Domestic Violence Among Gay, Lesbian, Bisexual, and Transgender Persons

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Populations at Risk

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Contents

Abstract: The lack of research and general neglect of domestic violence (DV) among gay, lesbian, bisexual, and transgender (GLBT) communities throughout the United States is both alarming and problematic. While GLBT victims and perpetrators of DV share similar characteristics to those of heterosexuals, there are meaningful and dynamic differences within this population that requires a different theoretical perspective and a uniquely different response. Therefore, the goals of this chapter are two-fold: (1) to provide an overview of DV within GLBT populations, and (2) to explore disparities in the responses of social service and law enforcement that weakens their abilities to respond effectively. The chapter concludes with ideas toward eliminating individual and institutional biases, while advocating an evidenced-based approach to respond to DV within this population.

Defining DV in GLBT Persons

Perhaps the most commonly applied definition and measures of domestic violence within gay populations is that provided by Burke (1998), who asserted:

> Gay domestic violence [is] defined as a means to control others through power, including physical and psychological threats (verbal and nonverbal) or injury (to the victim or to others), isolation, economic deprivation, heterosexist control, sexual assault, vandalism (destruction of property), or any combinations of methods (p. 164).

Prevalence of DV Within GLBT Persons

It is important to recognize that within the general population, up to 10% of individuals identify their sexual orientation as one other than heterosexual (Duthu, 2001; Seidel, Ball, Dains, and Benedict, 2006). While some clinical definitions exist in the literature classifying sexual orientation through behavior (i.e., "men who have sex with men" [MSM], or "women who have sex with women" [WSW]), the terms *gay, lesbian, bisexual*, and *transgender* are encountered more often within the social science literature because they better reflect an individual's identity rather than purely his or her sexual behavior attributes. In this chapter, the term gay is operationalized to indicate a man or woman with a homosexual orientation who reports sexual activity exclusively with members of the same sex. The term *lesbian* is used to reflect gay women, while the term *bisexual* is used to describe a male or female who has sexual relationships with both men and women.

While there exist data that indicate DV is an issue among GLBT persons, there is a relative lack of scholarly research to assess DV within these populations (Kulkin, Williams, Borne, Bretonne, & Laurendine, 2007; West, 2002; Burke, Jordan, & Owen, 2001). However, research does suggest the occurrence of DV within GLBT persons is at least equal to that of heterosexuals (Merrill & Wolfe, 2001). In fact, a recent (2013) study conducted by the Centers for Disease Control and Prevention (CDC), which was the first ever to assess DV prevalence data in GLBT individuals nationally, concluded DV rates were higher among GLBT individuals when compared to heterosexual. For example, 61% of bisexual women reported a higher incidence of rape, physical violence, and/or stalking from an intimate partner compared to 35% of heterosexual women (CDC, 2013). The study also concluded that over 40% of gay men reported being victims of sexual violence compared to just 21% of heterosexual men (CDC, 2013). Data from older studies found similar results.

For instance, Barnes (1998) estimated that 25% of GLBT people are battered by their partners. Breaking this prevalence down further, West's

(2002) meta-analysis of research assessing lesbian DV suggested 30 to 40% of lesbians had experienced physical abuse, including pushing, shoving, and slapping. This same study revealed a wide range of sexual violence experienced by lesbians, including forced kissing, breast and genital fondling, and oral, anal, or vaginal penetration. When West (2002) included psychological dimensions of abuse (i.e., threats and verbal abuse, name calling, yelling, and insults), prevalence rose to 80%. Merrill and Wolfe (2000) reported that approximately 26% of gay men had used violence in their current or most recent male–male relationship while roughly 25% of their partners had as well. Scrutinizing this data further, 87% of gay male survivors reported recurrent physical abuse, 85% reported recurrent emotional abuse, 90% identified financial abuse, and 73% reported one or more types of sexual abuse.

Transgender is a term used to describe an individual who, although biologically is one sex, identifies psychologically as the opposite sex. These persons may choose to express characteristics of that opposite but self-identified sex, including dressing in the clothing of the identified sex, wearing makeup or other physically enhancing accessories, altering names to a more gender-appropriate one, or living out every aspect of his or her life as that identified sex. While essentially no demographic data exist providing comprehensive information about transgender people, the National Center for Transgender Equality (2009) estimates that between .25% and 1% of the U.S. population identifies as transgender. A transgender individual can be from any race, and he or she may or may not be in the process of transitioning from male to female (National Center for Transgender Equality, 2009). In addition, most transgendered individuals prefer to be referred to by the sex they identify with, not necessarily their biological sex. Coupled with the lack of data regarding transgender people in the general social science literature, there has been very little inquiry into the prevalence of DV among transgendered populations. The only study found in the comprehensive literature review of Bornstein, Fawcett, Sullivan, Senturia, and Shiu-Thornton (2006) was that of Courvant and Cook-Daniels (1998), which estimated that 50% of transgender persons reported being raped or assaulted by an intimate partner. Thirty-one percent of these study participants also identified themselves as survivors of DV. In addition to relationship issues, transgender persons have higher rates of discrimination in employment and, consequently, may be at a significant socioeconomic disadvantage (National Center for Transgender Equality, 2008). Transgender persons, especially youth, may be rejected by their friends and families and find themselves homeless. This often forces them into sex work, which may dramatically increase their susceptibility to violent crimes (Gay & Lesbian Medical Association, 2008).

The Role of Culture and Ethnicity in GLBT DV

It is imperative to indicate that GLBT persons often have social and cultural memberships that transcend the identity of their sexuality or sexual orientation (Erbaugh, 2007). As there are multiple subcommunities within the GLBT community itself, DV among these groups might pose unique considerations that have yet to be widely studied empirically. For example, bisexual and transgender individuals often report a feeling of marginalization within the greater GLBT community and in a broader social context (Bornstein et al., 2006). Bisexual and transgender survivors of DV have reported increased coercion from their perpetrators for not meeting role expectations as being either transgender or bisexual. Even more, bisexuals are often framed as being more promiscuous with both men and women and, perhaps consequently, more deserving of the DV inflicted upon them (Bornstein et al., 2006). Of equal significance are the cultural and ethnic groups to which GLBT persons also identify. Because some cultures place even more stigma on a GLBT identity, it is essential to consider the impact this might have on reporting incidences of victimization and the likelihood that a survivor will utilize criminal justice and social service systems.

In terms of group differences in relating to and acceptance of GLBT lifestyles, research has consistently indicated higher levels of homophobia among African Americans and heterosexuals who identify with a conservative Christian ideology (Finlay & Walther, 2003; Lewis, 2003). Therefore, it could be reasonably postulated that GLBT DV survivors—who are also members of these communities—may be less likely to seek assistance from law enforcement and other social service providers out of fear their GLBT identity could be revealed to family members and friends who may react negatively. Cross-culturally, samples of Asian individuals in China indicate levels of homophobia that are statistically similar to that of American and Western heterosexuals (Lim, 2002).

Finally, it is equally imperative to consider GLBT individuals' own perceptions of DV and law enforcement's response, as this also can play a role in a GLBT individual accessing the legal system for protection. One study assessing GLB men and women's attitudes toward law enforcement's response to DV found that non-White lesbians, gay men, and bisexual men and women had the most negative perceptions about domestic violence legal protections for same-sex relationships (Guadalupe-Diaz & Yglesias, 2013). Thus, distrust in law enforcement, which may be rooted in an individual's culture, may serve as a significant barrier to GLBT DV survivors accessing the legal system for help.

Understanding DV in Gay and Lesbian Persons From a Theoretical Perspective

A theoretical model is often useful when attempting to describe and explain a certain phenomenon. Theories help to derive hypotheses that can then be tested through applied research. While scholars have applied theories to help explain DV in GLBT persons, there isn't much written on the topic. And, while more recent articles have applied theoretical conceptualizations to help explain reactions in gay men to violence (e.g., Lucies and Yick's [2007] use of object relations theory to describe gay men's psychological reactions to hate crimes), one particularly classic theoretical framework employed to explain DV in gay and lesbian persons is the disempowerment theory. A basic premise of the disempowerment theory is that those who feel inadequate, or feel they lack self-efficiency, are at risk of using unconventional power assertion, including violence (Archer, 1994). These same individuals oftentimes overcompensate by exerting control over the persons who they perceive as threatening or who might expose their insecurities (Gondolf, Fisher, Fisher, & McPherson, 1988). Physical and emotional abuse in gay and lesbian relationships has been effectively conceptualized in a power/control paradigm. Additional support and validation for this notion is provided by McKenry, Serovich, Mason, and Mosack (2006), who found it highly applicable to this field of study.

Disempowerment theory explains gay and lesbian domestic violence in terms of one of three classifications or clusters: (1) individual, (2) family of origin, and (3) intimate relationship characteristics (McKenry et al., 2006). Individual characteristics increase a person's risk for domestic violence based on personality-oriented factors, such as self-concept or degree of attachment. Family of origin factors occur during childhood, in which individuals learn conflict resolution and coping mechanisms through the modeling of the adults around them. Many persons transfer these methods into adulthood and employ them in their own relationships. Perhaps this provides some explanation as to why DV is perpetuated in certain families (i.e., an intergenerational transmission of violence). Finally, intimate relationship characteristics refer to qualities of romantic relationships that increase the likelihood an individual will use violence against an intimate partner. Examples found in the literature include status inconsistency (such as differences in physical size), attractiveness, job status, relationship stress or dissatisfaction, and imbalances in dependency between one member of the relationship (McKenry et al., 2006; Gelles, 1999; Rutter & Schwartz, 1995; Lockhart, White, Causby, & Isaac, 1994; Meyers, 1989; Renzetti, 1988).

Other theories generally used to explain DV among heterosexuals also have been applied to explain DV among homosexual populations (Jackson, 2007). For instance, Deterrence Theory (both specific and general) suggests that individuals are less likely to commit criminal acts, including DV, due to fear of sanctions (Jackson, 2007). When swift and strong penalties for criminal behavior do not exist, or the individual is impervious to its consequences, some individuals might resort to violence. This theory implies that because the criminal justice system is largely designed on a heterosexist model with most jurisdictions inadequately capable of responding to same-sex DV, perpetrators are more likely to commit it because police are often reluctant to get involved and policymakers are yet to draft GLBT-specific legislation to punish such acts (Jackson, 2007). To their credit, however, some state statutes use neutral language (i.e., partner) to minimize gender bias.

Finally, researchers have suggested substance abuse plays a possible role in GLBT DV. Specifically, the data appear to indicate that gay men and lesbians have higher rates of substance abuse and alcoholism when compared to heterosexuals (Jackson, 2007). While certainly not all perpetrators of DV are under the influence of substances at the time of the incident, substances, such as alcohol and other illicit drugs, can decrease inhibitions and may increase the probability for a violent outburst (Jackson, 2007). However, it must be emphasized that substance use and abuse doesn't serve as a precise etiology for DV among GLBT persons; it is more likely to be an exacerbating factor (Jackson, 2007). Moreover, correlation does not prove causation.

The Social Service and Criminal/Justice Response to GLBT and DV Survivors: Perpetuating the Problem

While addressing domestic violence in the general heterosexual population provides a big challenge, meeting the social service and criminal/justice needs of gay, lesbian, bisexual, and transgender survivors of DV presents an even greater challenge to social service and criminal/justice systems based on a heterosexual model of care (Simpson & Helfrich, 2005). Cultural mythological beliefs and stereotypes of GLBT individuals not only perpetuate misunderstanding of DV among social service and criminal/justice professionals, but also may add to the pathology of GLBT DV. West (1998) hypothesized that aggressors might actually use society's heterosexist myths and beliefs about DV in GLBT persons to suppress their victims from coming forward to legal authorities or seeking help from social service providers. For example, a popular myth in American society is that DV in heterosexual couples results from the construction of a patriarchal view of opposite-sex relationships, in which traditional male-dominant and female-submissive roles yield an

explanation for why male aggressors inflict physical, emotional, or sexual harm on their female partners (Simpson & Helfrich, 2005).

When this myth is then applied to same-sex partners, however, DV becomes an almost impossible phenomenon to explain as the traditional male–female gender roles of a heterosexual relationship do not exist. Thus, social service providers and criminal/justice practitioners often underestimate or completely dismiss DV among same-sex partners. The perspective of DV as an issue reserved for heterosexual couples has resulted in significant disparities between services provided to heterosexual survivors and homosexual or transgender survivors.

Attitudes and perceptions among the general population also could lead to perpetuation of myths regarding same-sex DV and a weakened societal response. Some individuals believe gay male relationships are less permanent and, therefore, should be of less concern than heterosexual relationships (Banks & Fedewa, 2012; Seelau, Seelau, & Poorman, 2003). Data even suggest that crisis intervention teams, which are oftentimes the first to intervene once DV is reported, perceive DV in same-sex relationships as less serious (Banks & Fedewa, 2012; Brown & Groscups, 2009). This translates into a significantly lower level of empathy toward men in abusive relationships from the general population, which is especially problematic in gay male relationships, where both batterer and victim are men (Seelau et al., 2003).

There is little concentration in the research literature regarding referral services and social services provided to GLBT survivors of DV. In addition, there remains serious fears and concerns among some GLBT individuals that law enforcement officers will negatively judge them and be less responsive to their needs (Gillespie, 2008). However, some data indicate that visibly placing law enforcement officers in communities with large GLBT populations and at GLBT-related events (e.g., a gay pride event) can reverse some of the negative perceptions and distrust of the GLBT community against law enforcement (Gillespie, 2008). Perhaps there is also an important role that openly GLBT police officers could play in eroding the perception that law enforcement officers are stereotypically homophobic and hypermasculine. Roddrick (2009) asserts that law enforcement agencies have made recent significant strides in creating environments of acceptance for GLBT officers, but these officers often face work stresses that pose challenges not traditionally seen among other minority officers. Although few researchers have focused on lesbian DV, Rose (2003) found some community-oriented police interventions were effective in dealing with GLBT DV on a broader scale. First, having a specifically designated liaison who responds to GLBT-related issues of DV within police departments was found to be effective. Survivors could call a hotline set up to respond to GLBT DV cases. Ideally, callers to such hotlines don't have to fear possible homophobic and unfair treatment by the police because the liaison answering the call is sensitive to GLBT issues (Rose, 2003). Another

effective approach is to ensure Domestic Violence Assault Team (DVAT) personnel are specifically trained on GLBT DV incidents. Oftentimes, the police department's GLBT liaison is responsible for instituting such training (Rose, 2003). Responders to incidences of GLBT DV should be educated to look for signs of a same-sex relationship within the setting (e.g., looking at photographs within the residence and assessing the number of bedrooms) to correctly identify cases of GLBT DV and not just violence among "roommates." While these strategies are effective once GLBT DV has been discovered, reporting of such incidences still poses a significant dilemma in and of itself.

The National Coalition of Anti-Violence Programs (2002) reported that the range of DV incidences among gays and lesbians that are reported to the criminal/justice system lies somewhere between 20 to 50%. In addition, poorly worded and ill-defined statutes often enable members of the judicial system to make decisions open to subjective interpretation and bias. Furthermore, several states specifically exclude GLBT persons in their DV regulations, and law enforcement personnel often lack training and education in culturally sensitive issues related to the GLBT community (Guadalupe-Diaz & Yglesias, 2013; Burke et al., 2002; National Coalition of Anti-Violence Programs, 2001; Hodges, 2000). Constitutional amendments outlawing the recognition of same-sex relationships in certain states also have the potential to weaken the ability of criminal/justice professionals to respond effectively to DV within same-sex couples and transgender persons (Fairchild, 2005). For example, such amendments could make laws which enhance the penalties for assault in situations of DV non-applicable to same-sex partners (Fairchild, 2005).

The relatively ineffective response to DV within GLBT communities is not strictly confined to law enforcement, but is manifested within the American social service systems as well. For example, Simpson and Helfrich (2005) identified three major barriers to social service access: systemic barriers, institutional barriers, and individual barriers. Systemic barriers were those obstacles created from a heterosexually dominated American culture and included social and cultural attitudes toward same-sex relationships. Use of heterosexually focused theoretical models to explain DV in GLBT persons and assumptions of the dynamics of violence in these persons also were identified as systemic barriers to service access. While reformation of these were largely seen as requiring significant societal change, they are often cited as the source of a large amount of frustration among providers attempting to care for GLBT survivors of DV, especially in terms of interorganizational and departmental collaboration.

Institutional barriers are those that happen specifically within agencies as a result of inadequate policies and procedures. Examples include ambiguous and inconsistent policies that might allow discrimination of a GLBT DV survivor. In these instances, screening tools that are used to help justify service inclusion are often worded using opposite-sex terminology and can be

used to exclude a GLBT survivor from services. This can be corrected by ensuring agencies use gender-neutral terminology in their screening methods or use tools that allow for inclusion of GLBT survivors. The National Coalition of Anti-Violence Programs (2008) has a tool that incorporates not only assessment of DV incidences, but violence and harassment against GLBT individuals altogether. Another institutional barrier is an almost automatic referral to agencies that exclusively provide services to GLBT persons (Simpson & Helfrich, 2005). Because so few agencies exist across the United States for lesbians, and even fewer for gay men or transgender persons, they can be easily overwhelmed and often operate with fewer resources than other agencies. Therefore, it is essential to have staff with the knowledge and expertise to appropriately handle situations of GLBT DV.

Finally, individual barriers must be addressed to optimize care for GLBT survivors of DV. Internalized homophobia (i.e., self-hatred of a homosexual's own sexual orientation), anticipation of discrimination, and concerns about the revelation of a survivor's sexual orientation have all been identified as individual barriers to service access. For instance, lesbians will often identify their perpetrators as male to avoid issues of discrimination and avoid being "outed" as a homosexual (Simpson & Helfrich, 2005). Lesbians often fear they will not be accepted by heterosexual survivors. Likewise, they are frequently concerned other females might misperceive them as making sexual advances and propositions, which could result in difficulties in placing them in rooming quarters with other females. In addition, GLBT survivors of DV are often subjected to the religious and personal biases of staff personnel. Therefore, it is essential that social service providers establish a trusting relationship with clients and remove any religious or personal biases they may have. Clients should be welcomed into a service agency and should be able to openly discuss their situation free of the fear of discrimination or suboptimal care. If a provider is unable to provide care to a GLBT client, then he or she needs to discuss this with a supervisor to ensure the client is referred to an appropriate provider who can best provide care to the client.

Conclusion

This chapter has provided an overview of the issue of DV among the GLBT population. Data related to the prevalence of DV in GLBT relationships have been discussed. Multiple theoretical frameworks, including the disempowerment theory, deterrence theory, and the role of substance abuse have been provided as models to help explain why DV among GLBT persons exists. Finally, the social service and criminal/justice response to DV and problems within these systems have been outlined. In closing, it is essential that policymakers,

medical, law enforcement, and social service professionals comprehend and address DV in GLBT persons. As emphasized in this work, a "one size fits all" mentality to addressing DV is not working and only perpetuates the disparities (in treatment and services) experienced by GLBT survivors.

Setting aside personal biases and ensuring all clients are treated equally and equitably is just the beginning of ending the cycle of DV in GLBT persons. Professionals must work to eliminate institutional biases and clients' individual biases that also inhibit the optimal delivery of service to GLBT survivors. Finally, this is an area of much-needed research. Future scholars should continue to assess the causes of DV among GLBT persons and assess the best ways to prevent it. Evidence-based data are badly needed to define which methods are best to screen and treat those who are survivors of DV. Only careful and culturally sensitive approaches to addressing this issue will ultimately be deemed most efficacious.

References

Archer, J. (1994). Power and male violence. In J. Archer (Ed.), *Male violence* (pp. 310–332). New York: Routledge.

Banks, J. R., & Fedewa, A .L. (2012). Counselors' attitudes toward domestic violence in same-sex versus opposite-sex relationships. *Journal of Multicultural Counseling & Development, 40*(4), 194–205.

Barnes, P. (1998). It's just a quarrel. *American Bar Association Journal, 84*, 24–25.

Bornstein, D. R., Fawcett, J., Sullivan, M., Senturia, K. D., & Shiu-Thornton, S. (2006). Understanding the experience of lesbian, bisexual, and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality, 51*(1), 159–181.

Brown, M. J., & Groscup, J. (2009). Perceptions of same-sex domestic violence among crisis staff. *Journal of Family Violence, 24*, 87–93, doi: 10.1007/s10896-008-9212-5.

Burke, T. W. (1998). Male to male gay domestic violence: The dark closet. In N. Jackson & G. Oates (Eds.), *Violence in intimate relationships: Examining psychological and sociological issues* (pp. 161–179). Boston: Butterworth-Heinemann.

Burke, T. W., Jordan, M. L., & Owen, S. S. (2001). A cross-national comparison of gay and lesbian domestic violence. *Journal of Contemporary Criminal Justice, 18*(3), 231–257.

Centers for Disease Control and Prevention. (2013). CDC releases data on interpersonal and sexual violence by sexual orientation. Retrieved from http://www.cdc.gov/media/releases/2013/p0125_NISVS.html

Courvant, D., & Cook-Daniels, L. (1998). Trans and intersex survivors of domestic violence: Defining terms, barriers, and responsibilities. In *National Coalition Against Domestic Violence 1998 conference handbook*. Denver, CO: NCADV.

Duthu, K. F. 2001. Why doesn't anyone talk about gay and lesbian domestic violence? In N. Lerman (Ed.), *Domestic violence law* (pp. 191–203). St. Paul, MN: West Group.

Erbaugh, E. B. (2007). Queering approaches to intimate partner violence. In L. O'Toole (Ed.), *Gender violence: Interdisciplinary perspectives* (pp. 451–459). New York: University Press.

Fairchild, D. (2005). Gay-marriage bans—the boomerang effect. *Time, 165*(13), 17.
Finlay, B., & Walther, C. (2003). The relation of religious affiliation, service attendance, and other factors to homophobic attitudes among university students. *Review of Religious Research, 44*(4), 370–393.
Gay & Lesbian Medical Association. (2008). 10 things transgender persons should discuss with their health care providers. Retrieved September 8, 2008, from Gay & Lesbian Medical Association website: http://glma.org/index.cfm?fuseaction = Page.viewPage&pageID = 692
Gelles, R. J. (1999). Male offenders: Our understanding from the data. In M. Harway & J. M. O'Neil (Eds.), *What causes men's violence against women?* (pp. 36–48). Thousand Oaks, CA: Sage Publications.
Gillespie, W. (2008). Thirty-five years after Stonewall: An exploratory study of satisfaction with police among gay, lesbian, and bisexual persons at the 34th Annual Atlanta Pride Festival. *Journal of Homosexuality, 55*(4), 619–647.
Gondolf, E. W., Fisher, W. W., Fisher, E., & McPherson, J. R. (1988). Radical differences among shelter residents: A comparison of Anglo, Black, and Hispanic battered. *Journal of Family Violence, 3*, 39–51.
Guadalupe-Diaz, X. L., & Yglesias, J. (2013). Who's protected? Exploring perceptions of domestic violence law by lesbians, gays, and bisexuals. *Journal of Gay & Lesbian Social Services, 25*(4), 465–485, doi: 10.1080/10538720.2013.806881.
Hodges, K. M. (2000). Trouble in paradise: Barriers to addressing domestic violence in lesbian relationships. *Law & Sexuality, 9*, 311–331.
Jackson, N. A. (2007). Same-sex domestic violence: Myths, facts, correlates, treatment, and prevention strategies. In A. Roberts (Ed.), *Battered women and their families* (pp. 451–470). New York: Springer Publishing.
Kulkin, H. S., Williams, J., Borne, H. F., Bretonne, D., & Laurendine, J. (2007). A review of research on violence in same-gender couples: A resource for clinicians. *Journal of Homosexuality, 53*(4), 71–87.
Lewis, G. B. (2003). Black-white differences in attitudes toward homosexuality and gay rights. *Public Opinion Quarterly, 67,* 89–78.
Lim, V. (2002). Gender differences and attitudes towards homosexuality. *Journal of Homosexuality, 43*(1), 85–89.
Lockhart, L. L., White, B. W., Causby, V., & Isaac, A. (1994). Letting out the secret: Violence in lesbian relationships. *Journal of Interpersonal Violence, 9*, 948–963.
Lucies, C., & Yick, A. G. (2007). Images of gay men's experiences with antigay abuse: Object Relations Theory reconceptualized. *Journal of Theory Constructing and Testing, 11*(2), 55–62.
Merrill, G. S., & Wolfe, V. A. (2000). Battered gay men: An exploration of abuse, help seeking, and why they stay. *Journal of Homosexuality, 39*(2), 1–30.
Meyers, B. (1989). *Lesbian battering: An analysis of power (*Unpublished doctoral Dissertation). Indiana University of Pennsylvania, Indiana, PA.
McKenry, P. C., Serovich, J. M., Mason, T. L., & Mosack, K. (2006). Perpetration of gay and lesbian partner violence: A disempowerment perspective. *Journal of Family Violence, 21*, 233–243.
National Center for Transgender Equality. (2008). *Issues: Discrimination*. Retrieved September 8, 2008, from National Center for Transgender Equality website: http://nctequality.org/Issues/Discrimination.html

National Center for Transgender Equality. (2009). *Understanding transgender*. Retrieved from http://transequality.org/Resources/NCTE_UnderstandingTrans.pdf

National Coalition of Anti-Violence Programs. (2001). *Lesbian, gay, bisexual, and transgender domestic violence in 2001*. New York: Author.

National Coalition of Anti-Violence Programs. (2002). *Lesbian, gay, bisexual, and transgender domestic violence in 2002*. New York: Author.

National Coalition of Anti-Violence Programs. (2008). *Lesbian, gay, bisexual, and transgender domestic violence in 2007*. Retrieved September 8, 2008, from the National Coalition of Anti-Violence Programs website: http://www.ncavp.org/common/document_files/Reports/2007HVReportFINAL.pdf

Renzetti, C. M. (1989). Building its second closet: Third party responses to victims of lesbian partner abuse. *Family Relations, 38*, 157–163.

Roddrick, C. (2009). Shared perceptions among lesbian and gay police officers: Barriers and opportunities in the law enforcement work environment. *Police Quarterly, 12*(1), 87–101, doi: 10.1177/1098611108327308.

Rose, S. M. (2003). Community interventions concerning homophobic violence and partner violence against lesbians. *Journal of Lesbian Studies, 7*(4), 125–139.

Rutter, V., & Schwartz, P. (1995). Same-sex couples: Courtship, commitment, and context. In A. E. Auhagen & M. von Salisch (Eds.), *The diversity of human relationships*. New York: Cambridge University Press.

Seelau, E. P., Seelau, S. M., & Poorman, P. B. (2003). Gender and role-based perceptions of domestic abuse: Does sexual orientation matter? *Behavioral Sciences and the Law, 21*, 199–214.

Seidel, H. M., Ball, J. W., Dains, J. E., & Benedict, G. W. (2006). *Mosby's guide to physical examination*. St. Louis: Mosby.

Simpson, E. K., & Helfrich, C. A. (2005). Lesbian survivors of intimate partner violence: Provider perspectives on barriers to accessing services. *Journal of Gay & Lesbian Social Services, 18*(2), 39–59.

West, C. (1998.) Leaving a second closet: Outing partner violence in same-sex couples. In J. L. Jasinski & L. M. Williams (Eds.), *Partner violence: A comprehensive review of 20 years of research* (pp. 184–209). Thousand Oaks, CA: Sage Publications.

West, C. M. (2002). Lesbian intimate partner violence: Prevalence and dynamics. *Journal of Lesbian Studies, 6*(1), 121–127.