1

INTRODUCTION

Making the Invisible Visible

At age 14, love struck. Jai Dulani was beginning ninth grade in northern India, eight thousand miles from his home in America. *She* was a new student at Jai's school, incredibly smart and beautiful. Jai learned that she, too, felt out of place, having moved many times for her father's job. They began confiding in each other their secrets, hopes, and fears. Soon came a flurry of love letters, secret hand-holding under desks, a quick kiss during study hall. Jai fell hard. Adding to the excitement was that no one knew. They were very careful. They had even worked out a special code to say "I love you" without their parents knowing. As Jai puts it, they were living "a secret underground love story."

Jai does not recall when the fights began, but he learned that losing was the only option. In part because his girlfriend was a victim of child abuse, she came to rely on Jai for emotional support. She insisted on knowing where he was at all times, in case she needed to talk. She felt particularly hurt when he was busy with anyone else. One time, furious that Jai was meeting up with friends, she called his home phone over . . . and over . . . and over again. Jai was deeply embarrassed. Challenging her only seemed to hurt her more, and he soon found it easier to lie and be late when meeting up with friends, family, or teachers. Over the next two years, her anguish and anger flourished. When she was especially upset, she might yank his hair, scratch him, grab his face, push him, or hit him with the back of her hand. She eventually turned to cutting herself and overdosing, often in front of Jai, who would cry and plead for her to stop. She seemed to be sending a clear message: *you are failing me, and this is what you have driven me to.* What could he possibly say to anyone? After all, their relationship did not officially exist.

Messinger - LGBTQ Intimate Partner Violence.indd 1 29/09/16 6:00 PM

Just before he turned 16, Jai and his family moved back to the United States. His girlfriend sent countless letters. *"Why did you leave? I need you. Everything got worse when you left. When are you coming back? I can't take it anymore."* When Jai finally stopped talking to her, she unfortunately was not prepared to stop talking with Jai. One day, she picked up the phone, dialed his grandmother, pretended to be a friend, and acquired his new contact information.[1]

To anyone who has worked with or knows someone like Jai, his story may sound eerily familiar. That is because Jai's story is one of many that involve intimate partner violence: psychological, physical, or sexual abuse or homicide between romantic and sexual partners. It can begin, seemingly innocuously, with jealousy. Jealousy is often perceived to be a sign of love, as in, *I care about you so much that I want to spend all my time with you.* To avoid conflict and emotionally hurting the abuser, victims may be pushed to see friends and family less and less. When victims are blamed for angering the abuser and "causing" the abuse, no one is left in the victim's life to cry foul, to remind the victim that no one deserves to be abused. By the time abuse escalates, no one is left to help the victim escape. In a very real way, IPV flourishes when it is most invisible to the world.

Jai's story is unique, though, in one key way: today a trans* man who uses the pronoun "he," Jai identified as a girl at the time of the abuse. The context of discrimination and stigma had a devastating effect on this relationship from the very beginning. Cisgender people (i.e., those whose current gender identity matches their biological sex at birth in a way expected and privileged by society) and heterosexuals very often share the exciting news of a first date or a budding relationship, unconcerned that doing so makes their gender identity and sexual orientation more visible. By comparison, for those who identify as a sexual minority (i.e., lesbian, gay, bisexual, or queer) or trans* (i.e., those whose current gender identity does not match their biological sex at birth in a way expected and privileged by society), discussing a relationship with friends or family may be out of the question, since doing so requires being open about their gender identity and sexual orientation in a world that so often rejects them. Thus, whereas cisgender and heterosexual IPV victims often feel trapped by virtue of the abuse being hidden within a visible relationship, for IPV among lesbian, gay, bisexual, trans*, and queer (LGBTQ) individuals, the relationship itself may be invisible. How do you ask for help with a relationship that supposedly does not exist? In the instances when victims choose to make the relationship visible, IPV has historically been stereotyped as solely occurring within the realm of heterosexual-cisgender people, leading many to downplay or ignore the seriousness of relationship abuse among LGBTQ people. For these same reasons, even LGBTQ abusers and victims may not fully recognize what is happening.

LGBTQ IPV has thus been rendered largely invisible to our friends, families, schools, communities, medical and mental-health providers, policymakers, law-

Messinger - LGBTQ Intimate Partner Violence.indd 2 29/09/16 6:00 PM

enforcement agencies, courts, and scholars. This remains the case despite research repeatedly concluding that LGBTQ people are more likely to experience IPV.[2] An important step in bringing LGBTQ IPV out of the shadows would be to shed light on what we already know about the issue and how we can use this knowledge *today* to bring about change. This book helps bring together in one place the vast majority of published research and information about LGBTQ IPV, along the way helping identify key lessons and implications for future policy, practice, and research. This is a book that aims to make the invisible visible.

THE FIVE MYTHS OF LGBTQ IPV

IPV victim agencies play a valuable role in helping victims of both LGBTQ IPV (IPV relationships involving at least one LGBTQ partner) and HC IPV (IPV relationships involving two heterosexual-cisgender partners). They can offer short-term counseling and emergency shelter, along with operating telephone hotlines to connect victims with needed services. More fundamentally, their positive and affirming response can send a message to victims that they are indeed experiencing IPV and that they deserve better. Researchers Michael Brown and Jennifer Groscup had a very basic question: Do IPV victim agency staff take same-gender IPV as seriously as they do different-gender IPV? To answer this question, Brown and Groscup asked 120 staff members at a U.S. suburban IPV victim agency to read a fictional IPV story. In this story, the police arrive at a home after a neighbor has heard screaming and breaking glass. The police first interview one partner, who describes the incident as involving both partners trying to physically hurt one another—what is known as short-term bidirectional IPV. Then the police interview the other partner, who describes this being just one of many incidents in which their partner attacked them without resistance, or long-term unidirectional IPV. The fact that this story was a blank slate with room for multiple interpretations meant that staff had to rely on their intuition to guide them in evaluating the seriousness of the case. The researchers wanted to test whether the staff's intuition could be influenced by one key factor: the gender of the partners. One-fourth of the sample received a version of the story with two female partners, one-fourth received exactly the same story but with two male partners, one-fourth read about a male and female partner, and one-fourth likewise read about a female and male partner with the roles reversed. In other words, Brown and Groscup were testing whether deeply held gender- and sexual-orientation-based assumptions about IPV might influence how seriously the crisis-center staff took same-gender IPV.

What the researchers found was rather astounding. As compared with different-gender IPV, the IPV victim agency staff members rated both male-male and female-female IPV as less serious and less likely to worsen over time. Moreover, regarding the character who was reporting ongoing unidirectional IPV victimization, the staff

was less likely to recommend that the victim leave the abuser if the victim and the abuser were of the same gender.[3] Unfortunately, with rare exceptions,[4] research suggests that Brown and Groscup's findings are not limited to IPV victim agencies. Several studies similarly suggest that same-gender IPV is perceived to be less serious than different-gender IPV by IPV shelter service providers in the United States, by M.A. and Ph.D. counseling psychology students in the United States, and by college students in the United States and Sweden.[5]

One can only begin to imagine the catastrophic implications for same-gender IPV victims. If the people they turn to first for help refuse to validate their experiences as legitimate abuse, if they refuse to help, victims may begin to doubt whether they are true victims, whether they deserve help, whether they should try to leave, and whether help will be there for them if they do leave. The experience of Susan, a 37-year-old lesbian woman, sums up what this apathy regarding LGBTQ IPV might look like through a victim's eyes:

> My mom didn't believe me—when I told her she didn't believe that she—her reaction was that doesn't happen with other women. Women don't do that to each other. And I think it took her actually seeing me bruised to have her realize the [*sic*] yeah, I wasn't just blowing this out of proportion. It hurt. It made me feel like she didn't believe what I was telling her. When I called her and asked her to come over and get me because Greta had hurt me, she stopped at a sewing machine place on the way because she had an errand to run. So, I mean that—that, I think hurt more than Greta's fist.[6]

Note that Susan's mother was not apathetic regarding IPV generally, just LGBTQ IPV. Simply put, her mother—like many IPV victim agency staff, counselors, students, and others—does not believe LGBTQ IPV is that serious. Therein lies perhaps the largest hurdle for improving policies, services, and research in this movement. If LGBTQ IPV is not taken seriously, it is rendered invisible.

There are many reasons LGBTQ IPV is ignored or not taken seriously, but many of them can be boiled down to five widely held myths, or erroneous assumptions that undercut the legitimacy of LGBTQ IPV as a real phenomenon worthy of societal attention: (1) "LGBTQ IPV is rare," (2) "LGBTQ IPV is less severe," (3) "LGBTQ IPV abusers are masculine," (4) "LGBTQ IPV is the same as all other IPV," and (5) "LGBTQ IPV should not be discussed." (See box 1.) To make the invisible visible, we must begin by pulling back the curtain on these myths.

Myth no. 1: LGBTQ IPV Is Rare

It is difficult to take LGBTQ IPV seriously if it is perceived to be rare.[7] This myth is likely owing at least in part to the small size of the LGBTQ global population. According to a study pooling data from large-scale surveys in Australia, Canada, Norway, the United Kingdom, and the United States, anywhere from 1.2% to 5.6% of people in these nations identify as lesbian, gay, or bisexual, and U.S.-based

Messinger - LGBTQ Intimate Partner Violence.indd 4 29/09/16 6:00 PM

BOX 1. THE FIVE MYTHS OF LGBTQ IPV

1. LGBTQ IPV is rare.
2. LGBTQ IPV is less severe.
3. LGBTQ IPV abusers are masculine.
4. LGBTQ IPV is the same as all other IPV.
5. LGBTQ IPV should not be discussed.

research hints that less than 1% of people identify as "transgender."[8] There are of course limitations in these studies that might imply that the numbers could be higher in reality, and even these small-sounding percentages actually tally up to quite a few people. For instance, there are an estimated nine million LGBTQ adults in the United States alone.[9] For a sense of scale, that is just under the size of the entire population of Sweden.[10] In any case, there are far more heterosexual-cisgender people in the world, and as a direct result, the majority of IPV abusers and victims are heterosexual-cisgender as well. However, this is a far cry from saying that LGBTQ IPV is rare.[11]

The myth that LGBTQ IPV is rare has been largely debunked by research. Among LGBTQ people, the risk of IPV is quite high. Certainly, variations in study design—such as whether sexual orientation is assessed by asking for the respondent's self-identified sexual orientation or same-gender relationship history, as well as whether IPV is assessed in an inclusive or narrow manner—influence prevalence rates. (See chapter 2 for a discussion of how study designs influence estimates.) For this reason, it can be difficult to boil the many available prevalence rates down to a single number. That said, when examining the most accurate estimates available from large, randomly sampled studies, beyond two exceptions finding equivalent rates,[12] research has repeatedly concluded that sexual minorities and those with a history of same-gender relationships are at a *higher risk* of experiencing psychological,[13] physical,[14] and sexual IPV[15] relative to heterosexuals and those with a history of only different-gender relationships. Just as one example, the most recent nationally representative estimates from this crop of studies come from the National Intimate Partner and Sexual Violence Survey (NISVS), a 2010 cell-phone and landline telephone survey of 16,507 adults from across the United States. NISVS reveals disturbingly high lifetime victimization rates: nearly *one-third* of sexual minority males and nearly *one-half* of sexual minority females in the United States were victims of rape, physical violence, or stalking by an intimate partner at some point in their lives. Additionally, over *half* of sexual minority males and nearly *three-fourths* of sexual minority females were victims of psychological IPV by an intimate partner at some point in their lives. (See table 1.) By extrapolating from research estimating the size of the U.S. sexual minority

Messinger - LGBTQ Intimate Partner Violence.indd 5 29/09/16 6:00 PM

TABLE 1 Lifetime IPV victimization prevalence in the United States

	Gay men	Bisexual men	Heterosexual men
Psychological IPV	59.6%	53.0%	49.3%
Physical IPV, rape, or stalking	26.0%	37.3%	29.0%
Physical IPV	25.2%	37.3%	28.7%
Partner rape	*	*	*
Partner stalking	*	*	2.1%
	Lesbian women	**Bisexual women**	**Heterosexual women**
Psychological IPV	63.0%	76.2%	47.5%
Physical IPV, rape, or stalking	43.8%	61.1%	35.0%
Physical IPV	40.4%	56.9%	32.3%
Partner rape	*	22.1%	9.1%
Partner stalking	*	31.1%	10.2%

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

*Not reported by study authors due to relative standard error > 30% or cell size < 20.

population and applying sampling weights, the study authors estimate that there are over *4.1 million* lesbian, gay, and bisexual individuals in the United States alone who have experienced physical IPV, partner rape, or partner stalking in their lifetimes.[16] Like NISVS, all large, randomly sampled studies on this issue have thus far been conducted in North America—so how does prevalence vary in other parts of the world? As compared with rates in North America, studies with smaller or nonrandom samples generally find either similar or higher rates of IPV among sexual minorities in Australia,[17] China,[18] South Africa,[19] and the United Kingdom.[20] Indeed, in the only study directly comparing IPV victimization rates of sexual minorities in different nations, past-year sexual IPV victimization rates were found to be nearly identical inside and outside North America, and past-year physical IPV victimization rates were actually found to be either the same or higher outside of North America, including in Australia, Brazil, South Africa, and the United Kingdom.[21]

Data is extremely limited on IPV among trans* individuals. Studies comparing trans* and cisgender people are mixed on whether IPV risk differs between these populations.[22] Still, as with sexual minorities, lifetime victimization rates are incredibly high for trans* people. According to available nonrandom (and thus less accurate) studies spanning Australia, Scotland, and the United States, 57% of trans* people experience psychological IPV,[23] 43–46% experience physical IPV,[24] and 8–47% experience sexual IPV[25] in their lifetimes. While no general-population, representative survey has inquired about IPV victimization from trans*-

Messinger - LGBTQ Intimate Partner Violence.indd 6 29/09/16 6:00 PM

identified individuals in any nation, the aforementioned studies strongly suggest that IPV is not purely a cisgender problem. (For a detailed examination of LGBTQ IPV prevalence, see chapter 3.)

In sum, LGBTQ IPV happens, and it happens *a lot.* Why, then, is there such a disconnect between these research findings and the persistence of the myth that LGBTQ IPV is rare? A key reason why some believe LGBTQ IPV to be rare may be due to an assumption that LGBTQ people are inherently nonviolent. This may be particularly the case for sexual minority women. In contrast to the aggression often associated with culturally prominent masculinity norms, many lesbian women are socialized to perceive relationships involving two women as a peaceful and ideal "lesbian utopia." Unfortunately, this powerful stereotype can impede lesbian female victims' ability to recognize that a partner's behavior is in fact abusive rather than normal.[26] For example, in reflecting on her same-gender IPV victimization back in the 1990s, Julie describes the ubiquity of the lesbian utopia ideal in the United Kingdom that prevented her from discussing the abuse with anyone: "Well it was during a period where everyone was just raving about erm how brilliant woman-to-woman relationships were and also I don't think anyone believed that one woman could do that to another woman—there was just no, no sense of reality around that at all. There was sort of a political euphoria about lesbianism at the time; well not even lesbianism, just woman-to-woman relationships."[27] Echoing these sentiments, a victim of female same-gender IPV in the United States explains the powerful influence the lesbian utopia ideal had on her ability to recognize the abuse: "No—I thought, well, I just thought that it was fine because we were girls, like, and girls don't hurt each other like that. So I just thought that it was the way it was supposed to be."[28]

Although considerably less research has been conducted on the process of recognizing abuse among sexual minority male and trans* IPV victims, some evidence suggests that these victims may at times make a similar assumption—that LGBTQ people are inherently nonviolent. For instance, in a study of fifty-two gay-identified male victims of IPV, 44% reported that a major reason they remained with the abuser was that they "didn't understand there was such a thing as 'gay domestic violence.'"[29] Some scholars speculate that this stereotype of sexual minorities being inherently nonabusive is tied in part to the belief that two people of the same gender are presumably of similar size and strength and therefore cannot dominate one another.[30] The problem with this theory, of course, is that not all IPV is physical: psychological and sexual IPV are largely unrelated to physical size or strength, and even victims of same-gender physical IPV may find challenging an abuser difficult when that abuser is someone whom the victim loves and who justifies their violence as somehow being the victim's fault.

A similar assumption of nonviolence among some trans* partners may be influenced by a variety of factors. On the one hand, trans* individuals who are

Messinger - LGBTQ Intimate Partner Violence.indd 7 29/09/16 6:00 PM

male- or female-identified may be impacted by the same assumptions of nonviolence in lesbian, gay, and bisexual cisgender communities. On the other hand, the particularly high levels of marginalization and discrimination experienced by many trans* individuals may make it more difficult for their partners to view them as anything but victims of a transphobic society, even when those same individuals perpetrate IPV.[31] Sherisse, a cisgender sexual minority woman who was abused by a male-identified trans* partner, explains:

> I'd feel like being on the receiving end of emotional abuse that I believed I never would have taken from a non-trans man and I never would have taken from a woman. . . . I spent a lot of time . . . educating myself on *his* oppression and [thinking of him as] so powerless in a societal sense that there would be no way he could have enough power to be abusive, so I didn't recognize it in a way that I would have otherwise . . . but I know that he used his various identities—trans included—to reinforce that myth for me.[32]

The difficulties that Sherisse faced in recognizing abuse are not unique to LGBTQ IPV. It is well documented that heterosexual IPV victims often excuse the abuser's behavior or fail to recognize it for what it is.[33] At the same time, because the dominant public discourse on IPV tends to omit LGBTQ people and their relationships, recognizing that LGBTQ IPV happens, and may even be happening in your relationship, can become that much more challenging.

Myth no. 2: LGBTQ IPV Is Less Severe

Even if one accepts the unfortunate fact that LGBTQ IPV is common, it would be difficult to take it too seriously if one assumes that consequences for victims are minor.[34] Research has not directly assessed whether the general public perceives different-gender IPV to result in more severe consequences for victims than same-gender IPV. However, evidence does indirectly point to this being a pervasive myth. For instance, with few exceptions,[35] studies in the United States have found that college students rate a fictional story of IPV victimization as more likely warranting leaving the victim alone, not calling the police, and not pressing charges if the story includes same-gender rather than different-gender partners.[36] The assumption that police involvement is unnecessary for LGBTQ IPV is likely in part derived from a belief that LGBTQ IPV is not severe enough to rise to the level of an emergency. Another study on Californian adults found that different-gender physical IPV, such as beating up or slapping one's partner, is far more likely to be perceived as illegal than same-gender physical IPV.[37] If physical IPV is more likely to be viewed as legal in some same-gender relationships, this may be due to an assumption that victims can effectively defend themselves if they and their abusers are of similar size and strength. Research also indicates that people are more likely to presume that same-gender IPV involves two abusers purposely trying to hurt

one another rather than unidirectional IPV with one abuser and one victim.[38] This may contribute to a stereotype of same-gender IPV being a low-level spat between equals rather than a severe crime. Finally, scholars have speculated that the public perceives same-gender relationships to be less committed and less intimate than different-gender marital relationships, particularly in societies where same-gender partners cannot legally marry. As a result, perhaps same-gender IPV will be assumed to be less tangled up with love, children, and legal barriers that would prevent a victim from successfully escaping[39]—an argument that, for instance, has been used by some politicians to argue against enhanced legal protections for same-gender IPV victims.[40] Each of these assumptions feeds into a dangerous myth that the consequences of IPV are less severe for LGBTQ people than for heterosexuals.

This stereotype of LGBTQ IPV being less severe has indeed been proven by research to be a myth rather than reality. For example, NISVS, the previously mentioned nationally representative study of over sixteen thousand Americans, found female sexual minority IPV victims to be either just as likely as or more likely than heterosexual female IPV victims to experience fear, concern for safety, and post-traumatic stress disorder symptoms as a result of IPV. Bisexual female victims were also more likely than heterosexual female victims to experience injury, require medical care, need legal services, and miss work or school as a result of IPV. Likewise, gay male victims were just as likely as heterosexual male victims to experience at least one of these negative outcomes. As previously discussed, sexual minority men and women were also either just as likely as or more likely than heterosexuals to experience all forms of IPV. Moreover, certain particularly trauma-inducing tactics were more likely to be perpetrated against sexual minorities: bisexual women were more than twice as likely as heterosexual women to experience intimate partner rape, sexual coercion by a partner, and severe forms of physical IPV, including being hit with something hard, slammed against something, or choked and having a knife or gun used on them. Severe physical IPV was also slightly more likely to be experienced by lesbian than heterosexual women and by gay than heterosexual men.[41] The general conclusion that sexual minorities are either just as likely as or more likely than heterosexuals to experience negative IPV consequences has been supported by several other large representative research studies.[42] While data on outcomes of IPV victimization among trans* individuals is sorely lacking, there are reasons to suspect that the picture is similarly bleak. According to a 2013 study of predominantly LGBTQ crime victims seeking help from one of several Canadian and U.S. LGBTQ IPV victim agencies, as compared with cisgender IPV victims, trans* IPV victims were nearly twice as likely to experience physical IPV, two and a half times more likely to experience an IPV incident in a public space, and nearly four times as likely to experience discrimination such as transphobic verbal abuse by an intimate partner.[43]

Messinger - LGBTQ Intimate Partner Violence.indd 9 29/09/16 6:00 PM

The implication here is that trans* IPV victims may be at particular risk of physical injury and the psychological consequences related to experiencing controlling tactics.

Indeed, several studies suggest that a substantial portion of trans* and sexual minority IPV victims experience fear (10–13% of trans* victims[44] and 13–48% of sexual minority victims[45]), mental health consequences (76% of trans* victims[46] and 3–46% of sexual minority victims[47]), and physical injury (16–42% of trans* victims[48] and 3–47% of sexual minority victims[49]). (See chapter 3 for a detailed review of LGBTQ IPV outcomes.) It would appear, then, that contrary to expectations, victim outcomes are just as severe for LGBTQ IPV as they are for HC IPV, if not more so.

Myth no. 3: LGBTQ IPV Abusers Are Masculine

In addition to myths that minimize the prevalence and severity of abuse in LGBTQ relationships, some myths contribute to particular types of LGBTQ IPV relationships being more invisible than others. One such myth that is especially troubling is the assumption that LGBTQ IPV abusers are more masculine than their victims.[50] This myth undoubtedly arose from research on and public perceptions of different-gender IPV. While scholars continue to debate whether men are more abusive than or just as abusive as women in different-gender relationships, considerable evidence suggests that women's physical violence is motivated by self-defense more often than men's violence, and men are more likely to injure, rape, stalk, and kill their female partners.[51] One prominent theory of "male-to-female IPV" perpetration (i.e., IPV perpetrated by a man against a woman) is that male abusers are often performing traditional masculinity norms of aggression and dominance.[52]

This emphasis in research and public discourse on male-identified and masculine perpetrators of male-to-female IPV may have inadvertently fed into a myth that same-gender IPV perpetrators are similarly more male-looking and masculine-acting than their victims. For example, a study found that undergraduate students rate a fictional female-female IPV story as more realistic and probable if the accompanying photos of the fake partners depicted one masculine-looking (i.e., "butch") and one feminine-looking (i.e., "femme") partner in the relationship, rather than two masculine-looking partners or two feminine-looking partners.[53] The danger of this myth is that LGBTQ IPV victims who seek help may be taken less seriously if they are perceived to be too masculine or if their abusers are perceived to be not masculine enough. Some scholars speculate that victims may be perceived as more masculine if they are racial-ethnic minorities, who are often stereotyped as hypermasculine regardless of gender identity.[54] One particularly disturbing consequence of this myth is that some in law enforcement rely on these gender stereotypes to determine who is the "true" victim and who should be arrested.[55] When gender stereotypes of same-gender abusers and victims do not map onto a heterosexual masculine-feminine

Messinger - LGBTQ Intimate Partner Violence.indd 10 29/09/16 6:00 PM

template, law enforcement may arrest both the abuser and the victim or, in some instances, just the victim.[56] This in turn may negatively affect the victim's coping process as well as their access to legal protections and other services.[57] It is unfortunately not surprising that gender stereotypes can influence arrest patterns, since research indicates that officers rarely are provided with the educational training on same-gender IPV that is needed to undercut this myth.[58] Additionally, drawing on erroneous assumptions that masculinity can be manifested only by men, evidence suggests that some presume that male same-gender IPV is more prevalent and severe than female same-gender IPV.[59]

The belief that LGBTQ IPV abusers are especially masculine has been shown to be a myth. Research has not consistently shown that same-gender IPV abusers are more masculine or more feminine than their victims.[60] In fact, sexual minorities tend to perform relationship roles and gender stereotypes that are different from those of heterosexual people.[61] No research has been conducted on the relative physical size and strength of same-gender IPV abusers and victims,[62] but in any event physicality is often not a factor in psychological abuse or sexual coercion. Physical violence may also be particularly difficult to defend against when the victim loves the abuser and when the abuser has made the victim feel responsible for inciting the abuser. Notably, among studies that include both men and women in their samples, the vast majority find among sexual minorities that women are more likely than men to experience psychological, physical, and sexual IPV.[63]

Myth no. 4: LGBTQ IPV Is the Same as All Other IPV

Another myth that contributes to LGBTQ IPV being taken less seriously is the assumption that LGBTQ IPV and HC IPV are largely the same. While there are many similarities, as this book will demonstrate, LGBTQ IPV is a social problem that also has unique causes, dynamics, and outcomes. For example, homophobia and transphobia—factors largely irrelevant to HC IPV—are theorized to play integral roles in LGBTQ IPV, from motivating abusers and weakening the resolve of victims, to presenting unique IPV tactics such as threatening to out victims, to creating powerful barriers for both abusers and victims to seek needed help. Conversely, gender norms and societal gender inequality, which have been heavily implicated in facilitating HC IPV, may not have the same impact on LGBTQ IPV.[64] (See chapter 4 for an examination of causes of LGBTQ IPV perpetration and barriers to help-seeking.)

There is a particular danger inherent in this myth of a universal IPV experience. Specifically, if HC IPV and LGBTQ IPV are erroneously presumed to be by nature the same, it might also be presumed that a one-size-fits-all approach is best for addressing all IPV. In reality, this often means taking HC IPV-tailored policies and services and making them available to LGBTQ people. This strategy may be particularly appealing given that it involves using existing societal responses rather

than expending resources and energy to develop new ones. Certainly there are many similarities with HC IPV, so HC IPV-specific policies and services will to some degree be helpful for people involved in LGBTQ IPV. Where they fall short, though, is in failing to address the many unique aspects of LGBTQ IPV.

The influence of this one-size-fits-all approach to addressing IPV can be seen in various arenas, one of which is service provision. For instance, in 1991 Claire Renzetti surveyed a selection of 566 U.S. service providers listed in the *National Directory of Domestic Violence Programs.* When asked whether their organizations welcome lesbians as clients, a nearly unanimous 96% responded that they did. When pressed for details on how they achieved this, the majority indicated that they welcomed lesbians primarily through a nondiscrimination policy. "Volunteers are trained to care for the people involved, not to question lifestyles," a typical service provider reported. "We won't turn them away," offered another provider. On the surface, a nondiscrimination policy may be vital in signaling to LGBTQ victims that they do not need to fear homophobia or transphobia at these organizations. Upon closer inspection, though, solely relying on these policies to adequately draw in and serve LGBTQ IPV victims may be masking a significant flaw in some organizations: IPV is often being treated as an experience that is identical across genders and sexual orientations. Indeed, only one in ten providers in Renzetti's study could point to specific efforts taken to tailor services or advertising to lesbian women. Instead, services largely designed for HC IPV victims were being made available to lesbian victims without any efforts to address the unique aspects of LGBTQ IPV.[65] Research hints that this trend has not entirely disappeared in the United States and throughout the world.[66] (See chapter 5 for an exploration of the many nongovernmental resources responding to LGBTQ IPV.)

Abuser interventions serve as another example in which a universal IPV experience is often assumed and a one-size-fits-all response has been applied. As part of sentencing, it is not uncommon in many nations for courts to order convicted abusers to partake in a multisession education program designed to lower the risk of their committing IPV in the future. Sometimes referred to as "batterer-intervention programs," or BIPs for short, their programs are often based on one of two main models. Cognitive behavioral therapy (CBT) focuses on unlearning violent tendencies and building healthy conflict-resolution skills. Conversely, the Duluth model places emphasis on unlearning patriarchal attitudes that encourage men to feel entitled to control over women.[67] Some evidence suggests that the Duluth model, either on its own or in conjunction with CBT, is the most widely employed approach for BIPs.[68] While elements of both CBT and Duluth BIPs are relevant to LGBTQ IPV, they largely ignore the unique aspects of LGBTQ IPV and the role of homophobia and transphobia.[69] In the case of the Duluth model in particular, with its emphasis on patriarchal ideology, the treatment was originally designed for HC IPV, and LGBTQ IPV abusers now may partake in the same exact

Messinger - LGBTQ Intimate Partner Violence.indd 12 29/09/16 6:00 PM

program. Often in the United States, for instance, states require separate BIP groups for HC abusers and LGBTQ abusers, but the BIP program content itself will be largely identical. In other states, HC and LGBTQ abusers will be placed into the same BIP group. In both cases, the sexual orientation and gender identities of LGBTQ abusers are often effectively ignored.[70] No study to date has examined whether Duluth BIPs are as impactful for LGBTQ abusers as for HC abusers. Although BIPs more generally have been shown to be limited in their effectiveness,[71] it is conceivable that they will prove even more ineffective for LGBTQ abusers if ideology and experiences unique to LGBTQ IPV are never raised. (See chapter 6 for a review of government-based responses to LGBTQ IPV.)

LGBTQ people are of course not the first—nor likely the last—minority group in history to be pushed to the margins of the movement to address IPV. In 1991, Kimberle Crenshaw wrote passionately about the invisibility of racial minority female victims in the IPV intervention movement. To Crenshaw, simply reshaping the language and imagery of the movement to appear inclusive of racial minority women does nothing to acknowledge and address their unique concerns. As she puts it, "Tokenistic, objectifying, voyeuristic inclusion is at least as disempowering as complete exclusion."[72] Tokenistic inclusion—such as welcoming LGBTQ people to HC IPV-focused victim services—should not be entirely discounted, since it helps to address the aspects of LGBTQ IPV that are shared by HC IPV. This is a good beginning, but it is only a beginning. LGBTQ IPV and HC IPV are not identical. Continuing to treat them as such in policies, services, and research risks potentially serious consequences for those involved in LGBTQ IPV.

Myth no. 5: LGBTQ IPV Should Not Be Discussed

Arguably the most troubling myth of LGBTQ IPV is that it should not be discussed by the communities, service providers, and researchers working to prevent and address IPV. The consequences of this should be clear by now. Because LGBTQ IPV is prevalent, severe, and distinctive enough that it is often inadequate to simply use HC IPV responses, silence on the issue can only further embolden abusers and trap victims. In spite of this, three powerful rationales contribute to the myth that LGBTQ IPV should remain out of the spotlight of public discourse. More specifically, some believe that the acknowledgment of the existence of LGBTQ IPV may further stigmatize LGBTQ people, divert funding away from addressing HC IPV, and be misconstrued as evidence that gender is unrelated to IPV.

One understandable reason that some do not wish to discuss LGBTQ IPV is out of concern that doing so may further stigmatize an already stigmatized group. This concern is particularly salient for many victims, whose abusers may have already heightened their sense of stigma by making them feel ashamed for being LGBTQ and being victimized. In an interview study of forty-seven sexual minority women in the United States who had been victims of same-gender IPV, one

participant reflected on how a concern about further stigmatizing sexual minority women deterred her from seeking help: "I was in this fishbowl, and if I was to tell somebody what was going on, then . . . they'd look at the whole lesbian thing and, 'See, it's not supposed to be that way, because look what happened to you.' And it really added a lot of pressure . . . because I really felt like I had to represent a good relationship. And prove that I made the right choice."[73]

For this individual and many like her, a healthy-appearing relationship can be one valuable way to normalize and destigmatize being LGBTQ. If that relationship begins to turn abusive, the need to combat potential homophobia and transphobia can generate substantial pressure to mask the abuse and present to the world a facade of a healthy relationship. This pressure can result both in victims not seeking help and in LGBTQ friends they might seek help from not providing it. In a personal account of her experience with female same-gender IPV victimization, Adrienne Blenman notes that other lesbian women to whom she disclosed her experience urged her to not seek further help and to not tell others about the victimization because they feared that doing so would increase society's homophobia.[74] Another author, Kimberly Balsam, recounts a personal experience in the 1990s when she worked for a feminist, lesbian-oriented bookstore that in part served as a resource and information hub for the community. When she put brochures about IPV among lesbian women on display in the store, her manager confronted her angrily. To Balsam, "[t]he message, loud and clear, was that making this issue visible would portray lesbians in a negative light."[75] This fear of enhancing LGBTQ stigma by acknowledging LGBTQ IPV is not baseless, of course. One unfortunate consequence of greater awareness of LGBTQ IPV has been that some have used this as a justification for discouraging same-gender marriage.[76] This is an argument put forth by several conservative policy and lobbying groups, one of which is the Family Research Council, based in the United States. Their website as of the writing of this book stated the following:

> There are . . . key reasons why the legal rights, benefits, and responsibilities of civil marriage should not be extended to same-sex couples. . . . [H]omosexual relationships are harmful. Not only do they not provide the same benefits to society as heterosexual marriages, but their consequences are far more negative than positive. . . . Do homosexuals have higher rates of domestic violence? Yes. . . . [M]en and women in heterosexual marriages experience *lower* rates of domestic violence than people in any other living arrangement.[77]

The extension of this argument—that the high prevalence of HC IPV would presumably be proof that marriages of all heterosexual-cisgender people should also be discouraged and banned—has of course never made because the original argument at its core is both illogical and arguably rooted in homophobia. Hurtful actions are taken by people of all ages, races, religions, cultures, genders, and sex-

Messinger - LGBTQ Intimate Partner Violence.indd 14 29/09/16 6:00 PM

ual orientations, but research and common sense dictate that those actions do not define an entire demographic group. One solution to avoid these types of stigmatizing conclusions about LGBTQ IPV is to simply avoid discussing LGBTQ IPV. The major drawback of this approach, though, is that it largely leaves victims trapped and abusers not held accountable.

Another common rationale for keeping silent about the issue of LGBTQ IPV is based on a concern that the issue may draw funding away from addressing HC IPV. Historically, activism and government intervention to address IPV emerged from the broader movement to end men's violence against women.[78] Although the modern "battered women's movement" in much of the world began in the 1970s with the building of the first victim shelters,[79] national policies on violence against women were slower to follow, not being ratified in most nations until the 1980s and 1990s.[80] Although policies have become more inclusive of IPV perpetrated by women against men and of LGBTQ IPV over time, the movement is rooted in a distinctly heterosexual and cisgender focus. Even current IPV-related publications and subdivisions of the United Nations[81] and World Health Organization[82] largely address HC IPV. With such a short history and understandable concerns over maintaining momentum and funding, some working in the IPV prevention and intervention movement have questioned whether raising the issue of LGBTQ IPV risks derailing focus and financing for addressing HC IPV.[83] For instance, in a study of feminist-oriented mental health counselors in Canada, one counselor discussed fears that shifting discussion away from solely male-to-female IPV can have negative consequences for the battered women's movement: "Where I find the language frightening is that working in a shelter with male violence, there are a lot of people in the population who would like to say 'Hey this happens to everyone,' so they can just defuse it. So I don't want to talk about this and that's why. I don't want to lose the funding, lose the momentum."[84]

Other studies suggest that funding sources exert pressure on shelters and other IPV victim resources to exclude LGBTQ IPV victims.[85] While these concerns over funding and staying on message are valid, when taken to an extreme they generate an either-or debate: either LGBTQ IPV must be ignored, or HC IPV will be ignored. In reality, there is room in public discourse and funding for both, and, more to the point, no IPV victim is any more worthy of compassion and assistance than any other IPV victim.

An additional rationale for minimizing discourse on LGBTQ IPV is a concern that LGBTQ IPV may be misconstrued as evidence that gender is unrelated to all IPV. Much of the global battered women's movement has been shaped by feminist-rooted theories that argue that masculinity gender norms and societal gender inequality both encourage and enable men's violence against women.[86] These theories are given particular credence in light of research suggesting that HC IPV—particularly regarding sexual IPV, injurious physical IPV, partner stalking, and

Messinger - LGBTQ Intimate Partner Violence.indd 15 29/09/16 6:00 PM

partner homicide—is predominantly perpetrated by men against women.[87] Since the 1970s, research has emerged suggesting that men and women are equally likely to use physical violence in different-gender relationships.[88] Although this "gender symmetry" finding has been hotly contested—most especially on the grounds of women being more likely to use violence in self-defense, more likely to be injured by male violence, and more likely to be victims of nearly every other form of IPV[89]—it has given rise to a group of scholars who argue that gender is irrelevant to IPV and that female-victim-oriented shelters, services, and policies need to become more gender-neutral to help the presumably large and overlooked population of male HC IPV victims.[90] One of the supporting arguments that some scholars use to bolster claims that gender norms and inequality do not cause IPV is the high prevalence of same-gender IPV. If two people of the same gender identity can experience IPV, presumably this implies that gender inequality is not a prerequisite for IPV to occur. Likewise, if female same-gender IPV is highly prevalent, it would imply that the influence of (heterosexual) masculinity norms is not a prerequisite for IPV, either.[91] For instance, in arguing that male victims of female abusers are often overlooked, Donald Dutton and colleagues put forth same-gender IPV as evidence that gender does not matter and that IPV can happen to anyone: "Further evidence of women's use of abuse in relationships, men's risk for victimization by intimate partners, and data to refute patriarchal explanations of partner abuse to the exclusion of other theories, has been gleaned from research on homosexual male and female relationships."[92]

John Hamel makes a similar argument: regarding feminist theories predicting male-to-female IPV, Hamel feels that "[p]atriarchal explanations are also contradicted by other research findings. . . . [W]omen are as victimized in same-sex relationships, where patriarchal structures should not exist."[93] The same case has been brought forth by some antifeminist "men's rights" organizations, such as in regards to many of the contributors to the non-peer-reviewed online publication *Everyman: A Men's Journal.* For instance, in a book review published in *Everyman,* Jason Bouchard writes, "He even has the rates of domestic violence in lesbian relationships (31%) and gay male couples (12%)—so much for the idea that patriarchy is the root of domestic violence!"[94] Even several researchers who focus on LGBTQ IPV have questioned whether feminist-based theories of IPV can be accurate if same-gender IPV is prevalent.[95] Thus, same-gender IPV has become a form of ammunition for some looking to discredit feminism, the battered women's movement, and the belief that male-to-female IPV is prevalent.[96] Therefore, for some scholars working to maintain funding and policies for addressing male-to-female IPV, there may be concern that the inclusion of LGBTQ relationships in the public discussion of IPV may result in funders and policymakers viewing HC IPV as gender-neutral. Even the very term *intimate partner violence*—one that is more inclusive of abuse among LGBTQ people than gendered terms like *woman abuse*

Messinger - LGBTQ Intimate Partner Violence.indd 16 29/09/16 6:00 PM

and *wife battering*—has been criticized for masking the reality that the majority of HC IPV victims are women.[97] This rationale is certainly understandable, in that the issue of LGBTQ IPV can be and has been used for political purposes such as attacking the battered women's movement. At the same time, from the perspective of movement building, the terms *intimate partner violence* and *domestic violence* (and their equivalents translated into other languages) have global meanings that provide instant legitimacy for the experiences of historically overlooked LGBTQ IPV victims. These survivors and everyone else invested in the movement to address LGBTQ IPV should not be held back or partitioned off simply because this issue complicates methodological and theoretical debates.

Clearly there are many pressures to keep public awareness of LGBTQ IPV at a minimum. Regardless of concerns over further stigmatization of LGBTQ people, diverting funds away from addressing HC IPV, and providing ammunition to attack the battered women's movement and the gendered nature of HC IPV, there is one main reason *not* to keep silent on LGBTQ IPV: silence makes IPV worse. Silence hurts the victim who is not taken seriously because no one has heard of LGBTQ IPV. Silence hurts the abuser who may not even realize they are being abusive because there is little public awareness of LGBTQ IPV. Silence hurts policymakers who may be poorly informed about the extent and nature of the problem. Silence hurts service providers who may be inclined to apply ill-fitting HC IPV victim services to LGBTQ IPV victim clientele. Silence hurts.

HOW WE ARE FAILING LGBTQ VICTIMS

The year 2007 was a good one for the holy trinity of salt, grease, and potatoes. That year, McDonalds had over 31,000 restaurants worldwide. If you happened to be traveling through Asia, you did not have to look far for your fries fix. For instance, India tallied 128 McDonalds, while China had an impressive 876. Not to be outdone, Japan offered 3,746 different McDonalds venues in which to be convinced that wasabi dipping sauce is a viable alternative to ketchup.[98] Of course, fries may not have been a top priority for the many gay men who became IPV victims that year. Although LGBTQ IPV research is absent throughout much of Asia, a recent study estimated that 33% of gay men in China have experienced some form of IPV in their lifetimes.[99] With this in mind, in 2007 Monit Cheung and colleagues initiated a comprehensive global review of government and community agencies serving male IPV victims of any sexual orientation. What they found in three Asian nations—India, China, and Japan—is astounding: a grand total of *zero* places to turn to for help.[100] Have a hankering for a quick snack, some fries perhaps? Not a problem. You need help because your partner is beating you? Sorry, please try another country.

We are failing LGBTQ IPV victims. In many parts of the world today, victim services are nonexistent for LGBTQ people. Given the global emphasis on addressing

male-to-female IPV, access to services are often most limited for sexual minority men and trans* individuals. For example, in a recent study of a nationally representative sample of U.S. IPV agencies, it was found that nearly all types of victim services were provided to sexual minority women, whereas only one- to two-thirds of agencies provided access to certain services for sexual minority men.[101] Access is often similarly limited for trans* individuals, particularly for those who do not identify and present as female. For example, Timothy Colm, a trans* man and IPV survivor, recalls being closeted about his gender identity in a female IPV survivor support group out of fear that he would otherwise be evicted from the group:

> In the support group, I found comfort and solidarity, but I also had to sacrifice pieces of who I was to access the space. Statements were regularly exchanged about how we were all women and that made the space so safe, while I bit my lip and stared at my hands. It took me a full year after coming out as trans to tell the group. I didn't think I could be there anymore if they knew I was a guy.[102]

Even for cisgender sexual minority women, although they often have greater access to services, the quality of services suffer when they are not tailored to LGBTQ IPV.[103] For instance, some evidence suggests that battered women's shelters may not be cognizant of the possibility that female abusers may present themselves to a shelter as a victim in order to stalk a partner living at the shelter.[104] This would also suggest that many people with opportunities to assist LGBTQ IPV victims craft their responses by relying upon their understanding of HC IPV, inaccurate LGBTQ IPV myths, and at times homophobic and transphobic attitudes. While it is important to remember that there are numerous medical, mental health, and emergency service providers as well as law-enforcement officers who create a safe and positive experience for LGBTQ IPV victims,[105] research suggests that discriminatory beliefs and dismissive views regarding LGBTQ IPV are still rampant.[106]

In many ways, the struggle to legitimize LGBTQ IPV as a genuine public-health concern is rooted in the struggle to legitimize LGBTQ human rights. After all, if LGBTQ people are not afforded equal rights in many parts of the world, it should come as no surprise that policies, services, funding, and research do not adequately reflect the concerns of LGBTQ people. To put it mildly, the world is not a very hospitable place for LGBTQ people. According to a 2014 report published by the International Lesbian, Gay, Bisexual, Trans, and Intersex Association, of the nearly two hundred nations in the world, same-gender sexual acts are illegal in seventy-eight of them, five of which impose the death penalty in such cases.[107] Merely sixteen years ago, in 2000, same-gender marriage was illegal in every corner of the world. As of the writing of this book, only twenty-two nations plus sections of Mexico have fully legalized same-gender marriage.[108] While these laws hint at the depth of global homophobia, they are also undeniable barriers for LGBTQ IPV

Messinger - LGBTQ Intimate Partner Violence.indd 18 29/09/16 6:00 PM

victims: when IPV laws protect only married couples in a nation that does not permit same-gender marriage, or when seeking help requires admitting to the "crime" of being LGBTQ, remaining silent may be the only option. Additionally, just fifteen nations have legalized joint adoption by same-gender couples.[109] For victims living in one of these nations or any of the several nations that also prohibit second-parent adoption, often only the biological parent can acquire legal parental rights. If that parent is also an abuser of a same-gender partner, victims risk losing access to their children if they choose to escape the abuser.

On a more fundamental level, though, societal discrimination is such an important force in these abusive relationships because it can indirectly lead family, friends, service providers, law enforcement, and policymakers to take LGBTQ IPV less seriously or to ignore it entirely. Societal discrimination can shape a nation's IPV laws and service-provider attitudes. Societal discrimination can fuel an abuser's anger. Societal discrimination can lead victims to not recognize abuse. Societal discrimination helps make LGBTQ IPV invisible. As one indicator of societal homophobia, according to a 2014 *Gallup World Poll* report, only 28% of adults in the 123 nations surveyed answered that their city or area is "a good place to live for gay or lesbian people." Homophobia is universally embraced in certain parts of the world, including large swaths of Africa, where over 95% of adults in Gabon, Malawi, Mali, Niger, Senegal, and Uganda answered that their city or area is *not* a good place for gay or lesbian people to live.[110] According to a 2013 nationally representative study of 1,197 LGBTQ adults in the United States, 39% reported at some point in life being rejected by family or a close friend because of their sexual orientation or gender identity.[111] A recent survey of 354 U.S. agencies providing homeless-youth services suggests that rejection at home and in schools can unfortunately also contribute to homelessness. Findings revealed that approximately 40% of homeless youth and those at risk of becoming homeless are LGBTQ-identified, with family rejection and family abuse serving as key factors in their leaving home.[112] The workplace may be another force contributing to LGBTQ poverty and homelessness. Only sixty-one nations prohibit discrimination in employment based on sexual orientation,[113] and only forty-seven prohibit discrimination against trans* people.[114] Additionally, many nations including the United States can make it difficult for trans* people to change the gender identity listed on their driver's licenses, birth certificates, and passports, with some nations requiring sex-reassignment surgery, sterilization, or psychiatric evaluation. This is particularly problematic given that identity documents are often relied upon to validate credit-card purchases, fill medication prescriptions, sign contracts, travel through airports, cross international borders and police checkpoints, and so on.[115]

Compounding the problems posed by these numerous legal and attitudinal barriers are the untold acts of discrimination and violence beyond IPV that LGBTQ people experience. In their meta-analysis of 164 studies from 1992 to 2009 reporting

on these experiences among 503,826 individuals spanning multiple continents, Sarah Katz-Wise and Janet Hyde concluded that sexual minorities are significantly more likely than heterosexuals to experience discrimination and violence victimization both generally and within families, schools, and workplaces. In sum, 41% of lesbian, gay, and bisexual individuals experienced discrimination in the workplace, health care, or elsewhere; 55% encountered verbal harassment; 37%, threats; 24%, property violence; 40%, stalking; 28%, physical assault; and 27%, sexual assault.[116] One of the few studies of trans* discrimination and victimization found similarly disturbing results. According to the *National Transgender Discrimination Survey,* of 6,450 trans* people surveyed from across the United States, 63% had experienced discrimination, 71% had hidden their gender identity and 57% delayed transition specifically to avoid discrimination, 78% experienced harassment in school, 35% experienced physical assault and 12% sexual assault in school, 57% encountered significant family rejection, and 41% attempted suicide. To put that final powerful statistic into context, just 1.6% of the general U.S. population has attempted suicide.[117] Unfortunately, only twenty-seven nations recognize hate crimes based on sexual orientation.[118] Beyond the obvious harm incurred by a lifetime of victimization, it is possible that these experiences normalize abuse for LGBTQ IPV victims and magnify its negative effects.

These barriers to helping LGBTQ IPV victims appear so overwhelming that it may be tempting to say that nothing can be done. When we look at the course of history, though, so much has already improved. In many nations, LGBTQ people are being written into existing IPV laws and protections. Shelters are slowly opening their doors to male and trans* victims. Legalized homophobia is not nearly as widespread as it once was. This is not to say, though, that our work is over. A key question then is, If we are to make this a safer world for LGBTQ people who are in unhealthy and abusive relationships, what steps can we take to strengthen LGBTQ IPV policy, practice, and research?

CHAPTER ORGANIZATION

Each remaining chapter of this book explores a different section of the LGBTQ IPV research literature. Chapter 2, "How Do We Know What We Know?," critically examines the tools used to collect information on LGBTQ IPV: current challenges in designing studies on LGBTQ IPV and IPV more generally. Chapter 3, "What Is LGBTQ IPV?," unpackages the lived experience of LGBTQ IPV: the common forms of abuse, prevalence estimates for each, the typical number of "abusers" in relationships, what is known about sequencing of abuse, and outcomes for victims. Chapter 4, "Why Does LGBTQ IPV Happen?," reviews competing explanations of why LGBTQ IPV happens: causal theories common to HC and LGBTQ IPV, causal theories unique to LGBTQ IPV, the controversial role of gender performance, and

Messinger - LGBTQ Intimate Partner Violence.indd 20 29/09/16 6:00 PM

the barriers that keep victims in IPV relationships and empower abusers. Chapter 5, "How Can We Improve Nongovernmental Responses?," examines the strengths and weaknesses in nongovernmental responses to LGBTQ IPV: responses by friends and family, mental and medical health providers, IPV victim organizations, and other related services. Chapter 6, "How Can We Improve Government Responses?," discusses responses by governments to LGBTQ IPV: particular attention is paid to the role of legal protections, law enforcement, courts, and batterer-intervention programs. Each of these chapters concludes with concrete recommendations for future policy, practice, and research. Wherever the literature allows, an intersectional lens is adopted throughout the book, emphasizing ways in which LGBTQ IPV experiences may differ by sexual orientation, trans*-cisgender identity, gender identity, social class, age, race, ethnicity, immigration status, and nationality. The final chapter, "Conclusion: Where Do We Go from Here?," draws on the preceding chapters to provide a review of overarching lessons of this book.

A NOTE ON TERMINOLOGY

In 2005, C. J. Pascoe published an ethnographic study on the use of the words *fag* and *gay* in the everyday discussions of male students in a California high school. Findings confirmed what many already suspected. These words unfortunately are being regularly used as a substitute for *stupid,* as in "That's a gay laptop! It's five inches thick!"[119] Fearing the implication that the researcher, Pascoe, would think they were homophobic, several of the boys attempted to clarify that they never think about sexual orientation when they use the words *fag* and *gay* as negative slurs. Said one student, "It has nothing to do with sexual preference at all. You could just be calling somebody an idiot you know?"[120] Even if these boys are given the benefit of the doubt—that they do not use these words *because* they are homophobic—is it conceivable that the reverse is true: Do people become more homophobic *because* they are using these words in this manner? A study published in 2012 suggests that this is actually a very real possibility. Researchers Gandalf Nicolas and Allison Louise Skinner asked sixty college students to read one of two versions of a fictitious conversation between friends. In one version of the story, the words *stupid* and *lame* are used periodically, and in the other, these words are replaced by the word *gay.* They found, amazingly, that exposure to negative uses of the word *gay* led students to hold more antigay attitudes. This notion that the words we use shape the way we think is not entirely new, of course, dating back to 1930s research on "linguistic relativity" by linguists Edward Sapir and Benjamin Whorf.[121] Likewise, in social science surveys, researchers have long been aware that the language they use in questions has the power to influence respondents, particularly when the wording implies that certain answers are more or less societally

Messinger - LGBTQ Intimate Partner Violence.indd 21 29/09/16 6:00 PM

accepted.[122] All of this is to say that our words matter: they limit how we and others around us view the world.

For this book, several choices were made regarding terminology. These terms are often imperfect in capturing the entirety of the human experience, but they were viewed as preferable to known alternatives. "**Sexual orientation**" is defined inclusively in this book as any combination of romantic or sexual *attraction* to, *behavior* with, *relationships* with, and *self-identity* regarding people of the same or different gender identity. "**Gender**" is similarly defined in a broad manner as a combination of *gender performance* (i.e., thinking and acting in a manner that either falls within or goes against "gender norms," the unwritten societal rules of behavior and thought associated with your gender identity group) and *gender identity* (i.e., self-identity as male, female, or "genderqueer," the latter of which is an umbrella term for gender identities other than male or female). "**Sex**" is defined as the *societal label* (i.e., male, female, or intersex) assigned to a person based on biological markers like chromosomes and reproductive organs. Importantly, the subcomponents of sexual orientation do not always neatly align in a societally expected and privileged manner, nor do the subcomponents of gender, nor do sexual orientation with gender and sex. Moreover, sexual orientation, gender, and (with the assistance of medical interventions) sex can change over time for individuals.

Since the term *homosexual* is often associated with outmoded and stigmatizing mental health-disorder diagnoses, and since it has often been used as a negative epithet unto itself, the terms "**lesbian,**" "**gay,**" and "**bisexual**" are used instead. Likewise, although the term *straight* is still regularly used in everyday discourse, the linguistic opposite of *straight* is *crooked,* which simultaneously normalizes heterosexuality and renders lesbian, gay, and bisexual (LGB) people as deviant. In place of *straight,* therefore, the term "**heterosexual**" is used. While "**sexual minority**"—an LGB or queer person—is a somewhat problematic term as it focuses on the negative aspects of the lived experiences of LGB people, it is used at times in this book because of the very fact that it highlights that LGB people are often targets of homophobia, which is key to understanding their experiences with abuse.

"Cisgender" people are defined as those whose current gender identity matches their biological sex at birth in a way expected and privileged by society (e.g., those who were labeled at birth as being of the male sex and currently self-identify their gender as male, or those who were labeled at birth as being of the female sex and currently self-identify as female). "**Trans***" people are defined as those whose current gender identity does *not* match their biological sex at birth in a way expected and privileged by society (e.g., those who were labeled at birth as being of the male sex and currently self-identify their gender as female or genderqueer, and those who were labeled at birth as being of the female sex and currently self-identify their gender as male or genderqueer). Many activists, scholars, and trans* individuals

add an asterisk after the prefix *trans* to connote the numerous gendered suffixes individuals may most identify with, such that the asterisk might be replaced by *man, woman, genderqueer, agender, sexual,* and so forth. Although *transgender* is often used synonymously with *trans*,* to many, *transgender* has come to more narrowly refer to those whose current gender identity is male or female (not genderqueer, unlike with some trans* people) and does not match their biological sex at birth in a way expected and privileged by society (i.e., those labeled as male at birth and currently identify as female, and vice versa). In this sense, "transgender" people may be viewed as a subgroup of the umbrella group of "trans*" people. Bear in mind that both "cisgender" and "trans*" are labels researchers might apply to people based on the aforementioned definitions, some of whom may not personally self-identify as "cisgender" or "trans*." Note also that this definition of *trans** compares sex at *birth* with current gender identity—current sex is not factored into this definition, meaning that sex-reassignment surgery and other forms of medical interventions are not required, as long as one's gender identity does not match in a societally expected way with sex at birth. Sexual orientation is also not a part of this definition, meaning that both cisgender and trans* individuals may land anywhere on the full spectrum of sexual orientations.

Research on IPV often includes both LGB people and trans* individuals, or LGBT people. The term "**queer**" has historically been used as a negative slur against LGB people, and to this day in many nations it is unfortunately still being used in this manner. At the same time, the term has been reclaimed by many young sexual minorities as a positive self-identity. Moreover, it is often used as a positive umbrella term that includes not only people who self-identify as LGBT but also people who are noncisgender or nonheterosexual but do not like any of the existing labels within the LGBT acronym. It is with this definition in mind that the term *queer* is employed in this book. Collectively, LGBT and queer individuals are often labeled as **"LGBTQ"** people.

At face value, it may appear problematic for IPV researchers to study sexual minorities and trans* individuals simultaneously. After all, although there is much overlap, many of the causes, dynamics, and outcomes of IPV differ depending on whether sexual orientation or gender is the focus. At the same time, it is important to keep in mind that sexual orientation necessarily implies that there is a gender identity for people and their partners. While it is often assumed that this gender identity "matches" their sex at birth, sexual minority and trans* identities are not mutually exclusive: sexual minorities can be either cisgender or trans*, just as cisgender and trans* people can be either a sexual minority or heterosexual. These are not distinct groups but often intersecting groups.

As previously noted, **"intimate partner violence,"** or **"IPV,"** refers to psychological, physical, or sexual abuse or homicide between romantic and sexual partners. At times researchers have focused on abusive relationships with two people

Messinger - LGBTQ Intimate Partner Violence.indd 23 29/09/16 6:00 PM

of the same gender identity. Surveys often ask "What is your gender?" or "What is your sex?" Using the terms interchangeably without definitions provided likely leads many respondents to assume the researcher is asking about how they currently identify—that is, their gender identity. Abuse in these relationships has typically been called "same-sex IPV," yet, because these labels are typically based on gender identity, a slightly more apt label might be "**same-gender IPV.**" The comparison group in research consists of people involved in what is often termed *opposite-sex IPV* or *opposite-gender IPV*—yet the word *opposite* inaccurately implies either that there are only two gender identities (when there are in fact more) or, at the very least, that other gender identities are less important. Therefore, when discussing IPV relationships involving a male-identified and female-identified partner, this book applies the label "**different-gender IPV.**" Because the gender identity of partners is not the same as their self-identified sexual orientation, popular but misleading labels like *gay IPV, lesbian IPV,* and *heterosexual IPV* will not be used in this book unless it is to refer to their usage in past research. Last, although same-gender IPV is a major emphasis in this book, this book will focus more broadly on **"LGBTQ IPV"**—IPV relationships involving at least one LGBTQ partner—and its similarities with and differences from "**HC IPV"**—IPV relationships involving two heterosexual-cisgender partners. This definition of LGBTQ IPV is more inclusive than same-gender IPV for two reasons: first, the issue of LGBTQ IPV includes IPV among trans* individuals, and, second, it includes IPV among sexual minorities in different-gender relationships.

GOALS OF THIS BOOK

The sheer quantity of published research on HC IPV dwarfs publications on LGBTQ IPV, making it at times feel that LGBTQ IPV research must be nearly nonexistent. In reality, while still evolving, research on LGBTQ IPV dates back to the late 1970s[123] and spans hundreds of journal articles, books, and research reports. Like any substantial body of information, the size of the literature presents a barrier for those who cannot afford the time to pore over thousands of pages of dense text. If this information could be synthesized in one place, golden nuggets that might have otherwise remained buried could be unearthed, dusted off, and used to help build new ways of addressing LGBTQ IPV in the world.

Offering a metaphorical flashlight, foundational books emerged in the 1980s and 1990s that reviewed the earliest research on same-gender and sexual minority IPV.[124] This was followed by several excellent books in the 2000s that primarily provided research updates on key subtopics regarding female same-gender and female sexual minority IPV[125] and rape,[126] as well as key subtopics regarding LGBTQ IPV.[127] (This is in addition to several books and bound reports[128] that predominantly reported on a single study and were not designed to review the litera-

Messinger - LGBTQ Intimate Partner Violence.indd 24 29/09/16 6:00 PM

ture.) Notably, only one book[129] in the 2000s reviewed portions of the male same-gender IPV literature, although not all of it, and that was also the only book to review portions of the trans* IPV literature. A slew of journal articles and reports have taken a similar path by offering bite-size overviews of key subtopics regarding same-gender IPV[130] and LGBTQ IPV.[131] If there is one unavoidable limitation to highlighting key subtopics, though, it is that the nooks and crannies of the literature remain in the shadows, unable to impact society.

Of course, it may not actually be possible for a book to cover the *complete* LGBTQ IPV research literature; there will always be a report or article missed, new studies emerging every day, and research in other languages that cannot be easily translated. (This latter point is of particular importance because the scope of this book is limited to English-language publications on LGBTQ IPV. As a consequence, the majority of research discussed here emerged from English-language-centric nations such as Australia, Canada, the United Kingdom, and the United States, with a significant North American focus in this published literature. For a description of the methodology used to locate the journal articles, book chapters, books, and research reports included in this book, see the appendix.) All the same, this book aims to be one of the first to bring *nearly* every piece of English-language published research on LGBTQ IPV into one place. In doing so, this book offers up an easy-to-use road map in our unending journey to more informed policy, practice, and research. Ultimately, by looking to our past, this book begins answering a vital question: What next?