American survivors. In 2012, Black/African-American survivors represented 3% of reports, compared to 17% of reports this year, which is a 200% increase.

In 2013, there was a 33% increase in survivors reporting the incident to police, however, 80% of victims and survivors reported police misconduct. Our communities are continuously encouraged by advocates, service providers, and law enforcement authorities to report their attacks to police, yet we are concerned about the high rates of re-victimization that occurs when survivors are reporting to law enforcement. When LGBTQ communities experience bias and hostility from primary responders, this contributes to general mistrust, lower rates of disclosure and fear of reporting to any agency or authority.

There was a 425% increase in reported attacks that resulted in an injury to the survivor (4 to 21). While we are encouraged to see that more people who experience severe violence are calling, we remain concerned about the increased severity of violence in our state, and what we believe to be high rates of overall underreporting of all forms of hate violence.

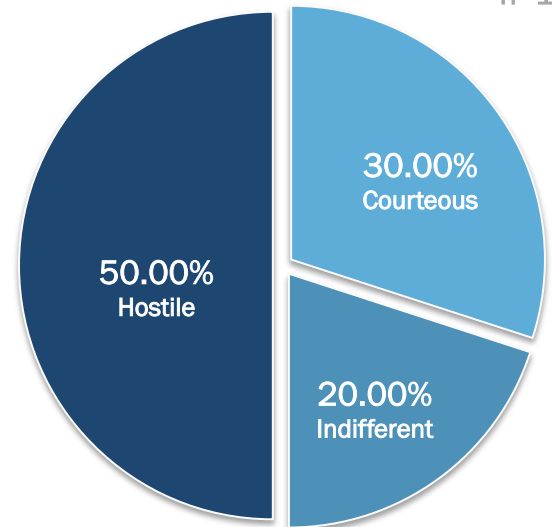
Survivor Report to Police

n=10



Police Attitude

n=10



COMMUNITY UNITED AGAINST VIOLENCE (CUAV)

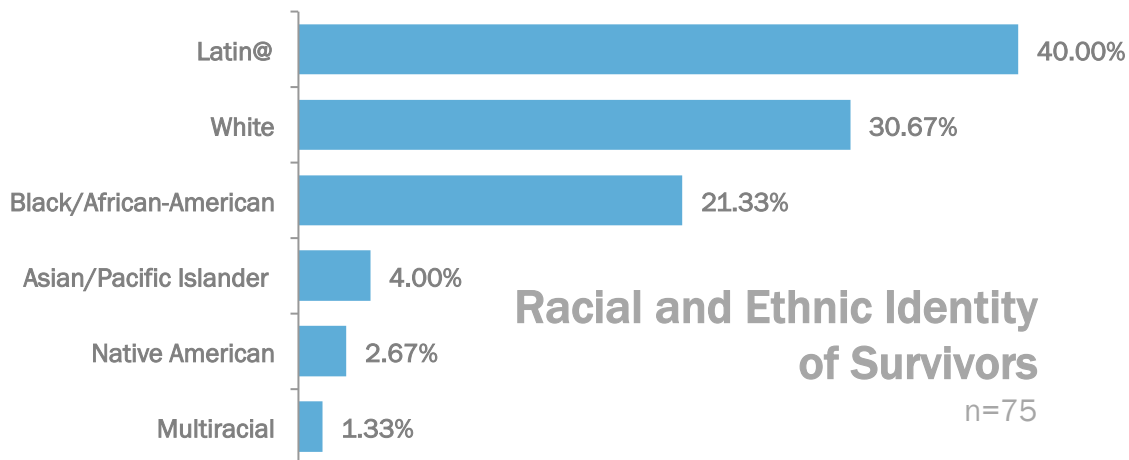
San Francisco, California

Founded in 1979, CUAV works to build the power of LGBTQQ (lesbian, gay, bisexual, transgender, queer, and questioning) communities to transform violence and oppression. We support the healing and leadership of those impacted by abuse and mobilize our broader communities to replace cycles of trauma with cycles of safety and liberation. As part of the larger social justice movement, CUAV works to create truly safe communities where everyone can thrive.

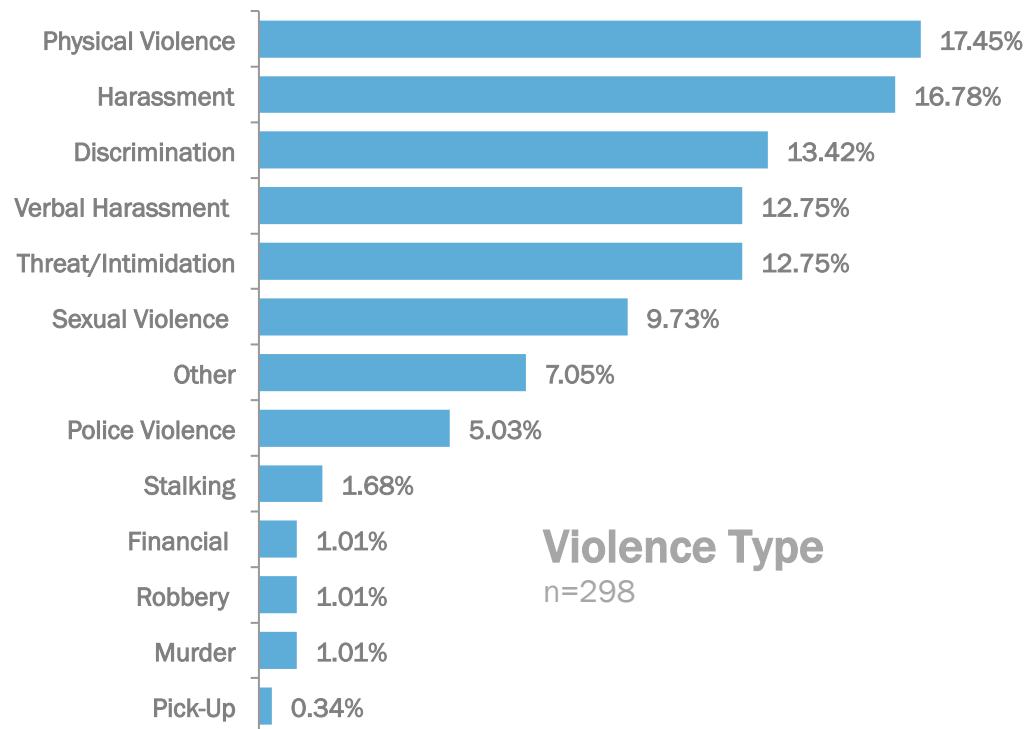
CUAV works primarily with Black and Latinx, extremely low-income or no-income, LGBTQ survivors of violence. The typical LGBTQ hate violence survivor who comes to CUAV seeking services also navigates many other challenges to survival, including working criminalized jobs or relying on disability support, struggling to find housing that meets their needs around affordability and emotional safety, and surviving multiple forms of relationship abuse. Many also live in fear of deportation or face barriers to support because they have cycled in and out of the county jail and state prison systems. A lot of the hate violence these survivors report is in direct response to the conditions they face as people living below the federal poverty line in one of the most expensive cities in the nation.

We center the needs of the most vulnerable San Francisco-based LGBTQ hate violence survivors in our model. To do this, CUAV provides free bilingual advocacy-based counseling services and arts-based group support to help survivors build the skills necessary to support their own self-determination. We encourage all current and former participants to become members. CUAV members receive additional emotional support and opportunities to develop leadership skills around political education, facilitation, outreach, and community organizing. As part of a larger local coalition, CUAV members take action on local policy initiatives and cultural campaigns to impact the root causes of violence in their lives – policing, immigration, housing, employment, and health care. In 2013, CUAV members successfully fought against the police acquisition of electronic weapons (tasers) and won a local policy change that would limit the number of S-Comm related deportations.

In 2013, CUAV documented 110 incidents of anti-LGBTQ hate violence, a slight increase of 16%, since 2012. While this increase may indicate an increase in the number of hate violence incidents, this may also be reflective of an increased capacity to document reported cases. Of the 110 survivors, we saw an increase in reported incidents from survivors who identify as transgender and women. In 2013, CUAV engaged in a collaborative campaign to bring more attention to the violence transgender women face in the Mission District of San Francisco. As a result of those advocacy efforts, CUAV and other service providers were awarded additional city funding to provide services specifically to transgender women experiencing violence. An on-going needs assessment project centered on homeless or marginally housed people who spend their time around a particular transportation hub in San Francisco also yielded reports of transgender women who experienced hate-motivated harassment. These efforts to increase outreach and ask direct questions about survivors' experiences of violence may indicate a more effective method of data collection that the organization will explore further in the coming year.



Of the survivors who reported their race/ethnicity, the majority of survivors identified as people of color, with Latinx survivors (58%) and Black/African-American (31%) accounting for the majority within this subgroup. Reported incidents from Black/African-American survivors increased by 100% in 2013 (8 in 2012 to 16 in 2013). This increase in reports may again be indicative of more effective outreach and data collection. The high frequency of reporting from Latinx survivors may be a result of CUAV's location in a historically Latinx neighborhood and our engagement in a city-wide campaign to stop the deportation of immigrants.



Physical abuse (17%), harassment (17%), and discrimination (13%) were the most reported forms of violence LGBTQ survivors reported in 2013. These types of violence are particularly insidious to heal from, as they rely on emotional violence and may not necessarily rise to the level of a crime. When incidents of violence do not rise to the level of a crime, survivors may not receive much affirmation of their experience from the wider community. This lack of affirmation or acknowledgment may increase isolation, lower self-esteem, and can leave someone vulnerable to further violence. In 2013, we also saw an increase in reports of sexual violence and police violence (32% increase and 67% increase, respectively). These forms of reported violence correspond with anecdotes collected during the campaign to raise awareness of violence against transgender women in the Mission District and with increased quality-of-life policing around public transportation sites.

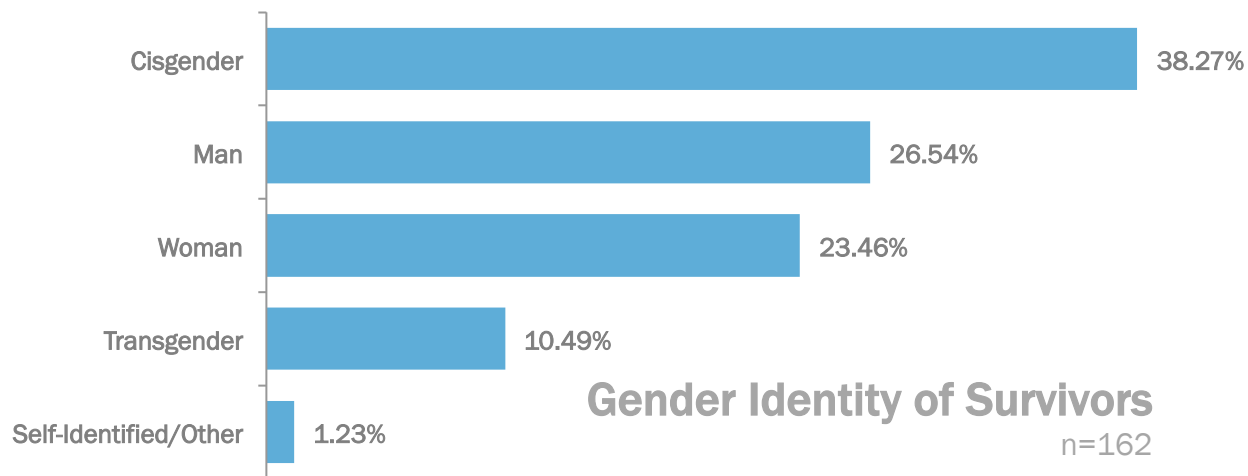
EQUALITY MICHIGAN

Detroit, Michigan

Equality Michigan works to achieve equality and equity for all Michiganders regardless of sexual orientation, gender identity, gender expression, or HIV status. Our Department of Victim Services is committed to working toward creating safer and more affirming communities for all LGBTQ and HIV-affected people.

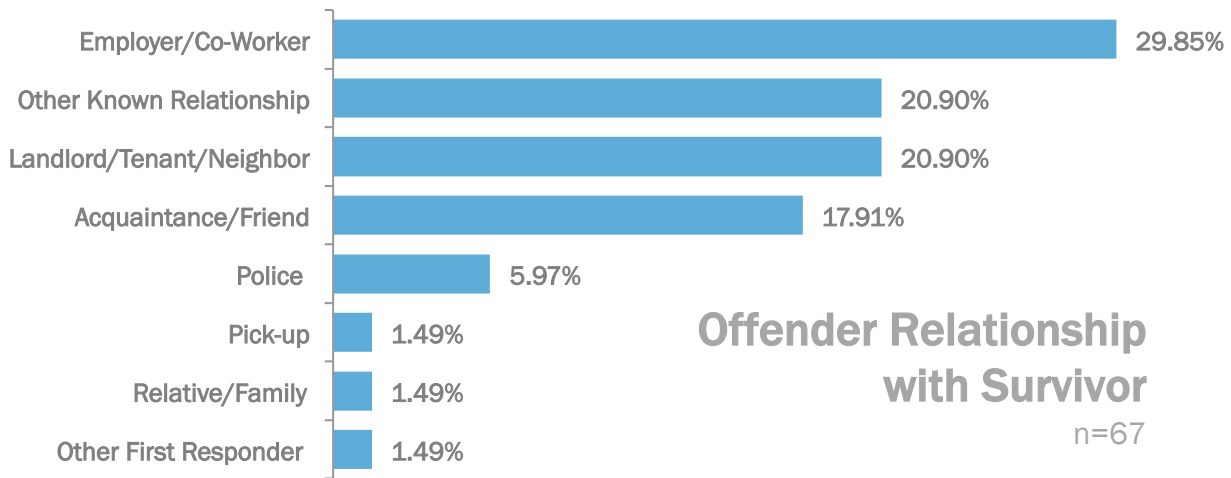
Based in Detroit, with an office in Lansing, Equality Michigan is the only statewide organization dedicated to providing personal support and advocacy to those who have endured anti-LGBTQ and anti-HIV violence and discrimination. Equality Michigan was a founding member of the NCAVP, and has worked for more than 20 years to end anti-LGBTQ and anti-HIV violence and discrimination. Our Department of Victim Services responds to reports of harassment, violence, and discrimination. We offer post-crisis support, criminal justice advocacy, and facilitated referrals to LGBTQ-affirming resources among other services. We work with community partners to ensure the diverse facets of Michigan's communities are reached and supported by our work. LGBTQ and HIV+ Michiganders affected by violence and discrimination may reach us through a toll-free helpline, e-mail, our website, and via Facebook.

Equality Michigan saw a decline in reporting survivors for the second year in a row. However, we once again saw a reduction in staff during the final quarter of 2013, and attribute the decrease in reports to our diminished outreach and intake capacity rather than an indication of a more tolerant Michigan. The number of reports received by survivors under the age of 30 remained at about the same levels as 2012 (46 in 2013 compared to 51 in 2012), while reports by survivors over the age of 30 more than doubled (22 in 2012 to 47 in 2013) with the most marked increase in ages 30-39 (from 8 to 15). White survivors and victims accounted for the majority of reports (58.02%), which is consistent with overall NCAVP member findings. Black victims and survivors were the second largest reporting group at 19.75%. Latin@ survivors remained unchanged (4), while Arab/Middle Eastern and Asian/Pacific Islander survivors increased from 0 to 2 and 1, respectively.



Similar to overall NCAVP reports, and our own trends from previous years, the majority of victims and survivors identified as cisgender (62; down from 74 in 2012), gay (33; down from 41), and male (43; down from 47 in 2012). The number of women-identified victims and survivors remained steady (38 in 2013 compared to 39 in 2012), however, given the reduced number of reports received in 2013, this indicates an actual increase in women-identified survivors and victims. Most alarming is that anti-transgender bias nearly doubled from 2012 (9 in 2012, 17 in 2013). Consistent with previous trends noted by Equality Michigan and other NCAVP members, the vast majority of anti-transgender incidents reported were committed against transgender women (14), one of whom was brutally murdered and stuffed into a garbage dumpster. Sadly, this type of brutality reflects the experience of far too many of our transgender sisters, and speaks to the desperate need for increased programming that aims to demythologize the trans* experience, and eliminate the root causes of violence. Finally, we note that reports of police bias and misconduct remained unchanged from 2012, though the types of bias and misconduct reported did vary.

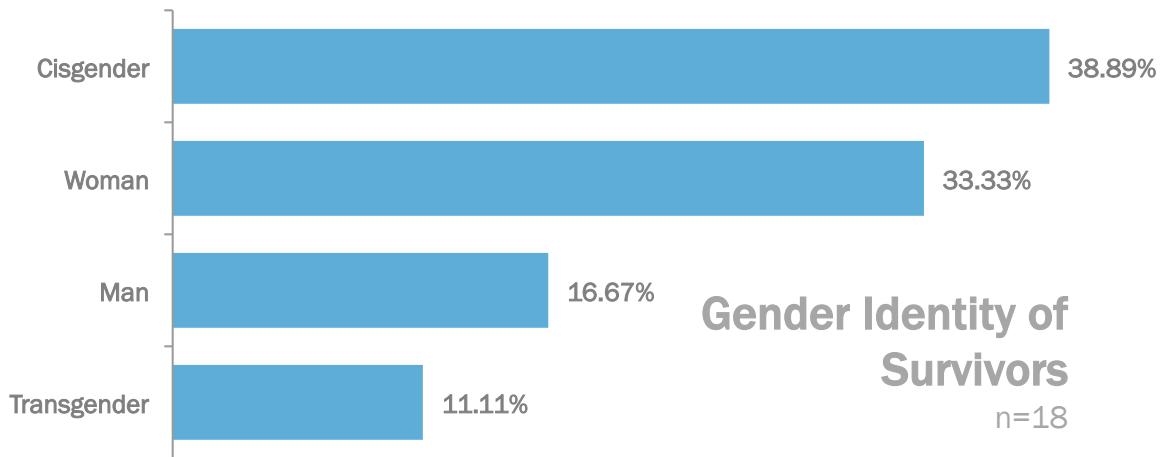
In 2013, Equality Michigan noted a 50% increase in anti-HIV bias incidents. These incidents generally entail “outing” someone’s HIV status via social media to co-workers, friends, or family. Though these incidents are not physically harmful, they are highly invasive and often humiliating, as well as criminally punishable. This trend in HIV-shaming is something that Equality Michigan will be watching closely, as we work to improve HIV outreach and education. Another trend noted in 2013 was the other nefarious ways in which social media was used by predators against LGBTQ people. We received multiple reports of individuals targeting gay men on various “hook-up” sites with the ultimate goal of blackmailing them or stealing their identities. The most startling report we received was from a youth who had been threatened, stalked, harassed, and forced to perform sexual acts for the benefit of an online predator. Equality Michigan collaborated with local and federal authorities in order to bring justice to the survivor.



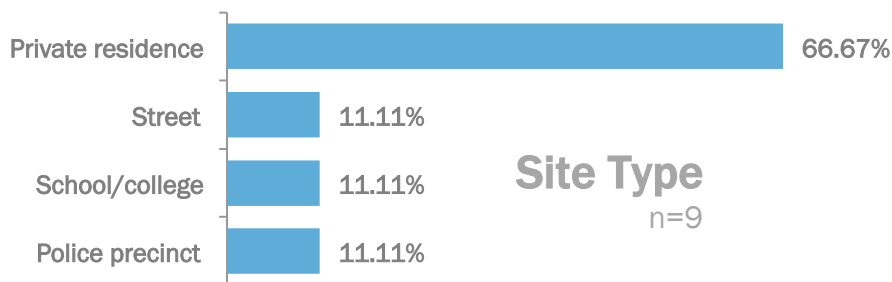
As with previous years, the vast majority of incidents involved harassment and discrimination by an employer/coworker (29.85% of all known offenders), landlord/tenant (20.9% of all known offenders), and acquaintance/friend (17.91% of all known offenders). Equality Michigan is committed to creating a more tolerant Michigan through increased education of mainstream organizations, including law enforcement and service providers, targeted outreach to our own most marginalized community members, and building collaborative relationships with community partners across Michigan.

KANSAS CITY ANTI-VIOLENCE PROJECT (KCAVP) Kansas City, Missouri

Since 2003, the Kansas City Anti-Violence Project (KCAVP) has worked to provide information, support, referrals, advocacy and other services to lesbian, gay, bisexual, transgender, and queer (LGBTQ) victims of violence including, intimate partner violence, sexual assault, and hate violence, focusing these services within the Kansas City metropolitan area. KCAVP also educates the community at large through training and outreach programs.



Overall, the number of hate violence survivors contacting KCAVP for services in 2013 decreased by 36% compared to 2012 (14 in 2012 to 9 in 2013). This may be due to a transitional period in the KCAVP outreach department for a portion of 2013. There was a 20% increase in the number of female identified survivors as compared to the previous year. In 2013, there was a 400% increase in the number of hate violence incidents involving landlords or neighbors. 67% of the overall hate violence incidents reported occurred in private residences. There was a 150% increase in reports of verbal harassment from the previous year and a 50% increase in reports of threats and intimidation. Although there was an overall decrease in reported hate violence incidents in 2013, there was a 67% increase in incidents that involved the use of a weapon.



Possibly due to the increase of incidents involving weapons or that a majority of hate violence incidents involved individuals known by the survivors such as landlords or neighbors, 100% of the hate violence

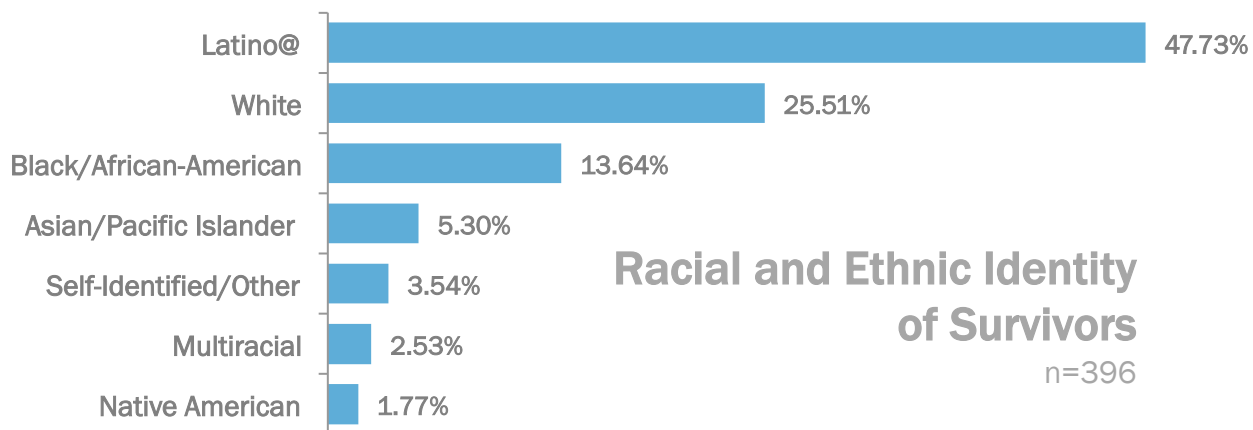
survivors that contacted KCAVP in 2013 reported those incidents to law enforcement. 33% of survivors sought an order of protection against the offenders. Over the last year, KCAVP has partnered with local law enforcement agencies to provide training to all new recruits to increase cultural competency when working with LGBTQ individuals. Additionally, KCAVP staff was asked to serve on the advisory committee for a new Hate Crimes Taskforce of Western Missouri that is comprised of community groups, local law enforcement, the FBI and DOJ to address the issue of hate crimes in the Western Missouri region and provide a more comprehensive community response.

L.A. GAY & LESBIAN CENTER

Los Angeles, California

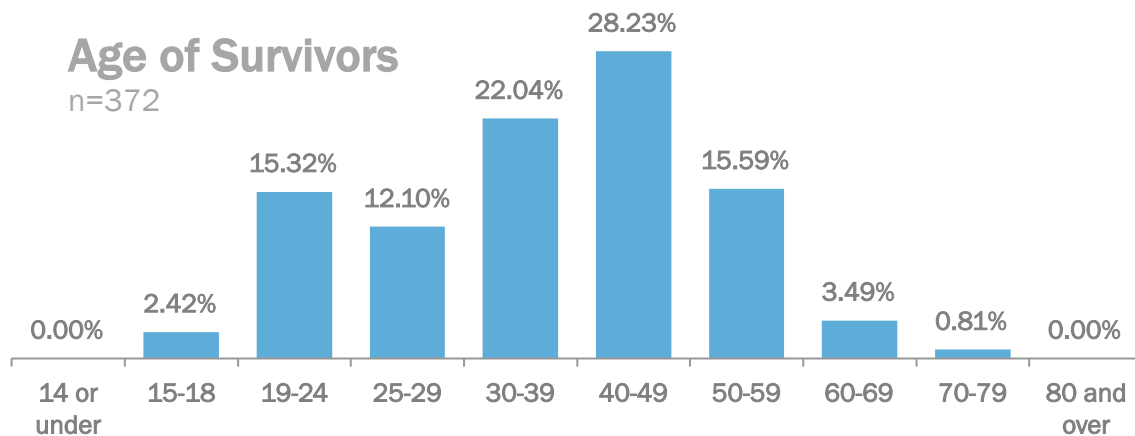
Established in 1988 by L.A. Gay & Lesbian Center's Legal Services Department, the Anti-Violence Project (AVP) has become the largest and most comprehensive victim services program in Southern California specifically assisting victims of anti-LGBTQ hate violence. Through State-certified Victim Advocate staff, trained crisis counselors, and outreach volunteers, AVP provides a wide array of victim recovery and empowerment services including crisis counseling, advocacy with law enforcement, attorney consultations and referrals, assistance with victims compensation, and referrals to long-term counseling and other social services.

The AVP has a specific focus on serving the transgender community and immigrant communities, which experience disproportionate levels of hate violence and discrimination. Historically, the transgender community is the most misrepresented and underserved population within the LGBTQ communities in the U.S. In order to raise awareness and sensitivity to transgender issues, AVP has proactively provided transgender cultural competency trainings to law enforcement, as well as to a wide array of service providers and community organizations.



In 2013, a total of 429 survivors contacted the AVP for services, consistent with the number of client intakes in the previous year. Latino@ survivors made up 47.7% of total survivors and victims, the largest race/ethnicity to report hate violence, which is consistent with the overall demographics of Los Angeles County's population. White survivors and victims made up 25.5% of total reports, a slight decrease from 2012. Black and African American survivors and victims made up 13.6% of total reports, a 68.7% increase from 2012. Asian and Pacific Islanders, Multiracial, Native American, Arab and Middle Eastern, and other/self-identified races made up a total of 13.2%, each less than 5.3% of total survivors and victims.

In 2013, the AVP continued to see a disproportionate impact of violence on LGBTQ people of color, with the most severe cases of violence and discrimination perpetrated against transgender women of color and LGBTQ immigrants. As a result, our AVP is continuing to focus services on serving these populations in our communities.



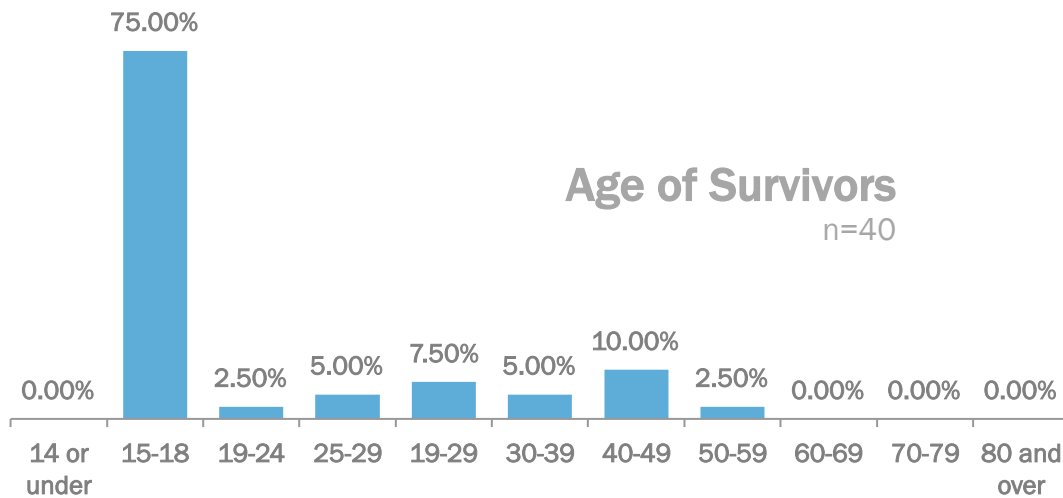
The AVP saw across-the-board decreases in the number of clients served in all age ranges under 39 years old, while seeing increases in all ranges 40 and above. At the L.A. Gay & Lesbian Center, we have expanded both our youth services and senior services, and are doing more to proactively address the needs of both these communities. There has also been a greater focus in Los Angeles area schools and universities on protecting LGBTQ students, such as LAUSD's "Coming Out for Safe Schools," spearheaded in October 2013 by the L.A. Gay & Lesbian Center's Project SPIN and LAUSD. These local initiatives are consistent with an increased national focus in the media on LGBTQ youth.

THE MONTROSE CENTER

Houston, Texas

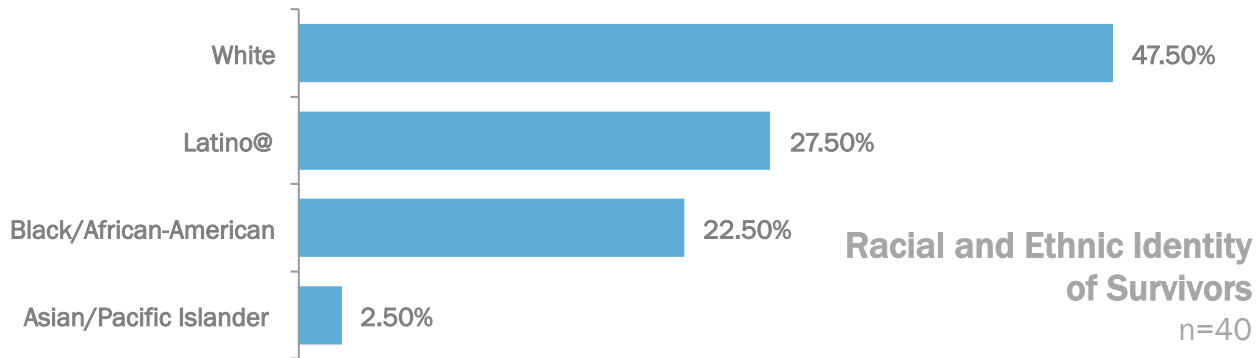
The Montrose Center empowers our community, primarily gay, lesbian, bisexual, and transgender individuals and their families to enjoy healthier and more fulfilling lives by providing culturally affirming and affordable behavioral health and preventative services.

The Montrose Center works with clients who have dealt with hate or bias crimes by providing counseling, case-management, advocacy, and hospital, police, and, court accompaniment. We continue to work with Houston’s FBI Hate Crimes Unit, the Houston Police Department and the Harris County Sheriff’s Department to deal with hate or bias crimes in and around Houston. We have incorporated a hate violence program in three local high schools to respond to anti-GLBT bullying of students, the programs also as work with students facing violence based on racial bias, bias related to gender identity, and other bias related violence.



All of the clients that the Montrose Center served in 2013 in relation to hate violence identified the incidents as being related to anti-LGBTQ bias. The Montrose Center serves a target population of LGBTQ clients and in the 2013 year we saw 40 new clients, as opposed to 4 clients in 2012. We saw a substantial increase in these numbers mainly due to our school outreach. A majority of the clients we saw in 2013, 30 in total, were high school students dealing with issues of bias at school mainly based on gender identity or sexual orientation. Due to the severity and impact of these incidents the schools contacted Montrose center to create support groups for students. We also saw a large increase in the number of transgender clients; while we did not serve any transgender clients in 2012, in 2013 7 transgender individuals sought the services of The Montrose Center. In addition, due to the significant increase in the number of clients overall we also served a racially diverse population of clients. In 2013

22.50% of our clients identified as Black and 27.50% as Latin@ while the majority of the clients served, 47.50%, identified as White.



While the Montrose Center offers services under its HATE Crimes grant to survivors of any hate or bias crime we feel our clients come in mainly due to issues of sexual orientation and gender identity. This may be because The Montrose Center is well-known for working with the LGBTQ communities.

NEW YORK CITY ANTI-VIOLENCE PROJECT (NYC AVP)

New York, New York

Increase in Anti-LGBTQ Hate Violence in New York City

In 2013, New York City experienced a surge in high profile anti-LGBTQ hate violence and the New York City Anti-Violence Project (AVP) supported a total of 594 new LGBTQ and HIV-affected hate violence survivors, a 27% increase from the number of new hate violence survivors served in 2012 (435). This is the largest increase ever reported from year to year and the fourth year in a row with an increase⁴⁴. This may be attributed to AVP's increased response to incidents of violence, our Reporting Violence Helps End Violence campaign, launched last year to encourage reporting from LGBTQ and HIV affected survivors when violence occurs, or increased media reporting in New York City of anti-LGBTQ hate violence incidents. Rather than a dramatic increase in violence, we believe this is a reflection of the enhanced accuracy in reporting.

Anti-LGBTQ Homicides

AVP responded to three high profile anti-LGBTQ homicides in New York City in 2013, after decreases each year since 2009, when we had five anti-LGBTQ homicides, and 2012, when we had none⁴⁵. All three survivors were people of color and one was a transgender woman, highlighting the disproportionate impact of severe and deadly hate violence on those who identify or are perceived to be LGBTQ, people of color or transgender and gender non-conforming (TGNC) people. Mark Carson, a young gay man of color, was shot and killed in the historic LGBTQ neighborhood of the West Village on May 17, 2013. Islan Nettles, a young transgender woman of color, was attacked in Harlem on August 17, 2013 and died as a result of her injuries. Ever Orosco, an elder man of color, was stabbed to death on September 16, 2013 in Queens for his perceived LGBTQ identity, although Orosco was not LGBTQ-identified.

Most Impacted Communities

In 2013, 19% of survivors reporting to AVP identified as transgender and/or gender non-conforming,⁴⁶ while only 16.2% of those reporting to NCAVP identified as TGNC. 74%⁴⁷ of survivors reports to AVP came from people of color, much higher than the 58.8% of reports to NCAVP that come from survivors

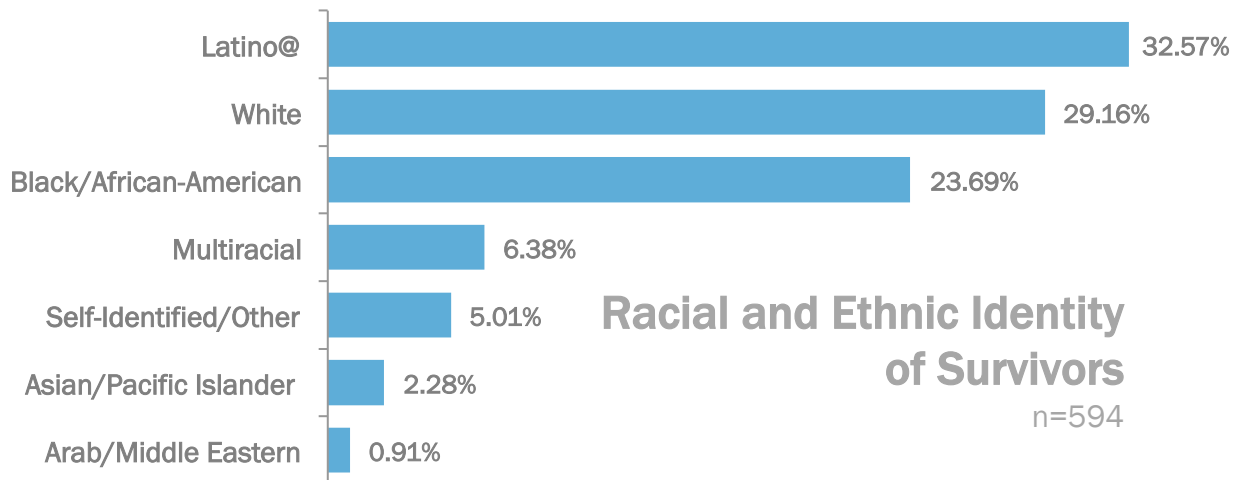
⁴⁴ AVP saw the following increases: 11% from 2009 to 2010; 13% from 2010 to 2011; and 4% from 2011 to 2012,

⁴⁵ In 2009, AVP reported 5 local anti-LGBTQ homicides; in 2010, there were 4 reported homicides; down to 2 in 2011, and zero in 2012.

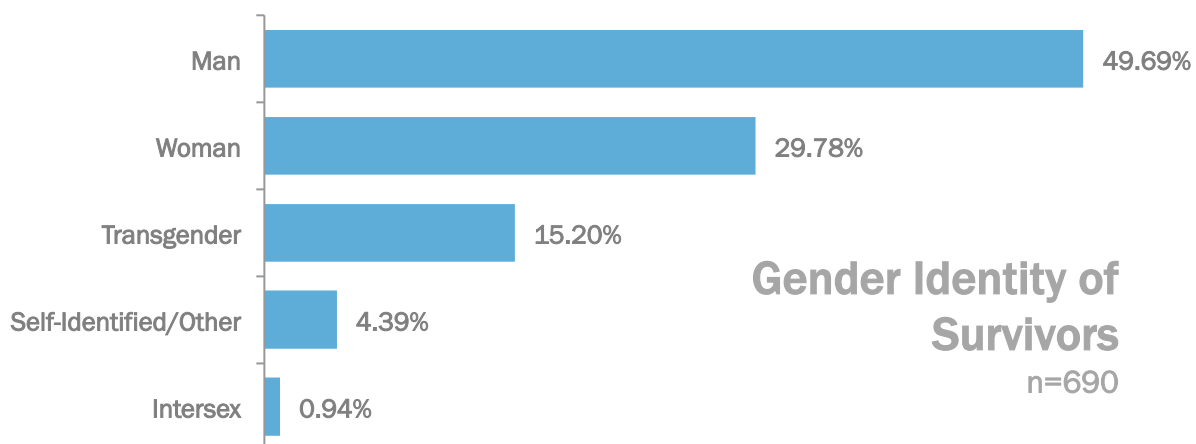
⁴⁶ The breakdown for those identifying as TGNC is: 15.20% identified as Transgender; 0.94% as Intersex; and 4.39% as self-Identified.

⁴⁷ The breakdown for those identifying as people of color: 32.57% as Latin@; 23.69% as Black/African-American; 6.38% as Multi-Racial; 5.01% as self-Identified; 2.28% as Asian/Pacific Islander (includes south Asian); and .91% as Arab/Middle Eastern.

identifying as people of color, likely as a result of AVP's specific work with TGNC communities of color, both in direct services and community organizing.



Of the survivors who shared their race/ethnicity with AVP,^{48,49} the majority (74%) of those reporting hate violence identified as people of color. Nearly a third of survivors in 2013 (32.57%) identified as Latino@, a slight increase from 2012 (30.65%), possibly connected to the extensive AVP programming available in Spanish, from our 24-7 Spanish-English Hotline, to 50% of direct services staff fluent in Spanish, and outreach and intake materials also available in Spanish.



The majority of AVP's clients 73.48% of survivors and victims identified as cisgender a 47.5% increase from 2012. However reports from transgender or gender non-conforming (TGNC) survivors also increased, by 21%⁵⁰, while the proportion of TGNC survivors remained consistent with last year, at

⁴⁸ 73% of survivors reporting to AVP in 2012 did share their race/ethnicity, while 27% did not disclose their race/ethnicity.

⁴⁹ In 2012, people of color were also the majority of those reporting hate violence to AVP, with 74% of reports from people of color.

⁵⁰ Reports from TGNC people increased from 108 in 2012, to 131 in 2013

19%. In 2013 almost 50% of survivors and victims identified as men up from 2012 (29.3%). 29.78% of survivors and victims were women, up from 2012 (18.17%).

AVP has dedicated itself to expanding our reach to TGNC people and communities of color, through our community-based work in all five boroughs, launched in 2010. Reports from TGNC people have increased by 130% from 2010 to 2013⁵¹, which may be a result of AVP's expanded outreach and/or the disproportionate impact of hate violence on TGNC people. Additionally, the majority of transgender-identified survivors reporting to AVP also identify on the trans-feminine spectrum, which may also be a reason for the increase in reports of those who identify as women.

Police Behavior

In 2013, there was a 35% increase in survivors reporting they interacted with the police (from 198 in 2012 to 267 in 2013). For the second year in a row, reports of police misconduct remain high with a slight decrease from 78 cases in 2012 to 68 cases in 2013. AVP saw a disturbing trend in specific severe types of police misconduct, including 52.8% of survivors (25) reporting they had been arrested by the police, and 20.83% of survivors (10) reporting the police's use of slurs or bias language.. This finding suggests that there is still more work to do to address appropriate police response to LGBTQ and HIV-affected survivors of hate violence.

Conclusion

In 2013, LGBTQ and HIV affected communities took to the streets and held rallies and vigils to raise awareness about anti-LGBTQ violence in the wake of homicides of Mark Carson and Islan Nettles. As a result of these tragic losses, AVP began working very closely with community members and other community-based organizations to ensure that TGNC and people of color are leading the LGBTQ anti-violence work in New York City.

Additionally, AVP worked with Communities United for Police Reform (CPR) to successfully advocate for the passage of two key provisions of the Community Safety Act (CSA), one that established independent oversight of NYPD and the other prohibited profiling on the basis of identity, including race, ethnicity, sexual orientation, gender identity, and immigration status. The historic passage of the CSA went a long way towards addressing discriminatory policing practices by the New York Police Department (NYPD), which disproportionately impact communities of color, including those who identify as LGBTQ. AVP continues to work with the No Condoms as Evidence Coalition which seeks reform of a common policing practice that allows for condoms to be used as evidence in prostitution-related arrests, a policy that has a chilling effect on condom use, and has led to increased profiling of LGBTQ communities, particularly transgender Latin@ immigrant communities.

⁵¹ 57 TGNC people reported experiencing Hate Violence to AVP in 2010, 131 in 2013.

AVP's work to reform discriminatory policing, the use of condoms as evidence, and engaging the communities most impacted by violence surrounding the tragic loss of Mark Carson and Islan Nettles, are three areas that are directly responsive to the disproportionate hate violence faced by LGBTQ and HIV-affected communities in New York City.

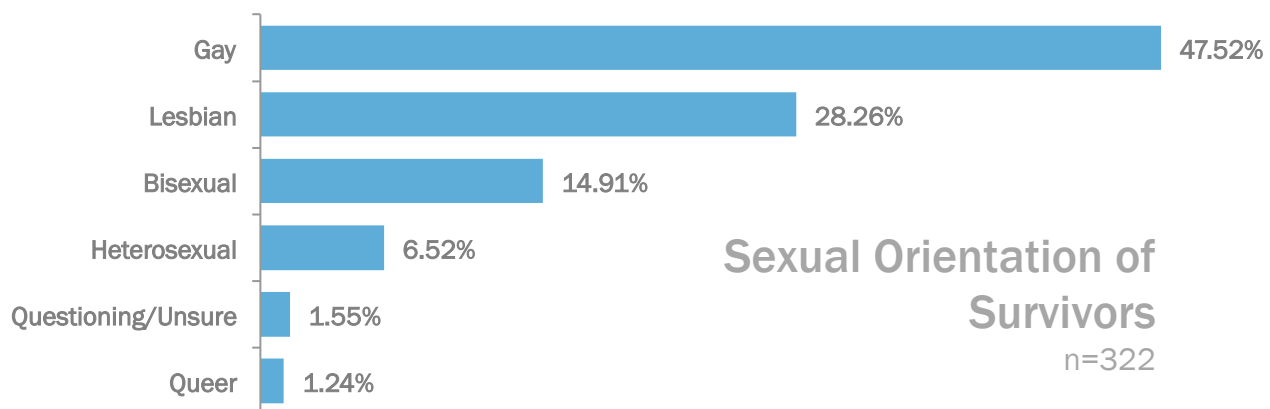
OUTFRONT MINNESOTA

Minneapolis, Minnesota

OutFront Minnesota is the state's leading advocacy organization working with lesbian, gay, bisexual, transgender, queer and allied people (LGBTQA). Our mission is to create a state where LGBTQA people are free to be who they are, love who they love, and live without fear of violence, harassment or discrimination. We envision a state where LGBTQA individuals have equal opportunities, protections and rights. We are working toward the day when all Minnesotans have the freedom, power and confidence to make the best choices for their own lives.

Our Anti-Violence Program is committed to honoring the unique needs of LGBTQA and HIV-affected crime victims and their friends/families throughout Minnesota. We believe that social change occurs when we work to prevent violence from occurring within and against our communities through education and increased visibility; help survivors of violence find their own paths to healing and empowerment through the provision of safe and effective advocacy support services; and, work with other organizations to create a strong network of well-trained and supportive service providers throughout Minnesota. To attain equity for LGBTQ and HIV-affected survivors, we approach this through an intersectional lens that locates and honors the many layered identities within our communities.

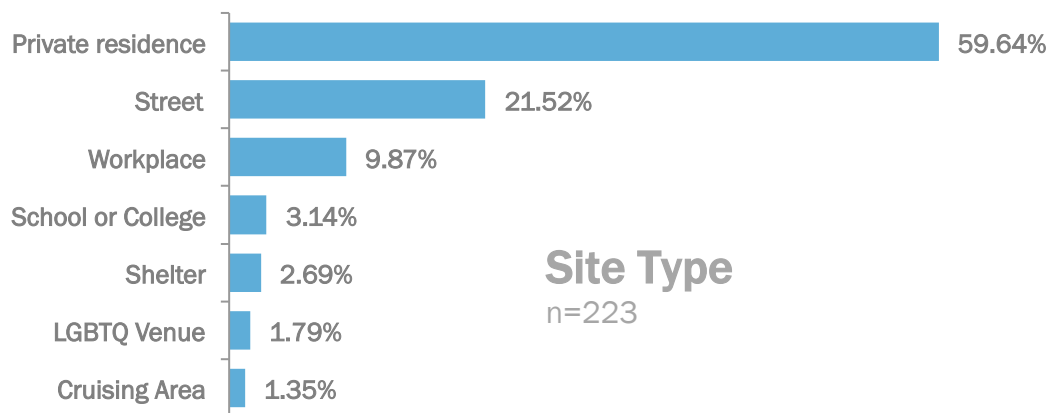
Overall, the numbers of survivors accessing services through our Anti-Violence Program decreased by 27% in 2011 (477 to 348). We believe that this drop is not, in fact, a result of reduced violence in Minnesota but is rather a reflection of a return to pre-2012 anti-marriage amendment political climate levels of reported violence (328 incidents in 2011).



While the majority of our reports continue to come from gay or lesbian identified survivors, 15% of our clients (48) identify as being part of the bisexual communities which we believe reflects the work that we have been doing with bi/pan/fluid communities to address their specific crime victims needs,

including the Bi Salon, a collaborative monthly drop in community support group developed with the Bisexual Organizing Project.

In terms of types of cases addressed, of significant concern was the 356% increase in incidents involving weapons (16 to 73) and the 32% increase in reported injuries (91 to 119) with 15% requiring medical attention (31 to 41). Of the incidents requiring medical attention, 57% of survivors reported the need for outpatient medical services (11 of 41), which represents a 450% increase over 2012 (2 to 11). We also saw an alarming 150% increase in reports of sexual violence (22 to 55).



While streets and workplaces continue to be the most hazardous places for LGBTQ people, we saw a 300% increase in violence related to LGBTQ venues (1 to 4). Additionally, we saw a 153% increase in street harassment (19 to 48) and a 214% increase in workplace harassment (7 to 22). We recognize that too often these locations continue to be primary sites of discrimination, harassment and violence, especially for transgender and gender-nonconforming survivors. We are also working to educate employers and challenge communities to prioritize the development and implementation of safety planning strategies that place the experiences of LGBTQ survivors at the center of these efforts.

While much work has been completed with criminal justice systems and law enforcement professionals, we recognize that we definitely have opportunities for growth in this area in Minnesota. While 77% of survivors reported either courteous or indifferent treatment when reporting their victimization (33 of the 43 responding survivors), 23% of clients reported a hostile response (10 of 43) with 5% of responses including verbally abusive language and/or mis-arrest of the survivor by law enforcement. We recognize that this area is one of tremendous growth potential for our anti-violence work to create safer systems access for LGBTQ survivors. We are concerned at the underlying general lack of broad-based knowledge about accurately identifying and investigating hate and bias related activity in some departments.

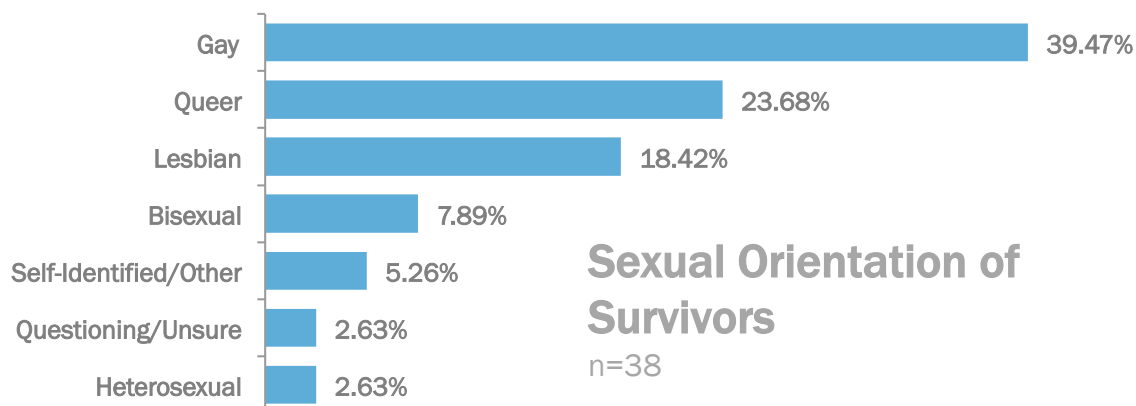
SAFESPACE PROGRAM @ RU12? COMMUNITY CENTER

Burlington, Vermont

SafeSpace is a social change and social service program working to end physical, sexual, and emotional violence in the lives of lesbian, gay, bisexual, transgender, queer (LGBTQ), and HIV affected people.

SafeSpace, a program of the RU12? Community Center, is a statewide program and the only program in Vermont that provides anti-violence services specifically for LGBTQ and HIV-affected communities. We provide information, support, referrals, and advocacy to LGBTQ and HIV-affected survivors of violence and offer education and outreach programs in the wider community. SafeSpace provides direct services including and not limited to a support line for crisis intervention, information and referrals, support groups for survivors of violence, one on one support, and victim advocacy in court, medical settings, law enforcement and other agencies to assist survivors in obtaining the services they need.

As a part of an agency wide effort in 2013, SafeSpace worked on creating greater accessibility for our communities to our services which resulted in new and stronger partnerships across Vermont including a campus grant in Middlebury, training work for elders, Police Academy training, and a stronger online presence including our report violence online option. As part of a strategic expansion to reach more rural survivors, we reallocated resources to other counties from Chittenden County, which contains one quarter of the overall population as well as one quarter of the LGBTQ and HIV-affected communities. We believe this slowed the dramatic trajectory from the year prior. Importantly, however, we are now more visible in other counties, creating greater access to services for some of our most vulnerable pockets of LGBTQ people.



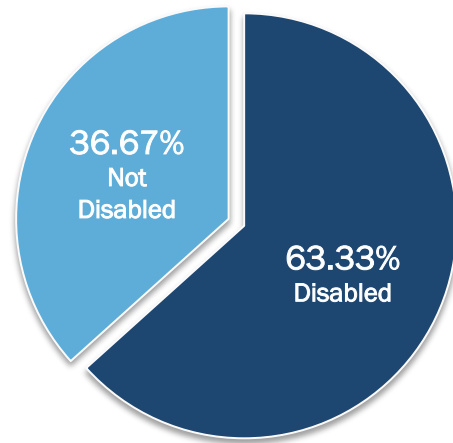
The number of gay identified survivors increased by 88% in 2013, from 8 in 2012 to 15 in 2013 and queer identified survivors increased by 200% in 2013 from 3 in 2012 to 9 in 2013. These increases most likely reflect our continued efforts at integrating programs at RU12? We also documented a 7% increase of bias/hate violence incidents reported to SafeSpace totaling 44 in 2013 as compared to 41 in 2012.

There was a 58% increase in the number of survivors with disabilities reporting bias motivated violence from 12 in 2012 to 19 in 2013. RU12? expansion of the LGBTQ Individuals with Disabilities Support Network included increased collaborations with various larger disability agencies such as, Special Olympics and various community based mental health organizations, and increasing direct outreach to the disability community.

We are learning that outside of Chittenden County, where RU12? Community Center is based; survivors are not reporting incidents of hate violence to SafeSpace. Through a survey conducted as part of our name change project, it was confirmed that there is a perception that the center serves the Burlington area alone. In response, we are building a strategic base of communications by expanding education and outreach opportunities including increasing agency collaborations outside of Chittenden County. RU12? Community Center has also begun the process of changing our name to Pride Center of Vermont to reflect the state-wide nature of our work. Through these efforts we expect to see an increase in the number of reports from other regions of the state.

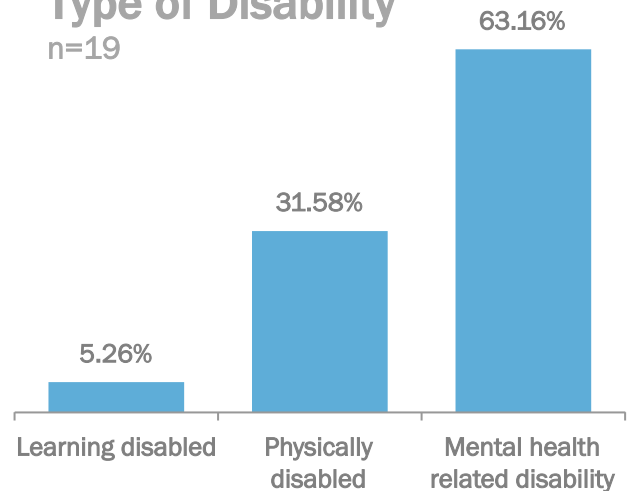
Disability Status of Survivors

n=30



Type of Disability

n=19



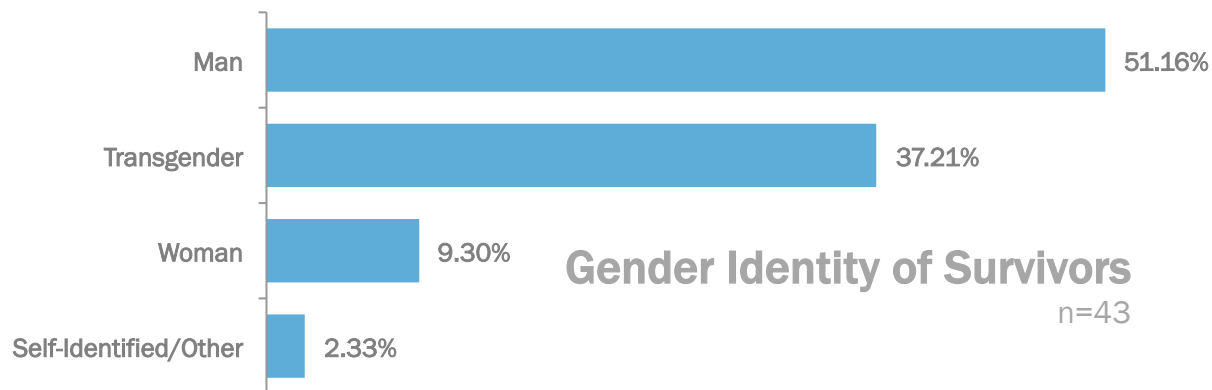
THE VIOLENCE RECOVERY PROGRAM AT FENWAY HEALTH

Boston, Massachusetts

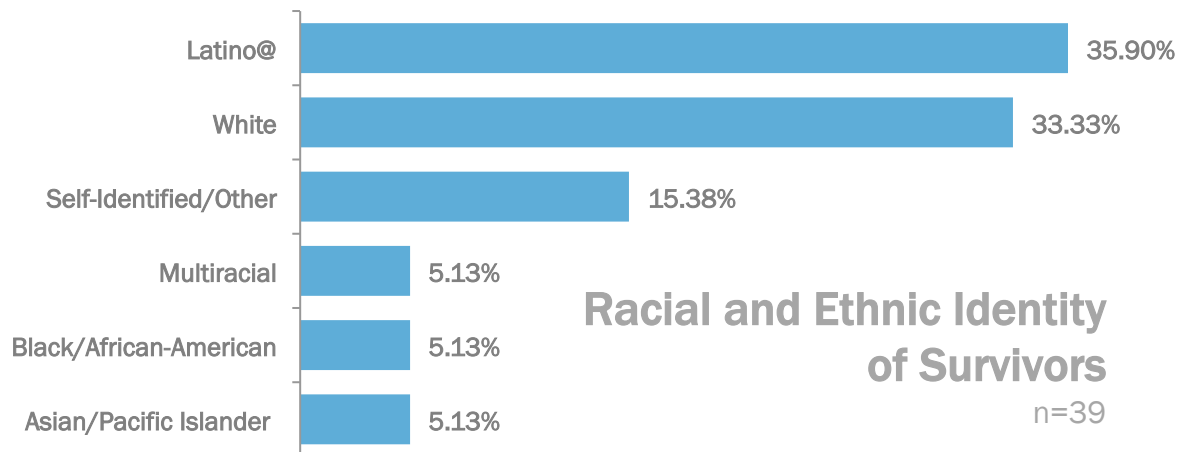
The Violence Recovery Program (VRP) at Fenway Health was founded in 1986 and provides counseling, support groups, advocacy, and referral services to lesbian, gay, bisexual, and transgender and queer (LGBTQ) survivors of bias crime, intimate partner violence, sexual assault, and police misconduct. The VRP mission is to provide services to LGBTQ survivors who have experienced interpersonal violence as well as information and support to friends, family, and partners of survivors, raise awareness of how LGBTQ hate violence and intimate partner violence affects our communities through compiling statistics about these incidences, and ensure that LGBTQ survivors of violence are treated with sensitivity and respect by providing trainings and consultations with service providers and community agencies across the state.

The VRP is a program within the larger, multi-disciplinary community health center at Fenway where LGBTQ people and neighborhood residents receive comprehensive behavioral health and medical care, regardless of ability to pay. The VRP currently serves 300 LGBTQ clients per year who are victims of recent violence in the forms of partner abuse/intimate partner violence, sexual assault, hate crimes and police misconduct. Direct services include individual counseling, groups, advocacy and case management. Counselors and advocates provide trauma-informed treatment to help clients to stabilize acute symptoms of posttraumatic stress and to empower clients through education about the impact of violence and the healing process. Violence Recovery Program staff assist survivors to access services and resources, including shelter and housing, public assistance and social services and provide survivors with education and assistance in navigating the criminal justice and legal systems. The staff of the VRP assists survivors to file reports and restraining orders; connects survivors to LGBTQ-sensitive medical and legal services; and advocates on behalf of survivors with police departments, District Attorneys' offices and the Attorney General's Civil Rights and Victim Compensation divisions. Clients of the VRP also participate in psycho-educational, support and activity-based groups. Groups offered to VRP clients in 2013 included a trauma education group, trauma-informed yoga class, a nutritional workshop for trauma survivors and group counseling and support for male survivors of sexual violence. In addition to delivering services directly to LGBTQ survivors, VRP staff provides training and education to healthcare providers, legal and law enforcement personnel, students and community groups.

In 2013, the Violence Recovery Program documented 44 incidents of anti-LGBTQ bias/hate violence, which is a significant increase of over 50% more than the number of reported incidents in 2012. Incidents were reported to the VRP by individuals in Massachusetts seeking services, by individuals aware of VRP documentation efforts, and by police departments and other victim-service agencies with whom the VRP collaborates. The continued overall increase in reports of hate violence over the past two years is likely a result of the VRP's heightened outreach efforts at Fenway Health and in the community, as well as the on-going development of relationships between the VRP and community-based organizations and local law enforcement during the period of growth.



Particularly noteworthy in 2013 were significant changes in the gender identity of those reporting incidents of hate violence. Reports of violence against men were consistent with previous years, with men reporting the greatest number of incidents of violence at 50% of the total number of reports. Women reporting incidents of violence decreased in percentage (9%) from 2012, while the number of incidents of violence against transgender survivors tripled from the previous year from 17% to 36% of the total number of incidents reported in 2013, as opposed to 17% in 2012. This is significant growth from 2012 when incidents of violence towards transgender people made up only 17% of total reports. This increase in reports against transgender survivors may be attributed to the amount of attention given to internal collaboration at Fenway Health between the VRP and other departments, including the Trans Health team and the LifeSkills Project, a research study that aims to empower young trans women to reduce sexual risk behaviors and build life skills. By building relationships with Fenway staff and LifeSkills participants and through an increase in community outreach, the VRP was able to grow awareness and reduce barriers to access to VRP education, support, counseling and advocacy for transgender survivors.



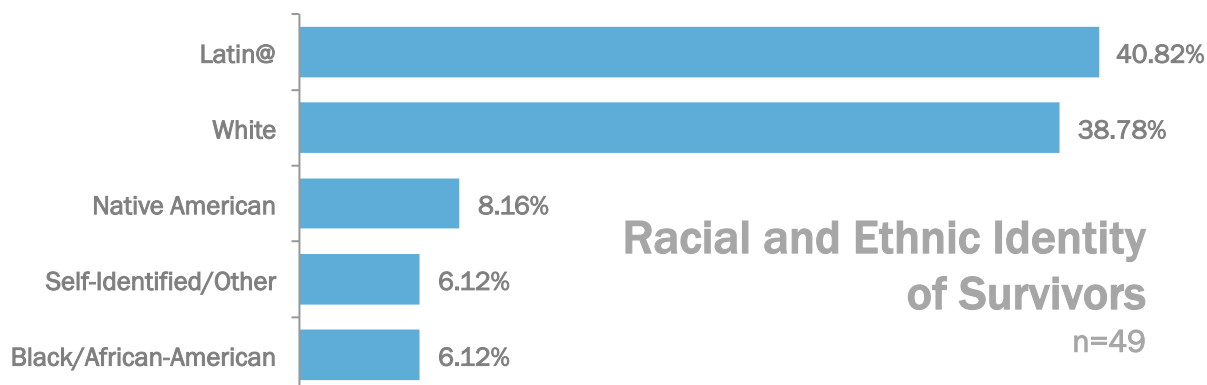
Similar to the previous year, the VRP again saw an increase in reports of incidents of hate violence towards LGBTQ Latin@s. However, in 2013, the number of reports of hate violence against Latin@s surpassed the number of reports from any other racial or ethnic group. 32% reports of violence were against Latin@s, while 30% were reported by survivors who identified as White and 14% by survivors identifying as people of color. This was the first full year that the VRP was staffed with a full-time bilingual (English/Spanish) counselor who also managed the TOD@S Project, a formal interagency collaboration that specifically targeted Black and Latin@ survivors of violence. The education, outreach and direct services delivered through TOD@S, along with the VRP's targeted outreach to Latin@s and communities of color, likely contribute to the increase of reports of violence against Latin@s. Also, the VRP continued to provide counseling and advocacy to asylum-seeking survivors who fled their countries of origin due to anti-LGBTQ hate violence. Collaboration with legal, medical and social service providers who serve asylum-seekers led to an increase in referrals of Spanish-speaking survivors to the VRP, which also contributed to the increase in the number of incidents of violence reported against Latin@s.

WINGSPAN ANTI-VIOLENCE PROJECT

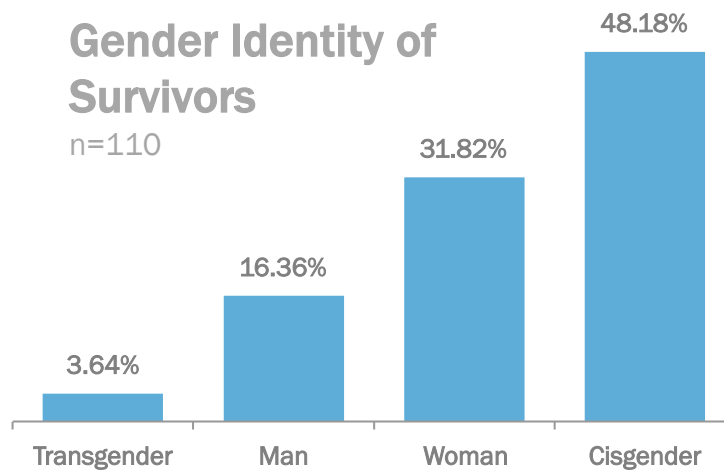
Tucson, Arizona

The Wingspan Anti-Violence Project is an anti-oppression LGBTQ activist organization that works to transform the legal, social and cultural landscape in the Southwest regarding violence against LGBTQ people. Through a 24-Hour Bilingual Crisis-Line and an Anti-Violence Program (AVP) Office, the Wingspan AVP performs crisis intervention, advocacy, grass roots organizing and community education in order to support primary and secondary victims/survivors of recent and past experiences of domestic violence, sexual violence, hate violence, discrimination and related forms of violence. Because the Wingspan AVP rejects any homonationalist tendencies within the LGBTQ movement and strives to link the struggle of LGBTQ people with all other movements against oppression, the project will give support to anyone who calls the 24-Hour Bilingual Crisis-Line or who comes into the AVP office regardless of the issues surrounding the circumstances of their violence.

In 2013, the Wingspan AVP saw a dramatic increase in the number of survivors seeking support for hate violence, from 31 survivors in 2012 to 59 survivors in 2013, a 90.32% increase. Although events have occurred that might signify a rising tide of hatred for LGBTQ people and people of color in Arizona, this rise in numbers is most likely not due to an increase in hate violence, but rather an increase in the interest and publicity of anti-hate violence and community outreach of programming on the part of the Wingspan AVP that has brought more survivors to seek help. The renewed focus on anti-hate has brought with it a renewed interest in intersectional oppressions and the development of a critique that moves beyond anti-LGBTQ violence to see how multiple lines of oppression affect people in different ways.



Similarly, the AVP Bilingual Organizer has had a positive impact on the increase in Latin@s who have sought support through bilingual programming for issues involving intersections between racist, anti-immigrant and anti-LGBTQ violence. In 2013, Latin@ survivors account for 33.89% (20 of 59 total survivors) of survivors who have sought support. Additionally, the total increase of hate violence reports was coupled with an increase in reports made by a greater diversity of sexual orientations. In 2012, the hate violence reported by survivors was mostly from gay men (22 of 31, 70.96% of all hate violence) while in 2013, there were reports across all sexual orientation categories. Along with this increase in diversity of sexual orientations, there was a slight decrease in cisgender men (from 22 to 18, an 18.18% decrease) and transgender people (from 8 to 4, a 50% decrease). Yet with these decreases of 4 within both categories, there was a substantial increase in cisgender women (from 1 to 35 a 3400% increase).



This increase in women, increased diversity of sexual orientations and the high number of Latin@ survivors is in accordance with the expanded efforts of the Wingspan AVP to fight hatred and publicize that commitment within the LGBTQ community. This commitment against hatred is grounded in a reevaluation of the analysis of intersectional oppressions experienced by survivors and a refocus of energy against hate violence as it manifests from these intersections.

HOMICIDE NARRATIVES

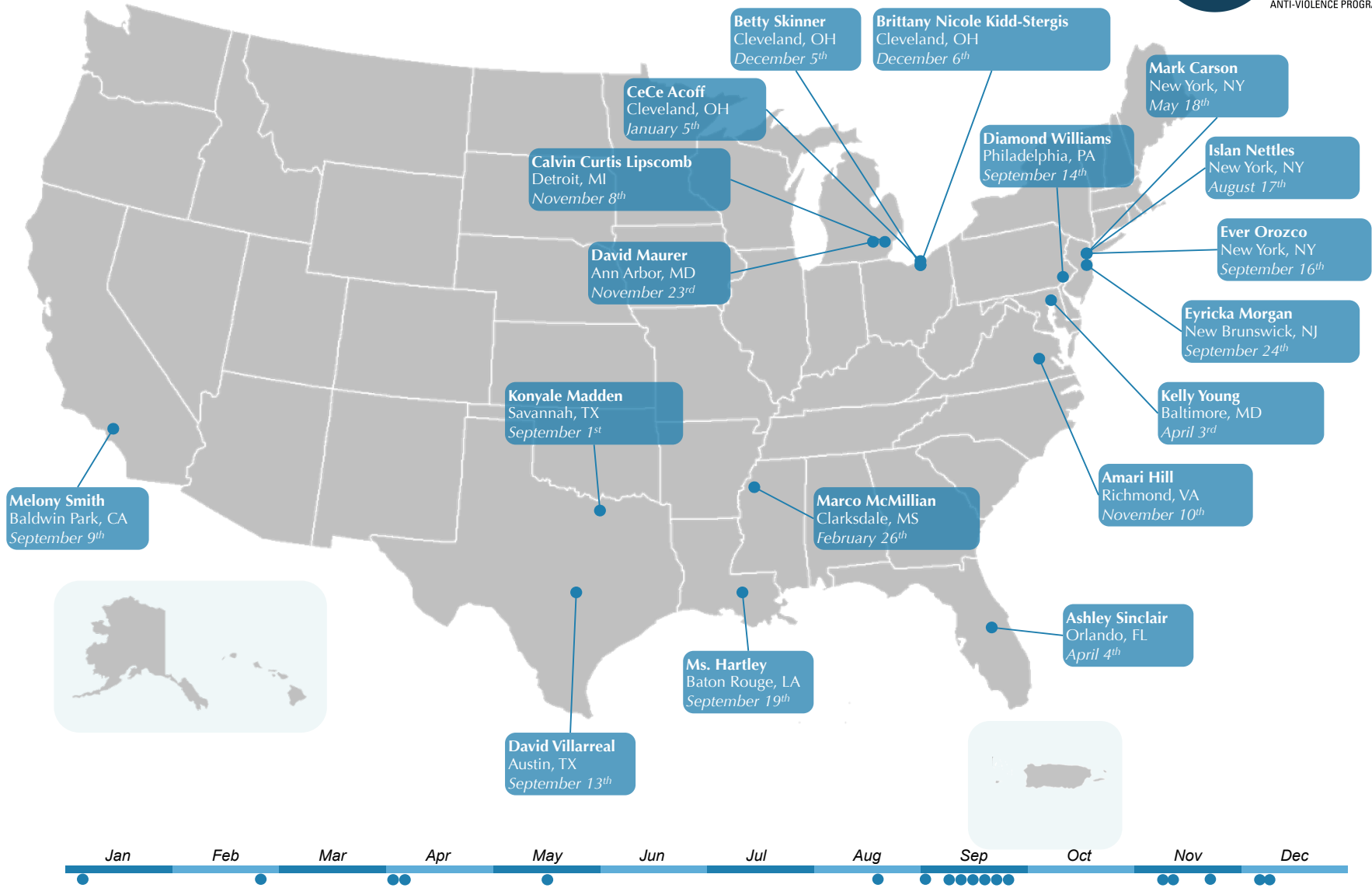
2013 Hate Violence Related Homicides

INTRODUCTION

NCAVP documented 18 homicides in 2013, and these homicides continue multi-year trends demonstrating the disproportionate impact of severe violence against transgender women, LGBTQ and HIV-affected communities of color, transgender communities, and transgender communities of color. These narratives bring to light the severity of hate violence against LGBTQ and HIV-affected communities, in the hopes of allowing the reader to examine themes in anti-LGBTQ and HIV-affected homicides and to see the diversity of 2013's homicide victims. The report highlights the narratives of 18 known LGBTQ and HIV-affected hate motivated homicides in 2013. The majority of these narratives are not anonymous, because this information is public and critical to understanding which identities are most vulnerable to anti-LGBTQ and HIV-affected homicide. Some of these incidents have not been classified as hate crimes. However, NCAVP member programs have carefully selected these homicides because they include evidence of actual or suggested hate violence motives. NCAVP wrote these narratives using information from media outlets, victim's family and friends, and local NCAVP members. NCAVP is not responsible for the complete accuracy of these narratives and the specific details pertinent to allegations, police investigations, and criminal trials.

These stories illustrate the need for the existence and the expansion of LGBTQ and HIV-affected anti-violence programs. If you are interested in starting an anti-violence program, becoming a member of the National Coalition of Anti-Violence Programs, or if you would like more information, contact NCAVP at info@ncavp.org or 212.714.1184.

HATE VIOLENCE HOMICIDES IN 2013



HOMICIDE NARRATIVES

IN CHRONOLOGICAL ORDER

CeCe Acoff, 20, Black transgender woman

Cleveland, OH - January 5, 2013

The body of Cernia “CeCe” Dove (Acoff), a 20-year-old Black transgender woman, was found tied to a cinder block in a local pond. Authorities later confirmed that Dove was stabbed to death by Andrey Bridges, 36, who was convicted of her murder and is currently serving a life sentence. NCAVP monitored highly problematic and transphobic media coverage of Dove’s murder. The Cleveland Plain Dealer, a local newspaper, was criticized for sensationalizing Dove’s murder, using headlines like, “Oddly Dressed Man Found in Olmstead Township Pond Identified” (“Man” was later changed to “Body”), and, “Brutal Slaying Marks End of Cleveland Man’s Fight for Acceptance.” Additionally, a local radio show joked about the murder, and issued a formal apology following pressure from advocacy organizations. A memorial service was held for CeCe on May 6th, 2013 along with a rally at the Cleveland Mayor’s office calling the violence against transgender women to attention.

Marco McMillian, 34, Black gay cisgender man

Clarksdale, MS - February 26, 2013

On February 27, Marco McMillan, 34, a respected community figure and openly-gay candidate for the Clarksdale Mayor's office, was found dead next to a levee. McMillian had been beaten, dragged, strangled to death, and set on fire, according to local authorities. Lawrence Reed, of Shelby, Mississippi, was pulled from a wrecked car belonging to McMillian thirty miles away from where McMillian's body was discovered. Reed has been held in custody without bond since his arrest. In August 2013, a judge in Coahoma County ordered the case against Reed be moved to Quitman County, where the murder took place. Reed was indicted by a grand jury in Quitman County in February 2014, though no date has been set for trial. Several national organizations, including the National Black Justice Coalition, called attention to McMillian’s murder and his funeral was attended by over 700 people. McMillian’s murder was mired in controversy and there was much speculation in the media about the motive for his murder. Most media reports indicate that anti-gay bias was responsible for the McMillian’s death as Reed utilized the “gay panic” defense to explain his actions.

Kelly Young, 29, Black transgender woman

Baltimore, MD - April 3, 2013

Police responded to a report of a shooting in a home in West Baltimore, Maryland and found Kelly Young, a 29-year-old transgender woman, shot inside the home. Young was rushed to a nearby hospital where she later died. “It is too early to know if this is a hate crime”, said Baltimore City Police spokesperson Sergeant Eric Kowalczyk. No arrests have been made yet in connection to Young’s

homicide however Young's friends and family continue to pressure local authorities to further investigate the homicide and maintain that the motive for the homicide was anti-transgender bias.

Ashley Sinclair, 30, Black transgender woman

Orlando, FL - April 4, 2013

Ashley Sinclair was found fatally shot in a wooded area in Orange County, Florida. A neighbor reports that they saw a black sedan pull up and then heard four shots fired. Sinclair was well known in the local nightlife and transgender community, often performing at Orlando's Parliament House. Kentz Louis, 22, was arrested in December 2013 for Sinclair's murder but no motive has yet been revealed. Local authorities indicated that Louis and Sinclair were acquaintances. Advocacy organizations pressured local media and authorities to respectfully cover Sinclair's death and investigate this case as hate violence.

Mark Carson, 32, Black, gay, cisgender man

New York, NY - May 18, 2013

Mr. Carson, 32, and a male friend, were in New York's West village when they passed Elliot Morales, 33, who shouted anti-gay slurs at them and told them, "you look like gay wrestlers." A verbal altercation between Carson, his friend, and Morales followed, and Morales fatally shot Carson in the head. Carson's homicide sparked a large public outcry and a protest demanding safety for LGBTQ people attended by thousands of people in New York. Morales has been indicted with charges of murder as a hate crime, criminal possession of a weapon, and menacing. Morales' ongoing trial began in September.

Islan Nettles, 21, Black transgender woman

New York, NY - August 17, 2013

Islan Nettles, a 21 year-old Black transgender woman, was attacked in Harlem by a group of individuals shouting anti-transgender slurs. Local media reported that the altercation began when Paris Wilson, the 20-year-old man charged in the attack, "made a pass at Nettles and was shocked to learn she was not born a woman," which "humiliated [him] in front of his crew." Eventually, Wilson punched Nettles in the head, knocking her to the ground. Even after Nettles fell to the ground, Wilson continued to hit her in the face. Local authorities found her unconscious. Nettles was taken to Harlem Hospital for her injuries, and on Thursday, August 22nd was taken off life support and died. Local authorities initially charged Wilson with misdemeanor assault. Another man came forward to say he was responsible for the attack, but was too drunk to remember what exactly he did, prompting prosecutors to decline to bring Wilson before a grand jury. He remains free and the case is still open. Local activists continue to apply pressure on the New York Police Department and the District Attorney's office to bring charges against Nettles' assailants.

Konyale Madden, 34, Black transgender woman***Savannah, TX - September 1, 2013***

The body of 34-year-old Konyale Madden, a Black transgender woman, was found in her home in Denton County, Texas. According to media reports Madden was described by friends and family members, who maintain that her homicide was hate motivated, as having “a passion for living free and was a spiritual person.” Madden had been punched in the face and shot to death. Her last communication was a text message to another family member, saying she was going out on a date. There was no sign of forced entry into her home. Local police are not investigating Madden’s death as a hate crime, because Texas hate crime laws specifically cover “sexual orientation” but not “gender identity”. No suspects or motives have been named in this case, which was ruled a homicide by local authorities. Local media immediately and repeatedly misgendered Madden, who was a well-known and respected member of the local community.

Melony Smith, 26, Latina transgender woman***Baldwin Park, CA - September 9, 2013***

The body of Melony Smith was found in a motel room where she lived off-and-on for several years in Baldwin Park, California. Smith was found face down on the hotel room floor with a bed sheet around her neck and multiple lacerations, according to coroner’s records. An autopsy revealed that Smith was beaten to death. Stephen Gonzales, 28, was later charged with her murder along with charges for robbery. Local media misgendered Smith after her death, referring to her by her old name. According to local reports from Smith’s friends, she was forced from her home at age 16 because her parents disapproved of her transgender identity. Smith graduated from Sierra Vista High School, and had a steady job as a security guard, and was planning to return to school to become a dental hygienist. Her friends describe her as someone who was always outgoing and popular.

David Villarreal, 36, Latino gay cisgender man***Austin, TX - September 13, 2013***

David Villarreal and Mathew Bacon left a gay club together and went back to Villarreal’s apartment on July 13. Video footage later shows Bacon leave the apartment. Villarreal was later found dead in his condominium on July 15, after a friend called the police because he hadn’t heard from him. Bacon admitted to local authorities to attacking Villarreal with a hammer and a knife. He then told officers he cleaned up, changed clothes and then left to get his car. Bacon told detectives that his, “mind had been telling him he wanted to kill somebody for a while.”

Diamond Williams, 31, Black transgender woman***Philadelphia, PA - September 14, 2013***

Charles Sargent, 43, killed Diamond Williams, 31, after having sexual relations with her. Sargent dismembered Williams in his apartment and then scattered her body parts in a field in North Philadelphia. It was later determined that Sargent had “relations” with Williams and the murder occurred when Sargent discovered that Williams was a transgender woman. Local authorities have

since charged Sargent with murder, abuse of a corpse, and other related offenses connected to Williams' murder. A rally and vigil was held in honor of Williams' in Philadelphia where activists called attention to the fatal violence against transgender women.

Ever Orozco, 69, Latino cisgender man

New York, NY - September 16, 2013

Ever Orozco a 69-year-old man, was stabbed to death with an eight-inch knife under a Queen's New York subway station in broad daylight. Steven Torres, a 22-year-old Bronx resident, was arrested and charged with second degree murder for the death of Ever Orozco after allegedly attacking the man as he was feeding a parking meter around 1:30 p.m. Torres told detectives he stabbed Orozco numerous times because the older man "was blowing kisses to him." However, Orozco's widow, Alba Orozco, 64, said Torres was blowing cigarette smoke.

Ms. Hartley, 31, Black transgender woman

Baton Rouge, LA - September 19, 2013

On September 12, 2013, the dead body of 31-year-old Shaun Hartley was found in an abandoned house in Baton Rouge, Louisiana. Hartley was gruesomely beaten to death with a plank of wood. Police arrested Jeremy Brown, 28, on suspicion of killing Hartley. It was reported that Brown and Hartley had gotten into an argument before Hartley's death. No further information is available at this time.

Eyricka Morgan, 26, Black transgender woman

New Brunswick, NJ - September 24, 2013

Eyricka Morgan, a 26-year-old Black transgender woman, was stabbed following an argument with a fellow housemate at a boarding house. She died at Robert Wood Johnson University Hospital in New Brunswick, New Jersey. Devonte Scott, 21, was arrested following Morgan's death and charged with murder, unlawful possession of a weapon, and possession of a weapon for an unlawful purpose, according to the Newark Star-Ledger. Morgan, a former Rutgers University student, was featured in a 2011 article by the university highlighting queer individuals living in Newark. In the article, she discussed her family's disapproval of her gender identity. "I had to make a decision," she said at the time. "Either I be myself or let others control me. So at 14 or 15, I packed up all my stuff and I left." Local media repeatedly misgendered Morgan who was a member of a LGBTQ advocacy group on the Rutgers campus. Several vigils were held in honor of Morgan and denouncing hate violence against transgender people including one organized by students at Rutgers University.

Calvin Curtis Lipscomb, age unknown, Black transgender woman

Detroit, MI - November 8, 2013

The body of a transgender woman of color was discovered discarded in a trash bin off Woodward Avenue in Detroit. The victim was later identified by local authorities as Calvin Curtis Lipscomb, but her preferred name remains unknown. She died of a shotgun wound and her body was burned beyond recognition, she was also shot in the genitals; indicating that the crime may have been hate-motivated.

She was identified by the Wayne County Medical Examiner's office using her fingerprints. Local authorities have not named any suspects in the homicide. To date no suspects have been named.

Amari Hill, 22, Black transgender woman

Richmond, VA - November 10, 2013

The body of Amari S. Hill, a Black transgender woman, was found in an alley with a gunshot wound. Early reports said Hill was shot in the groin area, but local authorities have since denied this allegation. Hill was described by her grandfather as, "a loving person" who, "always kept a smile," and was "always encouraging and would never hurt anybody." A vigil in her honor was organized by residents of Hill's neighborhood. Hill's family and friends believe she was killed because she was transgender and that the homicide was hate motivated, but local police are not investigating the homicide as a hate crime. No suspects have been named at this time.

David Maurer, 71, White cisgender gay man

Ann Arbor, MI - November 23, 2013

Mark Anthony Paling (19) Rikky Lee Ranger (20), and Richard Ray Thompson (18), robbed and murdered David Maurer in his home. Maurer met one of the men through the gay dating application, Grindr. One of the men held Maurer in a chokehold while the other two searched his apartment. They were eventually tracked down through transactions from the credit cards they stole. Maurer's body was found kneeling, face down on his couch, on December 1, more than a week after his death. Two of the men involved in his death later confessed to the murder. One of the men, Rikky Lee Ranger, has been diagnosed with a mild mental health disability, but has been ruled to be competent to stand trial, with proper accommodations.

Betty Skinner, 52, White transgender woman

Cleveland, OH - December 5, 2013

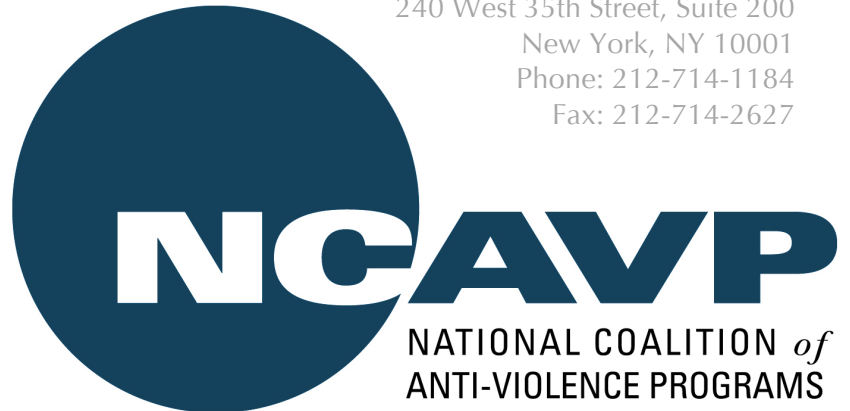
On December 9, 2013, Betty Skinner, a 52-year-old transgender woman with a physical disability, was found dead by a home health care worker in her assisted-living community home. She was reported to have suffered blunt trauma to the head. Her neighbors said that she was well-liked in the community and could not speculate on any sort of motive for the murder. Local authorities have not named any suspects but have publicly declared that the murder was hate motivated. Even if a suspect is found in the ongoing investigation into the murder of Betty Skinner, no hate crime charges will be brought against the suspect as the state of Ohio does not include sexual orientation and gender identity in its hate crime legislation.

Brittany Nicole Kidd-Stergis, 22, Black transgender woman***Cleveland, OH - December 6, 2013***

Brittany Nicole Kidd-Stergis, a 22-year-old Black transgender woman, was found dead in her parked car with a gunshot wound to the head. Around 2:30am an unnamed person was reported to be fleeing the scene, but police have not named any suspects. The police have also indicated that they Brittany Stergis's murder was hate motivated. Local media outlets used problematic and transphobic language to cover Kidd-Stergis's homicide, including the language, "a man dressed in female clothing," and, "a man found with a gunshot wound to the head." Several vigils were held in honor of Brittany and local activists organized a town hall to address the violence against transgender communities in Ohio.

NATIONAL OFFICE

New York City Anti-Violence Project
240 West 35th Street, Suite 200
New York, NY 10001
Phone: 212-714-1184
Fax: 212-714-2627



NCAVP MEMBER AND AFFILIATE LIST

The following NCAVP member and affiliate list is current as of February, 2014. The member organizations and affiliates are listed alphabetically by state or province for ease of reference. If you have corrections, want to learn more about our work, or know of an organization that may be interested in joining NCAVP, please contact the NCAVP Coordinator, at extension 50, or info@ncavp.org.

PROGRAM INFORMATION IS LISTED AS FOLLOWS:

STATE

City

Organization Name

Focus Areas:

- HV (Hate Violence)
- IPV (Intimate Partner Violence)
- PM (Police Misconduct)
- SV (Sexual Violence)

Phone Numbers

Web

ARIZONA**Tucson****Wingspan Anti-Violence Programs**

HV, IPV, PM, SV

Client: (800) 553-9387

Office: (800) 624-0348

Web: www.wingspan.org**CALIFORNIA****Los Angeles****LA Gay & Lesbian Center (LAGLC) Anti-Violence Project**

HV, PM, SV

Client (English): (800) 373-2227

Client (Spanish): (877) 963-4666

Web: www.lagaycenter.org**Los Angeles****LAGLC Domestic Violence Legal Advocacy Project**

IPV, SV

Office: (323) 993-7649

Toll-free: (888) 928-7233

Web: www.lagaycenter.org**Los Angeles****LAGLC STOP Domestic Violence Program**

IPV, SV

Office: (323) 860-5806

Web: www.lagaycenter.org**San Francisco****Community United Against Violence**

HV, IPV, PM, SV

24 Hour Hotline: (415) 333-HELP

Web: www.cuav.org**COLORADO****Denver****Colorado Anti-Violence Program**

HV, IPV, PM, SV

Client: (888) 557-4441

Office: (303) 839-5204

Web: www.coavp.org**FLORIDA****Broward County****Broward LGBT Domestic Violence Coalition**

(NCAVP Affiliate)

IPV, SV

Office: (954)7645150 x.111

Miami**The Lodge/Victim Response, Inc.**

IPV, SV

Crisis Line: (305) 693-0232

Web: www.thelodgemiami.org**Tallahassee****Inclusive LGBTQA Task Force**

HV, IPV

E-mail: yfairell@hotmail.com**Wilton Manors****Sunserve Sunshine Social Services**

IPV

Office: (954) 764-5150

Web: www.sunserve.org**GEORGIA****Atlanta****SpeakOut Georgia**

HV, IPV, SV

Hotline: (678) 861-7867

Web: www.speakoutgeorgia.org**Atlanta****United4Safety**

IPV, SV

Helpline: (404) 200-5957

Web: www.united4safety.org**ILLINOIS****Chicago****Center on Halsted Anti-Violence Project**

HV, IPV, PM, SV

Office: (773) 871-2273

Web: www.centeronhalsted.org

Chicago**Illinois Accountability Initiative**

HV, IPV, PM, SV

Office: (630) 661-4442

KENTUCKY**Louisville****Center for Women and Families**

IPV, SV

24 hr Crisis Line: (877) 803-7577

Web: www.thecenteronline.org**LOUISIANA****New Orleans****BreakOUT!**

HV, PM

Office: (504) 522-5435

Web: www.youthbreakout.org**New Orleans****HIV/AIDS Program, Louisiana Office of Public Health** (NCAVP Affiliate)

HV, IPV, SV

Office: (504) 568-7474

New Orleans**LGBT Community Center of New Orleans**

HV, IPV, PM, SV

Office: (504) 945-1103

MASSACHUSETTS**Boston****Fenway Community Health Violence Recovery Program**

HV, IPV, PM, SV

Intake: (800) 834-3242

Office: (617) 927-6250

Web: www.fenwayhealth.org**Boston****The Network/La Red**

IPV, SV

English/Spanish Hotline: (617) 423-7233

Web: www.tnlr.org**MICHIGAN****Detroit****Equality Michigan**

HV, IPV, PM

Client: (866) 926-1147

Web: www.equalitymi.org**MINNESOTA****Minneapolis****OutFront Minnesota**

HV, IPV, PM, SV

Hotline: (612) 824-8434

Web: www.outfront.org**MISSOURI****Kansas City****Kansas City Anti-Violence Project**

HV, IPV, PM, SV

Client: (816) 561-0550

Web: www.kcavp.org**St. Louis****Anti-Violence Advocacy Project of ALIVE**

HV, IPV, SV

24 hr Crisis Line: (314) 993-2777

Web: www.alivestl.org**St. Louis****St. Louis Violence Response Initiative**

HV, IPV, SV, PM

Office: (314) 329-7660

Hotline: (314) 329-7668

Web: www.ejustmo.org**NEVADA****Las Vegas****Gender Justice Nevada**

HV, IPV, SV

Hotline: (702) 425-7288

NEW MEXICO**New Mexico GLGBTQ Centers**

Office: (575) 635-4902

Web: www.newmexicoglbtcqcenters.org

NEW YORK**Albany****In Our Own Voices**

HV, IPV, SV

Hotline: (518) 432-4341

Office: (518) 432-4341

Web: www.inourownvoices.org**Bayshore****Long Island GLBT Services Network**

HV, IPV, SV

Office: (631) 665-2300

Long Island Gay and Lesbian Youth, Inc.

Web: www.ligaly.org

Long Island GLBT Community Center

Web: www.liglbcenter.org**Buffalo****Western New York Anti-Violence Project**

HV, IPV, SV, PM

Office: (716) 948-5744

New York**New York City Anti-Violence Project**

HV, IPV, PM, SV

24 hr English/Spanish hotline: (212) 714-1141

Office: (212) 714-1184

Web: www.avp.org**Rochester****Gay Alliance of the Genesee Valley**

HV, IPV, PM, SV

Office: (585) 244-8640

Web: www.gayalliance.org**NORTH CAROLINA****Raleigh****Rainbow Community Cares, Inc.**

HV, IPV, PM, SV

Office: (919)342-0897

Web: www.rccares.org**OHIO****Statewide, Columbus Office****BRAVO (Buckeye Region Anti-Violence Organization)**

HV, IPV, PM, SV

Client: (866) 86 BRAVO

Web: www.bravo-ohio.org**ONTARIO****Toronto****The 519 Anti-Violence Programme**

HV, IPV, PM, SV

Client: (416) 392-6877

Web: www.the519.org**OREGON****Eugene****Oregon Anti-Violence Project, The Gender Center, Inc.**

HV, IPV, PM, SV

Office: (541) 870-5202

RHODE ISLAND**Providence****Sojourner House**

HV, IPV, PM, SV

Client: (401) 658-4334

Web: www.sojournerri.org**SOUTH CAROLINA****Greenville****Sean's Last Wish**

HV, IPV, PM, SV

Office: (864) 884-5003

Web: www.seanslastwish.org

TENNESSEE**Memphis****Tabernacle of Love Ministries – Memphis**

HV, IPV, PM, SV

Office: (901) 730-6082

Web: www.tabernacleofloveministries.org**TEXAS****Dallas****Resource Center Dallas**

IPV

Office: (214) 540-4455

Web: www.rcdallas.org**Houston****Montrose Counseling Center**

HV, IPV, SV

Office: (713) 529-0037

www.montrosecounselingcenter.org**VERMONT****Burlington****SafeSpace at the R U 1 2? Community Center**

HV, IPV, PM, SV

Client: (866) 869-7341

Web: www.ru12.org**VIRGINIA****Richmond****Virginia Anti-Violence Project**

HV, IPV, PM, SV

Office: (804) 925-8287

Web: www.virginiaavp.org**QUEBEC****Montreal****Centre de Solidarité Lesbienne**

IPV, SV

Client: (514) 526-2452

Web: www.soldaritelesbienne.qc.ca**WASHINGTON, D.C.****DC Trans Coalition**

HV, IPV, PM, SV

Office: (202) 681-DCTC

Web: www.dctranscoalition.org**GLOV (Gays and Lesbians Opposing Violence)**

HV, PM

Office: (202) 682-2245

Web: www.glovdc.org**Rainbow Response Coalition**

IPV, SV

Office: (202) 299-1181

Web: www.rainbowresponse.org**WISCONSIN****Appleton****Fox Valley/Oshkosh LGBTQ Anti-Violence Project**

HV, IPV, PM, SV

E-mail: foxoavp@gmail.com**Milwaukee****Milwaukee LGBT Center Anti-Violence Project**

HV, IPV, SV

Office: (414) 271-2656

Web: www.mkelgbt.org**NATIONAL****Milwaukee, WI****FORGE Sexual Violence Project**

SV

Office: (414) 559-2123

Web: www.forge-forward.org**Blacklick, OH****National Leather Association (NCAVP Affiliate)**

IPV

Web: www.nlaidvproject.us/web

National Coalition of Anti-Violence Programs Case Intake/ Incident Reporting Form	Your Name: _____		1
	Date: ____/____/____	Time of Intake: _____ AM/PM	
	<input type="checkbox"/> Staff <input type="checkbox"/> Volunteer <input type="checkbox"/> Intern	Location of Intake _____	

CALLER INFORMATION	Case Number: _____	Intake Type: <input type="checkbox"/> Hotline/Phone <input type="checkbox"/> Email <input type="checkbox"/> Mail <input type="checkbox"/> Ofc/Walk-in <input type="checkbox"/> Media <input type="checkbox"/> Website	Entered Into Database ____/____/____ Call Back Needed <input type="checkbox"/> Yes <input type="checkbox"/> No Primary Language _____
---------------------------	--------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------

Case Type(s) <i>(select all that apply):</i>	B: Hate Violence I: Intimate Partner Violence H: HIV-related NA: Hotline
	P: Police Violence S: Sexual Violence Z: Pick-up violence

Caller's Name: _____ Caller's Address: _____ _____ Phone: (____) _____ Ok to call? <input type="checkbox"/> Alt Phone: (____) _____ Ok to call? <input type="checkbox"/> Caller's E-mail: _____ Ok to email? <input type="checkbox"/>	Caller presents as (check one):
	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Lover/Partner <input type="checkbox"/> Offender <input type="checkbox"/> Organizational Survivor/Victim <input type="checkbox"/> Service provider <input type="checkbox"/> Survivor/Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other (specify): _____
	Caller assessed as (For IPV cases, complete after using IPV Assessment Form):
	<input type="checkbox"/> Family <input type="checkbox"/> Friend <input type="checkbox"/> Lover/Partner <input type="checkbox"/> Offender <input type="checkbox"/> Organizational Survivor/Victim <input type="checkbox"/> Service provider <input type="checkbox"/> Survivor/Victim <input type="checkbox"/> Witness <input type="checkbox"/> Other (specify): _____

Caller Was Referred By (Check one)

AVP Publicity Court Family Friend Hospital _____ Internet LGBTQ Org _____

Media _____ Non-LGBTQ org Phone Book Police Other (specify): _____

SURVIVOR/VICTIM #1	SURVIVOR/VICTIM INFORMATION
---------------------------	------------------------------------

Number of Survivors/Victims: _____ <i>(Attach 'Additional Survivor/Victims Form' to document other survivor/victims)</i> Survivor/Victim is: <input type="checkbox"/> Person <input type="checkbox"/> Organization Name: _____ Address: _____ _____ Phone: _____ Email: _____ Prefers contact via: <input type="checkbox"/> Phone <input type="checkbox"/> Email OK to say 'AVP?' <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. OK to leave message? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. OK to email 'AVP?' <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk. OK to receive mail?' <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	AGE: <input type="checkbox"/> < 14 <input type="checkbox"/> 40-49 <input type="checkbox"/> 15-18 <input type="checkbox"/> 50-59 <input type="checkbox"/> 19-24 <input type="checkbox"/> 60-69 <input type="checkbox"/> 25-29 <input type="checkbox"/> 70-79 <input type="checkbox"/> 30-39 <input type="checkbox"/> > 80 <input type="checkbox"/> Not disclosed Age (if known): _____ D.O.B: ____/____/____	GENDER ID <i>(check all that apply):</i> <input type="checkbox"/> Man <input type="checkbox"/> Woman <input type="checkbox"/> Non-Transgender <input type="checkbox"/> Transgender <input type="checkbox"/> Self-Identified/Other (specify): _____ <input type="checkbox"/> Not disclosed INTERSEX: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RACE/ETHNICITY <i>(check all that apply):</i> <input type="checkbox"/> Arab/Middle Eastern <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Black/African American/ African Descent <input type="checkbox"/> Indigenous/First People/ Native American/ American Indian <input type="checkbox"/> Latina/o <input type="checkbox"/> White <input type="checkbox"/> Self-Identified/Other (specify): _____ <input type="checkbox"/> South Asian <input type="checkbox"/> Not disclosed	SEXUAL ORIENTATION: <input type="checkbox"/> Bisexual <input type="checkbox"/> Gay <input type="checkbox"/> Heterosexual <input type="checkbox"/> Lesbian <input type="checkbox"/> Queer <input type="checkbox"/> Questioning/ Unsure <input type="checkbox"/> Self-Identified/ Other (specify): _____ <input type="checkbox"/> Not disclosed	IMMIGRATION STATUS: <input type="checkbox"/> U.S. citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Undocumented <input type="checkbox"/> Other <input type="checkbox"/> Not disclosed	HIV STATUS: Survivor/victim is HIV+? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed DISABILITY: Survivor/victim has a disability? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed If yes, check all that apply and specify: <input type="checkbox"/> Blind/Visually impaired: _____ <input type="checkbox"/> Deaf/Hard of hearing: _____ <input type="checkbox"/> Learning disability: _____ <input type="checkbox"/> Mental health: _____ <input type="checkbox"/> Physical: _____
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SURVIVOR/VICTIM USE OF ALCOHOL/DRUGS
Alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed Drugs involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed
If yes, describe: _____

CASE/INCIDENT INFORMATION **2**

Date of Incident: __/__/__ Time of Incident: __: __ am/pm Precinct where incident occurred: _____	Location/ Address of Incident: _____ ZIP _____
------------------------------------------------------------------------------------------------------	------------------------------------------------

Is this a Serial Incident? Yes No Unk. Previous police report filed? Yes No Unk.
 If Yes: Number of Previous Incidents 1 2-5 6-10 11+ Unk. Ongoing since: __/__/__

TYPE(S) OF VIOLENCE (check all that apply):	SITE TYPE (check one):
----------------------------------------------------	-------------------------------

<p><input type="checkbox"/> VIOLENCE AGAINST PERSON (check all that apply):</p> <table style="width: 100%;"> <tr> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Physical violence against person (check all that apply): <input type="checkbox"/> Forced use of alcohol/drugs <input type="checkbox"/> Murder <input type="checkbox"/> Attempted murder <input type="checkbox"/> Physical violence <input type="checkbox"/> Attempted physical violence <input type="checkbox"/> Robbery <input type="checkbox"/> Attempted robbery <input type="checkbox"/> Sexual violence <input type="checkbox"/> Attempted sexual violence <input type="checkbox"/> Self-injury <input type="checkbox"/> Suicide <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behavior (cutting, etc.) Was a weapon involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown List weapon: _____ Did the person die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the person injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, severity of injury: <input type="checkbox"/> No injuries requiring medical attention <input type="checkbox"/> Injuries requiring medical attention (specify): <input type="checkbox"/> Needed but not received <input type="checkbox"/> Outpatient (Clinic/MD/ER) <input type="checkbox"/> Hospitalization/Inpatient <input type="checkbox"/> Not disclosed Type of injury (specify): _____ _____ </td> <td style="width: 50%; padding: 5px; vertical-align: top;"> <input type="checkbox"/> Other violence against person (check all that apply): <input type="checkbox"/> Blackmail <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Eviction <input type="checkbox"/> False police reporting <input type="checkbox"/> Financial <input type="checkbox"/> Harassment (NOT in person: mail, email, tel. etc) <input type="checkbox"/> Isolation <input type="checkbox"/> Limiting/restricting bathroom access <input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Emotional abuse <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Threats/Intimidation <input type="checkbox"/> Use of children (threats, outing, etc.) <input type="checkbox"/> Use of immigration status <input type="checkbox"/> Verbal harassment in person <input type="checkbox"/> Violence against pet <input type="checkbox"/> Pet injured <input type="checkbox"/> Pet killed <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Police violence/misconduct (check all that apply): <input type="checkbox"/> Excessive force <input type="checkbox"/> Police entrapment <input type="checkbox"/> Police harassment <input type="checkbox"/> Police raid <input type="checkbox"/> Unjustified arrest <input type="checkbox"/> Use of condoms as evidence Reported to internal/external police monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Report <input type="checkbox"/> Attempted, complaint not taken <input type="checkbox"/> Not available <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____ </td> </tr> </table>	<input type="checkbox"/> Physical violence against person (check all that apply): <input type="checkbox"/> Forced use of alcohol/drugs <input type="checkbox"/> Murder <input type="checkbox"/> Attempted murder <input type="checkbox"/> Physical violence <input type="checkbox"/> Attempted physical violence <input type="checkbox"/> Robbery <input type="checkbox"/> Attempted robbery <input type="checkbox"/> Sexual violence <input type="checkbox"/> Attempted sexual violence <input type="checkbox"/> Self-injury <input type="checkbox"/> Suicide <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behavior (cutting, etc.) Was a weapon involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown List weapon: _____ Did the person die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the person injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, severity of injury: <input type="checkbox"/> No injuries requiring medical attention <input type="checkbox"/> Injuries requiring medical attention (specify): <input type="checkbox"/> Needed but not received <input type="checkbox"/> Outpatient (Clinic/MD/ER) <input type="checkbox"/> Hospitalization/Inpatient <input type="checkbox"/> Not disclosed Type of injury (specify): _____ _____	<input type="checkbox"/> Other violence against person (check all that apply): <input type="checkbox"/> Blackmail <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Eviction <input type="checkbox"/> False police reporting <input type="checkbox"/> Financial <input type="checkbox"/> Harassment (NOT in person: mail, email, tel. etc) <input type="checkbox"/> Isolation <input type="checkbox"/> Limiting/restricting bathroom access <input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Emotional abuse <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Threats/Intimidation <input type="checkbox"/> Use of children (threats, outing, etc.) <input type="checkbox"/> Use of immigration status <input type="checkbox"/> Verbal harassment in person <input type="checkbox"/> Violence against pet <input type="checkbox"/> Pet injured <input type="checkbox"/> Pet killed <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Police violence/misconduct (check all that apply): <input type="checkbox"/> Excessive force <input type="checkbox"/> Police entrapment <input type="checkbox"/> Police harassment <input type="checkbox"/> Police raid <input type="checkbox"/> Unjustified arrest <input type="checkbox"/> Use of condoms as evidence Reported to internal/external police monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Report <input type="checkbox"/> Attempted, complaint not taken <input type="checkbox"/> Not available <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____	<p><input type="checkbox"/> Cruising area <input type="checkbox"/> In or near LGBTQ-identified venue <input type="checkbox"/> Media <input type="checkbox"/> Non-LGBTQ-identified venue (bar, restaurant, etc.) <input type="checkbox"/> Online/Internet <input type="checkbox"/> Police precinct/ jail/ vehicle <input type="checkbox"/> Public Transportation <input type="checkbox"/> Private residence <input type="checkbox"/> School/college/university <input type="checkbox"/> Shelter <input type="checkbox"/> DV/IPV <input type="checkbox"/> Non-DV/IPV <input type="checkbox"/> Street/public area <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Workplace (place where survivor or abusive partner is employed) <input type="checkbox"/> Not disclosed Was this incident related to pick-up violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, did survivor/victim & offender meet through cruising website or phone app? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, specify website/app: <input type="checkbox"/> Adam4adam <input type="checkbox"/> Craigslist <input type="checkbox"/> Eros <input type="checkbox"/> Grindr <input type="checkbox"/> Manhunt <input type="checkbox"/> Rentboy <input type="checkbox"/> Other website/app (specify): _____</p> <hr/> <p>MOTIVE (check all that apply):</p> <input type="checkbox"/> Intimate partner violence <input type="checkbox"/> Economic <input type="checkbox"/> Pick-up violence <input type="checkbox"/> Police violence <input type="checkbox"/> Sexual violence <input type="checkbox"/> Bias violence <input type="checkbox"/> Anti-Homelessness/Classism <input type="checkbox"/> Anti-Immigrant <input type="checkbox"/> Anti-LGBQ/Homophobia/Biphobia <input type="checkbox"/> Anti-Sex worker <input type="checkbox"/> Anti-Transgender/Transphobia <input type="checkbox"/> Disability
<input type="checkbox"/> Physical violence against person (check all that apply): <input type="checkbox"/> Forced use of alcohol/drugs <input type="checkbox"/> Murder <input type="checkbox"/> Attempted murder <input type="checkbox"/> Physical violence <input type="checkbox"/> Attempted physical violence <input type="checkbox"/> Robbery <input type="checkbox"/> Attempted robbery <input type="checkbox"/> Sexual violence <input type="checkbox"/> Attempted sexual violence <input type="checkbox"/> Self-injury <input type="checkbox"/> Suicide <input type="checkbox"/> Attempted suicide <input type="checkbox"/> Other self-harming behavior (cutting, etc.) Was a weapon involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown List weapon: _____ Did the person die? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown Was the person injured? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, severity of injury: <input type="checkbox"/> No injuries requiring medical attention <input type="checkbox"/> Injuries requiring medical attention (specify): <input type="checkbox"/> Needed but not received <input type="checkbox"/> Outpatient (Clinic/MD/ER) <input type="checkbox"/> Hospitalization/Inpatient <input type="checkbox"/> Not disclosed Type of injury (specify): _____ _____	<input type="checkbox"/> Other violence against person (check all that apply): <input type="checkbox"/> Blackmail <input type="checkbox"/> Bullying <input type="checkbox"/> Discrimination <input type="checkbox"/> Eviction <input type="checkbox"/> False police reporting <input type="checkbox"/> Financial <input type="checkbox"/> Harassment (NOT in person: mail, email, tel. etc) <input type="checkbox"/> Isolation <input type="checkbox"/> Limiting/restricting bathroom access <input type="checkbox"/> Medical <input type="checkbox"/> Psychological/Emotional abuse <input type="checkbox"/> Sexual harassment <input type="checkbox"/> Stalking <input type="checkbox"/> Threats/Intimidation <input type="checkbox"/> Use of children (threats, outing, etc.) <input type="checkbox"/> Use of immigration status <input type="checkbox"/> Verbal harassment in person <input type="checkbox"/> Violence against pet <input type="checkbox"/> Pet injured <input type="checkbox"/> Pet killed <input type="checkbox"/> Other (specify): _____ _____ <input type="checkbox"/> Police violence/misconduct (check all that apply): <input type="checkbox"/> Excessive force <input type="checkbox"/> Police entrapment <input type="checkbox"/> Police harassment <input type="checkbox"/> Police raid <input type="checkbox"/> Unjustified arrest <input type="checkbox"/> Use of condoms as evidence Reported to internal/external police monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Report <input type="checkbox"/> Attempted, complaint not taken <input type="checkbox"/> Not available <input type="checkbox"/> Unknown <input type="checkbox"/> Other (specify): _____		

VIOLENCE AGAINST PROPERTY (check all that apply):

<input type="checkbox"/> Arson <input type="checkbox"/> Theft <input type="checkbox"/> Vandalism <input type="checkbox"/> Other (specify): _____ *Est. stolen/damaged property value: \$ _____	<input type="checkbox"/> HIV/AIDS-related <input type="checkbox"/> Racist/Anti-ethnic <input type="checkbox"/> Religious (specify perceived religion): _____ <input type="checkbox"/> Sexist <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Unknown
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

OFFENDER INFORMATION 3

Total Number of Offenders:	Is offender a member of identifiable hate group? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk.	Hate group's name(s): _____
-----------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------	-----------------------------

Vehicle used in case/incident? Yes No If yes, describe vehicle: _____ License #: _____

Note: If there is more than one offender, CREATE A DESIGNATION FOR EACH OFFENDER for use in the blank following each demographic category below (A, B, C, etc.)
 Offender A Name: _____ Offender B Name: _____ Offender C Name: _____

OFFENDER(S) KNOWN TO SURVIVOR? Yes No **If YES, fill out 1), below. If NO, fill out 2).**

1) KNOWN OFFENDER(S): RELATIONSHIP TO SURVIVOR/VICTIM:
 Acquaintance/Friend Employer/Co-Worker Ex-Lover/Partner (Live-in Non Live-In) Landlord
 Lover/Partner (Live-in Non Live-In) Pick-Up Police Other law enforcement (FBI, ICE, etc.)
 Other first responder (EMT, Court personnel, etc.) Relative/Family Roommate Service provider
 Tenant/Neighbor Other (specify): _____ Unknown

2) UNKNOWN OFFENDER: RELATIONSHIP TO SURVIVOR/VICTIM:
 Police Other law enforcement (FBI, ICE, etc.) Other first responder (EMT, Court personnel, etc.)
 Pick-Up Stranger Other (specify): _____ Unknown

<p>AGE:</p> <input type="checkbox"/> 14 or under _____ <input type="checkbox"/> 15-18 _____ <input type="checkbox"/> 19-24 _____ <input type="checkbox"/> 25-29 _____ <input type="checkbox"/> 30-39 _____ <input type="checkbox"/> 40-49 _____ <input type="checkbox"/> 50-59 _____ <input type="checkbox"/> 60-69 _____ <input type="checkbox"/> 70-79 _____ <input type="checkbox"/> 80 or over _____ <input type="checkbox"/> Not disclosed _____ Age (if known) _____ D.O.B: _____/_____/_____	<p>GENDER ID (check all that apply):</p> <input type="checkbox"/> Man _____ <input type="checkbox"/> Woman _____ <input type="checkbox"/> Non-Transgender _____ <input type="checkbox"/> Transgender _____ <input type="checkbox"/> Self-Identified /Other _____ (specify): _____ <input type="checkbox"/> Not Disclosed _____ <input type="checkbox"/> Unknown _____ <p>INTERSEX:</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/> Unknown	<p>RACE/ETHNICITY (check all that apply):</p> <input type="checkbox"/> Arab/Middle Eastern _____ <input type="checkbox"/> Asian/Pacific Islander _____ <input type="checkbox"/> Black/African American/African Descent _____ <input type="checkbox"/> Indigenous/First People/Native American/American Indian _____ <input type="checkbox"/> Latina/o _____ <input type="checkbox"/> White _____ <input type="checkbox"/> Self-Identified /Other _____ (specify): _____ <input type="checkbox"/> South Asian _____ <input type="checkbox"/> Not disclosed _____ <input type="checkbox"/> Unknown _____	<p>SEXUAL ORIENTATION:</p> <input type="checkbox"/> Bisexual _____ <input type="checkbox"/> Gay _____ <input type="checkbox"/> Heterosexual _____ <input type="checkbox"/> Lesbian _____ <input type="checkbox"/> Queer _____ <input type="checkbox"/> Questioning/Unsure _____ <input type="checkbox"/> Self-Identified/Other _____ (specify): _____ <input type="checkbox"/> Not disclosed _____ <input type="checkbox"/> Unknown _____ <p>OFFENDER USE OF ALCOHOL/DRUGS</p> Alcohol involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/> Unk. Drugs involved? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not disclosed <input type="checkbox"/> Unk. If yes, describe: _____ _____
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POLICE/COURT RESPONSE

Did survivor/victim interact with police in any way? Yes No Unknown

<p>POLICE RESPONSE</p> <p><i>What was police attitude toward survivor/victim?</i> <input type="checkbox"/> Courteous <input type="checkbox"/> Indifferent <input type="checkbox"/> Hostile <input type="checkbox"/> Unk.</p> <p><i>Did police do any of following to survivor/victim?</i> (check all that apply): <input type="checkbox"/> Arrest survivor/victim <input type="checkbox"/> Verbal abuse</p>	<p>POLICE REPORTING</p> <p><i>Did survivor/victim report incident to police?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Will report</p> <p>Did the police take a complaint? <input type="checkbox"/> Yes <input type="checkbox"/> No Complaint # _____</p> <p>Did the police arrest the offender(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Police involved (check all that apply):</p>
--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

<p><input type="checkbox"/> Use slurs or bias language <input type="checkbox"/> Physical violence <input type="checkbox"/> Police refused to take complaint <input type="checkbox"/> Sexual violence <input type="checkbox"/> Other negative behaviors (specify): _____</p> <p>_____ If police violence/misconduct, reported to internal/external police monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Will Report <input type="checkbox"/> Attempted, complaint not taken <input type="checkbox"/> Not available <input type="checkbox"/> Unknown</p>	<p><input type="checkbox"/> City/Muni. <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal (specify): _____ <input type="checkbox"/> Other (please specify): _____ Police Badge # _____</p> <p>PROTECTIVE ORDERS</p> <p><i>Was a protective order sought by survivor/victim?</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Was the protective order granted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Protective order obtained (check all that apply): <input type="checkbox"/> By survivor/victim <input type="checkbox"/> By offender <input type="checkbox"/> Both survivor/victim & offender <input type="checkbox"/> Civil <input type="checkbox"/> Criminal <input type="checkbox"/> DV <input type="checkbox"/> Non-DV <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent <input type="checkbox"/> Unknown</p>
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

POLICE/COURT RESPONSE (continued) **4**

<p>DOMESTIC VIOLENCE CLASSIFICATION <input type="checkbox"/></p> <p>N/A</p> <p>Did the survivor/victim identify the case/incident as domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Did the police classify the case/incident as domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>If criminal case, was the case/incident classified as domestic violence by prosecutors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Unknown</p>	<p>BIAS INCIDENT CLASSIFICATION <input type="checkbox"/></p> <p>N/A</p> <p>Did the survivor/victim describe the incident as hate-motivated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Did the police classify the incident as hate-motivated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p>Was the incident classified as a hate crime by prosecutors? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process <input type="checkbox"/> Unknown</p>
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

SERVICES PROVIDED

GENERAL SERVICES	ADVOCACY (check all types that apply):	REFERRALS (check all that apply):	FOLLOW-UP NEEDED?
<input type="checkbox"/> Counseling <input type="checkbox"/> Safety planning	<input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Medical <input type="checkbox"/> Mental health <input type="checkbox"/> Police <input type="checkbox"/> Public benefits <input type="checkbox"/> Disability/SSD <input type="checkbox"/> Medicaid/Medicare <input type="checkbox"/> Public Assistance/Food Stamps <input type="checkbox"/> Shelter/Housing <input type="checkbox"/> Unemployment <input type="checkbox"/> Other (specify): _____	<input type="checkbox"/> Housing <input type="checkbox"/> Legal <input type="checkbox"/> Shelter <input type="checkbox"/> DV <input type="checkbox"/> Homeless <input type="checkbox"/> Medical <input type="checkbox"/> Police <input type="checkbox"/> Other (specify): _____ _____	<input type="checkbox"/> Agency follow-up <input type="checkbox"/> Caller follow-up

CASE STATUS & MANAGEMENT (Staff Only)

<input type="checkbox"/> Case Opened Assigned to: _____	<input type="checkbox"/> Case Closed
<input type="checkbox"/> Case Reassignment Re--assigned to: _____	<input type="checkbox"/> Case Data Update
<input type="checkbox"/> Re-Opened Closed Case Assigned to: _____	<input type="checkbox"/> Quality Status Review
<input type="checkbox"/> Case Conference Presentation	

NARRATIVE

In your description of the case/incident, please make sure that you give the scenario of the violence, including the use of weapons, the specific anti-LGBTQ words used (if any), and extent of injuries.
