

Experiences of Intimate Partner Violence and Subsequent Police Reporting Among Lesbian, Gay, Bisexual, Transgender, and Queer Adults in Colorado: Comparing Rates of Cisgender and Transgender Victimization

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Abstract

Research indicates that lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals are at high risk of victimization by others and that transgender individuals may be at even higher risk than their cisgender LGBQ peers. In examining partner violence in particular, extant literature suggests that LGBTQ individuals are at equal or higher risk of partner violence victimization compared with their heterosexual peers. As opposed

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to sexual orientation, there is little research on gender identity and partner violence within the LGBTQ literature. In the current study, the authors investigated intimate partner violence (IPV) in a large sample of LGBTQ adults ($N = 1,139$) to determine lifetime prevalence and police reporting in both cisgender and transgender individuals. Results show that more than one fifth of all participants ever experienced partner violence, with transgender participants demonstrating significantly higher rates than their cisgender peers. Implications focus on the use of inclusive language as well as future research and practice with LGBTQ IPV victims.

Keywords

intimate partner violence, LGBTQ, victimization, transgender, cisgender

Introduction

Despite being recognized as a global health concern, much of the intimate partner violence (IPV) literature focuses on heterosexual individuals. Although researchers are increasingly focusing their work on IPV among lesbian, gay, bisexual, transgender, and queer (LGBTQ) individuals, much of the emphasis is placed on sexual orientation as opposed to gender identity. This study aims to address this gap in the literature by comparing rates of cisgender and transgender IPV victimization and subsequent police reporting activity.

Literature Review

Gender Identity

Approximately 3.5% of the population, or nine million Americans, identify as LGBTQ (Gates, 2011). As with any segment of the population, there are many differences within the LGBTQ community, including gender identity. Whereas *cisgender* individuals feel congruency between their birth-assigned gender, their body, and their identity (Schilt & Westbrook, 2009), *transgender* individuals' identities, expressions, or behaviors differ from the norms typically associated with their birth-assigned gender (National Center for Transgender Equality [NCTE], 2014). Although research is rare, population-based data indicate that approximately 0.5% of adults identify as transgender (Conron, Scott, Sterling Stowell, & Landers, 2012). According to a review by Gates (2011), nearly 700,000 of the

approximately nine million LGBT Americans identify as transgender, comprising about 8% of the LGBT population.

Victimization Experiences of LGBTQ Adults

Much of the literature on victimization of LGBTQ individuals focuses on acts committed by nonpartners, and hate-related victimization in particular (e.g., Cramer et al., 2013; D. Meyer, 2010). Violence or crimes committed against individuals based on their sexual orientation or gender identity are classified as hate crimes (Federal Bureau of Investigation [FBI], 2011). Hate crimes can include murder or nonnegligent manslaughter, forcible rape, aggravated assault, simple assault, intimidation, arson, and damage or vandalism of property (U.S. Department of Justice [USDJ], 1998). These crimes are different from hate incidents, which tend to be considered less severe in nature. Hate incidents are experiences of biased action where there is no physical assault (Herek, 1998; Sloan & Gustavsson, 1998). Hate incidents include name-calling, verbal harassment, teasing, and nonphysical forms of bullying (Willis, 2004). Often, these hate incidents lead to or occur in conjunction with physical violence (National Coalition of Anti-Violence Programs [NCAVP], 2000).

Members of the LGBTQ community underreport experiences of hate crime victimization to the police (Berrill, 1992; Herek, Gillis, & Cogan, 1999); thus, prevalence statistics of anti-LGBTQ crime in the United States are thought to be limited. The FBI's 2012 Hate Crime Statistics Report provides a snapshot of the national trend of hate crimes committed against LGBTQ individuals. In 2012, 1,318 hate crime offenses based on sexual orientation were reported in the United States, accounting for 19.6% of all single-bias hate crime incidents (i.e., all offenses involved in an incident represent a singular bias; FBI, 2013c). These statistics have remained relatively stable over the past several years with sexual orientation bias representing approximately one fifth of all single-bias incidents since 2009 (FBI, 2010, 2011, 2012a, 2013c). Of the 1,318 incidents in 2012, 948 were crimes against persons, most frequently committed against gay males, including simple assault (47.78%), intimidation (27.64%), aggravated assault (22.26%), nonspecified crimes (1.16%), forcible rape (1.05%), and murder or nonnegligent manslaughter (.10%; FBI, 2013a). In that same year, there were 33 hate crime incidents motivated by sexual orientation bias in Colorado, accounting for 17.4% of all hate crime incidences in the state (FBI, 2013b). Whereas the FBI's most recently released hate crime statistics do not include gender identity as an offense motivator, the 2013 Hate Crimes Statistics, which will be released in 2014, will include gender and gender identity as a bias category

under the Matthew Shepard and James Byrd, Jr., Hate Crimes Prevention Act (FBI, 2012b).

Researchers have also conducted smaller community-based studies identifying trends in hate crimes and hate incidents among LGBTQ individuals. Herek et al. (1999) conducted a study of 2,200 LGB adult Sacramento residents about their experiences of hate crimes, with results indicating that 28% of gay men, 19% of lesbians, 27% of bisexual men, and 15% of bisexual women experienced antigay bias crime. Similarly, the Kaiser Family Foundation (2001) conducted a survey with 405 LGB adults in large U.S. cities, finding that 32% of individuals experienced a hate crime based on their sexual orientation. More recently, the NCAVP (2013) produced a report on LGBTQ and HIV-affected hate violence victims and survivors based on data collected by its member organizations and allies. Victims and survivors who provided their sexual orientation ($n = 1,705$) most frequently identified as gay (45%), followed by lesbian (20.6%), heterosexual (18.2%), bisexual (8.7%), queer (2.9%), self-identified/other (2.6%), and questioning/unsure (1.7%; NCAVP, 2013). While 56.5% reported their incidents to police, gay men were approximately 3 times more likely to report to police than victims and survivors who do not identify as gay men (NCAVP, 2013).

Transgender individuals, in particular, experience some of the highest rates of victimization (Lombardi, Wilchins, Priesing, & Malouf, 2001; NCAVP, 2013; Xavier, 2000). In the NCAVP's (2013) recent report, 10.5% of hate violence victims and survivors identified as transgender. Researchers found that transgender people, and transwomen in particular, were more likely than other LGBTQ and HIV-affected individuals to experience police violence, discrimination, threats, and intimidation (NCAVP, 2013). Moreover, transwomen and transgender people of color, in addition to LGBTQ people of color and HIV-affected people of color, are at greater risk of homicide than other LGBTQ and HIV-affected individuals (NCAVP, 2013).

Researchers have found similarly high rates of transgender victimization in other national and community-based studies. In a national study, researchers found that more than half (59%) of transgender individuals indicated they were victims of violence in their lifetime; of those individuals, 55% reported being verbally harassed, 29% reported either simple or aggravated assault, and 17% reported other forms of antigay bias crime incidents (Lombardi et al., 2001). Similarly, in a community sample of transgender individuals living in Washington, D.C., 43% of respondents reported being victimized (Xavier, 2000) and, in a sample of San Franciscan transgender persons, 83% of participants reported experiencing verbal harassment, 59% experienced forcible rape, and 36% experienced physical violence (Clements-Noelle, Marx, & Katz, 2006).

IPV Among LGBTQ Adults

IPV is defined as “physical violence, sexual violence, threats of physical or sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner” regardless of whether or not the two parties live together (Black et al., 2011, p. 37). Narrowing the LGBTQ victimization literature to IPV in particular presents challenges, as historically much of the literature has focused on IPV in heterosexual relationships (National Center for Injury Prevention and Control [NCIPC], 2003), with statistics indicating women are more often victims than men (Goldberg & Meyer, 2013). However, more recent research indicates that IPV, domestic violence, and relationship violence is similarly as prevalent across identities in LGBTQ communities as it is among heterosexual women (Ard & Makadon, 2011). Researchers estimate that 26% to 33% of gay men (Bartholomew, Regan, White, & Oram, 2008; Goldberg & Meyer, 2013; Houston & McKirnan, 2007; Waldner-Haugrud, Gratch, & Magruder, 1997; Walters, Chen, & Breiding, 2013), 32% to 44% of lesbian women (Goldberg & Meyer, 2013; Walters et al., 2013; West, 2012), 37% to 87% of bisexual men (Messinger, 2011; Walters et al., 2013), and 61% to 91% of bisexual women (Messinger, 2011; Walters et al., 2013) experience IPV in their lifetime. These rates are much higher than those demonstrated by either heterosexual men (8%-29%; Goldberg & Meyer, 2013; Tjaden & Thoennes, 2000; Walters et al., 2013) or heterosexual women (20%-35%; Goldberg & Meyer, 2013; Tjaden & Thoennes, 2000; Walters et al., 2013).

Men who have sex with men (MSM), regardless of sexual orientation, also demonstrate high rates of IPV, with one study finding that 22.0% of participants had experienced physical violence in the past 5 years (Greenwood et al., 2002). Similarly, in their examination of IPV among 7,844 MSM seeking HIV and/or sexually transmitted infection (STI) testing, Li, Baker, Korostyshevskiy, Slack, and Plankey (2012) found that 22% of men reported any IPV, with 17% reporting verbal violence, 17% reporting physical violence, and 5% reporting sexual violence. Recently, Finneran and Stephenson's (2013) systematic review of IPV among MSM showed that MSM experience IPV victimization at similar or higher rates than women.

Unfortunately, there has been much less research on IPV within the transgender community, though limited extant research indicates that transgender individuals may experience IPV more than their cisgender peers (e.g., Landers & Gilsanz, 2009). For example, in a study of LGBTQ persons in Massachusetts, transgender participants (34.6%) more often self-reported receiving partner perpetrated threats (34.6%) than cisgender participants (13.4%; Landers & Gilsanz, 2009). Initial data from the Gender, Violence,

and Resource Access Survey, which included transgender and intersex participants, indicate that 50% of participants had been raped or assaulted by their partners, with 23% of those persons requiring medical attention (Courvant & Cook-Daniels, n.d.). Within the LGBTQ community, researchers from the NCAVP (2013) found that transgender women were the most likely group to experience IPV-related threats, intimidation, harassment, and injury when compared with transgender men, lesbian women, gay men, bisexual, and queer identified individuals.

Establishing IPV prevalence among LGBTQ individuals is complicated by how researchers define relationships or domestic violence within an LGBTQ context, which may include violence perpetrated by nonpartner household members (e.g., parents, siblings, roommates). The lack of a standard definition has caused varied reporting in research findings, as have samples that are not representative of the community as a whole (e.g., Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006; Kulkin, Williams, Borne, de la Bretonne, & Laurendine, 2007). Because of the wide variation in IPV conceptualization, Saltzman, Fanslow, McMahon, and Shelley (2002) suggest researchers treat the varying forms of IPV (e.g., physical, sexual, emotional) as distinct for surveillance purposes, particularly given that prevention efforts may need to be tailored to specific forms of IPV.

In addition, because of the discrimination faced within the community, it is widely thought that IPV among LGBTQ individuals is underreported (e.g., Brown, 2008). Moreover, members of lesbian, bisexual, and transgender communities have shared that they face challenges within their cultural context (e.g., history of police violence, homophobia, transphobia) that may make it difficult to identify and then report domestic or IPV (Bornstein et al., 2006).

Examining Gender Identity in IPV

Within the IPV research and practice community, gender identity has greatly influenced how we theorize the use of partner violent behaviors and ensuing response. As mentioned previously, much of the research over the years has focused on IPV in the context of heterosexual relationships (NCIPC, 2003). Despite the fact that the predominant conversation tends to focus on gender in binary (i.e., male and female) terms, the concept of gender as it pertains to IPV within the LGBTQ community remains important. In 2011, the NCTE reported that 19% of transgender and gender nonconforming individuals experienced violence against them by family members and partners specifically because of their transgender or gender nonconforming identity (Grant et al., 2011). These rates, though lower than national estimates of female IPV victimization, are much higher than national estimates of male IPV

victimization (e.g., Goldberg & Meyer, 2013; Tjaden & Thoennes, 2000; Walters et al., 2013). Given this, it may be that any gender identity that does not match the traditional cisgender, heterosexual masculine identity stands to be oppressed through the use of partner violent behaviors.

This point is reminiscent of minority stress theory, which suggests that those who identify with a stigmatized identity, often of a minority status, frequently experience excess stressors related to said identity (I. H. Meyer, 2003). As it relates to IPV, LGBTQ individuals may be more at risk of being victimized in this context (Martin-Storey, 2015) given the high rates of victimization in other contexts (e.g., Herek et al., 1999). Extant research on minority stressors in the context of same-sex IPV supports this (e.g., Balsam & Szymanski, 2005). At the bivariate level, researchers have found associations between same-sex IPV (both victimization and perpetration) and internalized homophobia (Balsam & Szymanski, 2005), discrimination (Balsam & Szymanski, 2005), and stigma consciousness (Carvalho, Lewis, Derlega, Winstead, & Viggiano, 2011). Looking at IPV perpetration by type among LGBTQ college students, Edwards and Sylaska (2013) found significant, positive associations between internal homonegativity and both physical and sexual IPV perpetration; sexual identity concealment and physical IPV perpetration; and previous sexual orientation victimization with psychological IPV perpetration.

Brown (2008) identifies minority stressors related to homophobia as a distinguishing factor between LGBTQ and heterosexual IPV. It may be that minority stressors related to transphobia distinguish IPV victimization within the LGBTQ population. As research indeed shows LGBTQ persons, generally, self-report more frequently experiencing IPV than their heterosexual peers (Bartholomew et al., 2008; Goldberg & Meyer, 2013; Houston & McKirnan, 2007; Messinger, 2011; Tjaden & Thoennes, 2000; Waldner-Haugrud et al., 1997; West, 2012), it is imperative to examine gender identity within this population to determine if there are further differences between cisgender LGBTQ and transgender individuals.

The purpose of the current exploratory study is to build on the limited extant literature investigating the IPV victimization experiences of LGBTQ adults. Specifically, the authors aim to distinguish differences in IPV among cisgender and transgender individuals, including self-reported prevalence and reporting activity to police. Such investigation may provide insight into unique IPV experiences within the LGBTQ community. Thus, this study of LGBTQ adults examines experiences of IPV, specifically addressing two research questions: Do cisgender and transgender individuals differ in (a) the prevalence of IPV victimization and (b) reporting IPV victimization to police?

Method

Sample and Recruitment

Between August and September 2011, One Colorado, a statewide LGBT advocacy organization, collected data to assist in programmatic planning; the present study utilized data from One Colorado's anonymous 2011 LGBT Health Survey. The online health surveys, available in English and Spanish, were advertised to potential participants via One Colorado's email list, partner organizations' member lists, and Facebook, resulting in a sample of 1,193 LGBTQ respondents, age 18 or older, who live in Colorado. Participants who completed the survey could elect to be entered into a random drawing to win one of 20 US\$25 cash prizes.

The survey targeted a variety of understudied health-related topics (e.g., demographics, health care access, experiences of victimization) to assess the needs of LGBTQ Coloradans. Participants were required to provide their anonymous, electronic consent prior to completing the survey. As One Colorado collected the data for the purposes of needs assessment and programmatic planning, a request to conduct secondary data analyses of the data set was submitted to and approved by the authors' university institutional review board (IRB). This analysis only utilizes responses from items pertaining to the present research questions.

Cases from the total sample ($N = 1,193$) were removed if they did not meet the inclusion criteria for analysis. First, cases were removed if the participant did not report gender identity ($n = 11$, 0.92%) or reported being cisgender *and* exclusively heterosexual ($n = 24$, 2.01%), leaving a potential sample of 1,158. Then, participants were removed if they did not provide answers to both dependent variable questions ($n = 19$, 1.59%), leaving a final analytic sample of 1,139.

During this second phase of data cleaning, researchers assessed missingness, normality, and uni- and multivariate outliers. At each step in data cleaning, missing cases were either missing completely at random or missing at random. As expected, univariate outliers existed, though cases were retained given that all variables were dichotomous. Gender identity remained the only nonnormally distributed variable, though this was expected as only 10.7% of the sample identified as transgender. Similarly, low endorsement of transidentity, experiencing IPV, and reporting IPV resulted in univariate outliers; however, Mahalanobis distance indicated no multivariate outliers in the final sample.

Measures

Gender identity. Gender identity was originally collected with categories of *male*, *female*, *transgender*, *genderqueer*, *female-to-male (FTM)*, *male-to-female (MTF)*, *transman*, *transwoman*, and *other*, with instructions to check

Table 1. Experiences of Partner Violence.

	Total	Cisgender	Transgender	χ^2
Intimate partner/dating violence	<i>N</i> = 1,139	<i>n</i> = 1,017	<i>n</i> = 122	7.52*
Yes	245 (21.5%)	207 (20.4%)	38 (31.1%)	
No	894 (78.5%)	810 (79.6%)	84 (68.9%)	
Police reporting	<i>n</i> = 245	<i>n</i> = 207	<i>n</i> = 38	1.01
Yes	61 (24.9%)	524 (26.1%)	7 (18.4%)	
No	184 (75.1%)	153 (73.9%)	31 (81.6%)	

* $p < .01$.

all that apply. Due to the nature of both the research question and analysis, gender identity was dichotomized into cisgender (*male* or *female* without endorsement of any trans-identified genders) and transgender (any endorsement of transgender identities).

Partner violence. Ever experiencing IPV or dating violence was assessed by one question with a dichotomous response set (*yes* or *no*).

Reporting to police. Reporting IPV or dating violence to police was assessed by one question with a dichotomous response set (*yes* or *no*).

Data Analysis

The authors completed two primary steps aimed at answering the two research questions driving the study. First, we examined the prevalence of IPV victimization within the sample. Second, we ran chi-square analyses to determine if cisgender and transgender individuals differ by (a) IPV victimization and (b) reporting IPV to police.

Results

Overall, 21.5% ($n = 245$) of the sample reported ever experiencing IPV (Table 1). A phi correlation revealed a statistically significant association between gender identity and ever experiencing partner violence, $r = .08$, $p = .006$. Results of a chi-square analysis indicate a statistically significant difference between cisgender (20.4%) and transgender (31.1%) participants' lifetime prevalence of IPV victimization, $\chi^2(1, N = 1,139) = 7.52$, $p = .006$.

Of those participants who self-reported ever experiencing IPV victimization ($n = 245$), one fourth reported the victimization to police. A phi correlation revealed no statistically significant association between gender identity

and reporting partner violence to the police, which was supported by nonsignificant chi-square analysis results comparing cisgender (26.10%) and transgender (18.40%) reporting prevalence.¹

Discussion

The purpose of the present study was to examine both the lifetime IPV victimization and police reporting prevalence in a sample of LGBTQ adults, specifically discerning differences between cisgender and transgender individuals. Overall, approximately one fifth of respondents reported ever experiencing IPV. This is lower than prevalence reported in a recent national sample, where rates for LGB persons ranged from 26% to 61% (Walters et al., 2013). However, when looking at transgender participants, prevalence reported in the present study is higher than that of their cisgender peers at nearly one in three. This is perhaps unsurprising given that transgender individuals experience other forms of violence at high rates, above and beyond the rates of their cisgender, LGB peers (e.g., Landers & Gilsanz, 2009). Notably, when researchers compared IPV prevalence between transmen, transwomen, and genderqueer/other identified individuals, no statistically significant differences existed, contrasting the NCAVP's (2013) findings that transwomen are the most likely group to experience IPV-related threats, intimidation, harassment, and injury compared with other LGBTQ identities.

Contrary to our IPV prevalence findings, there was no significant difference in IPV reporting to police between cisgender and transgender participants in the current study. However, when looking at prevalence alone, transgender individuals did less frequently report IPV experiences to police compared with cisgender individuals, possibly indicating a practical, if not statistical, difference. Research has shown that reporting of IPV is low in general (Tjaden & Thoennes, 2000) and Brown (2008) has suggested that it may be even lower in LGBTQ samples given issues such as homophobia and heterosexism. Going further with this point, it may be that transgender individuals, lacking cisgender privilege, feel even less comfortable reporting to police than their cisgender peers. According to recent data from the National Transgender Discrimination Survey, 22% of trans persons reported biased police harassment (Grant et al., 2011). Moreover, a perceived or actual lack of services following reporting may serve as a barrier for trans reporting. Indeed, Bornstein et al.'s (2006) qualitative study of LBT female domestic violence survivors illuminated this point, as many participants did not access services due to anticipated homophobia and transphobia.

The present study is not without limitations. First, as a cross-sectional study, there is very limited room for causal inference. Second, gender identity, sexual orientation, and IPV are each potentially sensitive, personal topics for many people; thus, social desirability is a concern. Given what is known about underreporting of IPV generally (Tjaden & Thoennes, 2000), it is quite possible that the rates of IPV presented here are, in actuality, higher. Third, this sample may represent a unique subset of LGBTQ persons. Given the recruitment strategy (i.e., via One Colorado's email list, partner organizations' member lists, and Facebook), this particular sample may be more engaged in community resources for LGBTQ persons, which may in turn affect their inclination to report to police. Lastly, due to constraints of secondary data analysis, the authors were unable to further examine IPV experiences beyond ever having experienced any IPV. Because IPV can vary by both type and severity, as well as by individual participant perception, the authors acknowledge this as a limitation and concur with Saltzman and colleagues (2002) that researchers should, when possible, treat the varying forms of IPV as discrete categories. For example, the Centers for Disease Control and Prevention's compendium of IPV assessment tools features instruments with both more nuanced items and response options; however, it should be noted that these instruments have not been validated with LGBTQ populations (Thompson, Basile, Hertz, & Sitterle, 2006).

Despite these limitations, the authors offer several important implications for policy, research, and practice. First, because research continues to show that LGBTQ persons experience IPV at rates similar to or higher than heterosexual persons (e.g., Ard & Makadon, 2011), the use of inclusive language, in policy, research, and practice, is essential. When appropriate, using inclusive terms (e.g., "partner violence") when speaking about this issue may help publicly reinforce literature that demonstrates partner violence does not solely occur in a cisgender, heterosexual context. In a similar vein, IPV policy discussion should be inclusive of all genders and sexual orientations. Ortega and Busch-Armendariz (2013) point out, in the most recent reauthorization of the Violence Against Women Act (VAWA), expanding coverage to protect LGBTQ individuals was one of several "sticking points" (p. 225) that delayed reauthorization. As such, the connotation is that IPV is a consequence of gender and sexual nonconformity (Ortega & Busch-Armendariz, 2013). Although VAWA eventually passed with the LGBTQ provision (U.S. Senate, 2013), the divisiveness of the issue stands to subsequently impact the decision of LGBTQ victims to report. Without such reporting, communities may be unaware as to the pervasiveness of the issue. This is not meant to place the onus of resolving the issue of IPV on victims;

rather, it is meant to task communities who have known reports of these crimes to create and sustain policies and programs that address the unique needs of its LGBTQ residents.

Shifting the discussion to research, it would be prudent for researchers to examine the experiences of both transgender victims and perpetrators to gain a better understanding of risk factors for IPV in this population. Brown (2008) identifies minority stressors related to homophobia as a distinguishing factor between LGBTQ and heterosexual IPV. It may be that additional minority stressors related to transphobia distinguish IPV experiences between cisgender and transgender individuals. Thus, future researchers should examine both homophobia- and transphobia-related minority stressors as predictors of transgender IPV victimization to determine if transphobia accounts for the increased rates of IPV victimization seen among this population. These types of findings would be beneficial in determining the unique needs of transgender IPV victims and perpetrators and structuring appropriate intervention programs and practices.

Until more is known about the IPV experiences of transgender individuals, practitioners should assume that transgender clients are at equal or higher risk of IPV as their cisgender peers, regardless of sexual orientation. Specifically, health care and other providers who screen for IPV should routinely assess transgender clients for possible victimization while IPV-related service providers (e.g., victim advocates) should ensure that their theoretical approaches to intervention are comprehensive enough to meet the needs of LGBTQ clients and trans-identified clients in particular.

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Note

1. The authors also compared prevalence of intimate partner violence (IPV) and police reporting between both (a) cisgender males and cisgender females and (b) transmen, transwomen, and genderqueer/other identified individuals. Chi-square analyses revealed no statistically significant differences within the cisgender or transgender subsamples.

References

- Ard, K. L., & Makadon, H. J. (2011). Addressing intimate partner violence in lesbian, gay, bisexual, and transgender patients. *Journal of General Internal Medicine*, 26, 930-933. doi:10.1007/s11606-011-1697-6
- Balsam, K. F., & Szymanski, D. M. (2005). Relationship quality and domestic violence in women's same-sex relationships: The role of minority stress. *Psychology of Women Quarterly*, 29, 258-269. doi:10.1111/j.1471-6402.2005.00220.x
- Bartholomew, K., Regan, K. V., White, M. A., & Oram, D. (2008). Patterns of abuse in male same-sex relationships. *Violence & Victims*, 23, 617-636. doi:10.1891/0886-6708.23.5.617
- Berrill, K. (1992). Antigay violence and victimization in the United States: An overview. In G. Herek & K. Berrill (Eds.), *Hate crimes: Confronting violence against lesbian and gay men* (pp. 19-45). Thousand Oaks, CA: Sage.
- Black, M. C., Basile, K. C., Breiding, M. J., Smith, S. G., Walters, M. L., Merrick, M. T., . . . Stevens, M. R. (2011). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 Summary Report*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/ViolencePrevention/pdf/NISVS_Executive_Summary-a.pdf
- Bornstein, D. R., Fawcett, J., Sullivan, M., Senturia, K. D., & Shiu-Thornton, S. (2006). Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study. *Journal of Homosexuality*, 51(1), 159-181. doi:10.1300/J082v51n01_08
- Brown, C. (2008). Gender-role implications on same-sex intimate partner abuse. *Journal of Family Violence*, 23, 457-462. doi:10.1007/s10896-008-9172-9
- Carvalho, A. F., Lewis, R. J., Derlega, V. J., Winstead, B. A., & Viggiano, C. (2011). Internalized sexual minority stressors and same-sex intimate partner violence. *Journal of Family Violence*, 26, 501-509. doi:10.1007/s10896-011-9384-2
- Clements-Noelle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51(3), 53-69. doi:10.1300/j082v51n03_04
- Conron, K. J., Scott, G., Sterling Stowell, G., & Landers, S. J. (2012). Transgender health in Massachusetts: Results from a household probability sample of adults. *American Journal of Public Health*, 102, 118-122. doi:10.2105/ajph.2011.300315
- Courvant, D., & Cooks-Daniels, L. (n.d.). Trans and intersex survivors of domestic violence: Defining terms, barriers, & responsibilities. *Survivor Project*. Retrieved from <http://www.survivorproject.org/defbarresp.html>
- Cramer, R. J., Kehn, A., Pennington, C. R., Wechsler, H. J., Clark, J. W., III, & Nagle, J. (2013). An examination of sexual orientation-and transgender-based hate crimes in the post-Matthew Shepard era. *Psychology, Public Policy, and Law*, 19, 355-368. doi:10.1037/a0031404
- Edwards, K. M., & Sylaska, K. M. (2013). The perpetration of intimate partner violence among LGBTQ college youth: The role of minority stress. *Journal of Youth and Adolescence*, 42, 1721-1731. doi:10.1007/s10964-012-9880-6

- Federal Bureau of Investigation. (2010). *FBI releases 2009 hate crime statistics*. Retrieved from http://www.fbi.gov/news/pressrel/press-releases/2009hatecrime_stats_112210
- Federal Bureau of Investigation. (2011). *FBI releases 2010 hate crime statistics*. Retrieved from <http://www.fbi.gov/news/pressrel/press-releases/fbi-releases-2010-hate-crime-statistics>
- Federal Bureau of Investigation. (2012a). *FBI releases 2011 hate crime statistics*. Retrieved from <http://www.fbi.gov/news/pressrel/press-releases/fbi-releases-2011-hate-crime-statistics>
- Federal Bureau of Investigation. (2012b). *Hate crimes accounting: Annual report released*. Retrieved from <http://www.fbi.gov/news/stories/2012/december/annual-hate-crimes-report-released/annual-hate-crimes-report-released>
- Federal Bureau of Investigation. (2013a). *2012 hate crime statistics: Table 4—Offenses*. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2012/tables-and-data-declarations/4tabledatadecpdf/table_4_offenses_offense_type_by_bias_motivation_2012.xls
- Federal Bureau of Investigation. (2013b). *2012 hate crime statistics: Table 13—Colorado*. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2012/tables-and-data-declarations/13tabledatadecpdf/table-13-state-cuts/table_13_hate_crime_incidents_per_bias_motivation_and_quarter_by_colorado_and_agency_2012.xls
- Federal Bureau of Investigation. (2013c). *Uniform Crime Report, hate statistics, 2012: Incidents and offenses*. Retrieved from http://www.fbi.gov/about-us/cjis/ucr/hate-crime/2012/topic-pages/incidents-and-offenses/incidentsandoffenses_final.pdf
- Finneran, C., & Stephenson, R. (2013). Intimate partner violence among men who have sex with men: A systematic review. *Trauma, Violence, & Abuse, 14*, 168-185. doi:10.1177/1524838012470034
- Gates, G. J. (2011). *How many people are lesbian, gay, bisexual and transgender?* The Williams Institute. Retrieved from <https://escholarship.org/uc/item/09h684x2>
- Goldberg, N. G., & Meyer, I. H. (2013). Sexual orientation disparities in history of intimate partner violence: Results from the California Health Interview Survey. *Journal of Interpersonal Violence, 28*, 1109-1118. doi:10.1177/0886260512459384
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). Injustice at every turn: A report of the National Transgender Discrimination Survey. *National Center for Transgender Equality*. Retrieved from http://www.thetaskforce.org/downloads/reports/reports/ntds_full.pdf
- Greenwood, G. L., Relf, M. V., Huang, B., Pollack, L. M., Canchola, J. A., & Catania, J. A. (2002). Battering victimization among a probability-based sample of men who have sex with men. *American Journal of Public Health, 92*, 1964-1969. doi:10.2105/AJPH.92.12.1964
- Herek, G. (1998). Hate crimes against lesbians and gay men: Issues for research and policy. *American Psychologist, 44*, 948-955. doi:10.1037/0003-066x.44.6.948
- Herek, G., Gillis, J., & Cogan, J. (1999). Psychological sequelae of hate crime victimization among lesbian, gay, and bisexual adults. *Journal of Consulting and Clinical Psychology, 67*, 945-951. doi:10.1037/0022-006x.67.6.945

- Houston, E., & McKirnan, D. J. (2007). Intimate partner abuse among gay and bisexual men: Risk correlates and health outcomes. *Journal of Urban Health, 84*, 681-690. doi:10.1007/s11524-007-9188-0
- Kaiser Family Foundation. (2001). *Inside-OUT: A report on the experiences of lesbian, gays, and bisexuals in America and the public's view on issues and politics related to sexual orientation*. Menlo Park, CA: Author. Retrieved from <http://kaiserfamilyfoundation.files.wordpress.com/2013/01/new-surveys-on-experiences-of-lesbians-gays-and-bisexuals-and-the-public-s-views-related-to-sexual-orientation-chart-pack.pdf>
- Kulkin, H. S., Williams, J., Borne, H. F., de la Bretonne, D., & Laurendine, J. (2007). A review of research on violence in same-gender couples: A resource for clinicians. *Journal of Homosexuality, 53*(4), 71-87. doi:10.1080/00918360802101385
- Landers, S., & Gilsanz, P. (2009). *The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts*. Massachusetts Department of Public Health. Retrieved from <http://www.mass.gov/eohhs/docs/dph/commissioner/lgbt-health-report.pdf>
- Li, Y., Baker, J. J., Korostyshevskiy, V. R., Slack, R. S., & Plankey, M. W. (2012). The association of intimate partner violence, recreational drug use with HIV seroprevalence among MSM. *AIDS and Behavior, 16*, 491-498. doi:10.1007/s10461-012-0157-6
- Lombardi, E. L., Wilchins, R. A., Priesing, D., & Malouf, D. (2001). Gender violence: Transgender experiences of violence and discrimination. *Journal of Homosexuality, 42*(1), 89-101. doi:10.1300/J082v42n01_05
- Martin-Storey, A. (2015). Prevalence of dating violence among sexual minority youth: Variation across gender, sexual minority identity and gender of sexual partners. *Journal of Youth and Adolescence, 44*(1), 211-24. doi:10.1007/s10964-013-0089-0
- Messinger, A. M. (2011). Invisible victims: Same-sex IPV in the National Violence Against Women Survey. *Journal of Interpersonal Violence, 26*, 2228-2243. doi:10.1177/0886260510383023
- Meyer, D. (2010). Evaluating the severity of hate-motivated violence: Intersectional differences among LGBT hate crime victims. *Sociology, 44*, 980-995. doi:10.1177/0038038510375737
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697. doi:10.1037/0033-2909.129.5.674
- National Center for Injury Prevention and Control. (2003). *Costs of intimate partner violence against women in the United States*. Atlanta, GA: Centers for Disease Control and Prevention. Retrieved from <http://www.cdc.gov/violenceprevention/pdf/IPVbook-a.pdf>
- National Center for Transgender Equality. (2014). *Transgender terminology*. Retrieved from http://transequality.org/Resources/TransTerminology_2014.pdf
- National Coalition of Anti-Violence Programs. (2000). *Anti-lesbian, gay, transgender, and bisexual violence in 1999: A report of the National Coalition of Anti-Violence Programs*. San Francisco, CA: Author.

- National Coalition of Anti-Violence Programs. (2013). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence*. Retrieved from http://www.avp.org/storage/documents/ncavp_2012_ipvreport.final.pdf
- Ortega, D., & Busch-Armendariz, N. (2013). In the name of VAWA. *Affilia*, 28, 225-228. doi:10.1177/0886109913495644
- Saltzman, L. E., Fanslow, J. L., McMahon, P. M., & Shelley, G. A. (2002). *Intimate partner violence surveillance: Uniform definitions and recommended data elements* (Version 1.0). Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention. Retrieved from http://www.cdc.gov/ncipc/pub-res/ipv_surveillance/intimate%20partner%20violence.pdf
- Schilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity: "Gender normals," transgender people, and the social maintenance of heterosexuality. *Gender & Society*, 23, 440-464. doi:10.1177/0891243209340034
- Sloan, L. M., & Gustavsson, N. S. (1998). *Violence and social injustice against lesbian, gay, and bisexual people*. New York, NY: Haworth.
- Thompson, M. P., Basile, K. C., Hertz, M. F., & Sitterle, D. (2006). *Measuring intimate partner violence victimization and perpetration: A compendium of assessment tools*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. Retrieved from http://www.cdc.gov/ncipc/pub-res/IPV_Compendium.pdf
- Tjaden, P., & Thoennes, N. (2000). *Extent, nature, and consequences of intimate partner violence*. National Institute of Justice, Office of Justice Programs, U.S. Department of Justice. Retrieved from <https://www.ncjrs.gov/pdffiles1/nij/181867.pdf>
- U.S. Department of Justice. (1998). *Hate crime statistics in 1997: Uniform crime reports*. Washington, DC: Federal Bureau of Investigation.
- U.S. Senate. (2013). *113th congress, 1st session, S.47: Violence Against Women Reauthorization Act of 2013*. Washington, DC: U.S. Government Printing Office.
- Waldner-Haugrud, L. K., Gratch, L. V., & Magruder, B. (1997). Victimization and perpetration rates of violence in gay and lesbian relationships: Gender issues explored. *Violence and Victims*, 12, 173-184.
- Walters, M. L., Chen, J., & Breiding, M. J. (2013). *The National Intimate Partner and Sexual Violence Survey (NISVS): 2010 findings on victimization by sexual orientation*. Atlanta, GA: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention.
- West, C. M. (2012). Partner abuse in ethnic minority and gay, lesbian, bisexual, and transgender populations. *Partner Abuse*, 3, 336-357. doi:10.1891/1946-6560.3.3.336
- Willis, D. G. (2004). Hate crimes against gay males: An overview. *Issues in Mental Health Nursing*, 25, 115-132. doi:10.1080/01612840490268090
- Xavier, J. M. (2000). *The Washington transgender needs assessment survey*. Retrieved from <http://www.gender.org/vaults/wtnas.html>

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