



LGBTQIA2S+ Domestic Violence:
A Primer for Lawyers, Advocates, and Survivors

Produced by Family Violence Appellate Project ([FVAP](#))

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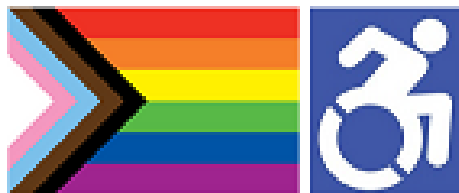


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I. INTRODUCTION

While LGBTQIA2S+ (lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, aromantic, Two-Spirit, and more) domestic violence (DV) research has historically been sparse and scattered, recently researchers have published entire books on the subject.¹ This primer is intended to be a useful **starting place** for further research and discussion, based on the literature we’ve reviewed and our experiences working with LGBTQIA2S+ survivors. This primer includes citations in endnotes, which have more information and citations for additional support. Others are welcome to use and cite to this primer.

Please [contact FVAP](#) if you have any corrections, suggestions, comments, or questions.

a. Definitions

What is domestic violence?

DV can happen to anyone.
DV can be perpetrated by anyone.

Regardless of sexual orientation or gender identity, DV, or intimate partner violence (IPV), is likely best understood as a set of behaviors, often **a pattern of power and control asserted by one partner over another** in an intimate or close familial relationship. An intimate or close familial relationship includes a current or former dating, life, or domestic partner; boyfriend or girlfriend; fiancé or fiancée; spouse; co-parent of a child the parties share, or family member (e.g. sibling or parent).² DV can also occur between those living together in a family-like structure.

Whom does domestic violence affect?

DV can occur in monogamous and **non-monogamous relationships**. Non-monogamous relationships include polyamorous relationships, non-exclusive or

“open” relationships, and those with multiple partners. So DV could be a pattern of power and control by one partner against multiple others at the same time.

While recognizing that abuse can occur in non-monogamous relationships, DV will be discussed as occurring between two people in this document. DV will be discussed in this manner because it aligns with how DV is discussed in most literature—although some does discuss polyamory as it relates to sexual orientation.³

DV is stereotypically portrayed as a cisgender, heterosexual man abusing a cisgender, heterosexual woman. “Cisgender” means someone’s gender identity aligns with their sex assigned at birth.

Indeed, the “good” or “model” survivor or victim of DV has generally been understood to be a White, middle- or upper-class, English-speaking, U.S. citizen, cisgender, and heterosexual woman. While some victims fit this description, most do not. This is a common misconception, likely held unconsciously by most.⁴

In fact, DV affects virtually every community across the country and around the world.



Statistically speaking, most DV occurs with a cisgender, heterosexual man abusing a cisgender, heterosexual women. This document is not meant to discount this reality, or necessarily challenge the idea that DV is mostly an issue of “violence against women.” Still, it is important to understand that DV disproportionately affects those who are already marginalized, such as people of color (those in the global majority), sexual and gender minority individuals (the LGBTQIA2S+ communities), and people of lower socioeconomic status.

What does LGBTQIA2S+ Mean?

LGBTQIA2S+ stands for Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, Asexual, Aromantic, and Two-Spirited. The letters used in this acronym, sometimes referred to as the “alphabet soup,” are ever changing to represent the community —such as adding “I” for intersex, and revising “Q” to mean “queer or questioning.”

While some researchers use “LGBT” to refer to all sexual and gender minority individuals, others use “LGBT” when they are actually referring only to sexual minority individuals, or only to lesbian women and gay men. In this sense, they tack on the “T” and “B” without really discussing trans- or bisexual-specific issues.

“Sexual minority individuals” is an umbrella term used for a group whose sexual identity differs from the cultural or social majority. In this document, **sexual minority individuals** can include, for instance:

- Lesbian women (women who are attracted to women),
- Gay men (men who are attracted to men),
- Queer individuals (which could be used by anyone who is not heterosexual or cisgender),
- Bisexual persons (which implies sexual attraction to only two genders),
- Men who have sex with men (MSM) (and possibly others) and women who have sex with women (WSW) (and possibly others),⁵
- Pansexual and omnisexual individuals (those who are attracted to people of any gender),
- Asexual individuals (those with little to no sexual attraction; asexuality is a spectrum),
- Demisexual individuals (those who have sexual attraction only with someone who’s already close),
- Aromantic individuals (little to no romantic attraction; aromanticism is a spectrum),
- Individuals with fluid sexualities, and
- Questioning individuals.

Note: “Queer” is still often used in a derogatory fashion, and many have not accepted others’ attempts at reclaiming the term.

“Gender minority individuals” is an umbrella term for non-cisgendered people. In this document, **gender minority individuals** can include, for instance:

- Transsexual individuals (used mainly for those who have undergone or plan to undergo gender affirming surgery),
- Transgender, trans*, and trans folks,⁶
- Gender nonconforming (GNC) individuals,
- Male-to-Female (MtF) and Female-to-Male (FtM) trans persons,
- Genderless or agender persons,
- Gender nonbinary individuals,
- Genderfluid people,
- Bigender individuals,
- Third-gender persons,
- Pangender folks,
- Genderqueer individuals,
- Androgynous people,
- Hijra individuals (some South Asian MtFs),
- Two-Spirit persons (some indigenous North Americans use this term, and it can only be understood in context, as it is a spiritual and ceremonial role), and
- Transvestite individuals (sometimes also called cross-dressers; this term is mostly outdated).

In “LGBTQIA2S+,” the “I” usually stands for “**intersex.**” Intersex is a sex identity, like male or female, and is thus distinct from a gender identity (like those listed for gender minority individuals, or man or woman), and from a sexual orientation (like those listed for sexual minority individuals, or heterosexual). Intersex folks have variations in their reproductive or sex anatomy typically caused by “random genetic variation, changes in a person’s number of sex chromosomes, gonadal differences, natal exposure to unusual levels of sex hormones, or different responses to sex hormone.”⁷ They are often born with ambiguous genitalia and/or a particular medical condition—such as Klinefelter syndrome, which denotes someone who has an XY chromosome configuration along with an additional X chromosome.⁸ Many intersex individuals are forced, usually right after birth, to undergo surgery to “match” the stereotypical male or female sex.

Other Terms Used in this Document

- “HC” will be used for individuals who are heterosexual and cisgender.
- “Victim” and “survivor” will be used interchangeably. We recognize that some may prefer one term over the and not every victim of abuse survives. Finally, note the law often uses “victim.”



b. Outline

This document has **three** main sections. The **first** will talk about how often LGBTQIA2S+ DV happens, and its effects on victims. The **second** will discuss tactics of abuse used in LGBTQIA2S+ DV relationships, and barriers LGBTQIA2S+ victims face when seeking help. The **third** will provide various strategies for improving services for LGBTQIA2S+ victims.

Each section will provide a general overview of that section's theme as it relates to all groups under the LGBTQIA2S+ definitions. Then each section will provide specific information, gathered from research, regarding sexual and gender minority individuals.

The sections for lesbian women and gay men will sometimes include discussions of impacts on "gay men and MSM" or "lesbian women

and WSW" because many articles and reports do so as well. This is done although, e.g., MSM necessarily include gay men and others, like bisexual men.

There is much overlap between and among sexual and gender minority individuals. Many trans folks identify as queer, and many do not. Many queer folks identify as trans, and many do not. Some individuals will move through different categories at different points in their lives. Some may have multiple identities at the same time—such as an individual identifying simultaneously as asexual, queer, intersex, genderless, and trans. With all this in mind, the separation between sexual and gender minority individuals will hopefully provide an understanding of each community's specific needs.⁹

II. PREVALENCE AND EFFECT

a. How Many LGBTQIA2S+ People Are There in the U.S.?

A 2023 survey concluded that approximately 7.6% of U.S. adults identify as lesbian, gay, or bisexual (LGB).¹⁰ However, young people are significantly more likely than older people to identify as LGB.¹¹ Among adults ages 50-64, 3% identify as gay or lesbian and 1% identify as bisexual.¹² But among adults ages 18-29, 4% identify as gay or lesbian and 12% identify as bisexual.¹³

Sexual identity also varies with gender identity: women are more likely to identify as bisexual rather than gay or lesbian, while men are slightly more likely to identify as gay instead of bisexual.¹⁴

Approximately 1.6% of U.S. adults are trans or nonbinary.¹⁵ Again, young people are far more likely to identify as trans or nonbinary than their older counterparts: 2% of young people ages 18-29 are trans and 3% are nonbinary.¹⁶

All numbers are expected to increase as society becomes generally more accepting of LGBT people, which would make sexual and gender minority individuals more willing to come out. For instance, **in 2016 about 7.3% of millennials identified as LGBT.**¹⁷

These numbers do not precisely match a popular statistic that about 10% of people are LGBT.¹⁸ The 10% statistic is from the results of in-depth, groundbreaking, and anthropologically intriguing studies by sexologists Alfred Kinsey and others—which have not yet been duplicated.¹⁹ Additionally, “if current trends continue, it is likely the proportion of LGBTQ+ identifiers will exceed 10% of U.S. adults at some point within the next three decades.”²⁰

b. Across All Groups

Studies have shown, among the general population, about “**1 in 3 women [(33%)] and 1 in 4 men [(25%)]** have been victims of [some form of] physical violence by an intimate partner within their lifetime,” and about “1 in 5 women [(20%)] and 1 in 7 [(14%)] men have been victims of severe physical violence by an intimate partner in their lifetime.”²¹

LGBTQIA2S+ individuals face DV at rates as high or higher than those in the general population, and as compared to HC persons.²²

Populations within LGBTQIA2S+ communities can face even higher rates of violence. LGBTQIA2S+ youth, for instance, face a disproportionately high risk. This is in part because they (1) fear familial or social abandonment, (2) may not know what a healthy LGBTQIA2S+ relationship looks like, and (3) may still be struggling internally or externally with their sexual or gender identity.²³ So too do those who have **HIV/AIDS**—of which LGBTQIA2S+ communities, and particularly LGBTQIA2S+ communities of color, disproportionately make up the population—due to shame, fear, and a reliance on an abusive partner for medication and finances.²⁴

Reported numbers of domestic violence are likely lower than the reality.

LGBTQIA2S+ DV is underreported for many reasons. These reasons include:

- LGBTQIA2S+ DV is often mis-labeled.
 - Data have wrongly misrepresented the partners’ relationship, such as calling the intimate partners “roommates” or “friends”²⁵;
 - Victims underreport the abuse because of fear, shame, the fact that leaving may be more dangerous than staying (in particularly phobic communities), and not recognizing the abuse.²⁶ See *section III for more discussion of this.*
- LGBTQIA2S+ DV is reported as “mutual battering” or, if between two women, “a cat fight”
 - This is in part because LGBTQIA2S+ victims are generally more likely than HC victims to “fight back” if they are being abused. This **self-defense** would not fall within traditional notions of DV.²⁷

- LGBTQIA2S+ DV is not considered DV at all.
 - This could be because, e.g., some people do not think women can abuse or cause harm, and some people think “boys will be boys”;
 - This could also be because some people think of DV as only occurring within HC relationships.
- Many LGBTQIA2S+ victims may not have had legal protections, or they believed they did not have legal protections
- Mistrust of law enforcement: “[gay] men [are] more likely to report hate violence victimisation to the police than [lesbian] women. Previous studies have concluded that gay men are more commonly and severely violently attacked than lesbian women [citation]. . . . Further, [this] could illustrate that women may have less trust in the police.”²⁸
- Until the recent legalization nationwide of same-sex marriage, and the inclusion of gender-neutral language in laws defining DV in almost every state, many LGBTQIA2S+ victims may not have been covered by legal protections for DV victims. Also, many LGBTQIA2S+ victims may have perceived they were not covered—and so would likely not have reported the abuse.
- Severe outcomes for reporting: “contrary to expectations, victim outcomes are just as severe for LGBTQ IPV as they are for HC IPV, if not more so.”²⁹



“Regardless of the actual rate or the reasons for under-reporting, **same-sex domestic violence occurs**. The mere existence of same-sex domestic violence is sufficient cause to grant equal protection to same-sex victims as opposite-sex domestic violence .”³⁰

c. Sexual Minority Individuals

As for all LGBTQIA2S+ people, sexual minority individuals generally face higher rates of DV prevalence than heterosexual individuals. This may be linked to a queer perpetrator's perceived need for power and control, due perhaps to a lack of having power and control in a homophobic or biphobic environment or community.³¹

Interestingly, queer victims face a slightly lower risk of intimate partner homicide (IPH) than heterosexual victims. This statistic, however, may be skewed because, as mentioned above, queer DV relationships may not be properly identified by government officials.³²

Rates of DV and Sexual Violence Specific to Sexual Minority Individuals

According to a 2017-2020 study, compared to heterosexual individuals, sexual minorities experienced:

- DV Rates
 - 8 times higher for bisexual individuals
 - More than 2 times as high for lesbian and gay individuals
- Sexual Violence Rates
 - 18 times higher for bisexual individuals
 - 2 times higher for gay and lesbian individuals

- Higher rates for sexual minority individuals in prison, particularly youths³³ (victimized by both staff members and other inmates).³⁴

Bisexual men and women have the highest victimization rates among men and women, respectively

Bisexual women have a higher rate than men.

Rates Among Some Specific Populations

Sexual minority youth may be particularly unlikely to report for the reasons explained above.³⁵ And sexual minority individuals **in prison** are more likely than straight inmates to be sexually victimized by staff members or by other inmates, who may or may not be intimate partners of theirs.³⁶ This is especially true for sexual minority youth.³⁷ Alcohol and drug abuse have also been linked to perpetration of LGBTQIA2S+ DV, especially among racial and ethnic minority populations,³⁸ and among sexual minority men who may rely upon bars and other places with alcohol to safely socialize.³⁹

i. Bisexual men and women

“[B]isexual[individuals] . . . are at greater risk of all forms of IPV than any other sexual-orientation group.”

It is unclear why bisexual individuals are at a greater risk of IPV. “Research is mixed on whether they are more likely to experience IPV in a same- or different-gender relationship. While some research indicates that bisexual men are more likely to be abused by a woman and bisexual women are more likely to be abused by a man, other research suggests that both bisexual men and women are most likely to be victims of a male abuser, and still other research finds that bisexual men and women are both equally likely to have male and female abusers.”⁴⁰

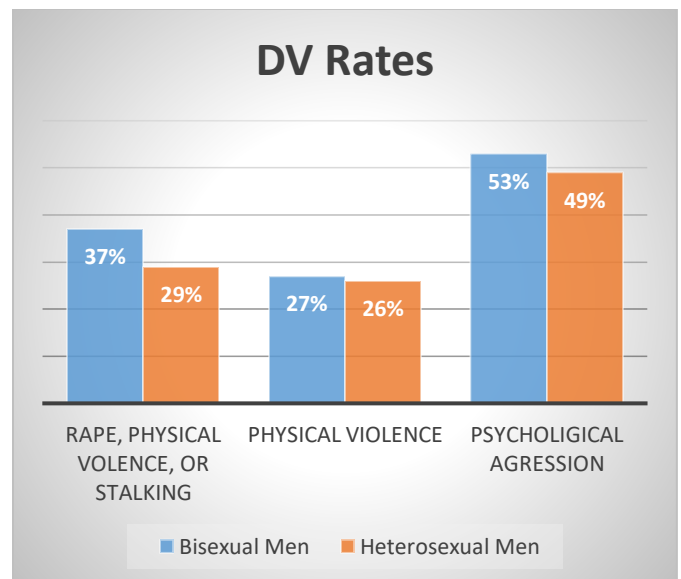
Studies specifically looking at the rates at which **bisexual victims** experience DV are sparse.⁴¹ Lifetime prevalence rates for bisexual men and women are provided below.

One study “found that 44.0% of bisexual men and women had experienced intimate partner violence in their lifetimes [similar to same researcher’s finding among transgender people at 43.0%]. Another study [citation] found that 18.4% of bisexual participants had ever been threatened with physical violence by an intimate partner.”⁴²

Bisexual men

Bisexual men experience higher lifetime prevalence rates of DV than heterosexual men.⁴³

- ⇒ **37%** of bisexual men compared to 29% of heterosexual males have experienced rape, physical violence, or stalking by an intimate partner;
- ⇒ **27%** of bisexual men compared to 26% of heterosexual males have experienced physical violence from an intimate partner;⁴⁴
- ⇒ **53%** of bisexual men compared to 49% of heterosexual males have experienced psychological aggression from an intimate partner.⁴⁵

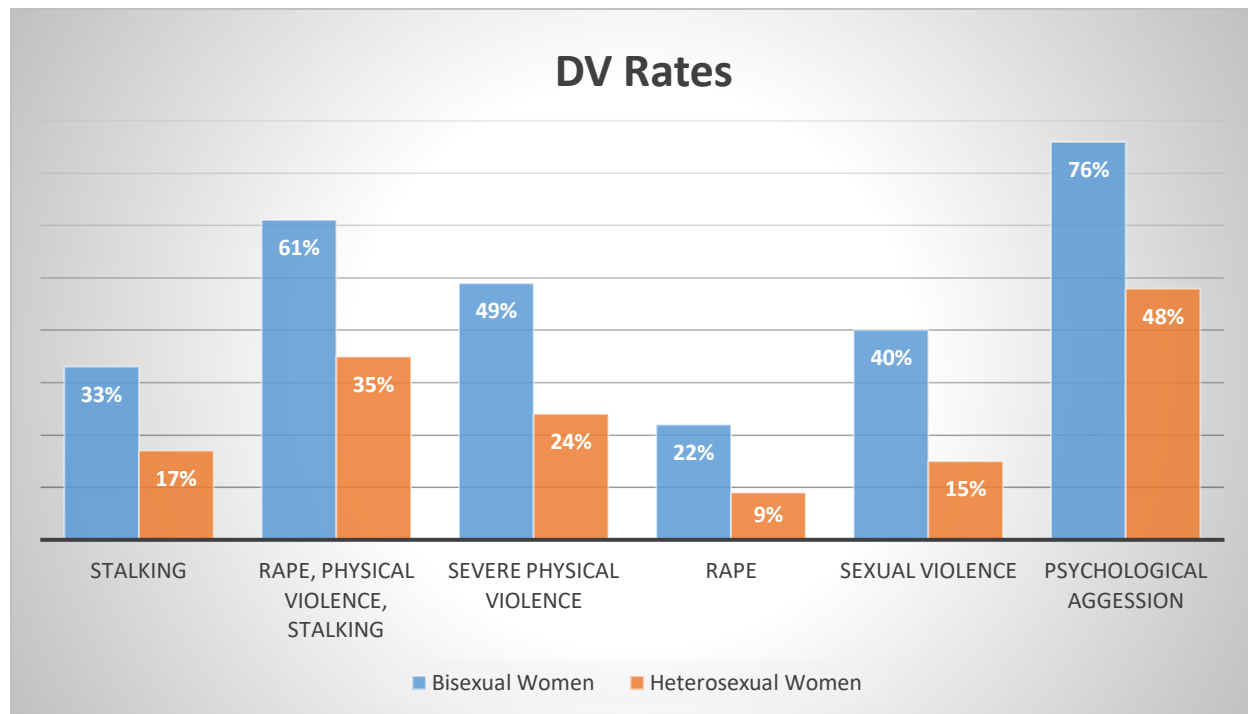


Bisexual men experience sexual violence other than rape (in any relationship) mostly at the hands of male perpetrators.⁴⁶ While some have concluded bisexual men experience DV mostly from female partners,⁴⁷ others have disputed their methodology to find most perpetrators are male.⁴⁸

Bisexual women

- ⇒ **33%** of bisexual women compared to 17% of heterosexual women have experienced stalking in any relationship;⁴⁹
- ⇒ **61%** of bisexual women compared to 35% of heterosexual women have experienced rape, physical violence, or stalking by an intimate partner;⁵⁰

- ⇒ **49%** of bisexual women compared to 24% of heterosexual women have experienced severe physical violence by an intimate partner;⁵¹
- ⇒ **22%** of bisexual women compared to 9% of heterosexual women have experienced rape by an intimate partner;⁵²
- ⇒ **40%** of bisexual women compared to 15% of heterosexual women have experienced **sexual violence, other than rape**, by an intimate partner;⁵³
- ⇒ **76%** of bisexual women compared to 48% of heterosexual women have experienced psychological aggression by an intimate partner.⁵⁴



As with heterosexual women, most bisexual women who have experienced rape (in any relationship), and any other form of domestic violence, had only or mostly male perpetrators.⁵⁵

Compared to 28% of heterosexual women, **57%** of bisexual women “who experienced

rape, physical violence, and/or stalking by an intimate partner in their lifetime reported **at least one negative impact** (e.g., missed at least one day of school or work, were fearful, were concerned for their safety, experienced at least one post-traumatic stress disorder symptom).⁵⁶



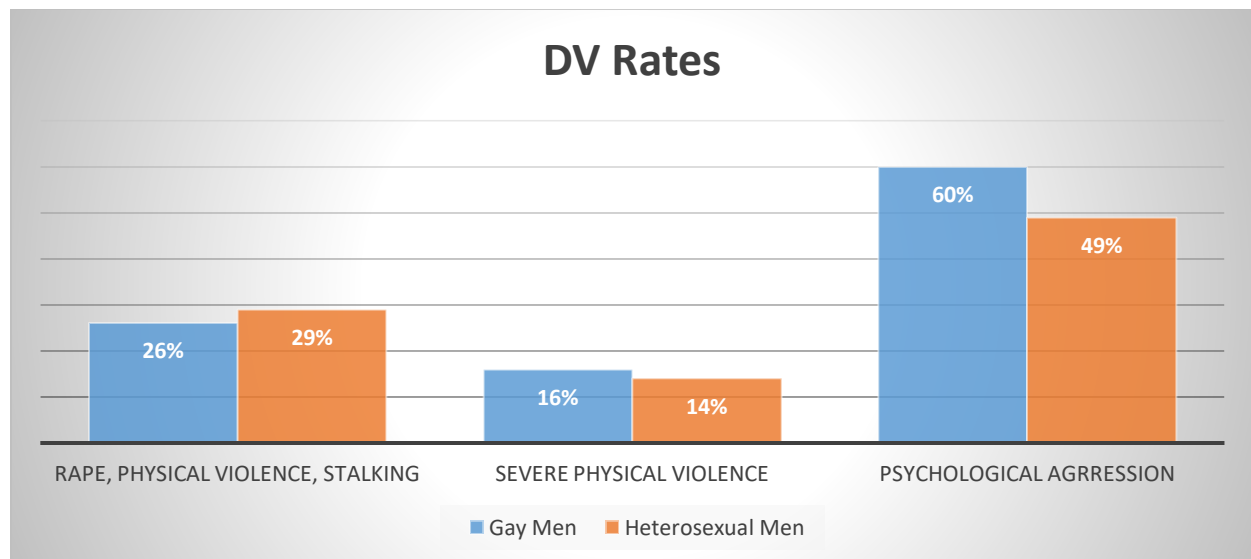
ii. Gay men

Although some studies suggest gay men have a slightly lower lifetime prevalence rate of experiencing DV,⁵⁷ most conclude gay men experience DV at rates as high or higher than HC men.⁵⁸ For gay men who have been victims of sexual violence other than rape in any relationship, their perpetrators were **most often men**.⁵⁹ For lifetime prevalence:

- ⇒ **26%** of gay men compared to 29% of heterosexual men have experienced rape, physical violence, or stalking by an intimate partner;⁶⁰
- ⇒ **16%** of gay men compared to 14% of heterosexual men have experienced severe physical violence by an intimate partner;⁶¹
- ⇒ **60%** of gay men compared to 49% of heterosexual men have experienced psychological aggression by an intimate partner.⁶²

As with other sexual minority individuals, gay men tend to underreport any DV they experience, typically out of fear or shame, or because they may not identify their relationship as intimate.⁶³

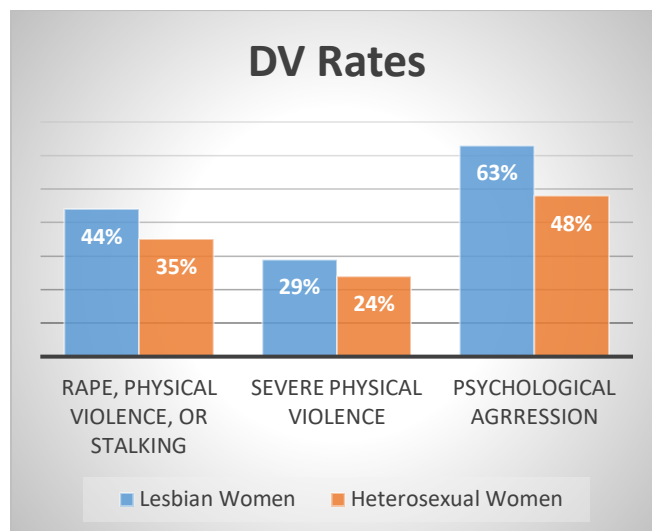
Gay men may perpetrate at higher rates than others,⁶⁴ perhaps in an attempt to conform to perceived gender roles and expectations of masculinity.⁶⁵



iii. Lesbian women

As with other sexual minority individuals, **lesbian women experience DV at the same or higher rates than heterosexual women**,⁶⁶ and their abusive relationships tend to follow the “cycle of violence” theory developed by Dr. Lenore Walker.⁶⁷ For lifetime prevalence:

- ⇒ **44%** of lesbian women compared to 35% of heterosexual women have experienced rape, physical violence, or stalking by an intimate partner;⁶⁸
- ⇒ **29%** of lesbian women compared to 24% of heterosexual women have experienced severe physical violence by an intimate partner;⁶⁹
- ⇒ **63%** of lesbian women compared to 48% of heterosexual women have experienced psychological aggression by an intimate partner.⁷⁰



Lesbian women who experienced DV mainly had female perpetrators,⁷¹ although those who experienced sexual violence other than rape in any relationship had only male perpetrators.⁷²

Compared to 28% of heterosexual women, 34% of lesbian women “who experienced rape, physical violence, and/or stalking by an intimate partner in their lifetime reported **at least one negative** impact (e.g., missed at least one day of school or work, were fearful, were concerned for their safety, experienced at least one post-traumatic stress disorder symptom).”⁷³

d. Gender Minority and Intersex Individuals

DV against gender minority individuals, if reported, is often not reported as DV, and is instead often classified as general violence, a hate crime, or nothing at all.⁷⁴ In addition, gender minority DV victims are less likely to report the abuse, especially to the police, compared to their sexual minority or HC counterparts.⁷⁵

Recent studies have shown trans individuals face higher rates of DV.⁷⁶

- ⇒ **43-46%** of trans adults have experienced physical violence by an intimate partner;⁷⁷
- ⇒ **Up to 47%** of trans adults have experienced sexual violence by an intimate partner;⁷⁸
- ⇒ **50%** of trans adults have experienced some type of intimate partner violence.⁷⁹

Most violence against trans people, as with most violence against cis people, seems to be targeted at women—and disproportionately **trans women of color**.⁸⁰ As has been observed for gay men, some scholars suggest trans people, particularly trans men, may feel pressured to abuse given expected gender roles.⁸¹

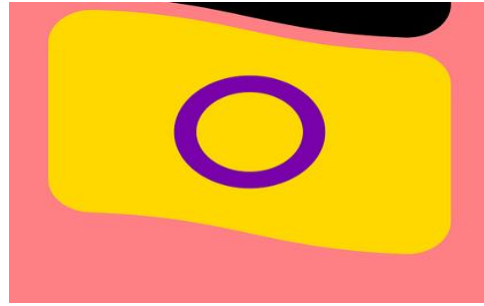
Trans victims often face an escalation of abuse when they out themselves as trans to their intimate partner, or when they disclose they plan on transitioning.⁸² Indeed, a recent survey of trans individuals across the United States found about one in five trans folks reported experiencing domestic violence at the hands of a family member *because* they were trans or gender non-conforming.⁸³ Trans people of color and low-income trans folks faced much higher rates of family violence than white middle and upper class trans people *because* they were trans or gender non-conforming.⁸⁴

Importantly, “[g]ender is not the only social inequality that could cause a struggle to regain power and control in relationships”; “inequalities revolving around (but not limited to) knowledge or education level, social status and class issues, race and/or ethnicity, work status, or health and disability [can help] explain [DV] [citations].”⁸⁵

Trans survivors of sexual violence are more likely to have higher levels of anxiety, and all trans survivors are more likely to suffer from depression.⁸⁶

Trans youth

Trans youth are more likely to experience physical and sexual DV, compared to CH youth; and Black and other trans youth of color can be 3-4 times more likely to experience physical DV than white youth.⁸⁷ A 2021 study found gender minority youth were more likely than cisgender sexual minority youth to face identity abuse and physical abuse.⁸⁸



Intersex individuals

There are unfortunately no reliable statistics for rates of DV against intersex people. Indeed, research on DV “against other queer, trans, and/or non-binary people is largely missing altogether [citations].”⁸⁹



III. UNIQUE FORMS OF ABUSE AND HELP-SEEKING BARRIERS

a. Introduction

Someone who is abusive often uses targeted abuse tactics, meaning that they focus the abuse on areas they know will most hurt or harm the victim. Unfortunately, this type of targeted abuse also often results in creating barriers to survivors seeking help. As such, this document will present targeted abuse tactics alongside help-seeking barriers.

For instance, the prevalence of, and stigma associated with, HIV/AIDS in the gay male community (and for all sexual and gender minority individuals, really) present both:

- (1) **targeted forms of abuse** (such as hiding medicine, isolation, and threatening to out someone as HIV/AIDS-positive); and
- (2) **barriers to seeking help** (such as anti-HIV/AIDS bias or harassment, stigma and shame, and financial or medical dependence on abusive partner).

As another example, the fact that most LGBTQIA2S+ individuals do not fit the stereotypical or “good” victim model serves both as

- (1) **targeted form of abuse** (for instance, an abuser may convince the victim that abuse is normal in a LGBTQIA2S+ relationship, or, conversely, cannot exist in a LGBTQIA2S+ relationship because DV is typically seen as a HC man abusing a HC woman); and
- (2) a **barrier to seeking help** (such as not recognizing oneself as a DV victim, or not being believed as a DV victim).

Practical points

Many targeted forms of abuse or help-seeking barriers affect all sexual and gender minority groups. They, however, also have particular effects on specific groups. As an example, the fear of being outed is ubiquitous among the LGBTQIA2S+ populations, but there are particular and unique concerns faced by each group separately as well. For instance, trans people have a disproportionately higher rate of being killed and so may not want to be outed, and bisexual individuals may be stigmatized or misidentified as heterosexual or homosexual when outed.

b. Across All Groups

In addition to physical, emotional, psychological, and financial abuse that all survivors may experience, LGBTQIA2S+ survivors often face abuse targeted at their particular identity, such as someone questioning their identity, or using their identity as a threat or for ridicule.⁹⁰

Barriers to help-seeking

There are many independent, yet often interacting, barriers to help-seeking for LGBTQIA2S+ victims of DV. These barriers include, e.g.:

- 1) **Statutes may only include different-sex couples** or otherwise exclude same-sex couples and couples with trans persons, leaving LGBTQIA2S+ victims (and courts and law enforcement) wondering whether LGBTQIA2S+s are indeed protected.⁹¹

Though cases such as *United States v. Windsor* (2013) 570 U.S. 744 (holding the federal definition of marriage, as between one man and one woman, unconstitutional for excluding same-sex couples), *Obergefell v. Hodges* (2015) 576 U.S. 994 (holding all state laws banning same-sex marriage and not recognizing other states' same-sex marriages unconstitutional) protect LGBTQIA2S+ rights, statutes continue to exist that deny LGBTQIA2S+ rights and protections.⁹²

- 2) Courts may not apply a statutes' protections to LGBTQIA2S+ victims even if a statute uses gender-neutral language.⁹³

As an example, statutes relating to **adoption**—such as second- or third-parent adoption and adoption by a non-biological parent—are often written or applied in non-LGBTQIA2S+-inclusive ways. LGBTQIA2S+ DV victims without a legally recognized relationship with their children, then, may be less likely to seek assistance for fear of losing custody or visitation.⁹⁴

Family Violence Appellate Project ([FVAP](#)) has developed toolkits and trainings to assist LGBTQIA2S+ DV survivors, and those who help them, in dealing with custody and visitation, parentage, and other issues.

Other organizations, like the [National Center for Lesbian Rights](#), the [LA LGBT Center](#), the [Transgender Law Center](#), the [Battered Women's Justice Project](#), and [Bay Area Legal Aid](#) also may have resources and/or staff available to help on these issues.

- 3) **Societal oppressions** can permeate any aspect of a LGBTQIA2S+ person's life and make them that much more unable or unwilling to seek help. This includes homophobia, biphobia, and transphobia.⁹⁵ Oftentimes LGBTQIA2S+ victims are not seen as "good," "model," or stereotypical victims—which are typically seen as HC women who are also White, English-speaking, U.S. citizen, and

middle- or upper-class.⁹⁶ This makes it much harder to seek help because other people dismiss the abuse, think that LGBTQIA2S+ victims deserved the abuse, or that the victim was the abusive party. Another barrier to seeking help is the fear of outing oneself, which can be exacerbated by the potential ramifications such as outing would have on housing, child custody and visitation, employment, social relations, and other aspects of life.⁹⁷ In addition to concern for themselves, LGBTQIA2S+ victims often do not want to expose their abusive partner to society's oppressions, like homophobia, biphobia, or transphobia.⁹⁸

LGBTQIA2S+ victims often feel these societal oppressions in their interactions with law enforcement and correctional officers⁹⁹—particularly for LGBTQIA2S+ victims of color¹⁰⁰—as well as with (DV) legal service organizations.¹⁰¹ LGBTQIA2S+ victims also face these oppressions in court: not only in parentage and custody/visitation cases, but also in other contexts, as courts are more likely to issue mutual restraining orders when LGBTQIA2S+ victims are involved in the case.¹⁰²

LGBTQIA2S+ victims face disproportionate rates of other oppressions, like unemployment and underemployment, underpayment, poverty, and homelessness¹⁰³—especially LGBTQIA2S+ youth.¹⁰⁴ These oppressions can be further compounded by other oppressions they already face, such as racism, sexism, classism, and a precarious

immigration status—making them both more susceptible to abuse and less likely to come forward if abused.¹⁰⁵ These same aggravating oppressions may even make LGBTQIA2S+ folks more likely to perpetrate—or more likely to be seen as perpetrators.¹⁰⁶

- 4) **LGBTQIA2S+ victims are often concerned about the broader LGBTQIA2S+ communities**, such as what reporting may do to the communities' images.¹⁰⁷ Other community members may also not believe that abuse is happening, or may side with the abuser.¹⁰⁸
- 5) **Many, if not most, formal services do not specifically address the needs of LGBTQIA2S+ communities**; or they may not be LGBTQIA2S+-friendly in delivery of such services, resulting in another barrier to victims seeking help.¹⁰⁹ This particular barrier to help-seeking is even more apparent when LGBTQIA2S+ victims seek housing assistance, such as temporary and long-term DV shelters that are often designed to support HC women escaping abuse by HC men.¹¹⁰ This barrier has also been observed when LGBTQIA2S+ victims seek assistance from anti-LGBTQIA2S+ religious organizations.¹¹¹

LGBTQIA2S+ victims are particularly disadvantaged, compared to HC victims, when not having formal services available, because they are less likely to have a social support system, such as families and friends, already established.¹¹²

c. Sexual Minority Individuals

Sexual minority victims generally do not fit the stereotypical DV victim model,¹¹³ which can be particularly concerning when a DV expert witness is needed in a given case.¹¹⁴ Indeed, these victims' partners can use generalized notions of being a sexual minority, along with societal oppressions, to target a victim as **"not LGB 'enough,' "**¹¹⁵ which can be particularly damaging for victims who have **internalized homophobia or biphobia.**¹¹⁶

Moreover, sexual minority victims face real or perceived homophobia and biphobia from law enforcement: many **responding officers are unable or unwilling** to properly conduct a **dominant aggressor analysis** in same-gender DV cases, as compared to different-gender DV relationships.¹¹⁷ ("Different-gender" is preferable to "opposite-gender" because the latter sets two genders as "opposing" one another, and implies there are only the two genders.) This type of response may lead to **no arrest**¹¹⁸ or **mutual arrest.**¹¹⁹

Sexual minority victims also tend to have **negative perceptions of (DV) legal assistance**

organizations, in part because of how lawyers and the law generally treat, and have historically treated, sexual minority individuals.¹²⁰ Whatever oppression they face, and from whomever, many sexual minority victims remain silent for **fear of being outed.**¹²¹

Sexual minority victims who face **additional societal oppressions**—like lower levels of education, classism, racism, HIV/AIDS discrimination, and others—are particularly less likely to seek help and are particularly more vulnerable to being subjected to abuse.¹²² These victims may also fear what reporting would do to their **community's public image**—which is unfortunately already, for many, connected with wrong and harmful aspersions like pedophilia, bestiality, and other negative characterizations.¹²³

Interestingly, as a final note, sexual minority victims, compared to heterosexual victims, tend to not be as financially dependent on their abusers.¹²⁴

i. Bisexual men and women

Bisexual victims face biphobia not only from society at large, but within the LGBTQIA2S+ communities as well—often hearing things like, “pick a side,” or “greedy bisexual individuals” (in the sense of being promiscuous).¹²⁵ Biantagonism (fear or hatred towards bisexuality) and bierasure or bisexual invisibility (the act of ignoring or erasing bisexuality in culture) are unfortunately common within our society and our institutions, including agencies geared toward serving bisexual survivors.¹²⁶

Because of bierasure it can be particularly difficult for bisexual individuals to create a “bisexual community.” Additionally, bisexual invisibility “can exacerbate adverse effects on health, via minority stress, external or internal biphobia or bi-negativity [citation]” such that “a bisexual identity increases one’s risk of anxiety, depression, and negative affect compared to all other sexual

orientations.”¹²⁷ Yet for those who can find “community,” there may be a higher risk for DV victimization due, perhaps, to jealousy.¹²⁸

Bisexual victims often see their bisexual status used against them, particularly with respect to sexual violence: perpetrators may try to justify a rape, for instance, by claiming bisexual individuals are promiscuous and always asking for it.¹²⁹ Bisexual victims also often face “a particular quandary” related to outing: their abuser may, for instance, threaten to out them in a way in which they do not identify.¹³⁰

ii. Gay men

Generally, gay men are affected by **homophobia** (by society at large, and by internalized homophobia), making them more vulnerable to abuse, less likely to seek help, and potentially more likely to abuse others.¹³¹

Being affected by these stigmatic identities, it is not surprising society—and, importantly, legal actors like judges and attorneys—often fail to see gay men being abused by intimate partners as “actual” DV victims: gay men do not fit the stereotypical victim model.¹³²

Also as mentioned above, gay men, and especially gay men of color, are disproportionately affected by HIV/AIDS,¹³³ which further stigmatizes an already outcast group.¹³⁴ Gay men who are affected by HIV/AIDS and DV victims are also more susceptible to being abused and less able to seek help (targeted abuse includes controlling the survivor’s medication or access to medical services, or threatening to reveal their status to others).¹³⁵

Services

As with other LGBTQIA2S+ DV victims, gay male victims are less likely to seek help from (actual or perceived) homophobic law enforcement,¹³⁶ formal service programs that do not serve gay men or are not gay male-friendly,¹³⁷ and DV shelters that serve only cisgender women.¹³⁸ The services gay male victims are more likely to turn to (such as LGBT organizations and HIV/AIDS clinics) are often not able to assist with DV issues.

“Like falling dominoes, one structural factor [of societal oppression, like poverty, racism, or homelessness] often led to [another, like being abused or perpetrating abuse].”¹³⁹

iii. Lesbian women

Like gay men, lesbian DV victims are more vulnerable to being abused than heterosexual women, and less likely to seek help because of societal myths or beliefs about women, survivors of DV, and lesbian women.¹⁴⁰ These myths include, among others:

1) **Women cannot perpetrate abuse.**¹⁴¹

This belief pervades lesbian DV victims' interactions with the legal system, including homophobic and ill-informed law enforcement.¹⁴²

2) **DV in lesbian relationships is “mutual battering.”**

The court system often views DV in lesbian relationships as “mutual battering”, resulting in the court granting more **mutual restraining orders.**¹⁴³

3) **The Lesbian Utopia.**

This myth states the lesbian community is always and only non-violent, peaceful, and non-aggressive.¹⁴⁴ Lesbian victims are less likely to seek help for fear of what reporting may do to this myth.

In addition to encountering these myths, even if they do report, lesbian women may face a disbelieving lesbian or broader LGBTQIA2S+ community—among whom some members may even side with the abuser, because abusers may themselves be prominent leaders in the community.¹⁴⁵

Services

While lesbian victims are often able to gain access to formal service programs, they are not always lesbian-friendly¹⁴⁶—whether because of the staff or other clients—including DV shelters.¹⁴⁷



i. Trans individuals

In the beginning of the DV movement, trans victims were hardly part of the conversation. In part because of this, they are not considered the stereotypical victim, making it more difficult when trans victims seek legal assistance before disbelieving or hostile judges.¹⁵²

There are myriad tactic persons who are abusive use to target tans victims' identity. These include, e.g.:

- 1) **Intentionally use the wrong names or pronouns** to degrade their victims.¹⁵³
- 2) **Targeting their physical or sexual abuse against certain parts of trans victims' bodies** about which the victim may be particularly sensitive.¹⁵⁴
- 3) **Use of gender, and especially expected gender norms.**¹⁵⁵ This can sometimes be a form of "identity abuse,"¹⁵⁶ which "is a form of [DV] that uses gender normative and cis-genderist ideas and beliefs to denigrate, coerce, and control [citation]."¹⁵⁷ This can occur, for instance, with sexual violence and rape, such as in cases of FtM trans men being raped by HC men who want to "remind" the victim he is "really" a woman—as portrayed in the biographical 1999 film *Boys Don't Cry* (FOX Searchlight Pictures).¹⁵⁸
- 4) Preventing their victim from accessing **desired medical care or services**, or using **gender-affirming clothing and items**, or even forcing

the victims to undergo **unwanted medical procedures.**¹⁵⁹

- 5) **Use of status.** Trans individuals who are abusive may use their trans status itself as a tool for abuse by, for example, coercing the victim to provide funding for gender-affirming surgeries (which typically run in the tens or hundreds of thousands of U.S. dollars¹⁶⁰), or threatening suicide along with mentioning the disproportionately high suicide rate among the trans community.¹⁶¹

As with other LGBTQIA2S+ victims, trans victims also face numerous help-seeking barriers. These include, e.g.:

- 1) **Fear of being outed.**¹⁶² Yet unlike others, this fear can be intensified by a genuine fear of being killed, which is disproportionately likely to happen to trans victims compared to queer or HC victims.¹⁶³
- 2) **Internalized transphobia.**¹⁶⁴
- 3) **"Legal" gender or name does not match their self-identity** or how others perceive them. This can impede trans victims from accessing all sorts of services at all levels of government.¹⁶⁵ Such impediments can exacerbate a trans victim's interactions with transphobic law enforcement and correctional officers, who generally see trans people—especially trans women of color—as sex workers and sexual deviants unworthy of protection, service, respect, or even life.¹⁶⁶

- 4) **Overpolicing.** Trans victims (and trans individuals generally) are disproportionately brought into the courts against their will, including through the criminal legal system, making them less likely or able to seek legal help in the future.¹⁶⁷
- 5) **Legal system being overly and unnecessarily intrusive in trans victims' lives,** including asking about their genitals and medical history.¹⁶⁸ Because of the medicalization of trans people and their identity generally, along with transphobic courts and trans-exclusive laws, trans victims may fear leaving an abusive relationship, or reporting abuse generally—in part because they do not want to lose custody of their children.¹⁶⁹
- 6) **Concern about public image.** Trans victims may also be sensitive about what reporting the abuse may do to the public image of the broader trans community, which is already viewed unfavorably.¹⁷⁰ Also, if they do report, community members may not

believe them or may side with the abuser,¹⁷¹ which may be in part due to the “hierarchies” of identities many observe within the trans community itself.¹⁷²

- 7) **Intersecting identities.** Trans people generally are also more likely than cis folks to face other societal oppressions—such as those related to finances, housing, and employment—making those subjected to DV more vulnerable to being oppressed and abused, and less likely to seek help.¹⁷³

Services

Additionally, trans victims are unlikely to be able to find trans-friendly or trans-specific services,¹⁷⁴ including DV shelters, which typically exclude trans people out of unfounded, unrealistic, and/or irrelevant concerns for safety and comfort.¹⁷⁵ Without the ability to turn to formal services for assistance, many trans victims are left on their own. Additionally, trans victims often lack an adequate support network of family and friends.¹⁷⁶

Trans people generally are also more likely than cis folks to face **other societal oppressions**—such as those related to **finances, housing, and employment**—making those subjected to DV **more vulnerable** to being oppressed and abused, and **less likely to seek help**.¹⁷⁷

ii. Intersex individuals

Most people in the general population do not understand what intersex is or even know it exists as a condition and/or identity.¹⁷⁸ This lack of awareness results in intersex DV victims being precluded from seeking help. Intersex victims likely have also faced trauma from almost the moment they were born

because most have been forced to undergo unnecessary medical surgeries. These surgeries generally occur right after birth, and obviously without their consent, leading to potential medical and self-image issues, shame, and hatred of one's own body, among many other issues.¹⁷⁹



IV. STRATEGIES FOR CHANGE

a. Existing and New Services

In addition to legal services, survivors often need help with other issues such as housing, financial security, childcare, employment, and physical and mental health.¹⁸⁰ Because of the myriad needs and LGBTQIA2S+-specific agencies' understanding of the LGBTQIA2S+ community, LGBTQIA2S+ survivors are more likely to turn to LGBTQIA2S+-specific agencies instead of DV organizations. LGBTQIA2S+ agencies, however, are less likely to be able to help with issues like restraining orders, child custody, or the criminal legal system.¹⁸¹ DV and legal organizations, however, might not understand LGBTQIA2S+-specific issues. It is important that LGBTQIA2S+-specific and DV organizations collaborate to better meet the needs of LGBTQIA2S+ victims.

Whether improving existing services, developing new ones, or collaborating across agencies to better serve LGBTQIA2S+ victims, more funding will be required.¹⁸² All organizations should center the most marginalized groups and individuals in their discourse and service provision.¹⁸³ Additionally, organizations should work with other agencies and community organizers to develop a coordinated community response for LGBTQIA2S+ victims of DV.¹⁸⁴ This coordination will help ensure, among other things, that abusers in same-sex relationships do not try to call every DV organization and "conflict out" the victim from seeking those services.¹⁸⁵

"Conflict out"

What is "conflict out?" "Conflict out" is a term of art related to whether an attorney can provide legal services to someone. Generally, attorneys cannot provide legal help to someone when doing so would "conflict" with how that attorney helped or tried to help someone else. This is, basically, called a "conflict of interest."

So if an attorney already talked in confidence with a person who is abusive, even if they didn't represent them, the attorney may then not be able to help the survivor.¹⁸⁶ Some DV advocates and other professionals use similar "conflict" rules.

Usually, though, there is an exception for when the person who is abusive is not actually seeking the professional's services, but rather is contacting them just to create this "conflict." This exception means there is actually no "conflict of interest," so the professional can help the survivor.

Recommendations for existing services

- ⇒ **Advertise that your organization serves LGBTQIA2S+ victims.**¹⁸⁷
- ⇒ **Develop improved screening protocols** for organizations,¹⁸⁸ especially healthcare providers¹⁸⁹ and legal aid attorneys.¹⁹⁰ Developing new screening protocols will likely require a better understanding of the dynamics of LGBTQIA2S+ DV relationships, such as determining who is the dominant or primary aggressor.¹⁹¹ Screening protocols need to consider not only inclusion but also minority stress and psychological symptoms.¹⁹²
- ⇒ **Acceptance of victims based on their self-professed identity** in DV shelters and other typically gender- or sex-segregated services. Organizations should ensure their staff and other clients treat them with respect and dignity.¹⁹³
- ⇒ **Receive training** on adequately and meaningfully serving LGBTQIA2S+ DV victims.¹⁹⁴

Helpful Tip



Some organizations, like the [LA LGBT Center](#) and the [National Center for Lesbian Rights](#), mentioned above, may be able to provide in-person or live online trainings. Others, like the [Northwest Network](#), the [American Bar Association](#), the [California Partnership to End Domestic Violence](#), and the [National LGBTQ Institute on IPV](#) often provide live online

trainings or recorded trainings online. These trainings may or may not require payment to view them. Many of these organizations, and others, also have written materials with useful information, available on their websites.

Recommendations for new services

- ⇒ Keep in mind that LGBTQIA2S+ victims generally view **informal and personal services**, like connecting one-on-one with counselors, as more helpful than formal (and group or communal) ones.¹⁹⁵ Still, **community-based services** are typically preferred by victims compared to more generalized or nonspecific service providers.¹⁹⁶
- ⇒ Be sure to make a differentiation between serving queer and trans victims.¹⁹⁷
- ⇒ There is a need for services for **bisexual** men and women.¹⁹⁸
- ⇒ There is a need for services for all **men**, especially in housing and DV shelter access.¹⁹⁹
- ⇒ “Ideally, . . . counsellors should be from a different area [than the victim] to minimise the risk of clients personally knowing their service provider.”²⁰⁰
- ⇒ Counseling services should be available for perpetrators as well, and ideally be identity-specific.²⁰¹

b. Law and Policy



i. Legal and policy language and interpretation.

Progressive and LGBTQIA2S+-friendly laws and policies (at all levels) that explicitly include LGBTQIA2S+- DV victims would better serve them than gender-neutral language.²⁰² This is because experience shows that gender-neutral language can be interpreted by judges to not include some LGBTQIA2S+s.²⁰³ For instance, a law may say “he or she” in an attempt to be gender-neutral, but in doing so, it could be read to exclude anyone who does not use the pronouns “he or she.” Gender-inclusive language is generally better than gender-neutral language.

Additionally, without explicit recognition of sexual orientation and gender identity, LGBTQIA2S+ victims may be left out of broader legal definitions, such as sex discrimination. The recent *Bostock v. Clayton County, Georgia* (2020) 590 U.S. 140 case afforded protections to LGBTQIA2S+ victims by holding they are covered at least for Title VII purposes (employment discrimination).

Mutual restraining orders also need to be discouraged and rarely issued, as they can send the message the victim is at fault or is unlikely to receive help from future abuse

and can subject the victim to restrictions on their freedoms, potential arrest, and risk to their employment, housing, and immigration status.²⁰⁴

Fully supporting LGBTQIA2S+ DV victims will require more than change in just one aspect of the law—including such landmark legal achievements like *Lawrence v. Texas* (2003) 539 U.S. 558; *Obergefell, supra*; and the reauthorization of VAWA in 2013 (Pub. L. No. 113-4 (Mar. 7, 2013) 127 Stat. 54) and in 2022 (Division W of Pub. L. 117-103).²⁰⁵

At the same time, improving and changing laws help shape the broader sociocultural context in which LGBTQIA2S+ victims find themselves—and vice versa—making legal change necessary and important.²⁰⁶

Legal actors who interact with LGBTQIA2S+ victims and set policies regarding them—from law enforcement and court personnel (including judges) to administrative officials and legislators—should use the LGBTQIA2S+ victim’s correct, self-identified name and pronouns.²⁰⁷

ii. Law enforcement and police response

Many survivors fear contacting the police because police involvement could exacerbate an already dangerous situation. This can be especially true for LGBTQIA2S+ survivors, particularly for those whose identities place them in other marginalized communities, like LGBTQIA2S+ survivors of color, survivors with disabilities, survivors without immigration documentation, and survivors with limited English proficiency.

For police departments to more effectively work with LGBTQIA2S+ victims, it is important for them to develop internal practices and policies for working with the LGBTQIA2S+ community. These practices and policies include²⁰⁸ adopting liaison officers for the LGBTQIA2S+ communities,²⁰⁹ recruiting LGBTQIA2S+ officers,²¹⁰ training all officers and leaders²¹¹ (so they, for instance, categorize LGBTQIA2S+ DV as DV and not “roommate fights,” and so they properly conduct a dominant aggressor analysis²¹²),

and collecting and acting upon LGBTQIA2S+ DV data.²¹³ Progressive and LGBTQIA2S+-friendly departments should promote themselves to the communities as such, and the communities should promote them among their members.²¹⁴

Departments must also ensure they are fairly and properly handling DV cases involving a fellow officer as the perpetrator.²¹⁵ Moreover, departments should follow, at least, the DOJ guidelines on minimizing gender bias.²¹⁶ These changes are needed to improve generally how the police respond to LGBTQIA2S+ DV calls.²¹⁷

Batterer’s intervention programs (BIPs), which are often ordered in criminal cases, and are sometimes ordered in domestic violence restraining order proceedings, should be available specifically and exclusively for LGBTQIA2S+ abusers,²¹⁸ which is currently rarely done.²¹⁹

c. Culture and Society

In addition to the needed legal changes outlined above, cultural acceptance of LGBTQIA2S+s, and LGBTQIA2S+ DV survivors specifically, must improve.²²⁰ Sociocultural change can come about through, in part, LGBTQIA2S+ DV awareness campaigns by individuals and organizations, public and private alike.²²¹ Awareness-raising campaigns should make sure to differentiate between, and not conflate, sexual orientation and gender identity.²²² They should ensure inclusion and representation of trans people, including “the relational contexts and exchanges of love and passion of those erotically allied with trans people.”²²³ These educational campaigns can and should also try to dismantle the notion of the stereotypical or “good” victim model. Dismantling the “good victim” stereotype can help the public, court personnel, police officers, and others, understand that, whatever its merits,

Battered Woman Syndrome (BWS) is not the only method of understanding a DV victim’s behavior and mentality.²²⁴

In sum, the sociocultural changes that need to happen to ensure LGBTQIA2S+ persons generally, and LGBTQIA2S+ victims specifically, are more accepted, must be done in sync with progressive changes in law and policy.

Additional resources

Different versions of the LGBT Power and Control Wheel, based on the famous Duluth Model’s Power and Control Wheel for DV survivors, can be found online with [Forge Forward](#) or the [National DV Hotline](#).

End Notes

¹ Intimate Partner Violence and the LGBT+ Community (Russell edit. 2020); Transgender Intimate Partner Violence: A Comprehensive Introduction (Messinger & Guadalupe-Diaz edits., 2020); Messinger, LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research (2017)

² Harada, *Additional Barriers to Breaking the Silence: Issues to Consider when Representing a Victim of Same-sex Domestic Violence* (2011) 41 U. Balt. L.F. 150, 153 (*Additional Barriers*) (“It can be said, however, that the one trait held in common by every abuser, regardless of sexual orientation, is the belief that they are entitled to control their partner, and that violence is permissible in producing the desired effect.”); Pertnoy, *Same Violence, Same Sex, Different Standard: An Examination of Same-sex Domestic Violence and the Use of Expert Testimony on Battered Woman’s Syndrome in Same-sex Domestic Violence Cases* (2012) 24 St. Thomas L.Rev. 544, 552-553 (*Same Violence*) (“[D]omestic violence survivor stories reveal that the typical forms of abuse in same-sex relationships are strikingly similar to the modes of violence employed in heterosexual relationships. . . . Moreover, power/control remains the central element in domestic abuse, irrespective of the contours of the relationship.”).

³ E.g., Turell et al., *Disproportionately High: An Exploration of Intimate Partner Violence Prevalence Rates for Bisexual People* (2018) 33 Sexual and Relationship Therapy 113, 116-117, 124-127 (*Disproportionately High*).

⁴ *K.L. v. R.H.* (2021) 70 Cal.App.5th 965, 984, fn. 11: “We are also mindful of society’s preconceptions that often damage the credibility of victim-witnesses who present on the stand in atypical and non paradigmatic fashions. We expect such victims to be sweet, kind, demure, blameless, frightened, and helpless and not a multi-faceted woman who may or may not experience fear or anger. These are the preconceptions that judges and jurors bring with them into the courtroom when they assess the veracity of a victim-witness’s story. We encourage continued diligence and education to guard against such preconceptions.” (Cleaned up.)

⁵ Coston, *Power and Inequality: Intimate Partner Violence Against Bisexual and Non-Monosexual Women in the United States* (2021) 36 J. Interpersonal Violence 381, 385 (explaining the difference between sexual identity and sexual behavior) (*Power and Inequality*).

⁶ Some individuals use “trans*” in the sense of the asterisk (*) being a wild-card in search queries. That is, think of the asterisk as a “fill-in-the-blank,” so “trans*” could mean “transgender, transsexual, transvestite,” and so on.

⁷ InterAct, *Intersex Definitions* (Feb. 19, 2021) <<https://interactadvocates.org/intersex-definitions/>> (as of publication).

⁸ U.S. Nat’l Institutes of Health, U.S. Nat’l Library of Medicine, *Klinefelter Syndrome* (Dec. 6, 2017) <<https://ghr.nlm.nih.gov/condition/klinefelter-syndrome>> (as of publication).

⁹ Messinger, LGBTQ Intimate Partner Violence: Lessons for Policy, Practice, and Research (2017) p. 23 (LGBTQI IPV) (“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.”); Goldberg & White, *Reflections on Approaches to Trans Anti-violence Education* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 65 (*Reflections*) (“While addition of a ‘T’ to ‘LGB’ has increased visibility of trans issues and programs’ accountability to trans people, too often LGBT is generalized as one homogeneous group of people with identical experiences, needs, and concerns. There is . . . often very little understanding of the limits of that alliance and the distinct issues faced by lesbians, gay men, bisexuals of all genders, and trans people even in such obvious areas as differing physical anatomy leading to different needs in health care services, let alone more nuanced issues relating to the distinction between sexual behavior, sexual identity, and identification with a particular community.”).

¹⁰ Jones, *LGBTQ+ Identification in U.S. Now at 7.6%*, Gallup (2024)

<<https://news.gallup.com/poll/611864/lgbtq-identification.aspx>> (as of publication)

¹¹ Human Rights Campaign Foundation, *We Are Here: Understanding the Size of the LGBTQ+ Community* (Dec. 9, 2021) <<https://www.hrc.org/press-releases/we-are-here-lgbtq-adult-population-in-united-states-reaches-at-least-20-million-according-to-human-rights-campaign-foundation-report>> (as of publication) (methodology of collecting data on sexual and gender minority individuals continues to evolve, and people’s readiness to self-identify develops over time); Jones, *LGBTQ+ Identification in U.S. Now at 7.6%*, Gallup (2024)

<<https://news.gallup.com/poll/611864/lgbtq-identification.aspx>> (as of publication) (“Overall, each younger generation is about twice as likely as the generation that preceded it to identify as LGBTQ+. More than one in five Gen Z adults, ranging in age from 18 to 26 in 2023, identify as LGBTQ +, as do nearly one in 10 millennials (aged 27 to 42). The percentage drops to less than 5% of Generation X, 2% of baby boomers and 1% of the Silent Generation.”)

¹² *Ibid.*

¹³ *Ibid.*

¹⁴ *Ibid.*

¹⁵ *Ibid.*

¹⁶ *Ibid.*

¹⁷ Gates, Gallup News, *In US, More Adults Identifying as LGBT* (Jan. 11, 2017)

<<http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>> (as of publication).

¹⁸ Allen, The Daily Beast, *Just How Many LGBT Americans Are There?* (Jan. 14, 2017)

<<https://www.thedailybeast.com/just-how-many-lgbt-americans-are-there>> (as of publication).

¹⁹ Kinsey et al., *Sexual Behavior in the Human Male* (1948); Kinsey et al., *Sexual Behavior in the Human Female* (1953).

²⁰ Gates, Gallup News, *In US, More Adults Identifying as LGBT* (Jan. 11, 2017)

<<http://news.gallup.com/poll/201731/lgbt-identification-rises.aspx>> (as of publication).

²¹ Qureshi, *Utilizing Florida's Stance on Domestic Violence Laws Regarding Same-sex Couples as an Effective Model for National Uniformity* (2017) 28 U. Fla. J.L. & Pub. Pol'y 143, 143-144 (*Florida*), emphasis added.

²² Brown & Herman, *The Williams Inst., Intimate Partner Violence and Sexual Abuse Among LGBT People* (2015) p. 2 (IPVSA) ("Most [of the 42] studies reviewed for this report found a lifetime prevalence of IPV among lesbian and bisexual women, gay and bisexual men, and transgender people that is as high or higher than the U.S. general population."); Pertnoy, *Same Violence*, *supra*, 24 St. Thomas L.Rev. at pp. 554-555; Merrill & Wolfe, *Battered Gay Men* (2000) 39 J. of Homosexuality 1, 3 (*BGM*).

²³ Morin, *Re-traumatized: How Gendered Laws Exacerbate the Harm for Same-sex Victims of Intimate Partner Violence* (2014) 40 New England J. on Crim. & Civ. Confinement 477, 486-487 (*Re-traumatized*) ("Young members of the LGBTQ community are at a particularly high risk. Survivors under thirty made up 37.7% of those reporting IPV and the highest proportion of survivors were young adults (ages nineteen to twenty-nine at 30.3%), followed by youth (ages fifteen to eighteen at 6.1%) and fourteen years or younger (at 1.3%). . . . Unwilling or unable to report the abuse for fear that they will be abandoned by their parents or other family members and often unable to relocate to escape the abuse, younger LGBTQ people face an added level of danger."); Guadalupe-Diaz & Barredo, *An Exploration of Predictors for Perpetration of Same-sex Intimate Partner Violence in a Community Sample of Lesbians, Gays and Bisexuals* (2013) 11 J. Sociation Today <<http://www.ncsociology.org/sociationtoday/v112/ipv.html>> (as of publication) (*Predictors*) ("[Y]ounger respondents were more likely than older ones to have reported perpetrating same-sex IPV. This may be an indication younger LGB may be quicker to resort to violence in intimate relationships than their more mature counterparts."); Messinger, *LGBTQ IPV*, *supra*, p. 101 ("Preliminary evidence also suggests that younger victims are less likely to be believed when seeking help regarding an older or elderly abuser. Beyond explicit age differences, research also has found that gaps in relationship experience (likely impacted by age) also facilitate IPV. Specifically, sexual minorities are at an increased risk of IPV if it occurs in their first relationship, where victims may not be aware of what healthy relationships look like and may feel less qualified to challenge the behavior of abusers. Relatedly, one qualitative study suggests that sexual minorities who have been out for a shorter period of time than their partners may hold less power in their relationships and could be at greater risk of IPV victimization—a possibility that has not yet been studied with more-representative samples."); Durish, *Documenting the Same Sex Abuse Project, Toronto, Canada* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 240 (*Documenting*) ("[I]ndividuals in their first LGBTQ relationship are more at risk of LGBTQ-IPV [citation].").

²⁴ Messinger, *LGBTQ IPV*, *supra*, p. 104 ("With two exceptions, research fairly conclusively has found that MSMs and sexual minority men are more likely to experience IPV if they have been diagnosed with HIV or another sexually transmitted infection (STI). The only research in this area on trans* people found trans* women to similarly be at an elevated risk of IPV victimization if they are HIV positive. Research is more mixed on whether HIV is linked to IPV perpetration . . . Limited evidence suggests that HIV-positive sexual minorities experience shame, fear of not being loved, fear of their serostatus being outed, reliance on medication and financial resources

for treatment that can be stolen by abusers, and fear of negative response by those who they might turn to for support—all of which may make these individuals considerably more appealing targets for abusers looking for emotionally dependent and socially isolated victims.”); Pantalone et al., *I Ain’t Never Been a Kid: Early Violence Exposure and Other Pathways to Partner Violence for Sexual Minority Men with HIV* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 182 (*Early Violence*).

²⁵ Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 798 (“It is important to note that the prevalence rates of same-sex IPV are most likely underestimations because of a myriad of factors, including the homophobic climate LGB individuals face [citation], as well as fears of censure/safety for reporting, lack of uniform legal definitions across states, and variability of mandatory arrest policies.”); Stephenson et al., *Dyadic, supra*, 12 Western J. of Emergency Medicine at p. 330 (“MSM who perceived more stigma to being in a male same-sex couple were less likely to report sexual violence. MSM who perceive their relationship to be stigmatized may be less likely to report sexual violence due to a perceived lack of resources or support.”); *ibid.* (“MSM who reported a higher degree of concordance with their partner on lifestyle choices were also less likely to report violence: again, this shows the role of stress in creating the risk of IPV.”); Morin, *Re-traumatized, supra*, 40 New England J. on Crim. & Civ. Confinement at p. 478 (“Same-sex IPV is vastly underreported, unacknowledged, and is often reported as something other than intimate partner violence.”); Pertnoy, *Same Violence, supra*, 24 St. Thomas L.Rev. at pp. 558-559.

²⁶ Ramsey, *The Stereotyped Offender: Domestic Violence and the Failure of Intervention* (2015) 120 Penn. St. L.Rev. 337, 409 (*Stereotyped*) (“Fearing the prejudice of society in general, as well as pressure not to air the dirty laundry of the LGBT community, lesbian, gay, bisexual, and transgender victims are less likely to seek help than women battered by men.”); Messinger, *LGBTQ IPV, supra*, p. 114 (“While limited evidence suggests that sexual minority victims are more likely than heterosexual victims to seek help, studies indicate that anywhere from 22% to 82% of LGBTQ IPV victims tell no one of the abuse. Unfortunately, a network of hidden barriers is often incredibly effective in trapping many LGBTQ IPV victims; these barriers can include not recognizing IPV, dependency, fear, and hurdles in reaching out for help.”); *id.* at p. 125 (“Research consistently finds that many LGBTQ IPV victims do not leave their abusers because they do not recognize they are being abused. Scholars speculate that a key reason for this is that models of healthy and unhealthy LGBTQ relationships are largely absent from public discourse and the media. Particularly in first relationships, research repeatedly concludes that LGBTQ IPV can go unrecognized because victims and abusers do not know whether their experiences are normal for LGBTQ relationships.”); Duke & Davidson, *Same-sex Intimate Partner Violence: Lesbian, Gay, and Bisexual Affirmative Outreach and Advocacy* (2009) 18 J. of Aggression, Maltreatment & Trauma 795, 804 (*SS IPV*) (“[T]he repercussions of seeking assistance outside of the relationship may be more harmful than simply remaining silent.”).

²⁷ Duke, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 802 (“[G]ay men are more likely to respond with violence when aggressed upon by their partners, [but] this behavior does not constitute mutual battering.”); Qureshi, *Florida, supra*, 28 U. Fla. J.L. & Pub. Pol’y at p. 149; Goodmark, *Transgender People, Intimate Partner Abuse, and the Legal System* (2013) 48 Harv. C.R.-C.L. L. Rev. 51, 99 (*Trans IPA*).

²⁸ Guadalupe-Diaz, *An Exploration of Differences in the Help-seeking of LGBQ Victims of Violence by Race, Economic Class and Gender* (2013) 9 *Gay & Lesbian Issues & Psychology Rev.* 15, 29 (*Differences*).

²⁹ Messinger, *LGBTQ IPV*, *supra*, p. 10, emphasis added.

³⁰ LeBrun, *Are We There Yet?—VAWA 2013: Same-sex Legal Acceptance* (2015) 39 *Seton Hall Legis. J.* 101, 107-108 (*VAWA 2013*), emphasis added.

³¹ Messinger, *LGBTQ IPV*, *supra*, pp. 5, 74; Stephenson et al., *Dyadic Characteristics and Intimate Partner Violence Among Men Who Have Sex with Men* (2011) 12 *Western J. of Emergency Medicine* 324, 325 (*Dyadic*); Qureshi, *Florida*, *supra*, 28 *U. Fla. J.L. & Pub. Pol’y* at pp. 148-149.

³² Messinger, *LGBTQ IPV*, *supra*, pp. 83-85 (Comparing the “estimated number of sexual minority-identified adults in a nation with the number of same-gender IPH [intimate partner homicide] cases in a given year,” using data in the U.S. looking at IPH incidents from 1976-2001 and the estimated population of queer adults, found about 5.25 out of one million sexual minorities and 6.40 out of one million heterosexuals would be murdered in any given year; and male-male IPH was more common than female-female).

³³ *Ibid.*

³⁴ Stemple & Meyer, *Scientific Am.*, *Sexual Victimization by Women Is More Common than Previously Known* (Oct. 10, 2017) <<https://www.scientificamerican.com/article/sexual-victimization-by-women-is-more-common-than-previously-known/>> (as of publication).

³⁵ Walters et al., *National Ctr. for Injury Prevention and Control, Ctrs. for Disease Control & Prevention, The National Intimate Partner and Sexual Violence Survey (NIPSVS): 2010 Findings on Victimization by Sexual Orientation* (2013) p. 37 (“[A]mong women who experienced rape, bisexual women were more likely to experience their first rape between the ages of 11 and 17 years, as compared to heterosexual women. Many people may not identify their sexual orientation during their adolescence, making it difficult to target specific subgroups of adolescents for prevention efforts that include individuals as well as communities.”).

³⁸ Messinger, *LGBTQ IPV*, *supra*, p. 106 (“With one notable exception, studies find alcohol and drug use to be associated with sexual minority IPV perpetration.”); Smith, *Women Who Abuse Their Female Intimate Partners* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 148 (*Women Who Abuse*) (“[V]iolence intersects squarely with the use of AODs. More than half of the women in this qualitative study used AODs and many stated that they were using at the time they were violent. Sometimes their partners were using as well.”).

³⁹ Salter et al., *Gay, Bisexual, and Queer Men’s Attitudes and Understandings of Intimate Partner Violence and Sexual Assault* (2021) 36 *Vol.* 11630, 11643-11654.

⁴⁰ Messinger, *LGBTQ IPV*, *supra*, p. 87, emphasis added.

⁴¹ Turell et al., *Disproportionately High*, *supra*, 33 *Sexual and Relationship Therapy* at pp. 113-115.

⁴² Brown & Herman, *IPVSA*, *supra*, p. 16.

⁴³ *Id.* at p. 2.

⁴⁵ *Id.* at p. 24.

⁴⁶ *Id.* at p. 1.

⁴⁷ Walters et al., Survey, *supra*, pp. 2, 27.

⁴⁸ Dickerson-Amaya & Coston, *Invisibility Is Not Invincibility: The Impact of Intimate Partner Violence on Gay, Bisexual, and Straight Men’s Mental Health* (2019) *Am. J. Men’s Health* 1, 5-6.

⁴⁹ Walters et al., Survey, *supra*, p. 2.

⁵⁰ *Id.* at pp. 2, 18.

⁵¹ *Id.* at pp. 2, 22.

⁵² *Id.* at p. 20.

⁵³ *Id.* at p. 20.

⁵⁴ *Id.* at p. 23.

⁵⁵ Walters et al., Survey, *supra*, pp. 1, 2, 27; Brown & Herman, IPVSA, *supra*, p. 2.

⁵⁶ *Id.* at pp. 2, 30, emphasis added.

⁵⁷ Stephenson et al., *Dyadic*, 12 *Western J. of Emergency Medicine* at p. 330; Ford et al., *Intimate Partner Violence Prevention Services and Resources in Los Angeles: Issues, Needs, and Challenges for Assisting Lesbian, Gay, Bisexual, and Transgender Clients* (2013) 14 *Health Promotion Prac.* 841, 841 (LA).

⁵⁸ Walters et al., Survey, *supra*, p. 1; Brown & Herman, IPVSA, *supra*, p. 2.

⁵⁹ Walters et al., Survey, *supra*, p. 1.

⁶⁰ *Id.* at pp. 2, 19.

⁶¹ *Id.* at pp. 2, 22.

⁶² *Id.* at p. 24.

⁶³ Guadalupe-Diaz, *Differences*, *supra*, 9 *Gay & Lesbian Issues & Psychology Rev.* at p. 29 (“These findings echo previous findings that suggest that men in general tend to solve intimate problems independently and often will not seek help [citations]. . . . gay men may not have the supportive familiar networks that are crucial in exiting abusive relationships.”); Stephenson et al., *Dyadic*, *supra*, 12 *Western J. of Emergency Medicine* at p. 326 (“Blosnich reports that gay men report experiencing more sexual and verbal violence than heterosexual men, and gay men also tend to report more victimization in casual relationships than is experienced by heterosexual men.”); Talicska, *Out of One Closet and into Another: Why Abused Homosexual Males Refrain from Reporting Their Abuse and What to Do About It* (2012) 8 *Modern Am.* 21, 24 (*Closet*) (“Why risk further inciting an already abusive partner (by reporting his physical, emotional, sexual, financial, or other abuse) if the law excludes the abused from protection? That is, in those states that exclude homosexual males from protection under domestic violence statutes, abused gay males likely refrain from reporting their partner's abuse, in part, because they know that the law fails to provide them a remedy.”).

⁶⁴ Stephenson et al., *Dyadic*, *supra*, 12 Western J. of Emergency Medicine at p. 330 (“Of particular surprise here are the high levels of reporting of perpetration of IPV, with over one-third of men reporting that they have perpetrated emotional violence against a partner, one-fifth reporting perpetrating physical violence and nine percent reporting perpetration of sexual violence.”).

⁶⁵ Pertnoy, *Same Violence*, *supra*, 24 St. Thomas L.Rev. at pp. 3-4.

⁶⁶ Walters et al., Survey, *supra*, p. 1; Brown & Herman, IPVSA, *supra*, p. 2.

⁶⁷ Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at pp. 4-5 (“[A]buse reported by battered lesbians is also severe, recurrent, is usually perpetrated by one abusive partner instead of being mutually perpetrated, and is consistent with patterns and forms noted in studies of battered heterosexual women. Moreover, 71% of the respondents in [this] study [from 1992] indicated that the abuse escalated over time, a finding consistent with Walker’s (1979) cycle theory.”).

⁶⁸ *Id.* at p. 2.

⁶⁹ *Id.* at pp. 2, 22.

⁷⁰ *Id.* at p. 23.

⁷¹ Walters et al., Survey, *supra*, pp. 2, 27, 18.

⁷² *Id.* at p. 1.

⁷³ *Id.* at pp. 2, 30, emphasis added.

⁷⁴ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 54 (“There is little information about intimate partner abuse in the transgender community in either the legal or social science literature. Where information about violence against transgender individuals does exist, that violence is often characterized as generalized violence or as a hate crime rather than as intimate partner abuse.”).

⁷⁵ *Id.* at p. 72.

⁷⁶ Brown & Herman, IPVSA, *supra*, p. 14 (“Only one study included both transgender men and women and provided separate findings for each. The Transgender Community Health Project developed on behalf of the San Francisco Department of Health found that 37.0% of its transgender female participants and 27.0% of its transgender male participants reported experiencing physical abuse in the past year, and 44.0% of transgender female participants and 30.0% of transgender male participants attributed this abuse to their intimate partners[.] . . . The higher prevalence among transgender women is consistent with the higher prevalence of IPV among women generally.”); Greenberg, *Still Hidden in the Closet: Trans Women and Domestic Violence* (2012) 27 Berkeley J. of Gender L. & J. 198, 200-201 (*Hidden*) (“In relationships where one or both partners are trans, instances of domestic violence are possibly more prevalent. . . . In the Gender, Violence and Resource Access Survey, fifty percent of trans respondents stated that they had been assaulted or raped by a partner; thirty-one percent identified themselves as domestic violence survivors. The comprehensive National Transgender Discrimination Survey (NTDS), which compiled the responses of over six thousand trans and gender nonconforming

people, found that nineteen percent of respondents had been subjected to domestic violence specifically because they were trans or gender non-conforming.”); Courvant & Cook-Daniels, Survivor Project, *Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers, & Responsibilities* (1998) p. 2 (Trans Intersex) (“In preliminary data, the Gender, Violence, and Resource Access Survey of trans and intersex individuals found 50% of respondents had been raped or assaulted by a romantic partner.”); U.S. Dep’t of J., *Identifying and Preventing Gender Bias in Law Enforcement Response to Sexual Assault and Domestic Violence* (2016) <<https://www.justice.gov/opa/file/799366/download>> (as of publication) p. 5 (Gender Bias); Brown, *Holding Tensions of Victimization and Perpetration: Partner Abuse in Trans Communities in Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 154 (*Holding Tensions*).

⁷⁷ Messinger, *LGBTQ IPV*, *supra*, pp. 72-73.

⁷⁸ *Id.* at pp. 76-77.

⁷⁹ Brown & Herman, *IPVSA*, *supra*, p. 3.

⁸⁰ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 61-62 (“Surveys of the transgender community have found that 98% of violence in the transgender community was targeted at transgender women, and that transgender women of color accounted for 70% of all murders of transgender people reported internationally in 2003.”).

⁸¹ *Id.* at p. 95.

⁸² Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at p. 216.

⁸³ Grant et al., The National Center for Transgender Equality, *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey* (2011) p. 100 (NTDS).

⁸⁴ *Ibid.*

⁸⁵ Coston, *Power and Inequality*, *supra*, 36 J. Interpersonal Violence at p. 385.

⁸⁶ Henry et al., *Intimate Partner Violence and Mental Health Among Transgender/Gender Nonconforming Adults* (2021) 36 J. 3374, 3380-3381, 3388-3393.

⁸⁷ Whitton et al., *A Longitudinal Study of IPV Victimization Among Sexual Minority Youth* (2019) 34 J. of Interpersonal Violence 912, 914-918, 931-938.

⁸⁸ Scheer & Baams, *Help-Seeking Patterns Among LGBTQ Young Adults Exposed to Intimate Partner Violence Victimization* (2021) 36 J. of Interpersonal Violence 8050, 8063 (*Help-Seeking Patterns*).

⁸⁹ Coston, *Power and Inequality*, *supra*, 36 J. Interpersonal Violence at p. 382.

⁹⁰ Scheer & Baams, *Help-Seeking Patterns*, *supra*, 36 J. of Interpersonal Violence at pp. 8053, 8056, 8061-8066.

⁹¹ Talicska, *Closet*, *supra*, 8 Modern Am. at p. 24; Morin, *Re-traumatized*, *supra*, 40 New England J. on Crim. & Civ. Confinement at pp. 489-492.

⁹² See *Doe v. State* (2017) 421 S.C. 490 [808 S.E.2d 807] (Holding “household members” definition in DVRO statute unconstitutional as applied to same-sex couples, because defined phrase as “male and female who are cohabiting or formerly have cohabited”); *State v. Theeler* (2016) 385 Mont. 471 [385 P.3d 551] (Severing “with a person of the opposite sex” from DV

crime statute); *Peterman v. Meeker* (Fl.Ct.App. 2003) 855 So.2d 690 [28 Fla. L. Weekly D2287] (Holding DVRO statute does not exclude same-sex partners, even if can't marry).

⁹³ Walters et al., Survey, *supra*, p. 38 (“Currently, LGB individuals are covered in most state domestic violence laws (including civil and criminal protections such as protective orders) through the use of gender-neutral language. However, because of the gender-neutral language, the final decision on whether LGB persons are protected or not under the law may be at the discretion of an individual judge.”).

⁹⁴ Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 158 (“Where the biological or adoptive parent is the batterer, the threat of being forcibly separated from the children without legal recourse can be used to exert control over the victim, forcing him or her to stay in the relationship. . . . Especially in a heterosexist community, the biological parent can lose legal custody of the children to the other biological parent if the courts are sharply critical of children being raised in same-sex parent households.”); Constable et al., ACON’s Lesbian and Gay Anti-Violence Project, *One Size Does Not Fit All: Gap Analysis of NSW Domestic Violence Support Services in Relation to Gay, Lesbian, Bisexual, Transgender and Intersex Communities’ Needs* (2011) p. 26 (ACON) (“GLBTI families and couples often have non-traditional living arrangements and blended families and they do not have full protection under current [Australian] Family Law legislation if they are not considered a cohabiting de facto couple.”); *id.* at p. 28 (“Past research has identified that GLBTI people are less likely to disclose to a health professional that they have children because of fears about losing custody due to discrimination based on sexual orientation or gender identity. [Citation.] Non-legal or non-biological parents may also fear that coming forward about abuse will lead to losing all contact with the children they have co-parented.”); Qureshi, *Florida*, *supra*, 28 U. Fla. J.L. & Pub. Pol’y at p. 150; Messinger, *LGBTQ IPV*, *supra*, pp. 19, 65, 121, 175; Durish, *Documenting*, *supra*, p. 241.

⁹⁵ Messinger, *LGBTQ IPV*, *supra*, p. 121 (“Researcher Joan McClennen notes that LGBTQ IPV victims are ‘double closeted,’ silenced not only by fear of their abuser but also by a fear that a discriminatory society will not wish to help them.”); Guadalupe-Diaz & Jasinski, “*I Wasn’t a Priority, I Wasn’t a Victim*”: *Challenges in Help Seeking for Transgender Survivors of Intimate Partner Violence* (2017) 23 *Violence Against Women* 772, 773 (*Challenges*) (“[H]omophobia, heterosexism, and transphobia structurally disadvantage LGBT victims and also foster opportunities for abuse that rely on this power structure. The marginalization of LGBT individuals may fuel intimate abuse through the isolation and shaming of victims as well as present barriers to help seeking.”); Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 155 (“The same discrimination that has kept LGBT individuals ‘in the closet,’ forcing them to choose not to disclose their sexual orientation publicly, can be used in SSDV to further silence the victim.”); *id.* at pp. 169-170 (“Whereas many heterosexual female victims of domestic abuse have benefited from making their abuse public, allowing them to confront their abusers and regain controls in their lives, the same opportunity may not be available to the victim of SSDV due to societal homophobia.”); FORGE, *Transgender Domestic Violence and Sexual Assault Resource Sheet* (2003) <<http://forge-forward.org/2003/10/20/domestic-violence-and-sexual-assault-resource-sheet/>> (Oct. 18, 2017) p. 1 (*Resource Sheet*); Morin, *Re-traumatized*, *supra*, 40 *New England J. on Crim. & Civ. Confinement* at p. 486; Guadalupe-Diaz & Barredo, *Predictors*, *supra*; ACON 20; Messinger, *LGBTQI IPV*, *supra*, pp. 64-65.

⁹⁶ Pertnoy, *Same Violence, supra*, 24 St. Thomas L.Rev. at pp. 556-557 (Abusers try “ ‘reinforcing fears that no-one [sic] will help a partner because she/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner “deserves” the abuse.’ ”); DOJ, Gender Bias, *supra*, pp. 10-11; Guadalupe-Diaz & Barredo, *Predictors, supra*; Guadalupe-Diaz & Jasinski, *Challenges, supra*, 23 Violence Against Women at pp. 776, 788-789; Ford et al., *LA, supra*, 14 Health Promotion Prac. at p. 842; Messinger, LGBTQ IPV, *supra*, pp. 115-116, 195-196.

⁹⁷ Qureshi, *Florida, supra*, 28 U. Fla. J.L. & Pub. Pol’y at pp. 149-150 (“Even when the victim is the legally recognized parent, an abuser may threaten to out the victim to social workers hostile to gays and lesbians, which may result in a loss of custody. In the worst cases, the children can even end up in the custody of the abuser.”); Goodmark, *Trans IPA, supra*, 27 Berkeley J. of Gender L. & J. at pp. 86-87 (“The court process is a public process. . . . Engaging the legal system may mean ‘coming out’ . . . possibly for the first time. Such exposure can lead to negative reactions from family and friends, discrimination by landlords, employers, and others, and potentially, greater violence.”); *id.* at p. 63; Ramsey, *Stereotyped, supra*, 120 Penn. St. L.Rev. at pp. 405-406; Morin, *Re-traumatized, supra*, 40 New England J. on Crim. & Civ. Confinement at p. 482; Harada, *Additional Barriers, supra*, 41 U. Balt. L.F. at p. 156; Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 803; Brown & Herman, *IPVSA, supra*, pp. 3, 17; Pertnoy, *Same Violence, supra*, 24 St. Thomas L.Rev. at pp. 556-557; Ford, *LA, supra*, 14 Health Promotion Prac. at p. 842; Messinger, LGBTQ IPV, *supra*, pp. 65, 99, 119.

⁹⁸ Ramsey, *Stereotyped, supra*, 120 Penn. St. L.Rev. at p. 413 (“LGBT scholars often express concern about the punitive effect of the criminal justice response on non-traditional victims and its effacement of their objectives in calling the police. For example, Morrison argues that ‘[k]eeping a perpetrator employed, living at home and participating in family life, but not abusing, is often what a victim truly wants.’ ”); Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 230 (“[P]ast experience with and fear of the police may cause trans women to identify more with their abusers than with the state. As one study has stated, ‘some [LBT people] felt that, even though they needed help to escape abuse, they did not want to subject their partner to potentially discriminatory or dangerous interactions with police.’ ”); Morin, *Re-traumatized, supra*, 40 New England J. on Crim. & Civ. Confinement at p. 485.

⁹⁹ Morin, *Re-traumatized, supra*, 40 New England J. on Crim. & Civ. Confinement at p. 484 (“The last remaining laws prohibiting private, consensual adult homosexual activity were only recently ruled unconstitutional in 2003. The history of criminalized LGBTQ identities and activities is still felt among many communities today, particularly ‘people of color, transgender people, youth populations, and immigrant communities.’ ”); Guadalupe-Diaz & Jasinski, *Trans, supra*, 23 Violence Against Women at pp. 775-776 (In the NCAVP 2010 study, “7% [who called the police] reported police misconduct in which they reported homophobic abuse at the hands of the police. A multitude of other studies have gone on to show that legal and police remedies are often the least sought forms of help and the least helpful among LGB victims of same-sex IPV [citations].”); Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 232 (“Commonly, when the police respond to cases of domestic violence involving lesbian and gay couples, they will arrest either both partners or neither because the stereotypical criteria they rely on to determine who is the abuser are not evident. According to Connie Burke, the executive director

of the Northwest Network of Bisexual, Trans, and Lesbian Survivors of Abuse, seventy-five percent ‘of the victims in her program had been arrested, sometimes with their abusers.’ This dual arrest problem for trans women victims may have been exacerbated by mandatory arrest policies related to domestic violence calls. Because it occurs so often, the LA Gay and Lesbian Center Stop Partner Abuse (STOP)/Domestic Violence Program actually has a support group for those victims of domestic violence who have been arrested as abusers and referred for treatment.”); *id.* at p. 203; Messinger, LGBTQ IPV, *supra*, p. 7 (“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.”); DOJ, Gender Bias, *supra*, p. 7; Talicska, *Closet*, *supra*, 8 Modern Am. at p. 27; Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 71-73; Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 160; Brown & Herman, *IPVSA*, *supra*, pp. 3-4, 17, 19; Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 Violence Against Women at pp. 775, 784-785; Durish, *Documenting*, *supra*, pp. 246-247.

¹⁰⁰ Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 Violence Against Women at pp. 785-786; Guadalupe-Diaz, *Differences*, *supra*, 25 J. of Gay & Lesbian Social Services at p. 17.

¹⁰¹ Messinger, LGBTQ IPV, *supra*, p. 184 (“LGBTQ IPV victims are less likely to seek help from an attorney than from nearly any other [help-giving resource] (with attorneys being sought out by only 3-10% of LGBTQ IPV victims). . . . one of these factors [explaining this] is undoubtedly a perception of judicial systems as discriminatory and ineffective in regard to helping LGBTQ IPV victims. For instance, when looking at even the most positive estimates, attorneys are rated as either somewhat or very helpful less often than every other HGR type (by 11-25% of LGBTQ IPV victims).”).

¹⁰² Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at pp. 167-168 (“It is likely that the abuser will, upon being served with a petition for civil protection, retaliate by filing a cross-petition against the victim. The client needs to know that just as the abuser’s faults will be addressed in court, the client’s vulnerabilities will be brought up. If the client wishes to assert self-defense, evidence of the abuse and its effects are required, and expert testimony is most often relied upon in establishing the necessary belief of reasonable fear of imminent death or great bodily harm.”); Messinger, LGBTQ IPV, *supra*, p. 188.

¹⁰³ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 65-66.

¹⁰⁴ Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at p. 214.

¹⁰⁵ Guadalupe-Diaz, *Differences*, 9 Gay & Lesbian Issues & Psychology Rev. at p. 29 (“[T]he logistic regression illustrated that class is a strong predictor for the decision to seek any kind of help, even controlling for gender identity and race.”); Messinger, LGBTQ IPV, 20 (“Beyond the obvious harms incurred by a lifetime of victimization, it is possible that these experiences normalize abuse for LGBTQ IPV victims and magnify its negative effects.”); Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 168 (“If the victim suffered financial abuse, they may not have the funds necessary to live outside of the home.”); Hiebert-Murphy et al., *The Meaning of “Risk” for Intimate Partner Violence Among Women in Same-sex Relationships* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 41 (“Risk”) (“Based on the work of Crenshaw (1994),

intersectionality proposes that we exist within complex social contexts that are created by intersections of various systems of power (e.g., race, class, gender, and sexual orientation). Intimate partner violence is one form of oppression and control that must be understood within this broader context. It is the intersections of these various systems of power that give meaning to the violence [citation.]”); Taylor & Ristock, *“We Are All Treaty People”: An Anti-oppressive Research Ethics of Solidarity with Indigenous LGBTQ People Living with Partner Violence* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) pp. 301-315 (*Indigenous*) (Indigenous LGBTQIA2S+ folks face particularly tough paths to seeking help); Guadalupe-Diaz, *Differences*, *supra*, 9 *Gay & Lesbian Issues & Psychology Rev.* at pp. 19, 26-29; Messinger, *LGBTQ IPV*, *supra*, pp. 102-103, 117-118; Greenberg, *Hidden*, *supra*, 27 *Berkeley J. of Gender L. & J.* at pp. 201-202; Goodmark, *Trans IPA*, *supra*, 48 *Harv. C.R.-C.L. L. Rev.* at pp. 65-66; Durish, *Documenting*, *supra*, p. 238.

¹⁰⁶ Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 *Violence Against Women* at p. 775; Messinger, *LGBTQ IPV*, *supra*, pp. 101-102.

¹⁰⁷ Greenberg, *Hidden*, *supra*, 27 *Berkeley J. of Gender L. & J.* at p. 218 (“[T]he LGBT community in their town is small and insular (and the trans community even smaller) . . . the community may discourage disclosure of one’s ‘dirty laundry,’ fearing that it would increase negative perceptions of the LGBT community.”); Messinger, *LGBTQ IPV*, *supra*, p. 13 (“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.”); FORGE, *Resource Sheet*, *supra*, p. 1; Duke & Davidson, *SS IPV*, *supra*, 18 *J. of Aggression, Maltreatment & Trauma* at p. 804; Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 *Violence Against Women* at p. 775; Messinger, *LGBTQ IPV*, *supra*, pp. 119-120; Durish, *Documenting*, *supra*, p. 245.

¹⁰⁸ Constable et al., *ACON*, *supra*, p. 20 (“Perpetrators can sometimes have high profiles within the GLBTI community; sometimes they are working in DV or a related field. In smaller, more isolated communities most GLBTI people know one another and this can also prevent disclosure for fear of not being believed or through the shame or [sic?] not having spoken up earlier.”); Duke & Davidson, *SS IPV*, *supra*, 18 *J. of Aggression, Maltreatment & Trauma* at p. 805; Messinger, *LGBTQ IPV*, *supra*, pp. 119-120.

¹⁰⁹ Courvant, *Trans Intersex*, *supra*, p. 1 (“[O]ver the course of the 25 years of the domestic violence survivors’ movement, many communities have evolved programs to assist in meeting the needs of both male and female survivors, and developed intervention programs targeted to male and to female batterers. Within this framework, some few heterosexual men have also received survivor services. [¶] However, even this expanded framework consistently neglects the growing class of survivors who transcend the stereotypes of gender expression or physical act. If these survivors have any interaction at all with supportive agencies, they nearly always confront staff or volunteers who lack even the necessary vocabulary to begin to understand the every day experience of these survivors.”); Ford et al., *LA*, *supra*, 14 *Health Promotion Prac.* at p. 847 (“Therapists often misdiagnose LGBT IPV, which can lead to inappropriately recommending couples counseling instead of one-on-one counseling or ‘blaming the victim’ for relationship

dynamics (e.g., suggesting a gay man should ‘be a man’ or hit his male partner back [citation].”); *id.* at pp. 841-842, 847; Messinger, LGBTQ IPV, *supra*, p. 18 (“[I]n a recent [2011] 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. Access is often similarly limited for trans* individuals, particularly for those who do not identify and present as female.”); *id.* at pp. 15, 121-122; Pertnoy, 557 (Abusers try “justifying the abuse by convincing a partner that she or he is not ‘really’ a lesbian, gay, bisexual or transgender’ individual; [and] explaining to a partner that ‘abusive behavior is a normal part of LGBT relationships, or that it cannot be domestic violence because it is occurring between LGBT individuals.’ ”); FORGE, *Resource Sheet*, *supra*, p. 1; Guadalupe-Diaz & Yglesias, “Who’s Protected?” *Exploring Perceptions of Domestic Violence Law by Lesbians, Gays, and Bisexuals* (2013) 25 *J. of Gay & Lesbian Social Services* 465, 470 (*Perceptions*); Morin, *Re-traumatized*, *supra*, 40 *New England J. on Crim. & Civ. Confinement* at pp. 484-485; Merrill & Wolfe, *BGM*, 39 *J. of Homosexuality* at pp. 14-15; Duke & Davidson, *SS IPV*, *supra*, 18 *J. of Aggression, Maltreatment & Trauma* at pp. 805-807; Brown & Herman, *IPVSA*, *supra*, pp. 3, 17; Pertnoy, *Same Violence*, *supra*, 24 *St. Thomas L.Rev.* at pp. 560-561; Guadalupe-Diaz & Barredo, *Predictors*, *supra*, p. 2; Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 *Violence Against Women* at pp. 775-776, 784-785; Constable et al., *ACON*, *supra*, pp. 21-23; Scott-Dixon, *Introduction: Transforming Feminisms* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 26 (*Introduction*); Scott-Dixon, *Section IV Introduction* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 194-201 (*Section IV Introduction*); Goldberg & White, *Anti-violence Work in Transition* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 217-219, 221-224 (*Transition*); Vachon, *Transforming Values/Engendering Policy* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 227-234 (*Transforming*); Goldberg & White, *Reflections*, *supra*, pp. 56-72.

¹¹⁰ Morin, *Re-traumatized*, *supra*, 40 *New England J. on Crim. & Civ. Confinement* at p. 486 (“[T]he abuser may have access to the same shelter and shelter staff may not be adequately trained in screening for primary aggressors in LGBTQ relationships, so survivors run the risk of being housed with their abusive partner.”); Brown & Herman, *IPVSA*, *supra*, p. 19 (“According to the most recent report [from 2015] from the National Coalition of Anti-Violence Programs (NCAVP), . . . 15% of [LGBTQIA2S+] survivors sought assistance at shelters, and 21% of these individuals reported being denied shelter at these facilities [citation]. Among [these], 20% reported that they were denied shelter because of their gender identity. Some studies have found that sexual minority men and women do not believe shelters to be particularly helpful [citations]. . . . [L]esbian and bisexual women may be particularly hesitant to access services at shelters out of fear that their [female] partners would also access services there or that they might encounter homophobia and rejection of their abusive experiences among the other survivors. . . . In a [2002] survey of gay and bisexual men, [researchers] found that shelters were the least utilized resource among survivors of IPV, and among those who did go to a shelter, 100% reported the shelter was ‘a little helpful’ or ‘not helpful at all.’ ”); Walters et al., *Survey*, *supra*, p. 37 (“While there are approximately 2,000 domestic-violence shelters [citation] in the United States, only a small fraction have programs designed specifically for lesbian survivors of

intimate partner violence [citation]. The number of services available to gay and bisexual men is even more limited [citation.]”); Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 237 (“Many survivors of domestic violence will, for example, stay in an abusive relationship rather than risk becoming homeless. In a study done in Massachusetts, housing options available to LGBT survivors were often limited to short-term stays in the homes of shelter workers or in hotels, rather than the ninety-day accommodations available to cisgender heterosexual survivors.”); Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 6.

¹¹¹ Constable et al., *ACON, supra*, p. 23 (“[T]he issue of accessing faith-based support for domestic violence in a gay or lesbian relationship may bring further complications. To access support, one has to first be out about the relationship and in many religious communities and organisations GLBTI relationships are not looked upon favourably.”).

¹¹² Brown & Herman, *IPVSA, supra*, p. 17 (“LGBT people have the added risk of rejection and isolation from family, friends, and society, and dependence on social networks that provide support and stability (including relationships with intimate partners) may make efforts to separate from abusers and seek help more costly [citations.]”); Messinger, *LGBTQ IPV, supra*, p. 120 (“LGBTQ IPV victims may fear that friends and family will perceive their victimization to be caused by them *being* LGBTQ.”).

¹¹³ Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 800 (“Two men fighting with one another within the context of an intimate relationship may be regarded as masculine [citation]. Alternatively, gay men are often stereotypically perceived to be more sensitive, thus the potential for violence between two gay men is erroneously viewed as minimal [citation.]”); Messinger, *LGBTQ IPV, supra*, pp. 11, 64, 108-109 (“In fact, sexual minorities tend to perform relationship roles and gender stereotypes that are different from those of heterosexual people.”); Kwong-Lai Poon, *Beyond Good and Evil: The Social Construction of Violence in Intimate Gay Relationships* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) pp. 102-124 (*Social Construction*).

¹¹⁴ Pertnoy, *Same Violence, supra*, 24 St. Thomas L.Rev. at p. 565 (“One major problem that arises for the gay or lesbian defendant is that BWS expert testimony tends to enforce traditional stereotypes of women. . . . [T]his view results in a situation where the gay or lesbian defendants, already burdened with many societal stereotypes, are tasked with defending against their charges and overcoming the apparent challenge of satisfying the stereotypical female gender role of a victim suffering from BWS.”).

¹¹⁵ Messinger, *LGBTQ IPV, supra*, p. 69, emphasis added.

¹¹⁶ Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at pp. 800, 804-805; Durish, *Documenting, supra*, p. 240.

¹¹⁷ Guadalupe-Diaz & Yglesias. *Perceptions, supra*, 25 J. of Gay & Lesbian Social Services at p. 466 (“Given this history between the police and the LGB community, domestic violence legal recourses may appear further out of reach.”); Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 806 (A 1992 study “found that only 19 out of 100 LGB participants who had been abused called the police. Of those 19, 15 survivors found the police to be only somewhat helpful or not helpful at all.”); Pertnoy, *Same Violence, supra*, 24 St. Thomas

L.Rev. at p. 561 (“Police officers ‘have been historically unresponsive’ to same-sex domestic violence. . . . In 2010, for example, only ‘7.1% of survivors called the police for support, . . . a decrease from 2009 where 21.7% of survivors called the police.’ ”); *id.* at p. 562; Morin, *Re-traumatized, supra*, 40 New England J. on Crim. & Civ. Confinement at p. 484; Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 7; Harada, *Additional Barriers, supra*, 41 U. Balt. L.F. at p. 160; Messinger, *LGBTQ IPV, supra*, pp. 177-180.

¹¹⁸ Talicska, *Closet, supra*, 8 Modern Am. at p. 27.

¹¹⁹ Ford et al., *LA, supra*, 14 Health Promotion Prac. at p. 842 (“[D]ual arrests . . . are 30 times more likely in same-sex partnerships than in those involving a male perpetrator and female survivor [citation.]”); Harada, *Additional Barriers, supra*, 41 U. Balt. L.F. at p. 161 (“There have been reports of cases in which both parties were arrested and placed in the same jail cell, where the victim was subsequently re-assaulted.”); Guadalupe-Diaz & Jasinski, *Challenges, supra*, 23 Violence Against Women at pp. 775-776 (“[T]he National Coalition of Anti-Violence Programs (NCAVP) found that in 2010, almost a fourth of their sample experienced a ‘misarrest’ by the police in which either the victim or both the victim and the perpetrator were arrested and 29.7% called the police and received no arrest.”); Talicska, *Closet, supra*, 8 Modern Am. at p. 27; Guadalupe-Diaz & Yglesias, *Perceptions, supra*, 25 J. of Gay & Lesbian Social Services at p. 472; Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 7.

¹²⁰ Guadalupe-Diaz & Yglesias, *Perceptions, supra*, 25 J. of Gay & Lesbian Social Services at pp. 467, 480-481 (“These overwhelmingly negative perceptions of domestic violence legal assistance are further ‘compounded for those gays and lesbians who are also members of racial or ethnic minorities[.]’ . . . In addition, other studies have shown that in comparison with lesbian women, gay men in particular may be less likely to seek formal legal recourse for SGDV victimization.”); Brown & Herman, *IPVSA, supra*, p. 19 (In two studies from 1988 and 2002, researchers found that, “among the lesbian women they surveyed, most found attorneys and other legal advisors to be unhelpful. [A 2000 study], however, found that 73.0% of LGBT people surveyed reported legal assistance to be helpful.”).

¹²¹ Harada, *Additional Barriers, supra*, 41 U. Balt. L.F. at p. 167 (“Such an environment [in public courts] can be threatening to a client who wishes to keep their sexual orientation, the nature of the abusive relationship, or HIV status private.”); Duke & Davidson, *SS IPV, supra*, 14 Health Promotion Prac. at p. 803 (“[H]eightened existence of negative and hostile attitudes toward LGB individuals in communities of color. . . . For the lesbian of color, finding services is further complicated by the potential for racism, sexism, and homophobia.”).

¹²² Stephenson et al., *Dyadic, supra*, 12 Western J. of Emergency Medicine at p. 330 (“MSM respondents with lower levels of education, who identified as a racial minority, or who self-reported as HIV-positive, were all more likely to report increased experience or perpetration of IPV. Lower levels of education may be associated with lower levels of income and a lack of access to social capital and resources, and thus creating an economic stress that manifests as perpetration of or vulnerability to IPV. MSM who identify as a racial minority may face stress through exposure to racism, both in the MSM community and beyond, or through increased levels of homophobia known to exist in communities of color in the U.S.”); Durish, *Documenting, supra*, p. 240.

¹²³ Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 157 (“Members of the LGBT community have expressed reluctance to recognize SSDV, believing that it would be perceived as reinforcing the negative stereotypes associated with homosexuality, especially among the politically conservative.”).

¹²⁴ Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at p. 23 (When looking at results of gay men (and in another study, lesbians) who said financial dependence was not a factor for remaining in abusive relationship: “It might be that in general same-gender couples are more likely than heterosexuals to maintain financial independence when coupled, especially since there is a lower probability of economic dependents such as children. For battered gay men and lesbians, financial autonomy might often translate to having one less obstacle blocking their escape from the abuse.”); Brown & Herman, *IPVSA*, *supra*, p. 17 (One study “found that the single most frequently identified barrier to accessing assistance among lesbian women was money.”).

¹²⁵ Duke & Davidson, *SS IPV*, *supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 801 (“Individuals who identify as bisexual experience the additional strain of a lack of community support. Bisexuality carries a ‘double marginality,’ as the gay and lesbian community may neglect to fully incorporate bisexuals as equal members, yet the heterosexual community also stigmatizes bisexuals for their capacity to experience same-sex attraction and participate in same-sex intimate relationships. Because of the ideology that bisexual persons experience heterosexual privilege, many among the gay and lesbian population erroneously assume that the suffering of bisexuals is not as great. In the case of same-sex IPV involving partners who are bisexual, this alleged privilege does not protect them; bisexuals are still victimized by the legal system, social services, and their partners [citation]. Unfortunately, there is a lack of extensive research concerning domestic violence and sexual assault for bisexual men and women. Similar to lesbians and gay men who have been victimized, bisexuals involved in abusive intimate relationships find their experiences speciously aggregated with heterosexual abuse statistics [citation].”).

¹²⁶ See generally Jones, Battered Women’s Justice Project, *Bisexual Survivors: A Focus on Survivor-Centered Design* (Feb. 2022) <https://bwjp.org/wp-content/uploads/2022/11/BisexualSurvivorsReport_FINAL.pdf> (as of publication).

¹²⁷ Turell et al., *Disproportionately High*, *supra*, 33 Sexual & Relationship Therapy at p. 114.

¹²⁸ *Id.* at p. 125.

¹²⁹ Messinger, *LGBTQ IPV*, *supra*, p. 78 (“Research on unique forms of sexual IPV has been largely absent with regards to sexual minority victims, although limited evidence indicates that some sexual minority IPV abusers may use a victim’s bisexual identity (and its link with a stereotype of hypersexuality) as a justification for rape.”).

¹³⁰ Duke & Davidson, *SS IPV*, *supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 803 (Bisexuals face “a particular quandary” here: “Their abusers may threaten to out them as lesbian or gay to their families, even though that may not be how they readily identify. In addition, abusers may threaten to out survivors as bisexual to the gay or lesbian community, further increasing the isolation experienced by bisexuals within the LGB community and heterosexual

society. . . . [B]isexuals with children from previous relationships may face losing their children through a homophobic legal system should they be in active same-sex relationships.”).

¹³¹ Mendoza, *The Impact of Minority Stress on Gay Male Partner Abuse* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 178 (*Minority Stress*) (“This study found that, indeed, the perpetration of physical abuse in gay male relationships is better predicted by the three factors that compose minority stress [internalized homophobia, perceived stigmatization, and discrimination] than by internalized homophobia alone. . . . However, the results suggest that stigma does not have the same impact that internalized homophobia and discrimination have on physical partner abuse. It would appear that having covert negative feelings about one’s sexual orientation and feeling discrimination against somehow contribute to the likelihood of partner abuse in gay male relationships.”); *id.* at pp. 169-180.

¹³² Poon, *Social Construction*, *supra*, p. 121 (“Of course, victims deserve sympathy and support, but within this discourse, only gay men who conform to expectations are the victims. Those who fight back, those who feel in control, or those who do not feel powerless or helpless are somehow not seen as ‘real’ victims or commonly labeled as being ‘in denial.’ ”); Durish, *Documenting*, *supra*, p. 239 (“[S]ociety’s aversion to seeing men as victims of domestic violence means that same-sex partner abuse in gay relationships is often dismissed and/or devalued as ‘boys will be boys.’ ”); Duke & Davidson, *SS IPV*, *supra*, 18 *J. of Aggression, Maltreatment & Trauma* at pp. 800-801.

¹³³ *Id.* at p. 182 (“Cumulatively, 65% of individuals infected [with HIV] are gay and bisexual men. . . . MSM of color are more likely to acquire and die from HIV than their white MSM counterparts [citation].”).

¹³⁴ Talicska, *Closet*, *supra*, 8 *Modern Am.* at p. 24; Harada, *Additional Barriers*, *supra*, 41 *U. Balt. L.F.* at pp. 158-159; Pantalone et al., *Early Violence*, *supra*, p. 183; Ford et al., *LA*, *supra*, 14 *Health Promotion Prac.* at p. 842; Pertnoy, *Same Violence*, *supra*, 24 *St. Thomas L.Rev.* at pp. 557-558; Merrill & Wolfe, *BGM*, *supra*, 39 *J. of Homosexuality* at pp. 8-9, 18.

¹³⁵ Harada, *Additional Barriers*, *supra*, 41 *U. Balt. L.F.* at pp. 158-159 (“The victim’s HIV status can be used as a tool of abuse, which allows the abuser to exert control over the victim that can have immediate and serious ramifications on the victim’s emotional and physical welfare. [¶] . . . [¶] The abuser may withhold or limit access to the victim’s medications, which tend to be numerous and must be taken on a specific dosing schedule in order to maintain their effectiveness.”); Pantalone et al., *Early Violence*, *supra*, p. 183 (“[O]ne health-related consequence of PV may be the acquisition of HIV, either as an intentional attack [citation] or as an indirect result of the power and control exerted by the perpetrator [citation]. . . . Research in this area shows that the environmental context of poverty and substance use—as well as racism and homophobia—can drive the desperation that normalizes PV and makes alternative methods of coping with stress in romantic partnerships seem impossible [citations].”); Talicska, *Closet*, *supra*, 8 *Modern Am.* at p. 25 (“The physical and emotional needs of an abused, HIV-positive, homosexual male may thus ‘override the battering experiences and pain.’ ”); Stephenson et al., *Dyadic*, *supra*, 12 *Western J. of Emergency Medicine* at p. 330 (“MSM respondents . . . who self-reported as HIV-positive[] were . . . more likely to report increased experience or perpetration of IPV. . . . MSM who identify as HIV-positive may experience stress through living with HIV, the need for consistent access to

care, or through discrimination arising from the stigma often associated with being HIV-positive. This may explain the finding that HIV-positive men are more likely to report perpetrating physical violence.”).

¹³⁶ Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 7.

¹³⁷ Talicska, *Closet, supra*, 8 Modern Am. at p. 24.

¹³⁸ *Id.* at p. 27 (“[M]ost women’s shelters report that ‘serving gay male domestic violence victims is not an organizational priority.’ ”); Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at pp. 6-7; Harada, *Additional Barriers, supra*, 41 U. Balt. L.F. at pp. 157-158.

¹³⁹ Pantalone et al., *Early Violence, supra*, pp. 197-198, emphasis added.

¹⁴⁰ Davis & Glass, *Reframing the Heteronormative Constructions of Lesbian Partner Violence: An Australian Case Study* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) pp. 16-17 (*Reframing*).

¹⁴¹ Duke & Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 802 (In a 1999 study, “the overwhelming attitude from service providers was that they did not believe women could hurt other women in the same manner as men. This propensity to view women as unable or unlikely to perpetrate abuse on other women has been echoed by other scholars [citations]. . . . [This myth] may be perpetuated by the smaller size discrepancy between lesbian partners as well as by the general acceptance in the lesbian community of defending oneself.”); Brown & Herman, *IPVSA, supra*, p. 17 (One study “found that women who had experienced violence from a same-sex intimate partner sometimes did not initially consider these incidents to be IPV. Some women cited their beliefs that only men perpetrate violence and that what violent acts women do commit are not serious or as dangerous as those perpetrated by men.”); Messinger, *LGBTQ IPV, supra*, p. 7 (“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.”); Denike, *Section III Introduction* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 131-150 (*Section III Introduction*); Vachon, *Transforming, supra*, p. 239.

¹⁴² Ramsey, *Stereotyped, supra*, 120 Penn. St. L.Rev. at p. 408 (“When lesbian partner violence does get reported, police officers who are ignorant of the dynamics of abuse between women often have difficulty identifying the primary aggressor.”).

¹⁴³ *Id.* at p. 409 (“Judges are also more likely to issue mutual orders of protection in cases of lesbian couples, both because the judge perceives the situation as a girl fight, involving violence on both sides, and because an abusive lesbian may try to characterize herself as a victim of blows that, in reality, her partner struck in self-defense.”).

¹⁴⁴ Ramsey, *Stereotyped, supra*, 120 Penn. St. L.Rev. at p. 408 (“[R]ecognizing same-sex abuse threatens the positive image of an alternative, egalitarian ‘all-woman space’ that the lesbian community has worked hard to promote.”), emphasis added; Durish, *Documenting, supra*, p. 239 (“Identifying one’s partner as abusive can feel like a betrayal of the feminist sisterhood.”); Duke

& Davidson, *SS IPV, supra*, 18 J. of Aggression, Maltreatment & Trauma at p. 799 (“There is a myth among members of the LGB community of a *lesbian utopia*, or that relationships between women constitute ideal egalitarian relationships [citations]. [One study] explained how the idea of abusive lesbian relationships may not be a serious consideration to the LGB community, as it challenges the notion of a ‘safe lifestyle’ among women.”); Messinger, LGBTQ IPV, *supra*, p. 7.

¹⁴⁵ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 219 (“This problem may be even more acute in lesbian relationships.”).

¹⁴⁶ *Ibid.*

¹⁴⁷ Merrill & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 6 (“[S]helter services are perceived to be for heterosexual women only and lesbians experience overt and covert homophobia from staff and other residents.”); Ramsey, *Stereotyped, supra*, 120 Penn. St. L.Rev. at p. 409.

¹⁴⁸ Nicki, *Women’s Spaces Are Not Trans Spaces: Maintaining Boundaries of Respect in Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 14 (*Spaces*) (“While there are advantages to a medical context for trans, such as increased (if still inadequate) access to health care and social services, as well as to a certain kind of social legitimacy, relying solely on a clinical model and mindset developed in the operating theatre or on the psychiatrist’s couch has had negative consequences for trans people.”); Scott-Dixon, *Section IV Introduction, supra*, p. 198; Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 210.

¹⁴⁹ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at pp. 208-209 (“Due to this medicalization and their relationship with health care providers [including their reliance on them for hormones, surgery, transitioning], trans people may be unlikely to go to a hospital, which is one place where they may be screened for domestic violence and connected to services.”); Brown & Herman, *IPVSA, supra*, p. 18 (“[T]ransgender people surveyed in the National Transgender Discrimination Survey reported that they had to teach their own doctors about transgender people in order to get appropriate care [citation].”).

¹⁵⁰ Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 3 (“[S]hame and self-doubt [are] endemic in [trans and intersex] communities, due to the pressures trans and intersex persons have felt from their earliest years to deny their feelings and conform to others’ expectations. Adding to this shame and self-doubt is the widespread perception that trans and intersex individuals are mentally ill[, which] . . . is furthered by the existence of Gender Identity Disorder (GID). . . . Abusers use this shame and self-doubt against their trans and intersex victims to undermine their victims’ perceptions and to convince them that no one else will want them. Combined with stories of dating violence (such as that of Chanelle Pickett, an MtF trans woman who was recently murdered by a date enraged at the revelation of her trans status) these ‘warnings’ can convince trans and intersex survivors that they are lucky just to have a partner who doesn’t kill them.”); Guadalupe-Diaz & Jasinski, *Challenges, supra*, 23 Violence Against Women at p. 774 (“Ultimately, these abusers may deteriorate trans victims’ sense of self by isolating them, making them feel less than human, or undeserving of love. Others have argued that transgender individuals are especially at risk of partner victimization due to shame, isolation, or loneliness [citation]. These

factors may lower relationship expectations and make transgender victims vulnerable to staying in harmful relationships [citation.]”); Scott-Dixon, *Section IV Introduction, supra*, p. 198.

¹⁵¹ Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 3 (“Often a trans or intersex survivor has a unique body and/or a unique vulnerability to the emotional aftermath of sexual violence; either can make difficult or impossible discussing this abuse with an unfamiliar victims’ advocate.”); *ibid.* (“The other barrier is the gender segregation of survivor services. . . . For [trans and intersex survivors who may be transitioning legally or medically, or who identify or present as neither male nor female,] turning to a gender-segregated service agency may be inconceivable.”); Brown, *Holding Tensions, supra*, pp. 154-157.

¹⁵² Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 231 (“Over the last few decades, the image of the archetypal ‘good’ victim has been refined to a standard that many trans woman [sic] may not meet.”); Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 4 (“Often it is difficult for survivors’ advocates to envision this abuse even though the advocates know that the most important tools for control an abuser possesses are not physical.”); Guadalupe-Diaz & Jasinski, *Challenges, 23 Violence Against Women* at p. 782 (The 18 interviewed trans victims’ “most salient and consistent pattern involved what we termed the ‘walking the gender tightrope,’ that is, throughout the accounts, participants regularly utilized gendered language when discussing their victim identities in the help-seeking process. Specifically, they constructed the notion of ‘victim’ as hyperfeminine and passive.”); *id.* at p. 789 (“Of particular interest was the role that the perceptions of others played in how participants struggled to see themselves as victims. ¶] Because of the gendered assumptions behind victimization, many participants described feelings of not being believed either because they were ‘too butch’ or they were ‘once a man’ among other reasons.”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 79 (“Transgender people subjected to abuse hesitate to engage the court system as a result of the discrimination and insensitivity they face at the hands of the judiciary. Judges profile transgender people in many of the same ways that police do.”); *id.* at p. 80 (“Some advocates believe that the criminal histories and illegal employment of some transgender people subjected to abuse are to blame for courts’ skepticism of their claims. . . . These credibility challenges are particularly acute for more marginalized transgender people—poor people, people of color, and HIV-positive people. . . . [T]here is a reason that successful transgender litigants are typically wealthy and white.”); *id.* at p. 89 (“even when armed with stories that conform to what judges expect to hear in domestic violence cases, advocates encounter judicial resistance to the abuse narratives of transgender litigants. Some judges are skeptical . . . insisting that because a transgender woman is not ‘biologically female’ in the traditional sense, the abuse must instead be mutual violence within a same-sex relationship. Others have suggested that a claim of abuse is not credible because, by virtue of her gender, the petitioner should have been able to protect herself.”); *id.* at p. 84 (“The perils of dealing with family court are magnified for low-income transgender people. . . . In the end . . . all of the same stereotypes that work against transgender people in the world work against them in family court.”); *id.* at p. 88.

¹⁵³ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 218; Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 63.

¹⁵⁴ Messinger, LGBTQ IPV, *supra*, p. 73 (“To the extent that research has explored it, the types of physical IPV tactics being experienced by LGBTQ people do not appear to leverage their LGBTQ identities (sometimes considered a form of ‘identity abuse’), with one important exception. Limited research indicates that some abusers of trans* victims have used physical violence against victim body parts that society imbues with gendered meaning, such as genitals and breasts. When viewed in the context of other studies finding that trans* victims have been called ‘it’ by abusers and told not to disclose their trans* status to anyone, physical violence against gendered body parts could be seen as part of a larger mission by some abusers to humiliate and gain power over trans* victims specifically because they are trans*.”); Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 63; Bettcher, *Understanding Transphobia: Authenticity and Sexual Violence in Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 203-210 (*Understanding*).

¹⁵⁵ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 90 (“[I]ntimate partner abuse of transgender people can be seen as gendered in other, more complicated ways as well—as a means of enforcing appropriate gender roles and policing gender conformity. . . . Gender itself becomes a weapon to be used against the transgender person subjected to abuse in unique and particularly damaging ways. Gender is at the heart of, and makes transgender people more vulnerable to, intimate partner abuse.”); *id.* at p. 92 (“While this is almost certainly not the experience of all transgender women, some transgender women have internalized patriarchal relationship narratives and understand the abuse they endure within that framework.”); *id.* at pp. 55, 95; Messinger, LGBTQ IPV, *supra*, pp. 78-79 (“[S]ome abusers of trans* victims draw upon traditional gender norms as a means to justify their sexually abusive behaviors,” including coercing into unprotected sex by saying there’s no safe way to have sex w/ trans person or nonconsensually touching body parts with gendered meanings); FORGE, *Resource Sheet*, *supra*, p. 4.

¹⁵⁶ Messinger, LGBTQ IPV, *supra*, p. 73;

¹⁵⁷ Rogers, *Exploring the Domestic Abuse Narratives of Trans and Nonbinary People and the Role of Cisgenderism in Identity Abuse, Misgendering, and Pathologizing* (2021) 27 *Violence Against Women* 2187, 2194.

¹⁵⁸ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 94 (“ ‘FTMs who are raped are told, through the act of sexual assault, that they are “really” women, and they will be treated as such. Biology is destiny.’ ”); Holmes, *Troubling Normalcy: Examining “Healthy Relationships” Discourses in Lesbian Domestic Violence Prevention* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 209 (*Troubling*) (“At one level, there are the mundane ways in which trans people may be subject to inappropriate questions about genital status, not to mention the deceiver/pretender representation itself. There is also the fact that a transperson’s genital status may be literally verified through [sexual] force. And then there are the actual rapes that occur—as in the case of Brandon Teena for example—designed to punish ‘the deception’ and reinforce the person’s ‘real identity.’ ”).

¹⁵⁹ Greenberg, *Hidden*, *supra*, 27 *Berkeley J. of Gender L. & J.* at p. 218; Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 63-64; Messinger, LGBTQ IPV, *supra*, p. 68.

¹⁶⁰ Jackson, CNN, *The High Cost of Being Transgender* (July 31, 2015) <<http://www.cnn.com/2015/07/31/health/transgender-costs-irpt/index.html>> (as of publication).

¹⁶¹ Brown, *Holding Tensions*, *supra*, p. 164 (“Perpetrators perceiving and constructing themselves as victims, and having their partners join them in that construction, is a common tactic described in the violence against women literature and used to preserve an abusive relationship [citations]. What is particularly persuasive about discourses of victimization in *marginalized* communities is that they are readily available and reinforced, and not *merely* a construction [citation]. Abusive partners use the context to shape the abuse by employing tactics based on the victim’s commitments or attachments to issues of social justice, or that distort the victim’s character with respect to these issues as a means of control (e.g., accusations of being ‘anti-trans’). Another dimension to the relationship’s ‘hook’ may in fact be guilt associated with the biological privilege she has that her partner does not. . . . When these aspects can be manipulated, partners ‘can be dominated by an abusive person with less actual power’ [citation.]”); *id.* at pp. 157-165; Messinger, LGBTQ IPV, *supra*, pp. 68-69.

¹⁶² Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at pp. 202-203 (“Transphobia represents an extra ‘tool’ in the abuser’s arsenal. This can be true in relationships during which a person transitions as well as in those in which the individual has already transitioned. In both relationships, the abuser can use threats of ‘outing’ to establish and retain control over the partner.”); Courvant & Cook-Daniels, Trans Intersex, *supra*, p. 4 (“FtM’s [may] fear [] that accessing services will lead to public discussion of his trans status, thus exposing him to . . . discrimination and violence.”).

¹⁶³ Courvant & Cook-Daniels, Trans Intersex, *supra*, p. 3.

¹⁶⁴ Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at p. 216 (“The National Coalition of Anti-Violence Programs identifies the level of self-blame caused by internalized homophobia as a factor that differentiates LGBTQ relationships involving domestic violence from heterosexual ones. After a lifetime of being insulted for who they are or of hiding who they are for fear of other’s reactions, trans people may internalize some of the hate or believe that they are immoral or abnormal and therefore deserving of their abusive relationship.”); Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 63, 97 (“Some transgender people experience low self-esteem and anxiety around body issues. Abusers play on these emotions by telling the transgender person that ze isn’t a ‘real’ man or woman, ridiculing hir body, and dictating how hir gender identity is expressed (through selection of clothes, hairstyles, and such). Abusers also destroy or hide clothing, wigs, binders, and other accessories used to reinforce the transgender person’s authentic gender identity.”); Courvant & Cook-Daniels, Trans Intersex, *supra*, p. 4 (“An MtF child whose parents are disturbed by the child’s femininity may glorify violence or minimize the child’s trauma from any peer violence in an attempt to encourage behaviour deemed masculine. As an adult survivor, this may be translated into feelings of guilt for not fighting back in violent situations, reinforcing the common perspective of survivors that they are responsible for their own abuse.”); Guadalupe-Diaz & Jasinski, *Challenges*, *supra*, 23 Violence Against Women at pp. 773-774; Messinger, LGBTQ IPV, *supra*, pp. 112-113.

¹⁶⁵ Messinger, LGBTQ IPV, *supra*, p. 19 (“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.”); Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 201 (“Many trans people exist in a ‘legal limbo.’ They may be unable to get the ‘legal gender’ on their identification to match their gender identity, forcing them to utilize an ID with gender markers that do not match their gender presentation. Their legal gender can have an impact on the state-recognized legitimacy of their identity and relationships as well as their access to services and benefits. For example, they may risk being fired because of the absence of protections that would be found in trans-inclusive antidiscrimination laws.”); *id.* at p. 222 (“The NTDS found that ‘forty percent (40%) of those who presented ID (when it was required in the ordinary course of life) that did not match their gender identity/expression reported being harassed and 3% reported being attacked or assaulted.’ ”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 87 (“Courts usually require transgender people to use their legal names and legal genders in petitions for protection . . . But transgender people may not use [mister or miss] to describe themselves or might fear being accused of fraud for checking the ‘wrong’ gender box. . . . The insistence that transgender people use their legal names can also have ramifications for the enforceability of the orders that they secure.”); Denike, *Section III Introduction, supra*, p. 137 (“despite feminist critiques of medicalization . . . we continue to buttress such authority, to defer to markers of medico-anatomical definitions of sex and to allow the medical profession to define gender identity for us,” which “is captured in, and reinforced by, the law and specifically legal and judicial determinations of one’s civil status.”); Karaian, *Strategic Essentialism on Trial: Legal Interventions and Social Change in Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 182 (*Strategic Essentialism*).

¹⁶⁶ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 214 (“Many trans women, especially trans women of color, are profiled as sex workers and picked up for ‘walking while trans’ in moral sweeps by the police.”); *id.* at p. 230 (“Police brutality against trans people is endemic and well documented.”); *id.* at p. 234 (“This interest with trans women [correctional officers and law enforcement have] may not stop at pat downs, and, as discussed above, can devolve into physical violence or a sexual assault. If a trans woman is incarcerated, she will most likely be placed in a sex-segregated facility according to her assigned gender at birth. . . . These policies make calling the police a particularly unattractive option for trans women.”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 77 (“Advocates Jarad Ringer and Marie Romeo estimate that 70% to 80% of their transgender clients subjected to abuse experience some form of institutional violence, including police brutality, when they seek assistance from formal system.”); *id.* at pp. 82-83 (“Some transgender women report being strip-searched or frisked four to five times daily while incarcerated. . . . Corrections officials routinely refuse to recognize the chosen names and gender identities of transgender inmates and deny transgender people medical care relating to their gender—this can include restricting access to hormone treatments and gender reassignment surgery.”); *id.* at p. 75 (“[T]he police ignore the violence done to transgender people by others by refusing to take reports, failing to classify crimes against transgender people as hate-motivated crimes, or failing to respond at all.”); Morin & Wolfe, *BGM, supra*, 39 J. of Homosexuality at p. 484.

¹⁶⁷ Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 78-79 (“Transgender people are disproportionately involved in the court system, particularly the criminal justice system. A 2011 survey found that 17% of transgender people had been incarcerated at some point in their lives; 21% of transgender women and 10% of transgender men reported being incarcerated. Transgender people of color have been especially affected by the ever-increasing trend toward incarceration in the United States.”).

¹⁶⁸ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 213 (“The belief that people have a ‘right to know’ the intimate details of a trans person’s medical history is reflected in the courtroom, where judges persist in asking questions about and documenting trans people’s medical histories and the physical state of their genitals in exhaustive detail.”); Denike, *Section III Introduction, supra*, p. 138 (“Without evidentiary documentation, of either completed surgery or impending surgery, the courts [in Canada] have not been willing to accept self-identification as a reasonable determinant of sex.”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 72 (One attorney “explains, her clients avoid the system because they fear inviting state scrutiny of their lives, particularly if they are undocumented or engaging in survival sex work.”); *id.* at p. 87 (One attorney “has seen transgender women who seek protection from abuse gawked at by spectators who question their gender identity, an experience that can make accessing the court system daunting for transgender people.”).

¹⁶⁹ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 242 (“One such obstacle [for trans women retaining custody] is the fact that her relationship with her partner may not be legally sanctioned or could be annulled if challenged.”); *id.* at p. 244 (“Thirteen percent of respondents to the NTDS survey whose relationship with their children was ended stated that their relationships with their children had been ended or curtailed due to their trans or gender nonconforming identity.”); *id.* at p. 203; Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 3 (“Although every domestic violence survivor with children worries about the safety and custody of [their] children, the problem is much greater for trans parents, who know that because of prejudice and ignorance about trans persons, courts are extremely unlikely to grant them custody no matter how abusive the other parent is.”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 83-84; FORGE, *Resource Sheet, supra*, p. 1; Messenger, *LGBTQ IPV, supra*, p. 121.

¹⁷⁰ Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 65 (“Indeed, some transgender people subjected to abuse opt to suffer silently rather than to perpetuate negative stereotypes of transgender people and their relationships.”).

¹⁷¹ Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 4 (“Many FtM’s lived within the Lesbian community prior to their transition, and oftentimes their partners still identify as Lesbian and keep ties to that community. . . . [A]n FtM battered by a female partner may well fear that if he seeks help the battery may become public, [and] he will not be believed and/or advocates and community members will side with his partner’s version of events.”); Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at pp. 218-219.

¹⁷² Hardie, *It’s a Long Way to the Top: Hierarchies of Legitimacy in Trans Communities in Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 124

(*Hierarchies*) (“Hierarchies” within the trans communities: where being “passable,” “normal,” and “attractive” are the ideal, making post-op transsexuals the top of the hierarchy; then next preop; then the rest ranked from most passable to least; then passing cross-dressers; then non-passing cross-dressers; then “she-males,” sex workers, and cross-dressers who do it as a fetish), emphasis added.

¹⁷³ Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 73-74 (“One study found, for example, that 40% of transgender inmates in California had participated in the sex trade industry, often driven to this work as a result of the limited economic opportunities they find elsewhere.”); *id.* at pp. 65-66; Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 227 (“Due to the hypersexualization and perception of trans women, especially trans women of color, the sexual harassment of trans women in public housing is a very plausible, though perhaps under-examined, concern.”); *ibid.* (“[D]iscrimination in housing affects a trans woman’s ability to leave her abuser because it is uncertain whether there is a shelter that will accept her. A paucity of legal protection against housing discrimination allows shelters to have transphobic policies.”); *id.* at pp. 201-202.

¹⁷⁴ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at pp. 227-228 (“To leave, the victim must be very courageous and must also have some form of safety net. For trans women, however, as discussed above, the safety net may range from inadequate to nonexistent. Rampant discrimination in the services that are supposed to assist an abused person in getting away from her abuser—medical services, law enforcement, shelters, and the court—may actually cause a trans woman to stay with her abuser rather than expose herself to their transphobia. Indeed, a trans woman may prefer ‘the devil she knows.’ ”); *id.* at pp. 203-204; Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 69 (“In addition to ‘passing,’ the transgender woman may also have to conform to other stereotypes of women subjected to abuse, like passivity or powerlessness, in order to qualify for services.”); Courvant & Cook-Daniels, *Trans Intersex, supra*, p. 4 (“FtM’s are so ‘invisible’ that even professionals well-versed in trans issues often are surprised at the community’s growing contention that there are roughly equal numbers of FtM’s and MtF’s. An FtM survivor may also hesitate to access services for men out of fear that the other survivors may discover his trans status and ridicule him or worse.”).

¹⁷⁵ Greenberg, *Hidden, supra*, 27 Berkeley J. of Gender L. & J. at p. 235 (“The reasons given for policies that exclude trans women typically center on the safety and comfort of the other residents, which means that their exclusion is for the comfort of cisgender women.”); *id.* at p. 238 (“There have been no reported incidents of men dressing as women to gain access to a shelter and track down their victim. However, there have been cases of a lesbian abuser pretending to be a victim to gain access. This dichotomy shows that the fear of men trying to pass is just an excuse, a belief that ‘privileges male attributes over female ones.’ ”); *ibid.* (“In fact, there is a higher risk that a cisgender resident will attack a trans resident.”); *id.* at p. 236 (“Even at shelters that accept trans women, the transphobia of some shelter workers can have a negative impact on trans women.”); *id.* at p. 237 (“To be refused admittance into a woman’s shelter on the basis of one’s physical appearance can reinforce the hatred transsexuals feel for their bodies. This rejection can also lead to low self-esteem, increased alcohol and drug consumption, and even attempts at suicide. In this complex way, the denial of services to transsexual women has repercussions that range beyond their immediate housing needs.”);

Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 67-68 (“The 2011 National Transgender Discrimination Survey found that of those transgender people surveyed who sought shelter, 55% were harassed by shelter staff, 29% were turned away because of their gender presentation, and ‘22% were sexually assaulted by residents or staff.’ ”); *id.* at p. 70 (“Transgender women subjected to abuse are frequently sent to men’s homeless shelters, where they are vulnerable to attack. Once in men’s shelters, transgender women ‘are told that they cannot wear any feminine clothing and have to present as men, which obviously is not only disrespectful but personally painful as well.’ ”); Courvant & Cook-Daniels, *Trans Intersex*, *supra*, p. 4 (“While [shelters serving women] benefit[] the few MtF individuals who have completed medical, legal and social transitions, it typically excludes the majority. . . . MtF survivors may refuse to seek shelter or assistance from women-centered agencies out of a respect for the fears or discomfort of non-trans and non-intersex female survivors. Others may avoid seeking help from those agencies out of low self-esteem or feelings that others will not perceive them as ‘real’ women.”); Scott-Dixon, *Section IV Introduction*, *supra*, p. 200 (“Shelters who do not grant open access to trans people often cite safety as a prime concern. [¶] The underlying assumption in this case builds on two elements: first, a view of trans people, usually trans women, as ‘really’ men who carry the social baggage of male privilege and dominance (and perhaps the physical baggage of born-male genitalia); and second, the understanding of gendered violence as one-way from men to women. Thus, trans women in particular may be seen as a threat because they are ‘really’ men who might attempt to exert their vestiges of male dominance, or because shelter clients would view them as such and feel threatened (shelters appear to have been less able to puzzle out what to do with trans men given this model).”); Grant et al., *NTDS*, *supra*, p. 5.

¹⁷⁶ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 65 (“The relationship a transgender person has with hir abusive partner may be that person’s only source of support, in any number of ways.”); Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at pp. 214-215 (“Abusers typically attempt to isolate victims from their traditional support networks of family and friends to solidify their control over them. In the case of trans women, many of the victims start out isolated from these networks of support, giving the abusers a distinct advantage.”); *id.* at p. 208 (“[T]rans women experience social entrapment due to isolation from potential support networks available to cisgender people, internalized transphobia, the insularity of the LGBT community in some locations, and the threat of outing.”).

¹⁷⁷ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 73-74 (“One study found, for example, that 40% of transgender inmates in California had participated in the sex trade industry, often driven to this work as a result of the limited economic opportunities they find elsewhere.”); *id.* at pp. 65-66; Greenberg, *Hidden*, *supra*, 27 Berkeley J. of Gender L. & J. at p. 227 (“Due to the hypersexualization and perception of trans women, especially trans women of color, the sexual harassment of trans women in public housing is a very plausible, though perhaps under-examined, concern.”); *ibid.* (“[D]iscrimination in housing affects a trans woman’s ability to leave her abuser because it is uncertain whether there is a shelter that will accept her. A paucity of legal protection against housing discrimination allows shelters to have transphobic policies.”); *id.* at pp. 201-202.

¹⁷⁸ Courvant & Cook-Daniels, *Trans Intersex*, *supra*, p. 5 (“[I]nvisibility is by far the most significant barrier [for intersex survivors]. . . . [I]ntersex survivors—both adults and children—are nearly always forced to heal from their abuse alone.”).

¹⁷⁹ Human Rights Watch, “*I Want to Be Like Nature Made Me*”: *Medically Unnecessary Surgeries on Intersex Children in the US* (July 25, 2017) <<https://www.hrw.org/report/2017/07/25/i-want-be-nature-made-me/medically-unnecessary-surgeries-intersex-children-us>> (as of publication) (“At present, too many medical practitioners advise surgery or conduct surgeries on intersex infants and young children, citing lack of data on the outcomes for children who do not undergo surgery. Human Rights Watch and interACT believe that this approach has it exactly backwards: the experience of those who have undergone the surgery and principles of medical ethics suggest that unless and until there is outcome data establishing that the medical benefits of specific surgical procedures on infants and young children outweigh the potential harms, they should not be used.”); Gregorio, *Scientific Am.*, *When Emergency Pediatric Surgery Is Anything But: Rushing to “Fix” Intersex Infants Can Cause Far More Harm than Good* (May 17, 2017) <<https://blogs.scientificamerican.com/observations/when-emergency-pediatric-surgery-is-anything-but/>> (as of publication) (“In 2006, the American Academy of Pediatrics issued the first consensus statement on the management of intersex. In a seemingly commonsense move, they recommended a multidisciplinary, whole-patient approach to treating intersex, and put the brakes on the rush to surgical correction. The statement emphasized the need for functional outcomes rather than cosmetic ones, and indicated that there is no good evidence to support the assumption that early surgery relieves parental distress. [¶] A decade later, surgical intervention does appear to be on the decline overall. But it remains a common practice, despite being condemned by such international human rights organizations as the United Nations, the World Health Organization and Amnesty International. Thus far, the Society for Pediatric Urology—which met recently—has failed to suggest to its members that elective surgery be postponed until patients are able to participate in their own medical decision-making.”); Courvant & Cook-Daniels, *Trans Intersex*, *supra*, pp. 4-5 (“Intersex children are often subjected to multiple genital surgeries in order to ensure that outward shape matches, as closely as possible, a cultural esthetic ideal. Typically, these children are not explained the reasons for these procedures and are made to feel that they have (or, indeed, are) an embarrassing secret. Since doctors still perform these surgeries with a primary goal of preventing psychological stress in the parents, it is not surprising that these children are rarely told the truth: that doctors fear their own parents will hate their bodies enough to mutilate them. It is also not surprising that many of them feel horribly ashamed. [¶] When these children are given reasons for these surgeries and other proceedings, they are frequently told that the treatment is necessary if the child wants to be loved as an adult. . . . The intermittent affection of honeymoon periods mixed with violent explosions [in DV relationships] may seem the most loving a relationship for which an intersex adult can hope, if raised with these expectations.”).

¹⁸⁰ Scheer & Baams, *Help-Seeking Patterns*, *supra*, 36 *J. of Interpersonal Violence* at pp. 8063-8066.

¹⁸¹ Lippy & Waters, Nat’l LGBTQ Inst. on IPV, “*I didn’t think people would take me seriously*”: *The Help-Seeking Strategies, Experiences, and Preferences of LGBTQ Survivors of Domestic Violence*

<https://vawnet.org/material/i-didnt-think-people-would-take-me-seriously-help-seeking-strategies-experiences-and> (as of publication).

¹⁸² Constable et al., *ACON*, *supra*, p. 17 (Over 60% of surveyed responding DV service providers in Australia in a study published in 2011 “nominated resourcing as a major barrier preventing them from making their services more accessible to GLBTI people. Of [these], the top three areas of need identified were staff time, staff numbers and funding.”).

¹⁸³ *Id.* at p. 227 (“Queer anti-violence strategies need to place the experiences of women of color, Indigenous women and low-income women at the centre, rather than focusing on increased accessibility or specific multicultural programs [citation].”).

¹⁸⁴ Guadalupe-Diaz & Yglesias, *Perceptions*, *supra*, 25 J. of Gay & Lesbian Social Services at p. 472 (“The presence of culturally specific outreach and resource referral programs in a given community is likely to have a positive impact on the relative knowledge base of that community, giving rise to the chance that more formal, institutional means of support (such as the criminal justice system) will be more readily accessed. However, research has not specifically addressed these variables as having an impact on knowledge and willingness of victims of violence to access legal remedies.”); Durish, *Documenting*, *supra*, p. 247.

¹⁸⁵ Constable et al., *ACON*, *supra*, p. 17, emphasis added.

¹⁸⁶ In California, these conflict rules are found in the Rules of Professional Conduct (found online here: <https://www.calbar.ca.gov/Attorneys/Conduct-Discipline/Rules/Rules-of-Professional-Conduct/Current-Rules>) and are construed in ethics opinions found online here: <https://www.calbar.ca.gov/Attorneys/Conduct-Discipline/Ethics/Opinions> (and construed definitively by the California Supreme Court).

¹⁸⁷ Courvant & Cook-Daniels, *Trans Intersex*, *supra*, p. 5 (“Because trans and intersex individuals are victims of abuse, and because our society is complicit in creating conditions which perpetuate this abuse, we who have dedicated ourselves to helping survivors of domestic violence must include trans and intersex survivors as a part of that mission.”); Morin, *Re-traumatized*, *supra*, 40 *New England J. on Crim. & Civ. Confinement* at p. 486 (“[A]lternatives like staying with friends or family are less likely to exist because an LGBTQ survivor may have been ostracized by his or her home community [or family] on the basis of sexual identity or disclosure of the IPV.”); Duke & Davidson, *SS IPV*, *supra*, 18 *J. of Aggression, Maltreatment & Trauma* at p. 796 (“To provide LGB affirmative services, organizations working with survivors of IPV must establish themselves as comprehensive and diverse agencies, advertise, provide culturally specific information on LGB issues and resources, and train their advocates properly regarding same-sex IPV.”); Goldberg & White, *Transition*, *supra*, p. 223 (“Becoming inclusive means not only allowing trans survivors to access existing services, but devoting resources to ensuring that staff and volunteers are competent to provide services to trans people and their loved ones. This includes being fully comfortable working with people with diverse gender identities and cultural beliefs about gender; being able to engage clients in exploring the connections between violence and gender oppression; and being aware of the legal, medical and social issues that impact trans people and loved ones who are survivors of violence. It also means understanding the social, legal and economic factors that increase the vulnerability of trans people and their loved ones to violence and that make it more difficult to leave abusive relationships; reducing the barriers [to

reporting] . . . ; and incorporating gender diversity in anti-violence education and prevention efforts. Finally, policy and procedures relating to safe environments for staff, volunteers, and clients who are trans or the loved one of a trans person must be developed, along with mechanisms to evaluate the agency's effectiveness in working with the trans community."); *id.* at pp. 221-224; Constable et al., ACON, *supra*, pp. 14, 27-31; Messinger, LGBTQ IPV, *supra*, p. 166; Durish, *Documenting*, *supra*, p. 247.

¹⁸⁸ Messinger, LGBTQ IPV, *supra*, p. 3 ("[T]heir positive and affirming response can send a message to victims that they are indeed experiencing IPV and that they deserve better."); *id.* at pp. 126-127.

¹⁸⁹ Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at p. 25.

¹⁹⁰ Harada, *Additional Barriers*, *supra*, 41 U. Balt. L.F. at p. 167.

¹⁹¹ Ford et al., *LA*, *supra*, 14 Health Promotion Prac. at p. 842 ("The tools agencies/programs use to screen participants often inadequately distinguish LGBT perpetrators from survivors. Additional [or different] . . . screening may be necessary to distinguish perpetrators from survivors in same-sex relationships [citations].").

¹⁹² Bermea et al., *Intimate Partner Violence in the LGBTQ+ Community: Experiences, Outcomes, and Implications for Primary Care* (2021) 48 Primary Care: Clinics in Office Practice 329, 332-334.

¹⁹³ Sreedhar & Hand, *The Ethics of Exclusion: Gender and Politics at the Michigan Womyn's Music Festival* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 165 (*Ethics*) ("[T]he question at hand is not whether [a women's only space] can provide a safe space, but what kind of safe space it can provide."); Scanlon, *Where's the Beef?: Masculinity as Performed by Feminists* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 93 (*Masculinity*) ("[W]omen's shelters may be uncomfortable serving transsexual/transgendered women for fear that their non-trans clients would be uncomfortable. Underlying this is a biocentric attitude that transsexual women aren't real women."); *id.* at p. 166; Vachon, *Transforming*, *supra*, p. 230 ("[I]f we catered to every person's dislike/feelings/concerns/fears then we would never have more than one person in the shelter at a time."); *id.* at p. 229 (Female staff at a gender-segregated shelter "were concerned with behaviours, not with gender, the way someone dressed and how someone identified."); Vachon, *Transforming*, *supra*, p. 230 ("We responded to current behaviour. . . . We did not adhere to a policy of preventative barring. Why would it be any different for trans residents?"); Morin, *Re-traumatized*, *supra*, 40 New England J. on Crim. & Civ. Confinement at p. 486 (Homeless shelters, hotels, and motels "are weak alternatives [to DV shelters] for [victims] because their abusers are more able and more likely to find, harass, injure, or even kill them."); Scott-Dixon, *Section IV Introduction*, *supra*, p. 200 (Shelters should accept trans people because they likely have not fully enjoyed male privilege, they probably cannot access men's services, and those needing shelter or other free services are not in a position of power or privilege (they need help); and "while violence against women and trans people is well-documented, there is little evidence that trans people are likely to assault non-trans people."); *id.* at pp. 200-201 ("As Julie Darke and Allison Cope argue in their publication *Trans Inclusion Policy Manual for Women's Organizations*, bringing shelter services together can be mutually beneficial to both trans and non-trans people,

in that trans people would be able to access help and care, and feminist services would be able to expand and enrich their mandate and analyses.”); Grant et al., NTDS, *supra*, p. 104.

¹⁹⁴ Ford et al., *LA, supra*, 14 Health Promotion Prac. at p. 842 (“Qualitative research with IPV agency staff suggests that the factors limiting LGBT IPV services are remediable. The staff want to improve services for LGBTs but lack the knowledge and skills to do so [citations].”); *id.* at p. 847 (“Routinely assessing the sexual orientation and gender identity of all clients can help staff document LGBT service utilization and tailor services and resources for LGBT clients; however, the assessments should only be done by trained staff in LGBT-safe environments [citation].”); *id.* at p. 848 (“When, as is true in Los Angeles, LGBT centers have dedicated IPV prevention/intervention programs, these partnerships can be beneficial, especially for the non-LGBT agencies/programs and their clients. The partnerships must strive for balance, however, between ensuring that publicly available resources meet the needs of LGBTs and building the capacity of LGBT centers to assist non-LGBT organizations. Some LGBTs prefer obtaining assistance outside the LGBT community, particularly if the community is small, they share a social network with the perpetrator, or the LGBT community does not provide IPV-related assistance [citations]. In these circumstances, referrals to LGBT centers are not recommended.”); Messinger, *LGBTQ IPV, supra*, p. 18 (“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, research suggests that discriminatory beliefs and dismissive views regarding LGBTQ IPV are still rampant.”); *id.* at p. 164; Constable et al., *ACON, supra*, p. 14 (“The impact of transphobia and homophobia on domestic violence and the specific nature and unique aspects of abuse for GLBTI people were two common themes that emerged in recommendations for training.”); Talicska, *Closet, supra*, 8 *Modern Am.* at p. 28 (“To remedy such ignorance, certain service providers (e.g., counselors at battered women’s shelters, HIV clinics, LGBT community centers) should receive training on assessing and responding to SSMDV.”); Durish, *Documenting, supra*, p. 247.

¹⁹⁵ Donovan & Barnes, *Help-Seeking Among Lesbian, Gay, Bisexual, and/or Transgender Victims/Survivors of Domestic Violence and Abuse: The Impacts of Cisgendered Heteronormativity and Invisibility* (2020) 56 *J. of Sociology* 554; Merrill & Wolfe, *BGM, supra*, 39 *J. of Homosexuality* at p. 6 (“In direct contrast to the documented experiences of battered heterosexual women, [one researcher] found that her respondents [battered lesbians] were significantly less likely to turn to relatives, police, attorneys, medical professionals, and battered women’s shelters for assistance.”); Brown & Herman, *IPVSA, supra*, pp. 4, 18 (“A number of studies showed that LGBT survivors found individual counselors to be particularly helpful. For example, respondent to one survey [in 2000] identified counselors as the most needed service, and among those who spoke with counselors, nearly 90% found them to be helpful.”); Guadalupe-Diaz & Yglesias, *Perceptions, supra*, 25 *J. of Gay & Lesbian Social Services* at p. 471 (“[W]hen LGB victims of violence are likely to seek formal services, it is more likely to be in the form of one-on-one counseling as opposed to engaging law enforcement, the criminal justice system, health care services, or shelters for battered women.”); Guadalupe-Diaz & Jasinski, *Challenges, supra*, 23 *Violence Against Women* at p. 782; Guadalupe-Diaz, *Differences, supra*, 9 *Gay & Lesbian Issues & Psychology Rev.* at p. 17.

¹⁹⁶ Goodmark, *Trans IPA, supra*, 48 *Harv. C.R.-C.L. L. Rev.* at p. 100 (“[A] growing chorus has championed the idea of creating and maintaining community-based services and supports for all

people subjected to abuse in lieu of continuing to fund and expand systems that require involvement with the state.”); *id.* at p. 102 (“By cultivating a sense of responsibility for addressing violence among all members of the community, supporting the self-determination of people subjected to abuse, fostering community norms that challenge violence, and using the community to ensure accountability, communities can provide people subjected to abuse with forms of justice that the state cannot.”); *id.* at p. 103 (“Asking the community to take responsibility for responding to abuse is a complicated matter. . . . Some people subjected to abuse report that the worst abuse they encountered came not from their partners but from the community-based organizations that purported to serve them.”); Mendoza & Dolan-Soto, *Running Same-sex Batterer Groups; Critical Reflections on the New York City Gay and Lesbian Anti-Violence Project and the Toronto David Kelley Services’ Partner Assault Response Program in Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) p. 298 (*Batterer Groups*).

¹⁹⁷ Goldberg & White, *Reflections, supra*, pp. 56-72.

¹⁹⁸ Walters et al., Survey, *supra*, p. 37 (“[T]he high levels of violence experienced by bisexual women and the high levels of sexual violence other than rape experienced by bisexual men suggest a particular need for services and support systems focused on bisexual women and men.”).

¹⁹⁹ Constable et al., ACON, *supra*, p. 29.

²⁰⁰ Constable et al., ACON, *supra*, p. 14.

²⁰¹ *Ibid.*

²⁰² *Id.* at p. 28 (Progressive laws “may lead to an improvement in the confidence of GLBTI people to disclose sexuality, intersex or gender and parental status.”); Talicska, *Closet, supra*, 8 Modern Am. at p. 28.

²⁰³ Ford et al., *LA, supra*, 14 Health Promotion Prac. at p. 848 (“Organizational and governmental policies and practices should be reviewed to make certain they accommodate, rather than ignore, differences by sexual orientation and gender identity [citation]. . . . Gender-neutral policies imply equal access for all; however, they neglect concerns unique to LGBTs (e.g., risk of abuser being in the same shelter as the survivor). Some policies disproportionately affect only certain LGBT subpopulations (e.g., gay men).”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 98-99 (“Although gender neutral statutes might seem to promise the same result as specific provisions authorizing transgender people to seek state protection, in practice, ‘the lack of explicit inclusion has given those in the system a way out’ of assisting transgender people. Moreover, . . . transgender people may not believe that they are eligible to seek the protection of courts.”); *id.* at p. 98; Messinger, *LGBTQ IPV, supra*, p. 192 (“Scholars suggest that the clearest way to ensure that LGBTQ IPV victims receive protection under IPV law involves a two-step process: explicitly including LGBTQ IPV victims in the language of IPV laws, and ensuring that LGBTQ people legally have access to all the rights that might qualify a person for protection under IPV laws (such as access to the right to be LGBTQ, marry, and adopt children).”); Pershai, *The Language Puzzle: Is Inclusive Language a Solution?* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) pp. 46-52 (*Language*).

²⁰⁴ Andreano, *The Disproportionate Effect of Mutual Restraining Orders on Same-Sex Domestic Violence Victims* (2020) 108 Cal. L.Rev. 1047, 1053-1063; see *K.L. v. R.H.* (2021) 70 Cal.App.5th 965; *Melissa G. v. Raymond M.* (2018) 27 Cal.App.5th 360; *Isidora M. v. Silvino M.* (2015) 239 Cal.App.4th 11; *J.J. v. M.F.* (2014) 223 Cal.App.4th 968; *Monterroso v. Moran* (2006) 135 Cal.App.4th 732; *Conness v. Satram* (2004) 122 Cal.App.4th 197.

²⁰⁵ LeBrun, *VAWA 2013*, *supra*, 39 Seton Hall Legis. J. at p. 120 (“The VAWA 2013 debate and its successful passing will lead to improved legal identities for same-sex couples, but legislators have to utilize specific tactics to push other pieces of legislation in the same direction. Although VAWA is a move in the right direction in terms of legal protections for same-sex couples, it is not enough. Domestic violence is only one aspect of a person's life or relationships, if at all. Marriage, employment, insurance, social security, and other government benefits and privileges are also important.”); Messinger, *LGBTQ IPV*, *supra*, p. 163 (“For example, as reviewed in this chapter, the 2013 VAWA Reauthorization required that LGBTQ IPV be addressed by IPV victim shelters in order to receive federal funding . . . but then it added a variety of loopholes and exemptions that effectively permit shelters to ban all cisgender men and trans* people.”); Goldberg & White, *Transition*, *supra*, p. 221 (“Even when policies or client inclusion/exclusion criteria allow for the possibility of trans access, access does not necessarily guarantee a trans-positive or trans-inclusive environment. We have worked with trans survivors who have been told not to raise trans issues during group therapy, not to discuss life prior to transition and not to discuss trans-specific/transphobic elements of the violence they experienced.”).

²⁰⁶ Harada, *Additional Barriers*, *supra*, p. 162 (“The ruling in *Bowers* provided legal ammunition for anti-gay sentiments and significantly impacted the legal rights of LGBT individuals.”); *ibid.* (“In an article reviewing the history of anti-sodomy laws and their impact on domestic violence statutes’ applicability to same-sex relationships, Tara R. Pfeifer raises, as an example, North Carolina Republican Representative Russell Capps, who sought to exclude same-sex domestic violence victims from protection under the state’s Crime Victims Rights Amendments by citing to the state’s anti-sodomy statute.”).

²⁰⁷ Goodmark, *Trans IPA*, *supra*, 48 Harv. C.R.-C.L. L. Rev. at p. 99; Messinger, *LGBTQ IPV*, *supra*, p. 185.

²⁰⁸ Guadalupe-Diaz, *Differences*, *supra*, p. 17 (“Influential in shaping help-seeking behaviors are the perceptions of law enforcement within any community.”).

²⁰⁹ Messinger, *LGBTQ IPV*, *supra*, p. 183 (“The number of trained officers matters a great deal in how well law enforcement can respond to victims. Some police departments may train only a single liaison officer on LGBTQ IPV, who then can have LGBTQ IPV victims referred to them by fellow officers and by IPV victim organizations.”); Talicska, *Closet*, *supra*, 8 Modern Am. at p. 29.

²¹⁰ Talicska, *Closet*, *supra*, 8 Modern Am. at p. 28.

²¹¹ *Id.* at pp. 28-29.

²¹² DOJ, *Gender Bias*, *supra*, p. 19 (“It is essential that officers are trained to identify the predominant aggressor when responding to domestic violence incidents, and make arrests accordingly. Law enforcement officials should be aware of the potential for abusers to report

domestic violence complaints preemptively, claiming that they themselves are the victims of domestic violence.”); Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at pp. 24-26.

²¹³ DOJ, *Gender Bias*, *supra*, p. 22.

²¹⁴ Talicska, *Closet*, *supra*, 8 Modern Am. at pp. 28-29.

²¹⁵ *Id.* at p. 21.

²¹⁶ DOJ, *Gender Bias*, *supra*, p. 10 (DOJ has provided law enforcement agencies with guidelines and principles to improve responses while minimizing gender bias; “(1) clear, unequivocal policies about the proper handling of sexual assault and domestic violence crimes; (2) training for officers about these policies and about effective responses to sexual assault and domestic violence crimes more generally; and (3) supervision protocols and systems of accountability to ensure that officers responding to sexual assault and domestic violence crimes act in accordance with these policies and trainings.”).

²¹⁷ *Id.* at p. 8 (“Eliminating gender bias in policing practices is an integral component of combating sexual assault and domestic violence, and can have a real and immediate effect on the safety of individual victims [by] . . . preventing future victimization[,] . . . deter[ring] repeat abusers[, and] . . . foster[ing] victim confidence[, and] . . . mak[ing] victims more likely to report future incidents. By contrast, if law enforcement agencies do not respond effectively to an incident of sexual assault or domestic violence, victims are less likely to participate in the investigation and prosecution of their case or seek police assistance in the future.”).

²¹⁸ Ramsey, *Stereotyped*, *supra*, p. 406 (“Most BIP standards do not exclude homosexual participants, but they rarely offer separate groups and specially tailored curricula for LGBT offenders. Some states still place same-sex offenders in heterosexual groups. Others anticipate the need for individual counseling and/or outside referrals for homosexual BIP participants; they may allow a choice among these approaches, based on offender characteristics and/or provider resources and competence. Even states that require some kind of special programming for same-sex abusers tend to be vague about what that programming should entail.”); *id.* at p. 411 (“Existing BIPs aimed at the feminist re-education of men are ill suited to change the behavior of lesbians. First, due to mistakes in identifying the primary aggressor and the continued practice of mutual arrest in same-sex cases, some lesbians whom law enforcement detains will actually be victims. Second, even if the arrestee *was* the primary aggressor, she is unlikely to be rehabilitated, and may actually be harmed, in a program designed for heterosexual male batterers, who ‘tend to be overtly homophobic.’ At least one state expressly acknowledges this concern by providing separate groups for women and same-sex offenders “‘to ensure *safety* and appropriate interventions.’ Although the Power and Control Wheel used in Duluth-style programs could probably be adapted for lesbian batterer education, facilitators need to be trained to interact knowledgeably and sensitively with lesbian participants, and program standards must do more than simply add sexual orientation to a politically-correct list of traits in a non-discrimination statement.”); Messinger, *LGBTQ IPV*, *supra*, p. 13 (“Although BIPs more generally have been shown to be limited in their effectiveness, it is conceivable that they will prove even more ineffective for LGBTQ abusers if ideology and experiences unique to LGBTQ IPV are never raised.”); Mendoza & Dolan-Soto, *Batterer Groups*, *supra*, p. 285 (Reflecting on

same-sex BIPs in Toronto and NYC: “[T]hree themes emerged for us and seemed important to highlight[.] . . . These include: the need to re-conceptualize LGBTQ batterers’ intervention services as a matter of public health as well as a component of the criminal justice system; the need for clarity of purpose about who these programs are meant to serve; and lastly the need for service providers to understand what motivates LGBTQ participants to enter batterers’ intervention programs.”); Messinger, *LGBTQ IPV*, *supra*, pp. 190-191.

²¹⁹ Ramsey, *Stereotyped*, *supra*, 120 Penn. St. L.Rev. at p. 405.

²²⁰ Goodmark, *Trans IPA*, *supra*, 27 Berkeley J. of Gender L. & J. at p. 99 (“Changing the culture of the legal system is as important as substantively changing the law.”); Guadalupe-Diaz & Yglesias, *Perceptions*, *supra*, 25 25 J. of Gay & Lesbian Social Services at p. 473 (“The emergence of these [gender-neutral language in law] policies, while intended to change the ultimate course and nature of help-seeking behavior among marginalized LGB communities, will remain just that, well-intentioned and ineffective without the presence of knowledge, attitude, and behavior change among targeted communities.”); Talicska, *Closet*, *supra*, 8 Modern Am. at p. 28 (“[U]ntil social attitudes significantly change, it may be difficult to find funding for programs that assist only abused homosexual males.”); Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at p. 25; Messinger, *LGBTQ IPV*, *supra*, p. 125; Denike, *Section III Introduction*, *supra*, p. 148.

²²¹ Guadalupe-Diaz & Yglesias, *Perceptions*, *supra*, 25 J. of Gay & Lesbian Social Services at p. 472 (“Public perceptions of the accessibility of legal remedies in the case of domestic violence should be a crucial part of this research, particularly for LGB victims who are largely left out of the hegemonic narrative of what constitutes domestic violence and how and who protective sanctions serve.”); Merrill & Wolfe, *BGM*, *supra*, 39 J. of Homosexuality at p. 23 (“Organized educational campaigns, very effective in encouraging battered heterosexual women to name abusive behaviors and to seek assistance, have not been conducted in the lesbian, gay, bisexual, and transgender community with few exceptions[.] . . . As a result, people in same-gender relationships or people observing same-gender relationships (such as friends and providers) may not respond to these abusive behaviors as ‘battering’ as quickly as they might if they had been perpetrated by a man against a woman.”); Constable et al., *ACON*, *supra*, p. 25 (“[P]ublically naming DV in GLBTI forums can be a powerful tool.”); Messinger, *LGBTQ IPV*, *supra*, p. 197 (“If silence is not the answer, then the way forward must be through awareness. This must infuse all aspects of our collective response to LGBTQ IPV—from creating inclusive IPV laws and expanding related LGBTQ human rights protections to making trainings mandatory for HGRs on LGBTQ IPV knowledge and antidiscrimination, tailoring HC IPV-oriented services to address LGBTQ IPV, and generating more-targeted service advertising and educational media to signal that HGRs are welcoming to LGBTQ IPV victims.”); Durish, *Documenting*, *supra*, pp. 251-252.

²²² Goldberg & White, *Reflections*, *supra*, p. 67; Donovan & Hester, *Exploring Emotion Work in Domestically Abusive Relationships* in *Intimate Partner Violence in LGBTQ Lives* (Ristock edit., 2011) pp. 97-99 (*Emotion Work*).

²²³ Driver, *Queer Femmes Loving FTMs: Towards an Erotic Transgendered Ethics* in *Trans/Forming Feminisms: Trans/Feminist Voices Speak Out* (Scott-Dixon edit., 2006) p. 113.

²²⁴ Pertnoy, *Same Violence, supra*, 24 St. Thomas L.Rev. at p. 565 (“Gay or lesbian defendants who wish to use BWS to help explain or mitigate their actions against an abusive partner face a great challenge, as this kind of testimony is typically used in only traditional, heterosexual relationships.”); *id.* at p. 567 (“The need to create a new type of expert testimony on BWS specifically designed to explain the experiences of the battered same-sex domestic violence victim is dire.”); Messinger, LGBTQ IPV, *supra*, pp. 187-188 (“[A]lthough the conditions that give rise to BWS are by no means unique to male-to-female HC IPV, stereotypes often make it less obvious for jurors and judges to associate BWS with LGBTQ IPV.”); Constable et al., ACON, *supra*, p. 20 (“This common myth [that DV is men hitting women, only] has implications for service provision and for the GLBTI organisations seeking to raise awareness of the existence of abuse in relationships.”); Goodmark, *Trans IPA, supra*, 48 Harv. C.R.-C.L. L. Rev. at pp. 99-100.

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