

INCREASING ACCESS TO MENTAL HEALTH SERVICES FOR VICTIMS OF CRIME
DEPARTMENT OF JUSTICE, OFFICE FOR VICTIMS OF CRIME

LOS ANGELES LGBT CENTER | 1625 Schrader Blvd. Los Angeles, CA 90028



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Please note: In the following presentation, the terms “victim” and “survivor” are both used to identify someone who has experienced violent crime. “Domestic Violence” (DV) and “Intimate Partner Violence” (IPV) are used interchangeably

The acronym “LGBTQ”, and its variations “LGB” or “LGBT,” stand for Lesbian, Gay, Bisexual, Transgender, Queer and/or Questioning

“Behavioral Health” is used interchangeably with “Mental Health”

LGBT Victims of Violent Crime in Los Angeles: Needs Assessment

INTRODUCTION

PURPOSE OF THE PROJECT

When communities experience violence, and fear generated by that violence, we must recognize the consequences for all community members and identify strategies for addressing those consequences.

The experience of violence has emotional and mental health effects. These may be lifelong, require extensive treatment, and may cause consequences for others.

Violence tears the fabric of a community. Broad community mobilization is needed to respond to the toll that violence imposes on the entire community.

BACKGROUND

The Department of Justice, Office of Justice Programs, Office for Victims of Crime funds **“Increasing Access to Mental Health Services for Victims of Crime.”** DOJ/OVC has targeted funding to LGBT populations, among other vulnerable groups.

Project Purpose: *To build a continuum of community-wide awareness, educational, mental health, and support services to crime victims and agencies who serve them.*

The Mental Health Access Project is a 3-year grant of \$150,000/year requiring a Needs Assessment and Strategic Plan to be completed in the first 9 months (November 2017- June 2018). The project goals are: 1) the establishment of a coordinated system of services readily available to LGBT victims of violence across the city of Los Angeles; 2) the capacity to offer a range of immediately accessible mental health services to victims that includes crisis response and trauma-informed intervention and treatment; and 3) the development of collaborative service delivery among agencies that serve victims of violence with LGBT-informed services and “no wrong door” to entry.

Areas of Investigation

- LGBT communities and vulnerable subpopulations including LGBT seniors, LGBT youth, and LGBT immigrants
- Mental health service capacities
- Evidence-based practices
- Cultural accessibility and language access
- Housing accessibility
- Transportation
- Outreach and community education
- Training needs of service providers
- Capacity of law enforcement and courts

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THE LOS ANGELES LGBT CENTER: WHO WE ARE

“I came here a victim. I am now a survivor.”

Consumer at the LGBT Center's Stop Violence Program

The Los Angeles LGBT Center has offered LGBT-specific domestic violence (DV) services since 1987 and has been operating its Stop Violence Program (SVP – Support, Treatment & Intervention, Outreach & Education, Prevention) since 1996. In 2016, SVP broadened its services to include victims of all crimes. The Center has a robust approach to shelter and housing for LGBT seniors and youth, whether DV is present or not. In addition, SVP operates a safe housing program for domestic violence victims as well as victims of other crimes. The Center's nationally-heralded STOP Violence Program has been recognized by the National Crime Prevention Council as well as Futures Without Violence as one of the nation's most innovative DV programs. STOP Violence is the nation's most comprehensive LGBT-specific DV program, providing thousands of victims, abusers, and those at risk with an array of services. (Center programming is further described on page 29).

The Los Angeles LGBT Center's mission is to build a world where LGBT people thrive as healthy, equal, and complete members of society. The empowerment and self-efficacy that is so important in recovering from domestic violence is reflected in this mission. The Center's current client population is 57% gay male, 12% lesbian, 14% heterosexual (male and female), 8% bisexual, 7% transgender and 2% questioning. Over 33% live below 100% of the Federal Poverty Guideline.

The Purpose of the Project

City of Los Angeles

When communities experience significant violence, and fear generated by that violence, we must recognize the consequences for all community members and identify strategies for addressing those consequences.

The experience of violence, or the threat of violence, has emotional and mental health effects. These may be lifelong, require extensive treatment, and may, in turn, affect physical health as well as cause consequences for others. Violence tears the fabric of a community.

Broad community mobilization is needed to respond to the emotional and physical toll that violence imposes on the entire community.

Scope of Project

The majority of the data gathered for this needs assessment comes from the City of Los Angeles, California. However, the report encompasses the County and greater Los Angeles MSA in terms of addressing resources and challenges in the community response to violence and violent crime.

The Los Angeles LGBT Center received one of three grants awarded nationally by the Office for Victims of Crime within



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the Department of Justice to increase access to mental health services for underserved victims of crime. The LGBT Center aims to increase access to mental health services for LGBT victims of crime by promoting closer coordination between domestic violence, other anti-violence programs, and mental health services organizations. This will better ensure that LGBT victims can successfully access crime victim services as well as mental health services that can effectively address their needs.

The Center intends to bridge the divide between crime victims, victim services providers, and mental health services providers so that communities are able to create a seamless network of services to assist violence victims to recover, heal, and thrive. The geographic region targeted is the City of Los Angeles. The Center proposes to deliver a wraparound, resiliency-based model of mental health services for LGBT victims of violence, including domestic and family violence, sexual assault and other forms of violent crime, that includes a mobile response component. The Center will build on current services for victims of violent crime as well as leveraging the close working relationships we have with advocates, community, criminal justice, public safety and other health agencies.

As a grantee, we are required to spend the first 9 months of the 36-month award period devising a plan to deliver services to members of the target population. The following objectives support this goal:

- Conduct a community needs assessment to identify gaps in services and barriers to accessing services for the target population; and
- Develop a strategic plan to remedy the systemic problems identified through the assessment, including the adoption of new or revised standard operating procedures and policies, and training for staff designed to increase their ability to provide culturally competent services to members of the underserved LGBT population.

To this end, SVP engaged consultants to perform these activities and developed a Planning Committee to guide the process. In conducting the needs assessment, consultant activities included interviews, focus groups and surveys of key stakeholders as well as gathering and analyzing relevant data to help identify barriers and areas of need. The Planning Committee provided input on the findings and the strategic recommendations.

See Appendix for Methodology and Data Sources

I. NEED

DEMOGRAPHICS OF LGBT POPULATIONS IN LOS ANGELES

Overall LGBT Demographics

California ranks 6th among states in percentage of LGBT residents; the population grew from 631,000 in 2002 to 1.1 million in 2014. The percentage was higher among millennials, where the percentage was 7.3%. Among large metro areas, the Los Angeles Metropolitan Statistical Area (MSA) ranked eighth with 4.6% LGBT population (n=590,000) and 31% of California's LGBT residents.

Transgender: California is 2nd in the number of transgender residents (218,000) and the largest number under 18-24 in the country. A recent L.A. County Department of Public Health study estimated that there are 14,428 transgender individuals living in Los Angeles County. Based on community input, one study concluded that there is a one-to-one ratio (1:1) of transgender women (7,214) to transgender men (7,214).¹

Seniors: About 65,000 LGBT seniors live in Los Angeles.

Youth: A new study finds that 27%—or 796,000—of California's youth, ages 12 to 17, are viewed as gender nonconforming by their peers at school.² Unaccompanied youth 0-24 years old in the city are estimated at 4,935 youth (8% of homeless) with an increase of 29% from 2016-2017. An estimated 40% of all homeless youth are LGBTQ (n=1,974).

Immigrants:³ There are 3.5 million immigrants (documented and undocumented) in Los Angeles County; 5.1% of them are estimated to be LGBT. Relative to all undocumented immigrants, LGBT undocumented immigrants are more likely to be male and are younger. Nationally, 71% of undocumented LGBT adults are Hispanic and 15% of undocumented LGBT adults are Asian or Pacific Islander. Among documented immigrants, 51% are Latin American and 39% are Asian.

PREVALENCE OF VIOLENT CRIME AGAINST LGBT VICTIMS

Three categories of violence that most commonly afflict LGBT communities are:

- LGBT Hate Violence/Crime – may be violent acts, harassment or discrimination based on identified or perceived sexual orientation or gender identity/expression.
- Intimate Partner/Domestic Violence may include emotional/psychological, verbal, physical, sexual, financial, environmental and status abuse tactics.
- Sexual Assault may include unwanted behavior and can occur as a one-time or recurrent event with strangers, partners, relatives or acquaintances.

At the LGBT Center, we estimate that about 80% of the victims who come to the STOP Violence Program at the Center have experienced IPV and about 15% have experienced hate crimes. About 5% are transgender people who are survivors of violence or hate crimes.

¹ Los Angeles County Dept. of Public Health, Division of HIV & STD Programs Los Angeles County Transgender Population Estimates 2012.

² Wilson et al, Characteristics and Mental Health of Gender non-Conforming Adolescents in California, Williams Institute December 2017. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/CHIS-Transgender-Teens-FINAL.pdf>. Accessed 5/21/18

³ Gates, Gary, LGBT Adult Immigrants in the United States, Williams Institute 2013.

Prevalence of Intimate Partner/Domestic Violence

Intimate partner violence (IPV) or domestic violence (DV) is a serious public health problem. These terms are used to describe a pattern of behaviors used by one person to gain and maintain power and control over another person in an intimate relationship. This type of violence can include abusive behaviors that are emotional, physical, sexual, financial, and/or psychological in nature. IPV/DV occur among both heterosexual or same-sex couples, and does not require sexual intimacy to be defined as such in the State of California.

Percentage experiencing lifetime DV⁴	Men	Women	Transgender
General Population	21.10%	32.90%	
Heterosexual	28.70%	32.30%	
Bisexual	37.30%	56.90%	
Gay/Lesbian	25.20%	40.40%	
Transgender			50.00%

CDC research has found a lifetime prevalence of DV that is higher among lesbian and bisexual women, gay and bisexual men, and transgender people than the U.S. general population.⁵ 15% of total IPV victims are male; 50% of LGBT victims are male.

LGBT people face stigma that is unique to their sexual orientation and gender identity, when they try to gain access to programs (and social services). They are wary of using shelter services because they have been turned away or have actually experienced more violence at shelters; as a result they often rely on informal, personal networks for assistance in cases of domestic violence, sexual abuse and assault. LGBT people frequently cite law enforcement and the criminal justice system as unhelpful in addressing cases of DV, leading to reduced recourse to services or safety.

Many LGBT persons have been rejected by/ostracized from family and community supports (and may have been victimized by family members, friends, and/or religious communities because of their sexual orientation or gender identity) and now receive the majority of, if not all, of their support from their abusive partners. This reality exacerbates the dynamic of traumatic bonding between abuser and victim while it increases isolation and makes it difficult for victims to leave unhealthy relationships.

Prevalence of Hate Crimes

Los Angeles, the nation's second largest city with 3.9 million residents, saw hate crimes rise 10.8% to 254 in 2017 for the fourth consecutive annual increase according to the LAPD. Crime overall in the city also rose in 2017, albeit at a slower pace with violent crime up 3.8% and property crime up one percent in 2017. In 2016, violent crime in the city rose 10%, property crimes by 4% and hate crime by 14.5%.⁶

Hate crimes in the city of Los Angeles increased overall by 15% from 2015 to 2016 and 11% from 2016-2017, which is the third consecutive increase. The 2016 increase to 254 hate crimes was driven in large part by a 64% surge in violent aggravated assaults, a 18.5% rise in racially

⁴ Williams Institute, Intimate Partner Violence and Sexual Abuse Among LGBT People, November 2015 p. 3.

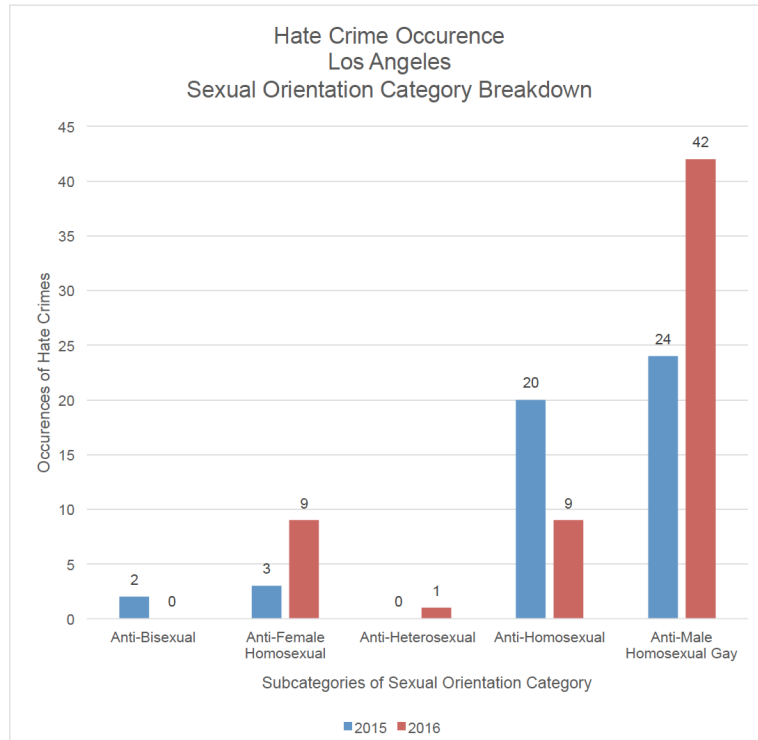
⁵ CDC National Intimate Partner and Sexual Violence Survey (NISVS), 2012.

⁶ Brian Levin and John David Reitzel, Report to the Nation, Hate Crimes Rise in U.S. Cities and Counties in Time of Divisions and Foreign Interference, May 2018. https://csbs.csusb.edu/sites/csusb_csbs/files/2018%20Hate%20Report%205-141PM.pdf. Accessed May 21, 2018.

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motivated crimes, and a 24.5% increase in crimes against the LGBT community.⁷ In L.A., LGBT people were targeted in 64 hate crimes in 2017, the top bias category. The 2017 increase in hate crime from 229 to 254, was driven in part by the 23 crimes targeting the transgender community, which increased by 187%.

Los Angeles Hate Crime Occurrence⁸



81% of homophobic crimes were violent, compared to 64% of racial crimes and 36% of religious crimes. Hate crimes targeting gay men were violent in 80% of the cases; lesbians experienced a 92% rate of violence. However, there were no bias homicides reported by the LAPD in the last three years.⁹

VULNERABLE SUBPOPULATIONS: EXPOSURE TO VIOLENCE

Transgender People

Transgender individuals face many unique challenges to their health and well-being, due in part to social isolation and limited understanding others may have of their lives and experiences. Transgender persons face high levels of basic survival needs (housing, employment,

hunger) that place them highly at risk for crime victimization. Due to a lack of legal protections and in some cases restrictions on obtaining identity documents which reflect their correct name and gender, many transgender individuals have difficulty obtaining housing or employment. Some are estranged from family and support systems after disclosing their transgender identity; as such, some transgender persons, especially transgender women are left with no choice but to engage in survival sex. Homelessness and sex work are all too common for transgender individuals. Physical danger is a greater factor due to high rates of violence perpetrated against transgender people.¹⁰

Elders/Seniors

In a survey of 416 LGB seniors aged 60 or older, 65% of respondents reported experiencing victimization due to sexual orientation (e.g. verbal abuse, threat of violence, physical assault, sexual assault, threat of orientation disclosure, discrimination) and 29% had been physically attacked.¹¹

⁷ Special Status Report: Hate Crimes in the City of Los Angeles, Comparative Analysis of Official LAPD Data Center for the Study of Hate and Extremism; California State University, San Bernardino 2017, page 4

⁸ Ibid. p. 31

⁹ Ibid. page 31

¹⁰ Lombardi EL, Wilchins RA, Priesing D, MaloufD., Gender violence: transgender experiences with violence and discrimination, J Homosex. 2001 ;42(1): 89-101.

¹¹ D'Augelli, A, & Grossman, A. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. Journal of Interpersonal Violence, 16(10), 1008-1027. Can be accessed from: <http://jiv.sagepub.com/content/16/10/1008>

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It is estimated that 1 in 10 Americans age 60 and older have experienced some form of elder abuse.¹² The majority of abusers are known and trusted individuals, particularly family members and caregivers. Abuse can also occur at long-term care facilities, such as nursing homes or assisted living facilities. Close to 90% of agency staff surveyed had heard or reported making disparaging comments about LGBT patients who were age 65 or older.

Sixty-three percent of LGBT elder respondents reported to have experienced verbal abuse and 30% reported being threatened with violence at some point in their life due to their sexual orientation. Seventy-six percent of self-identified U.S. transgender older adults reported experiencing verbal abuse and more than 54% reported being threatened with physical violence. These findings highlight the barriers to care that many LGBT seniors face, which combined with higher rates of disability, are cause for concern.

Youth

Youth on the verge of adulthood are faced with a range of competing pressures, including issues of sexuality and body image, peer pressure, depression and mental health concerns, and drug and alcohol abuse. For youth of color, these challenges are further compounded by other stressors including familial demands, financial insecurity, lack of employment opportunities, domestic violence, biculturalism and acculturation, and racism.

LGBT youth are five times as likely to have missed school because of safety concerns; four times as likely to be threatened with a weapon at school; and three times as likely to attempt suicide in the past year. Compared with heterosexual youth, LGBT youth experience higher levels of assault, violence, and harassment and feeling unsafe at school. Youth who are gay, bisexual, transgender, homeless, runaway, intravenous drug users, incarcerated, in the foster care system, mentally ill, and/or who have been sexually or physically abused are at increased risk for HIV, STIs and viral hepatitis infection because of these social conditions and sexual networks. LGBT youth experiencing homelessness are a diverse population of young people with specific vulnerabilities to violence. They are frequently subjected to multiple forms of discrimination and marginalization, such as homophobia, transphobia, and racism. Two-thirds have experienced violence and 50% have been sexually assaulted.¹³ These form barriers to accessing housing, support, mental health care and health care services.

Undocumented Immigrants

Living at the intersection of two marginalized groups—the LGBT population and the undocumented population—makes these individuals particularly vulnerable. These subpopulations have difficulty accessing services and systems due to language barriers and concerns regarding deportation. Many stay “below the radar” because of their undocumented status and the threat of deportation. Latino/as were targeted in the great majority of hate crimes (79%), with specifically anti-Mexican slurs; 91% of crimes involving anti-immigrant slurs were of a violent nature, compared to 74% in 2015.¹⁴

¹² Los Angeles County Adult Protective Services, <https://wdacs.lacounty.gov/programs/aps/>, accessed 5/22/18

¹³ Alex Abramovich, Responding to the Needs of LGBTQ2S Youth Experiencing Homelessness. Accessed at <http://homelesshub.ca/sites/default/files/Ch2-2-MentalHealthBook.pdf> 5/20/18

¹⁴ Sharita Gruberg, LGBT Undocumented Immigrants Face an Increased Risk of Hate Violence, LGBT Immigration Project at the Center for American Progress 2014.

Reporting DV and violent crimes has decreased markedly as ICE activity and threats of deportation has become pervasive in immigrant communities with large numbers of undocumented residents.

THEMES AND OBSERVATIONS

Interviews: Observations of Interviewees

General

- The greatest unmet needs of survivors are for housing and mental health services. Most referrals are for legal services; there is clearly a pattern of “under-referral” to behavioral health agencies and programs. Unfortunately, there is not enough mental health capacity in the system to serve survivors and services are not often trauma-informed. There is a lack of housing and employment services for LGBT victims.
- Some of this is because of service providers’ sensitivity to people’s privacy. However, better data would help in understanding and responding to LGBT survivor needs.
- Shelters often do not accept male DV victims because they won’t put male victims in shelter housing with women. Shelters are reluctant to mix LGBT persons with heterosexual persons with the result of turning LGBT people away.
- Providers who serve transgender clients find that most of them have been victims of violence (harassment, assault, rape, robbery, and other threats to safety and livelihood.)
- The majority of IPV survivors are also victims of other crimes and may be repeat victims of DV/IPV and sexual assault.
- There are many pockets of anti-LGBT bias in the faith community and in enclaves of immigrants, both of which tend to be very conservative. Survivors with the most barriers appear to be undocumented LGBT immigrants – grants don’t pay for services such as mental health treatment and many won’t “come out” in the face of family/community disapproval.
- There is not enough mental health capacity in the system to serve survivors; services are not often trauma-informed; and “re-traumatization” is common, especially by police and court.
- There are not enough trained peer advocates (with lived experience).
- Greater capacity for mobile response would be helpful.
- There are few formal agreements among the diverse range of providers for mutual referral or collaboration on survivor services. There are few coalitions that are a part of a community continuum of survivor services and even fewer who address the needs of LGBT people.
- LAPD response to DV/IPV has been diminished recently because of a rise in crime rates. Fewer officers are available for the “chase cars” that go out with the DV response. There are fewer officers trained in DV/IPV response. Even though Domestic Abuse Response Team (DART) advocates are available, the LAPD District may not have an officer present who has been trained in DV/IPV.
- A major challenge is accessing the information needed to direct LGBT victims to services they need and facilities that serve the LGBT community. There is a lack of LGBT cultural competence training. Organizations that are truly cultural competent for LGBT populations

are generally founded or staffed by LGBT individuals. Training is not enough. Although most organizations interviewed have had LGBT staff training, all agree that they need more.

Survivor Focus Group: Participant Observations

“For me, it was like being in a hurricane and not knowing where land is.”

—Focus Group Participant

- Survivors do not know that support is available for LGBT persons in IPV situations. They are often referred for IPV services while seeking and receiving other services.
- Beyond getting a restraining order or swearing out a complaint, abuse creates other legal problems for victims—extortion, divorce problems, and other legal needs.
- The economic, legal, and housing situations of survivors show that abuse creates ripple effects that impact the victims’ lives in many ways.
- Being an IPV survivor creates economic hardships because it threatens livelihood—losing jobs, losing promotions, not performing effectively, can’t find another job, etc...
- The greatest need identified by LGBT survivors is for support. Being in a group shows them that they are not alone, that they are not “crazy,” and that these things happen to others.
- Knowledge is the next greatest need: victims often don’t know that what they have experienced is abuse, or how abuse works. In a group they learn the patterns of abusers and how to recognize “red flags” in relationships.
- Being a victim of abuse is a pattern. One participant reported serial abusive relationships. When LGBT people experience a pattern of violence, they think it's their fault, just for being gay.
- Shame is an element in reporting to the police. One participant said he wouldn’t report hate crimes or crimes related to his sexual orientation, because he “didn’t want to report that he is gay.”

Survivors Survey

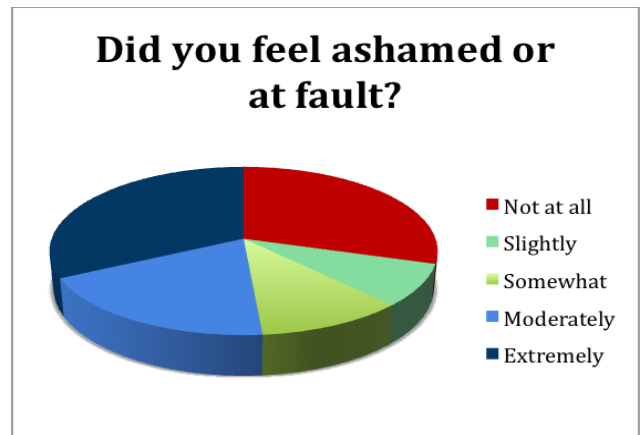
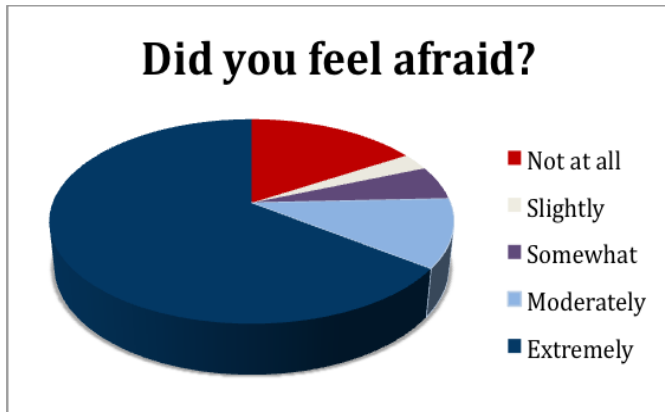
These data come from an on-line survey of 38 LGBT survivors of violent crime. The surveys were completed from February 13 to May 23, 2018. The LGBT Center Survivor Survey (see methods in the Appendix) yielded the following information on those who have been victims of violent crime.

- Sexual assault, physical assault, and intimate partner or domestic violence were the top 3 types of crime experienced.
- Police were called by 14 of 37 respondents, and a report was filed in 11 of these incidents.
- As reported by the respondents, the most common barriers to receiving services after a crime were, in order: 1) fear of retaliation, 2) stigma/bias toward LGBT persons, 3) the victim’s lack of expertise in the kind of crime they experienced and 4) inadequate police response.
- Over two-thirds of respondents did not receive any services.
- No particular services were identified as especially helpful over others.
- In terms of LGBT-specificity, services received tended to be LGBT-specific in a slight majority of cases.

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- In terms of cultural competence, no specific patterns emerged. Responses varied with no standout patterns.

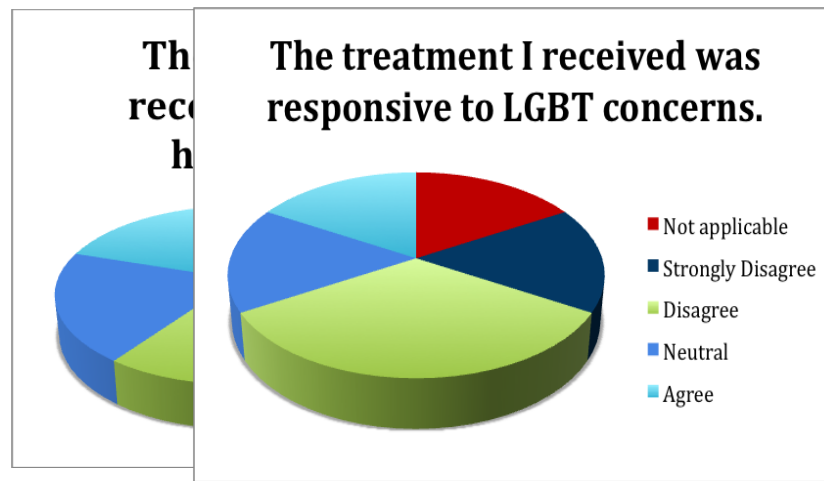
Survivors' Responses



Provider Survey

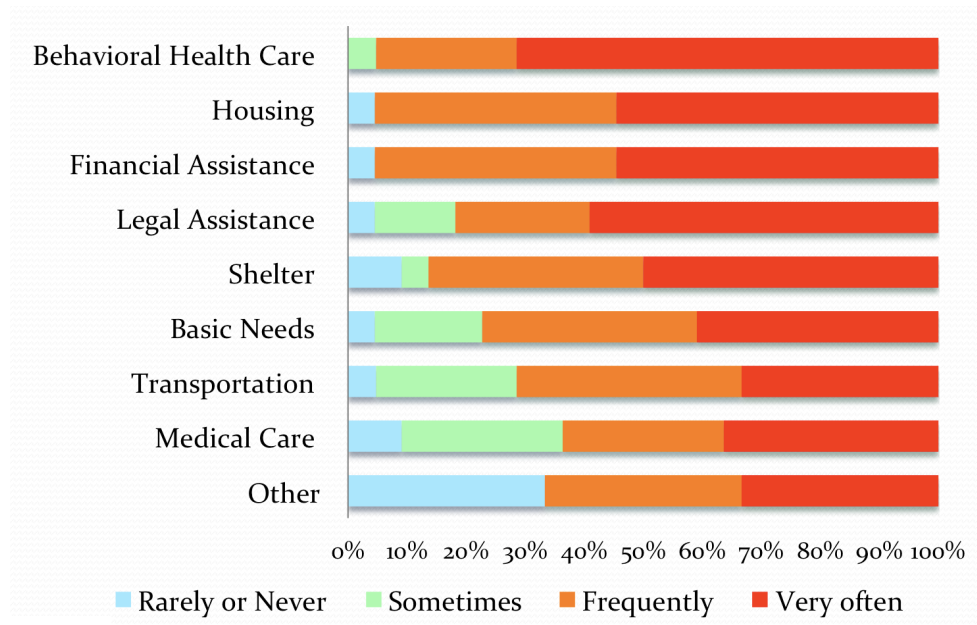
From March 8 to May 23, 2018, 23 providers from 13 agencies completed the online providers survey.

- As perceived by the providers, the top needs for victims of crime were financial assistance, housing, mental health care, and safety/security.
- The frequency of service gaps for all client survivors vs. LGBT client survivors is largely the same, except that Safety/Security is at the top of the LGBT list.
- Providers place “fear of stigma/homophobia,” “negative prior experiences with service system,” and “fear of being outed” as the top three barriers that LGBT survivors face in seeking services.

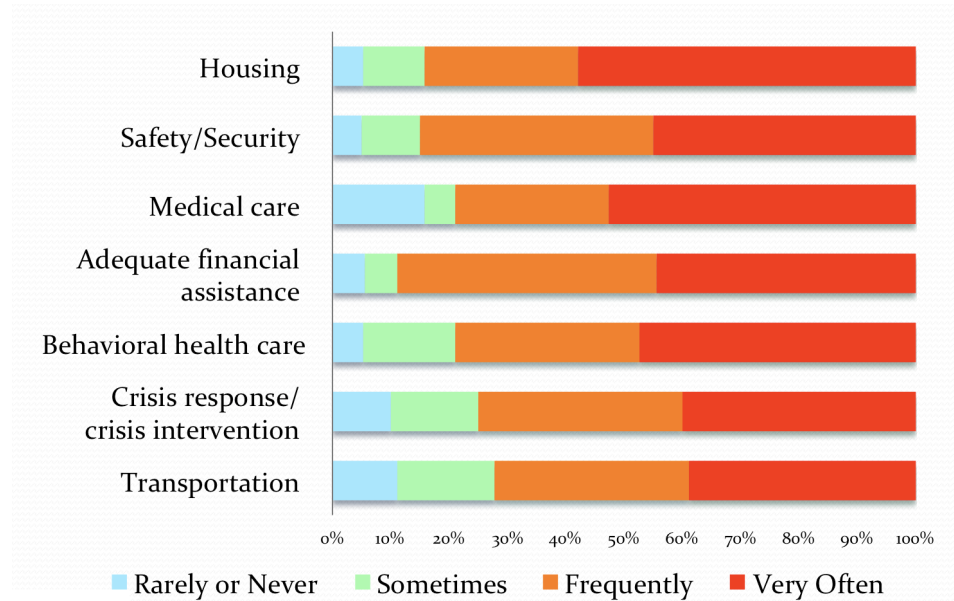


Provider Perceptions of Needs Presented by Victims of Crime

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Provider Perceptions of Service gaps for LGBT victims, by frequency of occurrence



II. VIOLENT CRIME DATA

The FBI's Uniform Crime Reporting Program

On a per capita basis, there is a significantly higher rate of violent crime in Los Angeles than in the state of California as a whole, while the state itself trends slightly higher than the national rate due mainly to higher per capita rates of robbery and aggravated assault in the City of Los Angeles. The following table shows the crime rates for Los Angeles and larger comparative geographic units, as compiled by the FBI's Uniform Crime Reporting (UCR) system. The UCR is based on reports of crime to local police departments across the United States, which then furnish the UCR with this data. It is the only standardized record of violent crime reported to the police taken across the country. The first row reports the rates of violent crime, both generally and in the standard categories the FBI uses (Murder and Non-Negligent Manslaughter, Rape, Robbery, and Aggravated Assault).

Violent Offenses known to Police, 2016 (rate per 100,000 persons)

	All Violent Crime	Murder & Non-negligent Manslaughter	Rape (revised definition)	Robbery	Aggravated Assault
Los Angeles	719.0	7.3	58.5	257.2	396.1
LA-Long Beach-Anaheim MSA	476.7	5.1	37.2	166.9	267.5
California State	445.3	4.9	34.9	139.6	265.9
Pacific Region	412.9	4.4	38.2	122.3	248
United States	397.1	5.3	40.4	102.8	248.5

Source: FBI Uniform Crime Reporting (UCR); in 2013, the definition of rape was expanded to include any act of penetration without consent, however slight.

We can use the UCR crime rates to estimate the number of LGBT victims who reported crimes. Researchers with the Williams Institute and Gallup have in recent years developed new survey questions and methods to estimate LGBT populations in cities, metropolitan areas, states, and nationally, and they estimate that 4.6% of residents in Los Angeles and the Los Angeles Metropolitan Area are LGBT-identified, while the LGBT population for the state of California is estimated at 4.0%, the Pacific region of the United States at 4.1%, and the country as a whole at 3.5%.¹⁵

Using these figures and United States Census data, the next table (next page) extrapolates the number of LGBT individuals who have reported crimes in 2016, according to the UCR. This gives us an estimate of the number of victims and survivors who will need mental health and other victims services that are profiled in this needs assessment. By this estimate, approximately 1,254 LGBT individuals in Los Angeles reported a violent crime in 2016.

Estimate of LGBT Victims/Survivors, Reported Incidents, UCR 2016

¹⁵ Newport F and Gates G, "San Francisco Metro Area Ranks Highest in LGBT Percentage," Gallup online, March 20, 2015, accessed at <https://news.gallup.com/poll/182051/san-francisco-metro-area-ranks-highest-lgbt-percentage.aspx>, April 23, 2018; and Gates G and Newport F, "LGBT Percentage Highest in D.C., Lowest in North Dakota," Gallup online, February 15, 2013, accessed at <https://news.gallup.com/poll/160517/lgbt-percentage-highest-lowest-north-dakota.aspx>, April 23, 2018.

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	LGBT Pop. Estimate	All Violent Crime	Murder & Non- negligent Manslaughter	Rape (revised definition)	Robbery	Aggravated Assault
Los Angeles	174,461	1,254	13	102	449	691
LA-Long Beach- Anaheim MSA	590,127	2,813	30	220	985	1,579
California State	1,490,158	6,636	73	520	2,080	3,962
Pacific Region	2,178,649	8,996	96	832	2,664	5,403
United States	10,806,094	42,911	573	4,366	11,109	26,853

Crime Data: FBI Uniform Crime Reporting (UCR); in 2013, the definition of rape was expanded to include any act of penetration without consent, however slight.

LGBT Population Estimates: Williams Institute and Gallup: LA & LA Metro=4.6%; CA=4.0%; Pacific Region=4.1%; US=3.5%.

In addition to having higher rates of violence than the rest of the state and country, the City of Los Angeles has also seen a higher rate of increase in violent crimes. The next table reports change in the crime rates for Los Angeles and comparative geographic units from 2010 to 2016, using data from the UCR. The City of Los Angeles registered an increase of almost 30%, while the rest of the country has experienced a comparative decrease in reported crime during the same period, which is an extension of the downward trend in crime that began in the 1990s across the country. The increases in Los Angeles are accounted for mainly by the number of aggravated assaults and the increase in rapes. The increase in rape is largely due to the UCR's change in its definition of rape, which for the first time applied a broad national standard that includes any act of penetration, however slight. Prior to 2013, rape was defined locally and standards varied greatly from place to place; the broadening of the definition and its uniform application across the country has resulted in similar increases in reported rape in most places.

Change in Crime Rate 2010-2016, Los Angeles in Context

	All Violent Crime	Murder & Non-negligent Manslaughter	Rape (revised definition)	Robbery	Aggravated Assault
Los Angeles	28.60%	-4.10%	143.30%	-9.60%	62.80%
LA-Long Beach- Anaheim MSA	7.70%	-3.80%	90.80%	-11.90%	17.20%
California State	1.10%	0.00%	55.80%	-10.50%	3.30%
Pacific Region	1.40%	4.80%	46.40%	-10.40%	3.20%
United States	-1.60%	10.40%	46.90%	-13.70%	-6.10%

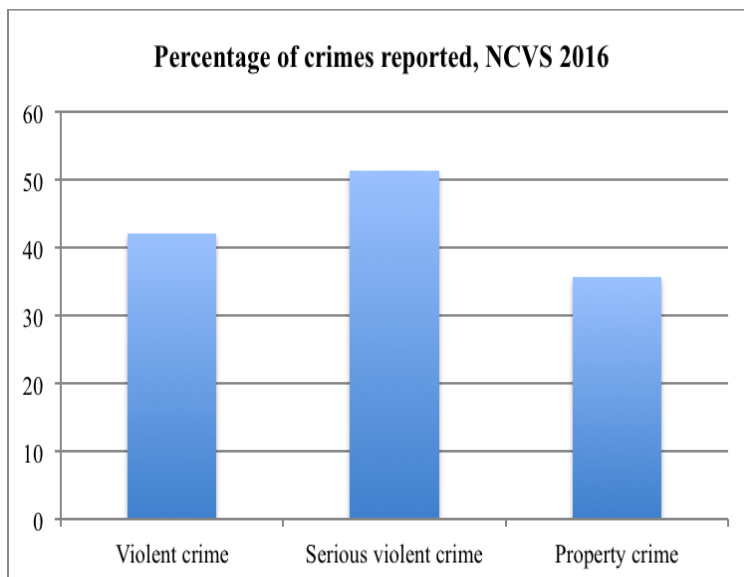
Source: FBI Uniform Crime Reporting (UCR); in 2013, the definition of rape was expanded to include any act of penetration without consent, however slight.

The UCR data have limitations, the most important of which is the fact that the UCR compiles *reported crimes*, while we know that many crimes go unreported. Moreover, as the reviews of focus group and other data show above, many in the LGBT community are reluctant to report crimes or interact with the police. Thus, the estimated 1,254 LGBT individuals who reported crimes in Los Angeles in 2016 represent only a (small) fraction of the true number of victims and survivors in the community. To understand better the full scope of crime and victimization, we must turn to the National Crime Victimization Survey.

The National Crime Victimization Survey

The DOJ's Bureau of Justice Statistics (BJS) conducts a survey of crime victims called the National Crime Victimization Survey (NCVS), "which collects information on nonfatal crimes against persons age 12 or older from a nationally representative sample of U.S. households."¹⁶ The survey is done each year with 135,000 households that include approximately 225,000 individuals. The sample is drawn to provide a statistically accurate estimate of the total number of crimes (both violent and property crimes) experienced in the country.

The chief difference between the UCR and NCVS is that the UCR is locally-sourced from police departments, and thus it provides raw data on crimes reported in specific localities, such as the City of Los Angeles and other police jurisdictions that participate in the UCR. The NCVS, on the other hand, is a sample, and so its data provides estimates rather than raw numbers. Because the NCVS sample is created to provide national estimates, we cannot discern local rates of victimization in the same way that we utilize the UCR data to report local crime rates.¹⁷



Nonetheless, the NCVS's national estimates show a wide gap between crimes that are reported and those that are not reported (see figure). Specifically, of all violent crime experienced in 2016, the NCVS estimates that only 42.1% were reported to the police.¹⁸ For the NCVS "violent crime" is measured in slightly different categories compared to the UCR, and the NCVS includes "rape or sexual assault," "robbery," "aggravated assault," and "simple assault." Homicides are not recorded in the NCVS, because it is a survey of surviving victims. "Serious violent

crimes" are a subset of all violent crimes (including rape or sexual assault, robbery, and aggravated assault, but not simple assault) and are reported at a higher rate of 51.3%.¹⁹ For comparison, even fewer property crimes are reported, at only 35.7%.²⁰ Thus, taking into account the non-reported crimes that are tracked in the NCVS, it is clear that the UCR's data show approximately half of the violent crimes that have occurred in any given year. The rate of non-reporting fluctuates from year to year, but overall it has remained near or below the 50% mark for over a decade. Thus, while we can use the UCR to estimate that 1,254 LGBT individuals in Los Angeles reported crimes in 2016, it is likely that the true number of LGBT individuals who

¹⁶ Rachel E. Morgan, Ph.D., and Grace Kena, Criminal Victimization, 2016, Bureau of Justice Statistics, December 2017, accessed at <https://www.bjs.gov/content/pub/pdf/cv16.pdf>, November 24, 2017.

¹⁷ The BJS has recognized this limitation of the NCVS and is working to develop algorithms that provide estimates of victimization in specific jurisdictions such as states and large metropolitan areas, but to date they have not published actual estimates of victims in sub-national jurisdictions. See Fay RE and Diallo M, Developmental Estimates of Subnational Crime Rates Based on the National Crime Victimization Survey, BJS R&DP-12015:01, December 17, 2015.

¹⁸ Ibid.

¹⁹ Ibid.

²⁰ Ibid.

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experienced violent crimes is at least twice as large, if not larger (>2,500), in light of higher rates of non-reporting by LGBT victims.

The NCVS also provides a finer breakdown of types of violent crime within categories, showing variation in reporting by specific sub-categories.²¹ While 51.3% of serious violent crimes were reported, only 22.9% of rapes or sexual assaults were reported. This may be even lower for LGBT victims. The higher average reporting for serious violent crime is accounted for by higher reporting of other (and in some cases more common) serious violent crimes such as “serious stranger violence” (not involving rape) at 57.1% and “serious violent crime involving a weapon” (not including rape) at 60.1%. Simple assault, which accounts for more violent crimes than any other category, is the second-least reported violent crime, at 37.5%.

²¹ Ibid., for all data reported in this paragraph.

III. MENTAL HEALTH IMPACT OF VIOLENCE

Violence has an impact on the mental health of both survivors and perpetrators. The mental health impact of violence can be caused by either directly experiencing violence as a victim or indirectly, by witnessing violence done to others (e.g. family, friends, or unknown others). The following mental health conditions are significantly more common among those exposed to violence either directly (e.g., as a victim or perpetrator) or indirectly (e.g., as a witness):²²

- Multiple mental health conditions
- Depression and risk for suicide
- Post-Traumatic Stress Disorder (PTSD)
- Aggressive and/or violent behavior disorders

While effective treatments and interventions are available, mental disorders are under-recognized and under-treated even without factoring in experience of violence. Serious mental health concerns can predate victimization and often exacerbate symptoms including biological predisposition to mental health illness.

Homosexual and bisexual adults report more days per month (5.1 days) in which their mental health is not good compared to 3.3 days for heterosexual adults. Homosexual and bisexual women report the highest average number of days at 6.4 days per month of fair or poor mental health.²³ Internalized homophobia, biphobia, and/or transphobia often disturb an LGBT individual's ability to overcome stigmatized notions of the self and envision a future life course; it is associated with mental health problems and impedes success in achieving intimate relationships.

Anti-LGBT bias may be internalized, affecting a person's ability to overcome stigmatized notions of the self and is associated with mental health problems. Almost constant and debilitating vigilance is required by LGBT members of minority groups to defend and protect themselves against potential rejection, discrimination, and violence.

Many LGBT persons have been rejected by/ostracized from family and community supports (and may have been victimized by family members, friends, and/or religious communities because of their sexual orientation or gender identity and now receive the majority of, if not all, of their support from their abusive partners. This reality exacerbates the dynamic of traumatic bonding between abuser and victim while it increases isolation and makes it difficult for victims to leave unhealthy relationships.

Not all violent crimes result in physical injury, and most that do incur only minor injuries. In 2001, the Bureau of Justice Statistics estimated that only 1 in 4 violent crimes resulted in physical injury.²⁴ According to a 1989 study by Kilpatrick and colleagues, 30.8 % of violent assault victims who believed that their lives were threatened and suffered physical injuries developed PTSD; while 20.6 % of those who were not injured but believed their lives were threatened developed PTSD.²⁵ The sequelae of violent threats can extend throughout the lives of victims in the same ways as the sequelae of actual violence, and the need for trauma-informed

²² Unity Fact Sheet: Violence and Mental Health, www.preventioninstitute.org/unity.html. Accessed on May 18, 2018

²³ County of Los Angeles Department of Public Health, Community Health Assessment 2015, bhclongbeach.org/wp-content/uploads/2012/06/LACDPHCommunityHealthAssessment2015Final.pdf Accessed 5/20/18

²⁴ Department of Justice, Office on Victims of Crime, main webpage, https://ovc.gov/publications/bulletins/physically_injured/welcome.html, accessed June 1, 2018.

²⁵ Kilpatrick DG, Saunders BE, Amick-McMullen A, et al. Victim and Crime Factors Associated with the Development of Crime-Related Post-Traumatic Stress Disorder. *Behavior and Therapy* 1989 (20): 199-214.

services is general to all victims of violent crime, not only those who have been injured. Resnick and colleagues found a lifetime prevalence of PTSD symptoms (duration of at least one month) of 25% for those who have experienced any kind of violent crime, 32% for those who experienced rape (with penetration), and nearly 50% for victims whose experience included fear of death and physical injury from any kind of violent crime.²⁶

Mental / Behavioral Health Impact of Trauma on LGBT Individuals

Trauma disproportionately affects those that are most vulnerable. It's been suggested that Lesbian, Gay, Bisexual, Transgendered and Questioning individuals experience trauma at higher rates than the general population. The most common types of traumatic victimization include hate violence (acts of discrimination or violence based on gender, sexual orientation, race, etc.); intimate partner violence; and sexual assault.²⁷

High Rates of Suicide:²⁸ Lesbian, gay, and bisexual youth are four times as likely to attempt suicide. When families are rejecting, youth are 8.4 times as likely to attempt suicide as compared to LGB peers with low or no levels of family rejection. For transgender or gender non-conforming individuals, the suicide rate reaches to 42-46%.

Trauma is correlated with medical conditions such as diabetes, chronic pain, chronic fatigue syndrome, heart disease, liver disease, sexually transmitted infections, and lower life expectancy. Gender-non-conforming individuals who are victimized are at greater risk for developing PTSD later in life.

Impact of Intimate Partner and Domestic Violence

Various explanations have been proposed for why disproportional rates of IPV exist amongst women, racial/ethnic and sexual minorities, including differing cultural views on acceptance of violence, patriarchy and sexism, and structural inequalities such as poverty, discrimination, and lower educational attainment. One such explanation that involves sexual minorities in particular is a "minority stress model," which posits that the relation between minority status and majority values often leads to conflict with the social environment (e.g., racism, sexism), resulting in increased stress and poor health outcomes. In addition to stressors associated with a sexual minority status, people of color and female-identified individuals are perhaps at even greater risk for negative health outcomes due to cumulative stress from a combination of gender, racial, and/or sexual minority identities.²⁹

Walters (2013)³⁰ estimated that 33.5% of lesbians and 57.4% of bisexual women, compared to 28.2% of heterosexual women, have suffered lasting negative effects from IPV. The study found that 27.5% of bisexual women reported physical injury due to incidents of IPV, and 46.2% reported experiencing symptoms of post-traumatic stress disorder.

²⁶ Resnick HS, Kilpatrick DG, Dansky BS, Saunders BE, Best CL. C.L. Prevalence of civilian trauma and posttraumatic stress disorder in a representative national sample of women. *Journal of Consulting and Clinical Psychology* 1993; 61: 984-991.

²⁷ Ellis, Amy Ph.D., Trauma and Posttraumatic Stress Disorder in Lesbian, Gay Bisexual, Transgendered and Queer Individuals. American Psychological Association. Retrieved at <https://www.apatraumadivision.org/files/56.pdf>

²⁸ Haas, A. P., Rodgers, P. L., & Herman, J. L. (2014). Suicide attempts among transgender and gender non-conforming adults. Retrieved from: <http://williamsoninstitute.law.ucla.edu/wp-content/uploads/AFSP-Williams-Suicide-Report-Final.pdf>

²⁹ Cole ER. Intersectionality and research in psychology. *American Psychologist*. 2009;64(3):170. [PubMed]

³⁰ 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.

Lesbian and bisexual women report higher rates of depression and anxiety than other women do. Almost 24% of lesbian and bisexual women report being diagnosed with major depression in the past year compared to 11% of heterosexual women³¹. Depression and anxiety in lesbian and bisexual women may be due to social stigma, rejection by family members, abuse and violence, and/or stress from hiding some or all parts of one's life.

Being a victim of IPV was associated with concurrent sexual risk taking and future mental health outcomes. Research consistently links partner abuse victimization—both physical and psychological—with condom non-use, fear of consequences negotiating condom use, and/or inconsistent condom use.³²

For a victim of abuse in a same-sex relationship, it may be difficult to seek help because of the personal, familial, and societal risks in coming out as gay or lesbian AND as a victim of domestic violence.³³ Abusers may use victim fear of homophobia or threaten to “out” their victims to others as tools of control.

The LAPD response to DV through its Domestic Abuse Response Teams (DART) reaches less than 12% of DV victims and does not track LGBT victims unless they self-identify. From October 1, 2015 to September 30, 2016, 89 of the 5,672 calls referred to DART (1.6%) involved victims who self-identified as LGBT. DART is underutilized and LAPD resources are insufficient or are directed elsewhere.

Impact of Hate Crimes

The brutality of hate crimes has consequences for the entire community, not just the victim. It is not an exaggeration to say that “bias-motivated attacks function as a form of terrorism”,³⁴ sending a message to all lesbians and gay men that they are not safe if they are visible. Thus, even when one does not personally know the victim, hate crimes can threaten the illusion of invulnerability that is so important in one's daily life. A gay or lesbian person who encounters an expression of hostility because of his or her sexual orientation does not know in advance how the incident will end. He or she may be attacked with words or a deadly weapon or killed. Consequently, an incident that appears minor in retrospect might, nevertheless, have considerable psychological consequences on the victim.

Many LGBT individuals experience more than one hate crime in their life; often, they experience many. LGBT people are also likely to experience indirect victimization on a frequent basis (measured by personally knowing other LGBT people who have experienced direct victimization). In a recent study, 71% of transgender participants reported knowing more than three victims of verbal abuse and 17% knew more than three victims of physical assault, compared to 32% and 9% of non-transgender LGB participants, respectively.³⁵

³¹ Los Angeles County Department of Public Health, Office of Women's Health. Health Indicators for Women in Los Angeles County: Highlighting Disparities by Ethnicity and Poverty Level, February 2010, p. 21.

³² Teitelman AM, Dichter ME, Cederbaum JA, Campbell JC. Intimate partner violence, condom use and HIV risk for adolescent girls: Gaps in the literature and future directions for research and intervention. *Journal of HIV/AIDS Prevention in Children & Youth*. 2008;8(2):65–93.

³³ Perilla, J., Frndak, K., Lillard, D., & East, C. (2003). A working analysis of women's use of violence in the context of learning, opportunity, and choice. *Violence Against Women*, 9(1), 10-46. Accessed from: <http://vaw.sagepub.com/content/9/1/1>

³⁴ Herek, et al, Victim Experiences in Hate Crimes Based on Sexual Orientation, *Journal of social Issues*. 17 December 2002, <https://doi.org/10.1111/1540-4560.00263>

³⁵ Brown et al., Examining the Impacts of Hate Crimes Against Lesbian, Gay, Bisexual and Transgender People. Accessed at <http://www.internationalhatestudies.com/psychological-perspectives-on-hate-crimes-against-lesbian-gay-bisexual-and-transgender-people/>

For those who survive hate crimes, the lasting physical and mental health challenges are immense and often lead to wide-ranging and ongoing health problems. Exposure to social discrimination or anti-gay bias may be responsible for findings that gay and lesbian individuals report elevated rates of major depression, generalized anxiety disorder, and substance abuse.³⁶

Vulnerable Populations

Seniors

Older LGBT individuals are often overlooked but are twice as likely to live alone. Older adults often face challenges in finding affirmative care and the appropriate legal actions.³⁷ Among adults, fewer older adults ages 65 years and older believe they receive sufficient social and emotional support (56%) compared to all adults (64%).³⁸

LGBT adults from older generations lived under severe stigmatization of their identities. Many victims of attacks due to sexual orientation do not tell others of the attacks, out of fear that their sexual orientation will be disclosed or that authorities will act with hostility or indifference.³⁹

LGBT seniors who reported experience of victimization in their lifetime had poorer general health, a higher likelihood of disability, and a higher likelihood of depression.

Caregivers may not be accepting of LGBT seniors. In a survey of 3,500 LGBT elders, 55 and older, 8.3% of the elders reported being abused or neglected by a caretaker because of homophobia and 8.9% experienced blackmail or financial exploitation.⁴⁰

Youth

Dank and colleagues (2014) showed that LGBT youth, particularly transgender and female adolescents, were at increased risk for IPV victimization and perpetration across almost all forms of abuse (e.g., physical, psychological, cyber, sexual coercion), and this was associated with elevated depression scores, poorer academic achievement, and previous sexual activity.⁴¹

Compared with heterosexual youth, LGBT youth experience higher levels of assault, violence, and harassment and feel unsafe at school. Youth with past exposure to interpersonal violence (as a victim or witness) have significantly higher risk for Post-Traumatic Stress Disorder (PTSD), major depressive episodes, and substance abuse/dependence.

Transgender People

Transgender persons tend to live with high levels of trauma, including both crime victimization and other sources of trauma. They face constant traumatic stress that, coupled with their survival needs, creates a special and highly acute experience of victimization in the population. In addition, transgender persons tend to face high levels of basic survival needs (housing, employment, hunger) that place them highly at risk for crime victimization.

³⁶ DeAngelis, T. (2002). New data on lesbian, gay, and bisexual mental health. *APA Monitor*, 33, 46 – 47.

³⁷ Services and Advocacy for GLBT Elders, 2016

³⁸ Kuo, T. The Health of Older Angelenos and the Looming Shortage of Health and Aging Services Professionals. Los Angeles, California: The Edmund G. “Pat” Brown Institute of Public Affairs, October 2009.

³⁹ D’Augelli, A., & Grossman, A. (2001). Disclosure of sexual orientation, victimization, and mental health among lesbian, gay, and bisexual older adults. *Journal of Interpersonal Violence*, 16(10), 1008-1027. Accessed from: <http://jiv.sagepub.com/content/16/10/1008>

⁴⁰ Frazer, S. (2009) LGBT Health and Human Services Needs in New York State. Empire State Pride Agenda Foundation: Albany, NY. Accessed from: <http://www.prideagenda.org/Portals/0/pdfs/LGBT%20Health%20and%20Human%20Services%20Needs%20in%20New%20York%20State.pdf>.

⁴¹ Dank M, Lachman P, Zweig JM, Yahner J. Dating violence experiences of lesbian, gay, bisexual, and transgender youth. *Journal of Youth and Adolescence*. 2014;43(5):846–857. [PubMed]

Compared to cisgender adults, transgender adults are three times more likely to have ever thought about suicide and are nearly six times more likely to have ever attempted suicide. They are significantly more likely than cisgender adults to report having a disability due to a physical, mental or emotional condition and three times more likely to delay getting medicine prescribed to them by a doctor or to not get the medicine at all.⁴²

Many transgender older adults have experienced mistreatment in long term care facilities. Examples include physical abuse, denial of personal care services, psychological abuse, being involuntarily “outed,” and being prevented from dressing according to their gender identity. Others are refused admission into long-term care facilities. The fear of discrimination and its reality result in underutilization of services.⁴³

Undocumented Immigrants

Living at the intersection of two marginalized groups—the LGBT population and the undocumented population—makes these individuals particularly vulnerable. Many immigrants endure challenging post-migration experiences, including difficulties adjusting to new peer groups and schools; housing instability; unreliable employment; and distance from family and social support networks.

These circumstances may lead to unstable sexual partnerships and the reliance on partners for housing and support. Recent LGBT immigrants may be shunned by families and communities both in their countries of origin and in the U.S. In addition, they are also faced with the dual stigmas of being LGBT and potentially unwelcome in the United States. Language barriers only compound these difficulties and make it even harder to access health care.

Stresses related to minority sexual orientation can have a particularly negative effect on the mental and psychosocial development of newly arrived LGBT youth. Frequent problems for immigrant youth include depression, withdrawal from social interactions, and internalization of the negative attitudes they experience.

The strongest post-migration difficulty that predicts mental disorders is discrimination. The current social political context is fueling that.

Haunted by the stress of the undocumented experience—dealing with loss, discrimination, and family separation, immigrants need more health-care providers and trauma-informed systems of care who are bicultural or culturally informed.

⁴² Herman et al, Demographics and Health of California’s Transgender Adults.

<https://williamsinstitute.law.ucla.edu/demographics/health-trans-adults-ca>. Accessed 5/20/18

⁴³ National Academy on an Aging Society (GSA), & SAGE (2011). Integrating lesbian, gay, bisexual, and transgender older adults into aging policy and practice. Public Policy & Aging Report, 21(3), 1-36. Accessed from: <http://www.sageusa.org/uploads/PPAR%20Summer20111.pdf>

IV. COMMUNITY CHALLENGES AND ASSETS

SERVICE GAPS AND BARRIERS

Research shows that LGBT people face barriers to seeking help that are unique to their sexual orientation and gender identity. Legal definitions of domestic violence often exclude same-sex couples.

Survivors fear potential homophobia from staff or service providers or from non-LGBT survivors with whom they may interact. Dangers include “outing” oneself when seeking help and the risk of rejection and isolation from family, friends, and society. Some studies have found that sexual minority individuals do not believe shelters to be particularly helpful. LGBT survivors may fear homophobia at shelters; sexual minority men and transgender people may be concerned that shelters are not open to them.

LGBT survivors have low confidence in health care providers’ ability to help. Some transgender people have reported that their health care providers lack competency on transgender issues. LGBT survivors also have low confidence in the ability of medical doctors, psychologists, psychiatrists, and couples’ counselors to help.

There is a lack of LGBT affirmative assistance resources as well as a scarcity of LGBT-specific DV programs anywhere. This is compounded by the fact that survivors do not know about LGBT-specific or LGBT-friendly assistance resources.

Overall, LGBT people have low levels of confidence in the sensitivity and effectiveness of law enforcement officials and courts; 59.0% of those individuals surveyed believed police would be less helpful towards gay and bisexual men than heterosexual women in cases of IPV/DV. There is a perceived lack of responsiveness of law enforcement officials, criminal justice system, and courts toward LGBT survivors and their needs.

Identified Barriers from Survivor Survey

- Fear of retaliation against self or family
- Stigma/bias toward LGBT people
- Lack of expertise in type of crime (e.g. stalking, sexual assault, etc.)
- Inadequate police response
- Lack of information about available LGBT-specific resources
- Inadequate court response
- Fear of deportation
- Cost of services
- Lack of information about available mainstream resources or eligibility for services

Identified Barriers from Provider Survey

- Fear of stigma/homophobia
- Lack of awareness regarding available services
- Negative prior experiences with service system
- Fear of being “outed”
- Victims have to go to many different agencies/organizations to receive services

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- Fear of retaliation/further violence
- Feelings of shame or embarrassment
- Cultural barriers
- Fear of not being believed

Referrals for LGBT Survivors

In 2016, anti-violence programs across the country provided referrals⁴⁴ for 1,751 LGBTQ survivors of IPV to access:

• Legal services – 27%	• Shelter – 7%
• Housing – 15%	• Domestic violence services – 7%
• Medical services – 11%	• Homeless services – 3%
• Counseling – 9%	• Police services – 3%

These levels do not indicate the specific service needs of LGBT survivors. Referrals may only reflect accessible services or may involve the perceptions and biases of the referrer. Please note the “counseling” does not mean mental health services.

Cost and Access

The percentage of adults and children without health insurance declined dramatically in Los Angeles between 2011 and 2015, from 28.5 to 11.7 percent. The benefits spanned racial, ethnic, age, gender and geographic groups of adults 18 to 64 years old throughout the county.

Los Angeles County 2017: County Population Under Age 65 Projected to be Uninsured

Status	Number of People
Not Eligible due to Immigration Status (undocumented)	579,000
Eligible for Medi-Cal	48,000
Eligible for Subsidies through Covered CA	110,000
Non-subsidy Eligible Citizens & Lawfully Present Immigrants	156,000
Total Uninsured	893,000

In Los Angeles County, eight percent of adults (over half a million) tried to access mental health care within the past year. Among those adults, 37% had difficulty accessing mental health care.⁴⁵

In Los Angeles County, 5.9% of Adults (18+ years old) were unable to receive mental health care or counseling when needed (in the previous 12 months) because they could not afford it. 7.4% of Adults (18+ years old) reported that transportation problems kept them from obtaining needed care (in the previous 12 months).

Weakening Community Trust: LGBT Relationships with the Police

Unfavorable interactions with police leads to a culture of distrust and fear.⁴⁶ Officers may be dismissive, harassing, verbally abusive, and frequently conduct wrongful arrests of LGBT persons. A 2013 report focused on anti-LGBT violence that occurred in the previous year found that of the LGBT violence survivors surveyed who interacted with police, 48% reported that they

⁴⁴ National Coalition of Anti-Violence Programs. Lesbian, Gay, Bisexual, Transgender, Queer, and HIV-affected Intimate Partner Violence in 2016. New York: AVP, 2017. Available online at avp.org.

⁴⁵ County of Los Angeles Department of Public Health, Community Health Assessment 2015, LACDPH Community Health Assessment 2015Final.pdf Accessed 5/20/18

⁴⁶ National Coalition of Anti-Violence Programs, reports 2016, and 2017.

had experienced police misconduct, including unjustified arrest, use of excessive force and entrapment. Additionally, police officers accounted for 6% of all offenders reported by respondents.⁴⁷

A 2012 report examining the interactions of law enforcement with Latina transgender women in Los Angeles County found that two-thirds of the women reported that they had been verbally harassed by law enforcement, 21% reported that they had been physically assaulted by law enforcement, and 24% reported that they had been sexually assaulted by law enforcement.⁴⁸

The largest survey of transgender people to date (2011) found that 22% of respondents who have interacted with police reported harassment by police due to bias, with substantially higher rates (29-38%) reported by respondents of color. Six percent (6%) reported physical assault and 2% reported sexual assault by police officers because they were transgender or gender non-conforming.⁴⁹

The 2015 survey of gay and bisexual identified men found that 59% believed that the police would be less helpful to a gay or bisexual man than to a heterosexual woman in the same situation.⁵⁰ A 2016 report on hate violence against the LGBTQ and HIV-affected communities found that only 41% of survivors of hate violence reported such incidents to the police.⁵¹ The survey of 2,376 LGBT people and people living with HIV found that over a third of crime victims' complaints to the police were not fully addressed.⁵²

These perceptions and experiences demonstrate law enforcement's inability to effectively meet the needs of members of the LGBT communities.

COMMUNITY STRENGTHS

Los Angeles has assets that address community safety as well as trauma, which are both factors associated with violence and injury. One of the most important assets are the 52 organizations that we reached out to and recruited in the course of the needs assessment process. A list of these is contained in the Appendix.

There are many things that contribute to building healthy and vital communities, especially in terms of the reduction of violence and access to needed services by survivors of violence. Some of these are:

- Projects that contribute to violence reduction with initiatives that improve security by engaging individuals in fragile communities.

⁴⁷ Christy Mallory, Amira Hasenbush and Brad Sears, Discrimination and Harassment by Law Enforcement Officers in the LGBT Community, March 2015. <https://williamsinstitute.law.ucla.edu/research/violence-crime/discrimination-and-harassment-by-law-enforcement-officers-in-the-lgbt-community/>. Accessed 5/21/18.

⁴⁸ Jordan Blair Woods, Frank H. Galvan, Mohsen Bazargan, Jody L. Herman, Ying-Tung Chen, Interactions of Transgender Latina Women with Law Enforcement, 2103. <https://academic.oup.com/policing/article-abstract/7/4/379/1541655>. Accessed 5/18/18.

⁴⁹ Grant, et al, Injustice at Every Turn A Report of the National Transgender Discrimination Survey 2011. https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf. Access 5/18/18.

⁵⁰ Christy Mallory, Amira Hasenbush and Brad Sears, Discrimination and Harassment by Law Enforcement Officers in the LGBT Community, March 2015. <https://williamsinstitute.law.ucla.edu/research/violence-crime/discrimination-and-harassment-by-law-enforcement-officers-in-the-lgbt-community/>. Accessed 5/21/18.

⁵¹ National Coalition of Anti-Violence Programs (NCAVP), Lesbian, Gay, Bisexual, Transgender, Queer and HIV-affected Hate Violence in 2016.

⁵² Ibid.

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- Community leaders are engaged in the design and development of projects through a needs assessment and/or strategic dialogue.
- It is important to engage local implementing partners, such as community-based service organizations.
- Government entities are closely involved in either the design or implementation of projects, as part of an overall strategy towards a less violent community.

The LGBT Mental Health Access Project has been able to take advantage of these attributes in the needs assessment and will continue to do so as the Mental Health Access Project is implemented.

LGBT (Queer) Space/Safe Space: Los Angeles has a significant number of LGBT community-based organizations. Over the past 50 years or so, these 40+ entities have created spaces for queer individuals to come together around shared conditions of oppression. These organizations have shaped the cultural landscape of Los Angeles and contributed to the city's vibrant LGBT community. Collectively, these organizations foster a spirit of tolerance to bring both a renewed direct engagement to queer movement building and a broadly intersectional approach that includes race, class, and gender, as well as systemic oppressions linked to policing. These represent a significant asset in envisioning a model of community accountability, safety, and trust building.⁵³

Domestic Violence Task Force: The City of Los Angeles Domestic Violence Task Force was created via motion of the Los Angeles City Council to assist City policymakers in addressing the many complex issues involved in the prevention of and response to domestic violence in the City. The mission of the Domestic Violence Task Force is to advise and provide guidance on the development and coordination of City's domestic violence programs, and to make recommendations regarding legal advocacy, legislation and victims' services. It is a coalition comprised of community-based domestic violence experts appointed from each Council District along with representatives from the Mayor's Office, City Attorney's Office, LAPD and other City departments and commissions. Meetings are open to the public so that representatives from community-based organizations also participate.

Greater Los Angeles Trauma Informed Care Task Force: The Trauma Informed Care Task Force of GLA is a grassroots task force, committed to promoting comprehensive approaches that mitigate the impact of trauma on families, youth, individuals, and communities. Its vision is to create a culture of biologically responsive, safe, and collaborative systems that foster community healing.

V. SERVICES FOR CRIME VICTIMS IN LOS ANGELES

EMERGENCY RESPONSE TO VIOLENT CRIME

Domestic Abuse Response Team (DART)

Domestic Violence (DV) Service Providers and the Los Angeles Police Department (LAPD) form DART, which fosters and promotes coordinated responses to address domestic violence

⁵³ Kian Goh (2018) Safe Cities and Queer Spaces: The Urban Politics of Radical LGBT Activism, *Annals of the American Association of Geographers*, December 2017, 108:2, 463-477, DOI:10.1080/24694452.2017.1392286 Accessed at <https://doi.org/10.1080/24694452.2017.1392286>

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victims' and their children's needs. This program provides crisis intervention, safety and wraparound support services, with the aim to end violence and work towards a healthy future.

DART provides services, such as: crisis intervention, emergency assistance including but not limited to emergency protective orders, safety planning and assisting in shelter placement, court accompaniment to domestic violence victims and their family members, and police officer training and support. Crisis response for early intervention is intended to meet several objectives, including providing victim support, promoting victim safety, facilitating prosecution of DV as a crime, and ultimately reducing the likelihood of future DV incidents, injury, or escalation in the severity of abuse.

Benefits of DART

In the 2018 DART program evaluation, 70% or more of DART clients stated that the DART process helped them to:

- feel more positive about seeking help from police
- understand the court process
- understand the police investigation process
- make a safety plan
- access resources in the community
- learn about resources in the community
- increase their knowledge of options available to them
- increase their knowledge of DV issues

Underutilization of DART

- 10 hours/4 days schedule instead of 24 hours/7 days (DART is deployed during peak periods of 911 calls for IPV services).
- As a result of the limited DART schedule, nearly half of IPV calls come in when DART is not deployed.
- DART is not consistently called by patrol officers to provide services.
- DART advocates cannot respond to the volume of calls for service in divisions with the highest demand.
- Services are optional; a portion of survivors (unknown and not reported in the 2018 DART evaluation) refuse service.

Sexual Assault Response Team (SART) Program

The Sexual Assault Response Team (SART) is a survivor-centric program designed to provide a team approach to responding to sexual assaults in the community. SART includes a 24/7 Response Team, 24/7 Hot Line and Crisis Intervention and 24/7 Advocacy for Victims.

Before the development of the SART, most survivors endured the aftermath of assault alone, feeling frightened, frustrated and confused. All members of the SART work together to provide the highest level of care for survivors.

The SART consists of a sexual assault forensic examiner (SAFE) who performs a sexual assault forensic medical exam and provides medical care; a law enforcement officer who conducts a thorough investigation and provides emergency assistance, and a rape crisis counselor advocate who provides emotional support, advocacy, and access to victim assistance services. The rape crisis counselor advocate also offers follow-up care such as in-person counseling, assistance with law enforcement concerns, and accompaniments to future court hearings and legal interviews.

SART hospitals are designated centers where specially trained personnel work with victims to collect evidence and make the reporting process go as smoothly as possible. In addition, they have a shorter waiting time for medical attention, as well as state-of-the-art equipment for evidence collection. A high quality forensic examination and DNA testing can greatly increase the chances that the rapist is convicted.

MENTAL HEALTH CAPACITY IN LOS ANGELES

Los Angeles LGBT Center's Services for Survivors of Violence

The Center's STOP Violence Program's primary service area is the greater Los Angeles region of Southern California. However, because of the lack of LGBT-specific services in the region, the neighboring counties of Orange, Ventura, Santa Barbara, Riverside, San Bernardino, and Kern as well as additional California counties to the north and south of these including Imperial, Inyo, Kings, Monterey, San Diego, San Luis Obispo, and Tulare, are also served periodically by the STOP Violence Program. In addition, the STOP Violence Program receives requests for information and assistance from individuals and organizations throughout California and the United States that the program also attempts to serve.

The Los Angeles LGBT Center operates trauma-informed programs to assist LGBT survivors of dating violence, domestic and intimate partner and family violence, hate crimes, police misconduct, childhood sexual abuse, sexual assault, rape, stalking, bullying and cyber-bullying, human trafficking and other types of abuse, violence, and crime. The Center is the nation's largest community-based provider of LGBT-specific services and is supported by a team of medical health and mental health staff, attorneys, paralegals, and interns among others. STOP Violence Program services are provided by LGBT-domestic violence specialists, including certified domestic violence counselors and licensed mental health staff and interns who have been trained in LGBT victimization issues. The program also provides workshops, trainings, consultation and technical assistance for service providers. STOP is an integral component of the Center's federally qualified health services department which offers a broad variety of medical and healthcare services. Fees are based on a sliding scale and no one is turned away for lack of funds.

In addition to the Center's counseling services for survivors of intimate partner violence and other acts of violence or crime, services include:

- Safety planning, crisis intervention and referrals to LGBT-sensitive DV shelters
- Emergency housing
- Assistance with temporary and permanent housing
- Provision of basic life necessities such as clothing, household establishment assistance, transportation, food, etc.
- A court and probation department approved program for primary aggressors
- Family and domestic violence prevention services
- Advocacy with law enforcement, criminal justice, social service providers, and others
- Client accompaniment to court and sexual assault treatment centers
- Immigration assistance
- Referrals for attorney representation
- Legal representation in certain cases
- Preparation of restraining orders and U-Visas

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- Collaboration with the Center's programs and services for homeless LGBT youth
- Collaboration with the Center's programs and services for LGBT seniors
- Referrals to adjunctive programs and services
- Assistance in securing compensation under California's Victims of Crime Program

STOP Violence Program services include crisis assessment, triage, and intervention; warm and hotline services; individual counseling; group counseling; family counseling when appropriate; referral to LGBT specific legal services; concurrent mental health services for those with substance use problems as well as for those with behavioral and psychiatric disorders; psychiatry; specialized assessment; training/education/consultation; a court approved primary aggressors program; emergency housing for crime victims; assistance with temporary and permanent housing for intimate partner violence victims; household establishment assistance; provision of basic life necessities including clothing, food, transportation; and prevention services. STOP also does extensive outreach and education in the multi-county region of Southern California and regularly conducts community-based surveys in the LGBT community. All services are provided in English or Spanish. Translation services are also provided for numerous other languages.

Advocacy is present in every service and program component, with the goal of helping to facilitate people's wellbeing, to empower them to be change agents in their own lives, and to advocate for others in the community. The Center promotes the development of self-advocacy in its clients as well. Active advocate involvement from reporting to legal action can help to ensure that survivors' voices are heard and that their rights are upheld throughout the process of healing and recovery. Survivors are best served by advocates that can help guide and support them through the vast and oftentimes complicated social services, healthcare, mental health, and criminal justice systems. Advocacy services to survivors include empowerment and client-centered problem solving; education on choices and rights; the provision of information and education; and linkages to a wide range of services and resources.

OTHER CRIME VICTIM SUPPORT

Health Care Resources

For Los Angeles County as a whole, the local government is the largest provider of health care services to uninsured and underinsured residents through direct service provision and contractual relationships. Los Angeles County's Department of Health Services (DHS) provides medical care through five public hospitals, two multi-service ambulatory care centers, and 19 ambulatory care centers, comprehensive health centers, and health centers. Collectively, they provide 40% of all emergency services and 15% of all trauma center services. Los Angeles County has the second largest publicly-run health care system in the nation with an annual operating budget of \$3.5 billion dollars. As previously mentioned, the Los Angeles LGBT Center's Health Services Department is a federally qualified health clinic and offers a wide array of services specifically designed for the LGBT community including primary care, HIV care, a transgender health program, HIV & STD testing, a clinical research program, and pharmacy services. The Health Services Department is also home to a broad array of mental health services including psychiatric services, case management services, addiction recovery services, and the STOP Violence Program.

The County system is the major provider of trauma care, specialty care for those who are uninsured and experiencing homelessness, and training for graduate medical education. The

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County also separately maintains public health clinics managed by the Los Angeles County Department of Public Health (LAC DPH). The public health clinics provide clinical services aimed at the prevention and control of communicable disease transmission. The County also provides mental health services through the Department of Mental Health (DMH), the largest municipal mental health department in the nation. The safety-net mental health services that DMH provides are through 75 directly operated program sites and 100 co-located sites as well as approximately through 1,000 individual or agency providers in the community and serves an estimated 250,000 residents annually.

Shelters and Temporary Housing

There are a number of “LGBT-friendly” shelters in the greater Los Angeles region. In terms of safe housing and shelter for IPV and sexual assault victims, there are 17 shelters in the County of LA. Those accepting men are Good Shepherd, Valley OASIS, Rainbow, Sojourn and Jenesse. Some may occasionally accept transgender feminine identified survivors. Staff at the sites have been trained in LGBT cultural competence (primarily by STOP Violence staff members). Some shelters may provide hotel vouchers for men thereby reducing the overall safety and access to all shelter-based services for male survivors. There are no LGBT-specific shelters anywhere in the world.

The LGBT Center has agreements with several shelters that are open to LGBT clients for shelter services in exchange for our consultation and training of shelter staff on LGBT issues and competency. The STOP Program staff have become experts in identifying LGBT victims who would be apt to make use of traditional shelter and/or who might actually be accepted into a domestic violence shelter despite the multiple limitations of shelter. The Center’s STOP Violence Program offers emergency housing services and assistance with temporary and permanent housing for victims of violence as well as household establishment assistance and the provision of basic life necessities for violence and crime victims.

Collaborations

Building alliances with community groups will fortify the trust that is so necessary for service delivery to victims. Collaboration among agencies facilitates referrals and supports ongoing awareness and community outreach. On the community level, the LGBT Center will formally partner with survivor-serving agencies to perform outreach and education on DV, its incidence in our communities and among LGBT populations and the resources available to address it, with an emphasis on the intersection of domestic violence, the legal system, family policy, economic justice, housing and public benefits. Current formal collaborations that the LGBT Center participates in include:

Sojourn Services; Los Angeles Police Department; Los Angeles County District Attorney’s Office, including the Office’s Victim-Witness Assistance Program; Jewish Family Service of Los Angeles; Another Way Program; WomenShelter of Long Beach; Haven Hills Shelter; and the LA City Attorney’s Office. The STOP Violence Program also has close working partnerships with relevant LGBT Center departments, including Volunteer Resources, Senior Services, Children, Youth and Family Services, Mental Health Services, Addiction Recovery Services, and Health Services, including Primary Care, Sexual Health, Transgender Care, and HIV Care. the STOP Violence Program is a member of the National Coalition of Anti-Violence Programs, Westside Domestic Violence Network, Association of Batterers’ Intervention Programs, LA

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County Domestic Violence Council, L.A. City's Domestic Violence Task Force, and the Trauma Informed Care Task Force.

Immigrant Services

The organizations interviewed in this report offered a variety of immigration-related legal services, including DACA and naturalization applications, family-based immigration, U visas for victims of certain crimes, detention representation, and work permit renewals. One organization based in Los Angeles managed a day laborer center through which it identified clients who could be eligible for relief from deportation.

Elder Services

The National Resource Center on LGBT Aging is the country's first and only technical assistance resource center aimed at improving the quality of services and supports offered to lesbian, gay, bisexual and/or transgender older adults. Established in 2010 through a federal grant from the U.S. Department of Health and Human Services, the National Resource Center on LGBT Aging provides training, technical assistance and educational resources to aging providers, LGBT organizations and LGBT older adults, which can be sorted by state.⁵⁴

⁵⁴ National Resource Center on LGBT Aging, <http://www.lgbtagingcenter.org/resources/index.cfm?a=3>

VI. CONCLUSIONS

Overall, this needs assessment describes a situation in which LGBT victims of crime face multiple barriers to accessing mental health and other supportive services that would help them address their experiences of victimization. The barriers are both internalized (e.g. fear of “outing” oneself by pursuing services or reporting a crime, naturalizing the experience of violence as part of the LGBT experience, or being unable to recognize intimate partner abuse for what it is) as well as external (e.g. the experience of discrimination and even more violence, or the lack of LGBT-competent services). Barriers to seeking services for victims of domestic or intimate partner violence include an extraordinary sense of isolation in which the abusing partner may be the only person upon which the victim relies for emotional or economic support. The situation described in the needs assessment is one in which LGBT victims of crime have little knowledge of where they can go for support as victims, feel isolated by their experiences, and face a “siloed” array of services that lack competence to serve LGBT persons and are unable to provide a coordinated response that can provide LGBT victims with access to the full scope of services they may need as victims of crime.

However, we can break down the individual elements of this complex situation into specific components that can be addressed one by one to ameliorate the situation and increase access to mental health and other services for LGBT victims of crime in Los Angeles.

- LGBT populations experience a higher level of violence in the city of Los Angeles, as compared to the larger metro area, state and nation.
- Transgender individuals face many of the same issues and sources of victimization as LGB populations, but for transgender individuals these are intensified and magnified. Transgender individuals suffer higher rates victimization and discrimination from police, medical providers, and social service providers; they face higher levels of economic need; and they bear a much higher mental health burden than others.
- There is an entrenched and deep distrust on the part of LGBT communities toward law enforcement, courts and agencies offering needed services, which acts as a barrier to service access.
- The barriers to access to victim support and therapeutic services are high and complex and require multi-dimensional solutions.
- There seems to be low public and community awareness about the negative effects of violence, both generally and for LGBT persons specifically.
- There is a lack of knowledge about resources for LGBT victims on the part of all key stakeholders, as well as victims themselves, in response to violent crime. Victims do not know where to go or if they will be treated well when they arrive; providers often do not know where to refer LGBT victims to address their needs.
- Too many agencies’ staff are not fully trained (e.g. in effects of trauma).
- Medical settings and encounters (such as emergency rooms, HIV tests, wellness visits and annual check-ups) provide important opportunities for screening for victimization and referral to services, but these opportunities are not taken advantage of.
- There is a lack of coordinated response among the agencies that come into contact and/or serve victims.
- Capacity is lacking in: Counseling and treatment, housing and shelter, and supportive services.

VII. STRATEGIC RECOMMENDATIONS

COORDINATION

While the experience of violent crime involves multifaceted impacts upon the survivor, the individual needs a holistic response to their experience. The “siloing” of services and lack of coordination—including police, legal, medical, mental/behavioral health, and other supportive services—in an area as large as the City of Los Angeles, or Los Angeles County, constitutes a high barrier (insurmountable for some) to accessing services even if most of the particular recommendations provided herein are achieved.

1. “System of Care” Approach. Create a community “system of care” coalition with inclusive membership and a charge to coordinate services.
2. Coordination and communication among providers. There should be closer collaboration between victim assistance and support providers and mental health specialists. Coordination of services across different areas (e.g. mental health, housing, financial security, legal assistance, etc.).

TRAINING AND PROFESSIONAL SKILLS

Trauma informed care and practices and LGBT cultural competence are unevenly distributed across the spectrum of services that LGBT victims of crime need. Steps should be taken to ensure that these skills and cultural components are both enhanced and widely available.

1. Trauma-informed care. An important contributor to improved outcomes is meeting the needs of members of the LGBT communities who have had trauma and experience symptoms of post-traumatic stress disorder.
2. Basic trauma training. Increase basic trauma training to all provider staff.
3. LGBT competence. There should be a coordinated effort to enhance LGBT-affirming and competent services and settings across the spectrum: in law enforcement, the courts, medical and mental health providers & clinics, and other services providers such as shelters.
4. Domestic and Intimate Partner Violence. Staff and volunteers of anti-violence programs and agencies should be trained in the history of domestic violence; the intersection between domestic violence and mental health; civil and criminal law as it relates to domestic violence, the domestic violence victim-counselor privilege, and other laws that protect the confidentiality of victim records and information; societal attitudes towards domestic violence; peer counseling techniques; housing, public assistance and other financial resources available to meet the financial needs of domestic violence victims; and referral services available to domestic violence victims. Cultural competency should be an integral part of the training.

Note: In 2004, STOP Violence staff worked closely with Senator Jackie Speier’s office to develop California Senate Bill 564 – legislation that ensures that all graduate students in mental health academic programs and licensed mental health practitioners receive training and education in domestic violence. This legislation requires that training and education about LGBT intimate partner violence be included.

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Despite high prevalence in the clinical population, recipients of this training consistently report that their academic institutions do not offer training in this subject that is of sufficient length to provide them with other than the basics of the subject. Advocacy with academic institutions should be undertaken to correct this.

SERVICES AND ALLOCATION OF RESOURCES

Building a coordinated approach to LGBT victim services, as outlined above, involves several factors and practices.

1. Enhancing the quality of mental health services. Staff who provide services to survivors should perform an individualized assessment of cultural and contextual factors. Staff should get to know the support systems—or lack of them—in the survivor’s life and become aware of the role of family in the victim/survivor’s culture. Staff need to individualize each situation, what resources they value and encourage the victim/survivor to assist staff in learning his/her beliefs and values.
2. Components of a holistic approach to care. An effective approach for those who experience violence must encompass the “system of care” that victims of crime need: a client-centered, client-empowerment approach; case management using wraparound services and community support strategies; access to trauma-informed mental health intervention and treatment; and community connectedness and support.
3. Incident-level response capacity. Increasing the DART/SART capacity to respond will bring to victims (LGBT and others) the opportunity to begin to identify and address their needs as victims as close to their experience as possible.
4. Screening in multiple venues. Take advantage of opportunities for screening and education in multiple settings, for example by having primary care providers routinely screen for experiences of victimization; providing IPV/violence information distributed in HIV outreach; or screening for IPV or other victimization concurrently with HIV testing.

EDUCATION, INFORMATION AND DATA GATHERING

Education, information, and data gathering provide an essential infrastructure for broadening, extending, and coordinating services available to LGBT victims of crime.

1. Outreach to identify and provide services for victims of DV/IPV. There are at least two targets for outreach efforts: the individual victim and the agencies or services that might help victims.
 - DV/IPV victims are found in diverse settings: hospitals, community-based agencies, neighborhood groups, and religious institutions. These settings are opportunities for helping victims to identify their needs and potential services or resources. Outreach must be multi-faceted and expansive in its goals: it will entail grassroots organizing, helping agencies to identify individuals/families in need of services, making referrals and disseminating information on how to access services.
 - Outreach also provides an important opportunity to bring as many agencies as possible into the larger “system of care” movement that will help victims and survivors of DV/IPV have access to the services and support they need. Outreach to involved agencies

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should also focus on cooperation and coordination to ensure greater Los Angeles area residents are served and have access to services not currently provided for LGBT individuals in this area.

2. Community Awareness. There is a need for increased education and advocacy. Spreading knowledge about differences between sex, gender, and sexual orientation can enhance understanding of the unique experiences of LGBT individuals and impact the openness of agencies and individuals across the spectrum to provide affirming and competent support to LGBT victims.
3. Data. Broaden LGBT data collection related to violent crime in police reporting and DART/SART service provision.

IMMIGRANT SUPPORT

As shown in this needs assessment, LGBT individuals constitute a large segment of immigrants who face special needs both as immigrants and as members of the LGBT community.

1. “U” Visa. Ensure that temporary protected status through the “U” Visa mechanism is available to those who will benefit from it.
2. Recognizing LGBT immigrants. Work with service providers to increase the slate of service offerings to LGBT immigrants.

LAW ENFORCEMENT

The needs assessment has confirmed several ways in which law enforcement can enhance and expand their capacities to respond to LGBT victims of crime and support the “system of care” approach recommended herein.

1. Internal policies and practices. Adopt internal policies and practices in state and local police departments, including:
 - Nondiscrimination policies and zero tolerance harassment policies.
 - Policies requiring officers to respect individuals’ gender identity and ensure safety in arrest processing, searches, and placement in police custody, and explicitly prohibiting searches conducted for the purpose of assigning gender based on anatomical features.
 - LGBT sensitivity, diversity and specialization trainings.
 - Increased outreach and liaisons to the LGBT community.
 - Civilian complaint review boards with investigators and adjudicators specifically trained to address the types of police profiling and abuse experienced by LGBT people, including sexual harassment and assault.
 - Prohibit discrimination based on gender, sexual orientation or gender identity against law enforcement personnel.
2. Federal level protections. Adopt and enforce federal level protections, including:
 - Nondiscrimination requirements in Community Oriented Policing Services (COPS) grants, which provide funding to more than 13,000 of the nation’s 18,000 law enforcement agencies across the country, and other sources of government funding.
 - Enforcement of new federal bias-based profiling prohibitions that are inclusive of sexual orientation and gender identity and expansion of those provisions to more law

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- enforcement agencies through the passage of the End Racial Profiling Act with sexual orientation and gender identity explicitly included.
- Increased data collection through anonymous surveys such as the Bureau of Justice Statistics Police Contact Survey on police searches and seizures to analyze the scope of bias-based profiling practices and identify target regions and agencies in need of nondiscrimination trainings and policies.
3. Enforce Existing Legal Protections. Several existing laws protect LGBT people to some extent, including constitutional provisions and state and local nondiscrimination laws.
 4. Adopt New Legal Protections. Laws explicitly prohibiting sexual orientation and gender identity discrimination can be enacted at the federal, state and local levels.

VIII. APPENDIX

NEEDS ASSESSMENT METHODOLOGY

LGBT Center staff have overseen the assessment/planning process and have engaged consultants to carry it out.

The Needs Assessment includes findings from 12 interviews, 3 focus groups, survey data from 38 survivors and 23 community providers and contains an analysis of crime and demographic data.

Outreach has included 52 greater Los Angeles agencies: Law enforcement, City Attorney's Office, Office of the Mayor, victim assistance organizations, shelters and housing agencies, LGBT advocates, grassroots & ethnic-serving organizations, and legal advocates serving women and LGBT communities.

Other outreach activities included:

- Cold-calling of community health and legal advocacy agencies across Los Angeles to encourage them to partner and collaborate with the Center.
- Distributed crime survivor survey flyers in West Hollywood. Locations included West Hollywood Public Library, The Abbey, Rage, The Gym Sportsbar, Bar 10, and Block Party WeHo.
- Distributed provider flyers to local community mental health agencies in West LA, including Hollywood Mental Health Center, Didi Hirsch Mental Health Services, Maple Counseling Center, Southern California Counseling Center, and The Wright Institute.
- Mailed provider survey flyers to domestic violence shelters and agencies including Su Casa, Haven Hills, Sojourn, Angel Step Up, Women's Shelter of Long Beach, Rainbow Services, Jewish Family Services, Sunrise Village YWCA, East Los Angeles Women's Center.

In addition, the LGBT Center sent materials, invitations to surveys, requests for interviews, etc. to 71 agencies and invited these agencies to a presentation of Needs Assessment findings and proposed strategies in 2018.

Presentations

An introductory presentation on the Needs Assessment/Strategic Planning part of the OVC project was held at the LGBT Center on January 25, 2018 with an attendance of 12 external agencies.

A second presentation of findings and recommendations was conducted on May 31, 2018 with an attendance of 12 external agencies.

Focus Groups

- Focus Group: Interns, January 24, 2018; 7 participants.
- Focus Group: Internal staff, January 25, 2018; 7 participants.
- Focus Group: Survivor's group, January 25, 2018; 9 participants

Interviews

- California Women's Law Center
- Korean American Family Services

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- LA City Attorney's Office
- Project Peacemakers (DART provider)
- Office of Mayor Eric Garcetti: SAFE LA, DART and SART programs
- Housing Works
- Women's Shelter of Long Beach
- Peace Over Violence
- Rainbow Services
- The LGBTQ Center of Long Beach
- LADP: Domestic Violence Coordinator, liaison for Domestic Violence and liaison for LGBT affairs

Data Sources

Datasets used during the Needs Assessment process:

- 1) Uniform Crime Report (UCR). Reported by local police units to the FBI for the Department of Justice (DOJ).
- 2) National Crime Victims Survey (NCSV). Collected by the Bureau of Justice Statistics (BJS). We used the national survey as well as the State and Metropolitan "small area estimate" results reported by BJS.
- 3) Crimemapping.com. This is a private company that provides a crime mapping service to local police departments that subscribe to their service. They produce a publicly available map (what has been used in the work) and a version available only to police forces, with more detail. The Crimemapping website says that they utilize whatever data the local police department provides; In LA this is 911 reports to the police.
- 4) Los Angeles Mayor's Office: Open Data Portal, provides a raw dataset for crime called into the LAPD from 2010-2016. This is a huge file and needs to be cleaned down to crimes of interest - just over 1 million rows (calls/reports) for individual crimes.
- 5) LAPD Calls for Service, 2016. From the City of Los Angeles, "Application Programming Interface" (API). All 911 calls for service to the LAPD with reporting code and a reporting district should be geocoded. There are just over 1 million individual calls in the dataset (1 million + rows of data).
 - a) DART Evaluation, Harder and Company, 2009
 - b) DART Evaluation, Maroon Society, 2018

Surveys

Our consultants developed two surveys: a provider survey and a survivor survey. To publicize the surveys, the Center included links to both on its web site (<https://lalgbtcenter.org/thank-you-for-participating>) and handed out palm cards at events and in the lobbies of the Center. Data from the surveys will be analyzed as part of the final Needs Assessment Report.

The survey links were:

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Provider - https://survey.col.qualtrics.com/jfe/form/SV_cGP1xbpn00hK6CV

Survivor - https://survey.col.qualtrics.com/jfe/form/SV_9MN9Qck5v2WT56R

LGBT Center Survey URL was also posted on the Bienestar Hate Violence Prevention Project Facebook page. The URL includes access to both the victim/survivor survey and the provider survey (<https://www.facebook.com/HVPPLA/>).

Survivors Survey: Results as of May 23, 2018

Characteristics of respondents

- 92 surveys were initiated.
- 38 were completed
- 54 respondents stopped the survey by the 8th question, which asked about the type of crime the respondent had experienced.
- 20 respondents experience crimes in 2018 (11), 2017 (2), 2013 (2), 2005 (1), 2004 (2), 1982 (1), and 1979 (1).
- 7 of 38 respondents experienced crimes involving firearms.
- 22 of 37 respondents knew their offenders.
- Age range: 15 to 69; 22 between 25 and 59.
- Attraction identity:
 - Lesbian – 8
 - Gay – 7
 - Bisexual – 5
 - Queer – 5
 - Pansexual – 4
 - Heterosexual – 4
 - Self-identified – 2
 - Transgender – 1
 - Transvestite crossdresser – 1
 - Non-binary – 1
- Gender identity
 - Male – 10
 - Female – 13
 - Intersex – 2
 - Transmasculine – 3
 - Gender fluid – 4
 - Non-binary – 4
 - Self-identified – 1
 - Declined to identify -1
 - “Want to live as a woman” – 1
- Race
 - African American – 4
 - Native / indigenous – 2
 - Asian or Pacific Islander -3
 - White – 19
 - Multiracial – 2
 - Other – 4
- Latinx identity – 7

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- US citizen – 21
- HIV status
 - positive – 3
 - negative – 25
 - unsure – 4
- Disability
 - None – 16
 - Physical – 5
 - Mental – 9
 - Other (crow anxiety, learning disability) – 3
- Marital Status
 - Single (never married) – 18
 - Married – 7
 - Divorced – 3
 - Separated – 4
- Children 4 yes, 29 none
- Education
 - High school or less – 6
 - Some college – 12
 - Associate degree and above (through PhD) – 15
- Annual income
 - \$25,000 or less – 16
 - \$26,000 – \$50,000 – 7
 - \$51,000 - \$75,000 – 4

\$76,000 and above – 5

Providers Survey

Preliminary Analysis – 23 May 2018

Characteristics of Respondents

- 23 provider respondents from 13 agencies
- Clients ranged from 0 (5 cases) to 250. Several agencies with large client bases push the average up to 42.7 clients per agency; 4 agencies account for 81% of clients' reports. At least 3 agency respondents did not report the client number but instead gave a percentage or did not know.

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- Eva Sheedy, LA City Attorney's Office
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- Kelly Jones and Chanel Smith, (SAFE LA, DART and SART programs), Office of Mayor Eric Garcetti
- Celina Alvarez, Housing Works
- Tatiana Dorman, Women's Shelter of Long Beach
- Detective Yvonne Ortiz, LAPD, Domestic Violence Coordinator
- Elizabeth Eastlund, Executive Director – Rainbow Services
- Giovanna Martinez, Manager of Domestic Violence Services – The LGBTQ Center of Long Beach
- Yvonne Ortiz: LADP liaison for Domestic Violence.
- Jules Sohn, LAPD liaison for LGBT affairs

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PARTICIPATING ORGANIZATIONS

Community Organization	Website
AAAJ – Asian Americans Advancing Justice	www.advancingjustice-la.org
A Community of Friends	https://www.acof.org/
Amanecer Community Counseling Service	https://amanecerla.org/history/
Angel Step Inn	http://www.angelstepinn.org/home.aspx
APADRC – Asian Pacific American Dispute Resolution Ctr	www.apadrc.org
APAIT – Asian Pacific AIDS Intervention Team	www.apaitonline.org
Being Alive	http://beingalivela.org/
Bienstar	http://www.bienestar.org/
Black Women for Wellness	www.bwwla.org
California Black Women’s Health Project	www.cabwhp.org/
California Women’s Law Center	http://www.cwlc.org/
CARECEN – Central American Resource Center –	www.carecen-la.org
Center for the Pacific Asian Family	http://nurturingchange.org/
Chinatown Service Center	www.cscla.org
Coalition for Humane Immigrant Rights of Los Angeles	http://www.chirla.org/contact
Community Coalition	www.cocosouthla.org
East Los Angeles Women’s Center	http://elawc.org/
El Nido Family Centers	www.elnidofamilycenters.org
Enterprise Community Partners	www.enterprisecommunity.org/
Esperanza Community Housing	http://www.esperanzacommunityhousing.org/
Haven Hills Shelter	http://havenhills.org/
Healthy African American Families	haafphasetwo.squarespace.com
Housing Works	http://housingworksca.org/
Jewish Family Service of Los Angeles	https://www.jfscare.org/AboutUs
Jenesse Center	https://jenesse.org/
Korean American Family Services	http://kfamla.org/en
Korean Resource Center	http://www.krcla.org/en
KYCC – Koreatown Youth & Community Center	www.kyccla.org
Latino Equality Alliance	www.latinoequalityalliance.org
Latino Resource Organization	www.latinoresource.org
LGBTQ Center Long Beach	https://www.centerlb.org/
Little Tokyo Service Center	www.ltsc.org
Los Angeles Center for Law and Justice	https://www.laclj.org/
National Coalition of Anti-Violence Programs	https://avp.org/ncavp/
Neighborhood Legal Services of Los Angeles County	http://www.nlscla.org/
Open Paths Counseling Center/Another Way	http://openpaths.org/
Pacific Asian Counseling Services:	http://pacsla.org/
Peace Over Violence	https://www.peaceoverviolence.org/

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Pride United @ CSUN	http://www.csun.edu/pride
Project Peacemakers	www.projectpeacemakersinc.org/
Public Counsel	http://www.publiccounsel.org/
Rainbow Services	http://www.rainbowservicesdv.org/
SAHARA	www.saharacares.org
SAN – South Asian Network	www.southasiannetwork.org
SIPA – Search to Involve Pilipino Americans	www.sipa-online.org
Sojourn Services	https://www.opcc.net/?nd=violence
Su Casa	https://www.sucasadv.org/
Trans-Latin@ Coalition	https://www.translatinacoalition.org/about-tlc
Village Family Services	http://www.thevillagefs.org/
WomenShelter of Long Beach	https://www.womenshelterlb.org/
City of Los Angeles/ Los Angeles County Agencies	
City Department of Aging	aging.lacity.org/
Los Angeles County Commission on Aging	https://wdacs.lacounty.gov/commissions/laccoa/
Los Angeles County Department of Mental Health	http://dmh.lacounty.gov/wps/portal/dmh/aboutdmh
Los Angeles County District Attorney's Office	http://da.co.la.ca.us/
LA City Attorney's Office	https://www.lacityattorney.org/
City of Los Angeles Domestic Violence Task Force	hcidla.lacity.org/Domestic-Violence-Task-Force
Los Angeles Mayor's Office	https://www.lamayor.org/