

Transgender Victims of Intimate Partner Violence: Recommendations for Inclusive and Effective
Social Support Services

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Transgender Victims of Intimate Partner Violence: Recommendations for Inclusive and Effective
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ABSTRACT

The idea of intimate partner violence in terms of men abusing their female partner has been prevalent for decades, if not centuries. Intimate partner violence can result in mental, physical and emotional trauma for the victims, and a special victim population is often overlooked. Trans survivors of intimate partner violence are not receiving effective social services to help reduce recidivism of returning to their abusive partner, and decreasing trauma in their lives. While there are numerous domestic abuse shelters and services to address intimate partner violence for females, there are very few available and accessible to trans individuals. Implications surrounding ineffective social services for trans victims of intimate partner violence reveal the potential to produce further trauma due to service providers lacking cultural competency and accessibility. This research paper will review legal advocacy, safe housing, and trauma-focused treatments that were designed for survivors of intimate partner violence and will provide recommendations for trans victims. Recommendations will include specific modifications of domestic abuse shelters and agencies for trans victims of intimate partner violence to receive proper services and treatment.

TABLE OF CONTENTS

APPROVAL PAGE	i
TITLE PAGE	ii
ACKNOWLEDGEMENTS	iii
ABSTRACT	iv
TABLE OF CONTENTS	v
SECTIONS	
I. INTRODUCTION	1
Statement of the Problem	
Purpose of Research	
Significance and Implications of Research	
Methods of Approach	
Limitations	
II. REVIEW OF LITERATURE	3
A. Definition of transgender intimate partner violence	
B. Frequency of trans victimization of intimate partner violence resulting in adverse effects and trauma	
C. Common forms of intimate partner violence performed by offenders	
D. Common forms of intimate partner violence specific to trans individuals	
E. Problems with current social service programs for trans victims of intimate partner violence	
III. THEORETICAL FRAMEWORK	12
A. Cycle of Violence Theory	
B. Traumatic Bonding Theory	
C. Application of theories to recommendations	
IV. CASE STUDIES-DOMESTIC ABUSE SHELTERS IN MICHIGAN	18
A. SafeHouse Center	
B. HAVEN	
C. River House	
D. First Step	
E. Findings from comparative analysis of the case studies	
V. RECOMMENDATIONS FOR EFFECTIVE SOCIAL SUPPORT SERVICES FOR TRANS VICTIMS OF INTIMATE PARTNER VIOLENCE	25
A. Legal advocacy services	
B. Safe housing services	
C. Trauma-focused treatment	
VI. SUMMARY AND CONCLUSIONS	30
VII. REFERENCES	33

SECTION I – INTRODUCTION

Statement of the Problem

Domestic abuse shelters and intimate partner violence treatments are not as effective for special victim populations, which are transgender men and women. Previous research suggests that transgender victimization of intimate partner violence is on the rise which results in depression, anxiety and suicide for the victims. In a study by Bazargan and Galvan (2012), around 132 of 222 transgender women admitted to being victims of sexual partner violence and 35% reported significant depressive symptoms. More importantly, social support services for transgender victims of violent abuse are lacking for this special victim population. Domestic abuse shelters were built to help women in need who were escaping intimate partner violence, but there are limited safe places for transgender men and women who are victims of intimate partner violence. The “battered women’s” movement has often ignored the fact that transgender women and men can be victims as well, and this myth has led domestic abuse shelters, hospital workers, and police to deny that there are female perpetrators and non cis-gender victims (FORGE, 2011). This issue is further complicated when transgender individuals are not allowed into shelters or emergency housing facilities because of their gender, genital or legal status (FORGE, 2011). There is a lack of support services and an inadequacy of services available for transgender men and women due to society’s transphobia which can help offenders maintain power and control over their victims (Greenberg, 2012). There needs to be support services and treatments that specifically address the special victim populations otherwise there will be continued revictimization by intimate partners and society. Research suggests that transgender victimization of intimate partner violence is on the rise which is resulting in depression, anxiety,

and suicide. More importantly, there is a lack of social support services designed specifically for special victim populations. This research will include a review of literature regarding intimate partner violence against transgender victims. Secondly, the research will examine current social support services for transgender victims and problems with current social support services as well. Thirdly, this research will incorporate social learning theory and trauma bonding theory to provide possible explanations to why trans individuals may stay in domestic abuse relationships and give theoretical support for the recommendations. Lastly, this research will offer recommendations for effective social support services that will include components of legal advocacy, safe housing, and trauma-focused treatment plans.

Purpose of Research

The purpose of this research is to examine whether domestic abuse shelters and treatment are available and effective for special victim populations of intimate partner violence. Current domestic abuse shelters do not provide enough resources and treatment to help educate and protect all victims of intimate partner violence. Previous research suggests that transgender men and women are not taken seriously in terms of being victims of intimate partner violence as heterosexual women are normally portrayed as the victims. The results of the research will advise many domestic abuse organizations how to further include special victim populations with recommended treatment plans and effective ideal social support services.

Significance and Implications of Research

As previously mentioned, not all victims of intimate partner violence have access to resources and treatment to protect them from their offenders. Since the population that is discussed in this paper are rarely given any attention in the media like heterosexual women, they remain unheard and powerless. The specific contribution of this research will be an inclusive

analysis of the different types of domestic violence victims and recommendations for effective ideal social support services for domestic abuse programs that will help lower the probability of revictimization of intimate partner violence.

Through the application of secondary research and conceptual framework for practitioners and policy makers, the research will help determine whether the special victim populations can successfully leave their relationship from their partner. The implications of this study will help domestic abuse shelters become more inclusive and identify the different types of domestic abuse victims.

Limitations

The methodology of this paper will consist of secondary research; statistics, scholarly articles, lectures and critical analyses of theoretical and framework for practitioners and policy makers. There are a plethora of scholarly articles on domestic violence perpetrated against women from the Bureau of Justice Statistics and the National Crime Victimization Survey over the last decade. There will also be a direct focus on conceptual framework of literature involving transgender individuals who have experienced intimate partner violence. The main limitation of this research paper is in regards to using secondary research. It is difficult to locate certain information regarding the special victim populations since they are not as widely acknowledged and accepted as intimate partner violence victims.

SECTION II – REVIEW OF LITERATURE

Definition of transgender intimate partner violence

Upon review of the literature, the definition of “transgender” and a brief explanation of the history of intimate partner violence (IPV) will be observed. The term “transgender” has several definitions, but a popular description means an individual who feels that their gender expression or identity is “different than that typically associated with their assigned sex at birth, including transsexuals, androgynous people, cross-dressers, genderqueers, and other gender non-conforming people who identify as transgender” but not all of these individuals want to surgically change their bodies (Grant et al., 2011, p. 187). Some transgender individuals may desire to have sexual reassignment surgery to match their gender identity, or may wish to take hormones to help modify their current bodies.

A “transgender woman” refers to an individual who was born male but transitioned to a woman and “transgender man” means the opposite. Transgender individuals may not have enough financial resources to alter their bodies, and it is crucial to remember that some individuals may not ever want surgery or hormones. The process of living in one’s identified and preferred gender is known as “transition” or “transitioning” and this may be achieved with or without surgery or hormone treatments. Another important message is that trans individuals do not all identify as having the same sexual orientation, and they may identify as heterosexual, bisexual, gay, lesbian or asexual. Gender identity has no influence whatsoever on sexual orientation. Sexual orientation is based around a person’s attraction to other individuals of different sex, same sex, all sexes or they are not attracted to anyone.

However, the term “transgender” is not recognized as being all encompassing and respectful, and the word “trans” has now become the umbrella term instead. Henceforth, the rest of this research will use the term “trans” instead of “transgender”, and this definition will cover individuals who are “transitioning” with or without medical intervention, and individuals who

already identify as their preferred gender. Another term that will be used throughout this paper is the term “cisgender”. If an individual identifies with the gender they are born with, then they are known as “cisgender”. There are no two individuals who will experience gender identity in the same way, and although new information and terms relating to trans individuals may seem constantly changing, it is important to remember that trans individuals will have experienced different classifications due to income, religious backgrounds, education levels, sexual orientation and race.

Violence within intimate relationships, which was formally known as domestic violence, has been prevalent in the U.S. for several centuries. The National Center for Injury Prevention and Control Centers for Disease Control and Prevention identify intimate partner violence as “physical violence, sexual violence, stalking, and psychological aggression (including coercive tactics) by a current or former intimate partner” regardless of sexual orientation or gender identity (Brieding et al., 2014). A more specific definition by the National Coalition of Anti-Violence Programs describes IPV as “a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship” and it can occur in a short or a long-term relationship (2010, p. 11).

Intimate partner violence may affect the victim by creating a massive concern for safety, fear, injuries, possible post-traumatic stress disorder (PTSD) symptoms, missing work or school.

Frequency of trans victimization of intimate partner violence resulting in adverse effects and trauma

Many trans individuals have experienced prior physical or psychological trauma “whether in the form of rejection by their families of origin, hate speech or hate crimes in their communities” which can further be exacerbated by abuse from their partner (Ard & Makadon,

2011). Since trans individuals are already facing unique circumstances due to their gender identity, often they experience more traumatic and long lasting effects from the violence in their relationships. In a survey of 1,600 people in Massachusetts, trans respondents reported having lifetime physical abuse rates by a partner of 34.6% compared to only 14% for lesbian or gay individuals (Ard & Makadon, 2011). Unfortunately, many trans individuals are not recognized as victims of IPV which may prevent or stop them from receiving proper treatment and advocacy.

Although IPV is often regarded as a “women’s issue”, meaning only heterosexual cis-women are victimized by heterosexual cis-men, studies suggest that this is far from the truth. Several studies have found that trans individuals are exposed to similar levels or possibly higher levels of IPV compared to cisgender individuals (Brown & Herman, 2015). A lifetime IPV study found that “among transgender people from purposive studies, range from 31.1% to 50.0%” which is a frightening statistic (Brown & Herman, 2015, p. 3). The National Center for Transgender Equality had a survey of 6,450 trans and gender non-conforming study participants from all 50 states and over 41% of respondents reported attempting suicide and 61% were victims of physical assaults and 64% were victims of sexual assault (Grant et al., 2011, p. 2). To put that in perspective, only 1.6% of U.S. citizens report attempting suicide (Grant et al., 2011).

Several studies reveal that beyond a victim receiving injuries or possibly facing death, victims of IPV are much more likely to report chronic mental and physical health conditions. Trans survivors of varying forms of intimate partner violence experience physical injuries, depression, low-self-esteem, anxiety, suicide attempts and other forms of health conditions “such as gastrointestinal disorders, substance abuse, sexually transmitted diseases, and gynecological or pregnancy complications” (Breiding et al., 2014, p. 1).

Common forms of intimate partner violence performed by offenders

There will be a focus on forms of intimate partner violence performed by the abusers rather than an attempt to classify them because there is not a typology model that demonstrates a clinical or research benefit for improved abuser treatment and identification (Hart & Klein, 2013, p. 70). The most well-known forms of intimate partner violence can be grouped into four categories: physical abuse, emotional abuse, sexual abuse and financial abuse.

Physical abuse can also be referred as “direct force”, and some examples include “inflicting pain on someone by slapping, striking with fists, kicking and/or choking, using an object or weapon to cause bodily harm and/or instill fear” and damaging property is also included into the physical abuse category (Harbor House Domestic Abuse Programs, 2010). The abuser may use threats of physical violence, or use intimidation through body language, gestures, certain looks or invading their partner’s physical space.

Emotional or psychological abuse is the most difficult form to prove to law enforcement agencies because the offender uses verbal cues to make their partner feel weak or worthless. The offenders may also be verbally abusive, put down their partner so the victim feels powerless to seek any help. Often times, the abuser will do this form of abuse in public or social settings around friends and family. Some examples of emotional abuse may include bossing their partner around in front of others, or making inappropriate comments about their partner regarding their physical appearance or intelligence. Isolation is a common theme with psychological abuse where the abuser will separate their partner from any healthy support groups, such as friends or family members of the victim. This technique leaves the victim vulnerable, and if they do reach out for help, they are often met with resistance from family members or friends because they may have felt like the victim chose the abuser over them.

Sexual abuse occurs when an offender forces their partner to have sex without their consent, commits rape, threatens with weapons or physical violence if their victim does not consent or deprives their partner of sexual pleasure as means as a punishment (Harbor House Domestic Abuse Programs, 2010). Often times a stereotypical cisgender male abuser may enforce false gender roles and use male privilege to treat their partner as a servant or just as a sex object.

The last category of intimate partner violence is financial abuse where the offender limits their partner's spending, withholds money, and forbids them from seeking employment to where the victim can be financially secure. If an abuser prevents their significant other from obtaining and keeping a job, the victim will lose financial stability and independence which will make it more difficult to leave their partner in the future.

Common forms of intimate partner violence specific to trans individuals

Using the Power-and-Control Wheel which is a tool created in 1984 by the Domestic Abuse Intervention Project in Minnesota, can help identify common abusive tactics by the abuser, but the wheel can also be applied to the least well-known forms of intimate partner violence. Although trans individuals may experience the same forms of intimate partner violence as cisgender individuals, there are certain tactics that are used by offenders against their trans partner. An abuser may use certain methods against their trans partner, such as using historical context of societal harm against trans individuals to the offender's advantage. For example, an abuser may discourage their victim from reporting them by reminding them of the lack of knowledge from police officers regarding LGBTQ individuals, and especially trans victims. There is historical distrust of law enforcement from trans individuals and in 2010, 23.3% of intimate partner violence incidents with a trans victim revealed that police arrested the survivor

or did a dual arrest (National Coalition of Anti-Violence Programs, 2010, p. 31). Law enforcement agencies may not be trained to identify victims other than heterosexual ciswomen, which are women that identify with the sex they were born with, and that lack of expertise will continue building the lack of trust from trans victims (National Coalition of Anti-Violence Programs, 2010).

Trans victims may be referred to as “it” instead of not being called by the pronouns they prefer, and their abuser may repeatedly tell them that they are not a “real” man or woman and belittle their gender or sexual identity (FORGE, 2011). Specifically, trans victims may be denied access to medical treatment or hormones and their partners may try “hiding or throwing away hormones, binders” or clothes that are associated with their preferred gender identity (FORGE, 2011, p. 4). Another unique form of intimate partner violence toward trans victims is that the abuser may be the sole person in their life who gives them affirmation of the victim’s preferred gender identity.

Other abusive tactics that are used against trans individuals may be threatening to “out” them to their employment, family or friends. Many trans victims have stated that they chose not to report their abuse at the time due to safety or privacy issues or fear of institutionalized transphobia that occurs within law enforcement agencies and the judicial system (FORGE, 2011). If a trans individual does not feel safe or respected at their place of employment or with their families, their abusive partner will take advantage of the situation to their benefit.

Problems with current social service programs for trans victims of intimate partner violence

There is a significant gap in legal advocacy for trans individuals in intimate partner violence situations compared to heterosexual women. It is noted that there is little to no

information about intimate partner abuse for transgender individuals in legal literature, and if violence is noted, it is considered a hate crime rather than intimate partner violence (Goodmark, 2013). The NCAVP found that transgender women were only 10% of the overall sample, but that transgender women were 40% of the murder victims in their 2011 survey (Goodmark, 2013, p. 61). Transgender individuals may be wary of using the legal system as they may believe that the system will not be able to recognize their abuse since they are not the stereotypical victim of intimate partner violence. An attorney, Terra Slavin, explains that her clients will avoid the legal system at all costs because they are afraid of allowing the state to scrutinize their lives (Goodmark, 2013). If trans victims of intimate partner violence do not feel comfortable reaching out for legal advocacy, it may be detrimental to their safety and lives. Also, a trans victim may lack any alternative means of economic support and face many legal barriers if they have not legally transitioned to their true gender identity and this would fall into a category of legal and financial abuse. Another factor is that trans individuals are sometimes sexualized and eroticized, there is a myth that all trans individuals practice sadomasochism and they want to be abused (FORGE, 2011). This assumption is very dangerous and can lead to taking away a victim's voice.

Due to historical context, trans women and men are incredibly hesitant to seek assistance and help from domestic violence shelters. The National Transgender Discrimination Survey revealed that of those trans individuals surveyed who sought shelter from intimate partner violence, 55% were harassed by shelter staff, 29% were turned away because of their gender presentation, and 22% were sexually assaulted by residents or staff. (Grant et al., 2011, p. 106). Instead of the domestic abuse shelters opening their doors to trans individuals, trans women are frequently sent to men's homeless shelters or hotels, where they are subjected to abuse and

possible attacks (Goodmark, 2012, p. 70). Domestic violence shelters are known for having predominantly female-only staff and female-only services and housing and there are not any specific domestic violence shelters for trans women and men. The shelters intend to protect women from their abusers and help them heal in a holistic and safe way, but by excluding trans survivors of domestic violence, the shelters are only comforting cisgender women. Once again, the myth that only cismen are the offenders and ciswomen are the victims ignores all the other victims of domestic violence. If trans individuals do not feel that a domestic abuse shelter will be able to provide equal treatment for them, they may believe that there are no other alternatives than living with their abusive partners.

The trans-inclusive Violence Against Women Act (VAWA) ensures that any domestic violence service providers and shelters that receive their funding must implement inclusive policies and they cannot discriminate against trans individuals or others based on their gender identity, sexual orientation and gender expression (National Coalition of Anti-Violence Programs, 2013). Sadly, The National Coalition of Anti-Violence Programs in 2012 found that out of all the trans individuals who were respondents, only 3.7% of the total intimate partner violence survivors sought access to domestic violence shelters, and from that small percentage, 14.3% were denied access (2013, p. 10). However, there are shelters that are accepting of lesbian, gay, bisexual and transgender individuals, but since the most available information about intimate partner violence exclusively refers to heterosexual relationships, there is a lack of outreach to trans individuals trapped in intimate partner violence situations (Harvey et al., 2014).

A large study comprised of several organizations dedicated to ending intimate partner violence noted in their study that they “do not have statistics about intimate partner violence for transgendered individuals in either heterosexual or same gendered couples, although there is

anecdotal evidence that it does occur” (Intimate Partner Abuse and Relationship Violence Working Group, n.d., p. 3). Although this group had hoped to be inclusive and acknowledge a flaw in their study, the phrase “transgendered” is considered offensive by the trans community because it sounds as if something negative was done, or happened to the individual. The National Transgender Discrimination Survey found that a variety of social services found that staff reported being incompetent or not equipped to handle the needs of the trans population to provide adequate trauma focused treatment (Grant et al., 2011). Those organizations did not prepare their staff to be culturally competent and they did not have enough resources to help address the disparities (Seelman, 2015).

The true problem of trans victims facing intimate partner violence is that the influence of the abuse may persist long after they leave their partner, and it can lead to several serious consequences. Trans victims face a plethora of problems utilizing current social services for intimate partner violence, especially in terms of legal advocacy, safe housing, and trauma-focused treatment. In the next section, the theoretical framework regarding intimate partner violence will be examined and further dissected as to how it applies to special victim populations.

SECTION III – THEORETICAL FRAMEWORK

Understanding the causes of intimate partner violence may help social services agencies understand how to provide more effective responses and therapy to the victims. In this section, two theories will be briefly introduced and discussed. These two theories are well-known and can be applicable to special victim populations as well. This section will first address the cycle of

violence theory, followed by the traumatic bonding theory. Although the two theories are normally applied to the typical victim, a heterosexual cisgender female, and this section will help provide an understanding of how the two theories can be applied to transgender victims of intimate partner violence. Then, there will be discussion on how to apply the two theories for future recommendations to help social service agencies and the legal system in providing assistance with trans individuals in intimate partner violence relationships.

Cycle of Violence Theory

A psychologist, Lenore Walker, created a “cycle of violence” in 1979 that is still used today and it contains three parts of how an abusive relationship normally progresses. The cycle is known to occur over several weeks, months and years, but it can happen in just one day. Normally, the cycle repeats itself many times throughout their relationship and the cycles are known as the tension-building phase, explosion phase, and lastly, the honeymoon phase (Harbor House Domestic Abuse Programs, 2016). Sometimes there is a remorse phase which takes place between the explosion phase and the honeymoon phase. An important note about the “cycle of violence” is that it does not happen in every relationship, where the offender physically harms their victim or that there is a “relief” period for the victim. This theory explains why and how the behavior of the abuser can change dramatically over a short or long period of time.

Phase 1 – Tension-building

The tension-building phase is where the offender begins to use verbal or financial abuse and the victim is trying to appease their partner or may sometimes avoid them to try and decrease the amount of tension building. Normally the victim will feel as if they need to walk on egg shells around their partner to try and minimize the intense situation they are facing.

Phase 2 – Explosion episode

The explosion episode occurs when the offender physically harms their victim due to the abuser's own emotional state or an external triggering event, but the victim had no action or responsibility in causing the violence. Violence is never the victim's fault. However, the offender may become addicted to the explosion phase and it will become difficult to sort through their anger in any other fashion.

Phase 3 – Remorse

After the explosion phase, the abusers normally feel guilt over their behavior and actions, and they try to be loving and minimize their behavior, and some cycles of violence have a remorse phase. The remorse phase is where the offenders become embarrassed and ashamed of their behavior, and they may try to justify their behavior to their partner or even to themselves.

Phase 4 – Honeymoon

During the honeymoon phase, the victim and the offender may both deny how terrifying the abuse is and they both wish to remain in the relationship. Most abusers will try to convince their victim that the abuse will never happen again and the promise of false hope can explain why victims are hesitant to leave the relationship (Harbor House Domestic Abuse Programs, 2016).

Although rates of intimate partner violence against trans individuals are about the same or somewhat higher compared to cisgender heterosexuals, this theory is usually explained in terms of cisgender heterosexual females as the victims. In this theory, the tension relief and a renewed sense of intimacy after the explosion stage is not long term. The cycle of violence theory is vital to understand why victims may stay or become victimized by the same partner for weeks, months, or years. If trans individuals are unable to receive treatment or advocacy that will

encourage or strengthen their self-esteem, they may still be vulnerable to their partner and believe that their partner has changed or will change over time.

Traumatic Bonding Theory

In 1981, Dutton and Painter explained that the theory of traumatic bonding is where “powerful emotional attachments are seen to develop from two specific features of abusive relationships: power imbalances and intermittent good-bad treatment” (Dutton & Painter, 1993, p. 105). This theory purports that victims feel tied to their abusers, and even after they leave, they may return to the relationship. When the abuser begins to gain more power over their victim, the victim may start to experience a loss in self-confidence and feels less competent. The offender in the intimate partner violence relationship will use that to their advantage and the victim will become dependent on their partner. The offender will use the second feature of traumatic bonding theory; intermittent good-bad treatment, and the victim will receive positive attention, promises and sometimes gifts from their abuser to strengthen their bond.

Power Imbalance

In unequal power relationships, the power dynamic will continue to become more unbalanced over periods of time. Since the offender has tried to assert dominance and power over their victim, the victim’s low self-esteem and confidence is tied directly to their abuser. If the victim feels that their abuser is the only one they can depend on for guidance and love, which severs any other positive relationships or friendships the victim may have had. Similar to Stockholm Syndrome, victims of intimate partner violence psychologically will align themselves with their abusive partner through use of accommodations, being overly friendly and trying to see things through their abusive partner’s perspective (Hamel, 2014, p.123). The abuser

eventually becomes dependent on their victim to maintain their self-image and esteem and when they realize this, the abuser may increase even more control over their partner.

Intermittent good-bad treatment

The key feature of this section is that the abuser periodically abuses or emotionally abuses the victim intermittently. When the abuser is not harming their victim, normally the abuser will make promises to change, declare their love for their victim, which provides an aversive/negative arousal to the victim. Dutton and Painter (1993) addressed that a battered woman's psychological reactions will bind her to her batterer, and this can prove true to all different types of victims. Fear is a powerful mechanism that an abuser will use to control their partner, but the victim's compliance in this theory does not always protect them from their partner. The bad treatment often appears as aggression from the offender, and if there is a reward for the offender when they use aggression (such as their partner not leaving the home, or their victim being extra nice to them for fear of abuse) that may consciously or unconsciously motivate the offender to continue their abuse (Hamel, 2014).

A large population study performed by Blosnich and Bossarte in 2009 revealed that LGBTQ individuals provided the same reasons for staying in abusive relationships as cisgender heterosexual females (p. 89). The main reasons that lesbians and trans females reported on why they stay in their abusive relationship include "allegiance to partner, isolation from friends and family, fear of further violence, and hope that the partner will change" (Hamel, 2014, p. 90). Gay men and trans men reported that they love their partner, hoped they would change and were afraid of reprisals as their main reasons for staying as well.

Application of theories for future recommendations

Since the theories of intimate partner violence were developed with a theoretical framework of a cisgender man asserting his patriarchal dominance over a cisgender woman, many victims have been overlooked in the legal sense. The legal system in the United States had supported intimate partner violence by legally allowing a husband to physically punish his wife with a stick “no larger than his thumb”. A survey was administered to 71 university students where the sexual identities and genders of the offender and victim were manipulated, and the students found that cisgender heterosexual males were found as more violent and serious as offenders than any other variable (Hamel, 2014, p. 91). If a victim does not fit the stereotypical model of a victim in an intimate partner violence relationship and their partner is not the stereotypical perpetrator, law enforcement agencies and the public are much more likely to not take their situation as seriously as they should. Not all of the states in the U.S. recognize gay, lesbian, trans, non-cisgender individuals explicitly in their anti-domestic violence laws, but recommendations for a federal law would cover same-sex couples and trans individuals for comprehensive protections (Burns et al., 2012, p. 3).

The original cycle of violence theory has always been applied to cisgender heterosexual females and cisgender heterosexual males, but over the years the theory has adapted to be more inclusive toward LGBTQ individuals. However, since the generally accepted theory of cisgender heterosexual males being the aggressor and cisgender heterosexual females being the victim, safe housing has been a priority in domestic abuse shelters and only accessible to cisgender females. Trans individuals have a difficult time accessing shelter, which in turn, makes it easier for their abuser to continue the cycle of violence in the relationship. Yet, the Violence Against Women Act (VAWA) was reauthorized in 2013 and included language that would ban shelters from turning away trans victims of intimate partner violence.

The trauma bonding theory and cycle of violence theory have been public for several decades, but professionals are still struggling with understanding the dynamics of intimate partner violence and how to provide appropriate trauma-focused support for trans victims of intimate partner violence. In 2009, a short 10 question quiz on basic domestic violence facts was sent to over 401 victim advocates and mental health professionals who specifically worked in fields of intimate partner violence, and the average number of correct answers was less than 3 (Hamel, 2014, p. 22). This same survey was sent to undergraduate students in introductory psychology classes, and they scored the same number of correct answers as the professionals. The results from this survey further affirms the notion that professionals working in the domestic violence field are lacking on how to provide correct services for special victim populations of intimate partner violence.

Intimate partner violence research exists within the social context of sexual orientation, classism and racism and continues to explore the different cultural contexts, yet there is still information missing for the gender identity aspect. When trans individuals are normally left out of the intimate partner violence discussion, this may help trans victims further internalize the ideology that they are not experiencing domestic violence and hinder them from seeking help from the abuse. For future recommendations, professionals need fully comprehend how trans individuals are affected by intimate partner violence, and why they stay to help provide proper trauma focused support to help lower the probability of revictimization.

SECTION IV – CASE STUDIES-DOMESTIC ABUSE SHELTERS IN MICHIGAN

Social services agencies have been providing cisgender heterosexual women a safe place with other services for the past few decades to protect them from their boyfriends or husbands. Since VAWA reauthorization in 2013, all victims of intimate partner violence, such as LGBT victims, will have opportunity to use lifesaving services. This act prohibits any discrimination toward LGBT survivors and assures that they will have access to the same services and protection as straight cisgender individuals. However, many shelters have not abided by this act since many trans victims report being turned away at shelters or fearing discrimination (National Coalition of Anti-Violence Programs, 2013). In this section, two different shelters in the same state will be discussed, and then later analyzed. This section will help comparatively analyze whether there are enough resources and services to provide protection for trans victims of intimate partner violence to overcome their legal issues, need for safe housing, and trauma-focused treatment.

SafeHouse Center

The SafeHouse Center is based in Ann Arbor, MI where it first opened its doors in 1978 (SafeHouse Center, 2016). SafeHouse Center strives to be inclusive, and included a specific section for LGBT Emergency Response Services and makes it known that their services are available to special victim populations of intimate partner violence (SafeHouse Center, 2016). In 2015, the legal advocates at SafeHouse Center accompanied over 1,000 survivors of intimate partner violence to court, which should include trans victims of intimate partner violence as well (SafeHouse Center, 2016). However, the information pertaining to the Domestic Violence Response Team that is listed under the LGBT information is the same Response Team that is normally used for the stereotypical victim of intimate partner violence; cisgender heterosexual

women. There is no mention or wording if they are specifically trained in LGB needs, or trans individuals' needs.

Safe housing is one of the most vital instruments in protecting victims of intimate partner violence, and just in 2015, SafeHouse Center was able to provide 7,462 nights of safety to the victims of intimate partner violence and the average length of stay was 30 days (SafeHouse Center, 2016). There are 50 beds available for use, and 20 bedrooms that are split between families and residents (SafeHouse Center, 2016). Although it is stated many times throughout their website that they are accepting of all different types of intimate partner violence victims, there is no information in their emergency shelter section that includes LGBT victims or men in general. Trans victims of intimate partner violence are left wondering whether they are welcome at the shelter, and in the LGBT tab on the website, there is a noticeable gap where the emergency housing information would be provided.

In terms of trauma-focused support, SafeHouse Center provided 1,300 hours of free counseling to survivors in 2015 (SafeHouse Center, 2016). Most of the clients in the Domestic Violence Services Program are not currently staying at the shelter and there are no support groups that are geared toward LGBT victims of domestic violence. The most popular support group is only available for female survivors of intimate partner violence, and it does not make it clear whether trans individuals would be welcome, or any other non-cisgender female.

HAVEN

HAVEN is based in Pontiac, MI and provides very similar services to SafeHouse Center. HAVEN has a multifaceted court advocacy program consisting of Criminal Court Advocates, First Responders, and the Civil Legal Response Team (CLRT) that is a partnership between Lakeshore Legal Aid and HAVEN (HAVEN, 2016). The Criminal Court Advocates are not able

to provide legal advice, but they help educate victims of intimate partner violence on their legal options. The First Responders are available 24/7 and they provide crisis intervention and education on legal options and meet the victims at the hospitals or police departments (HAVEN, 2016). The CLRT is very unique because they provide legal and direct representation for survivors of sexual assault facing any issues such as personal injury, consumer finance, income maintenance, housing, employment, custody, child support, spousal support, and divorce (HAVEN, 2016). Although the team was developed for survivors of sexual assault, many victims of intimate partner violence that have been sexually assaulted or raped are able to access the CLRT's services. CLRT is also a trauma-informed group and they have experience serving special populations, such as minorities and LGBTQ.

Since safe housing is a significant priority for victims fleeing their abusive partners, HAVEN stresses that they are inclusive to everyone. Men are allowed to receive safe housing at the shelter if they are experiencing intimate partner violence or sexual abuse by their partner (HAVEN, 2016). This would also include trans men and trans women as being available to stay at the shelter as well. The average stay for the shelter is 28 days, which is a bit shorter than SafeHouse, but the victim may be able to stay longer depending on their circumstances (HAVEN, 2016). The shelter is similar to most other shelters as a communal living environment, and that food is provided at every meal.

HAVEN's trauma-focused treatment is met through meeting with a counselor at the shelter that helps with individualized goals for the victims, group counseling, and through other support groups. They have specialty groups and workshops that have different themes throughout the year, and the domestic violence support groups normally are a combination of education and trauma-focused support.

River House

River House is a nonprofit organization that serves four Michigan counties: Roscommon, Oscoda, Ogemaw and Crawford counties (River House Inc., 2016). This organization and shelter was created in 1986 and the shelter is located in Grayling, Michigan (River House Inc., 2016). Similar to the two previous shelters, it serves the four counties by providing legal advocacy, safe and emergency shelter, and trauma-focused treatment for the survivors of intimate partner violence. On their web page in the services section, there is a quotation from the Centers for Disease Control and Prevention that states that “more than 1 in 3 women (35.6%) and more than 1 in 4 men (28.5%) in the United States have experienced rape, physical violence and/or stalking by an intimate partner in their lifetime” (River House Inc., 2016, paragraph 5). River House is inclusive to both men and women, but there is not a single mention of trans individuals or non-binary individuals as being victims of domestic violence. In regard to legal advocacy, River House has a Legal Advocacy Program that is there to help assist survivors of intimate partner violence during the legal process by providing them with legal choices, disseminating information, explaining court processes and accompanying the women and children to court.

Like many other domestic violence shelters, River House is a communal living residence that can house 24 women and children with their six bedrooms, and three residential bathrooms (River House Inc., 2016). After working with a women’s advocate one-on-one, the client is able to assess help with attaining permanent housing for herself, and possibly children. Once again, there is no mention if trans individuals are accepted at the shelter as there is no mention of whether cisgender males are accepted either. Although River House implies several times that the women utilizing their services while experience counseling services free of charge, yet there

is only one support group once a week for the women on topics such as self-esteem, self-care, boundaries and how to evaluate new dating relationships (River House Inc., 2016).

First Step

First Step is the only non-profit agency that provides services for victims of intimate partner violence and sexual violence in Wayne County, Michigan since 1978 (First Step, 2016). First Step has a legal team called the Community Response Project Survivor Advocates and they meet with a designated domestic violence prosecutor and detective to work on specific cases regarding domestic and sexual violence (First Step, 2016). If the victims want to utilize the free services, the legal advocates help explain the criminal justice process to them, provides in-court victim advocacy and also has free legal clinics at the shelter (First Step, 2016).

While First Step has a temporary emergency housing (shelter) that is similar to other domestic violence programs, they are unique in that they have a transitional housing program that helps survivors work on their credit history while First Step pays the full rent subsidy (First Step, 2016). The Advocacy Program at First Step is for clients living at the shelter, in transitional housing, and for outside clients to help with one-on-one counseling and support groups. Between trauma-focused treatment sessions with the counselor, they are able to attend group to share their stories and discuss how domestic violence has shaped their lives. First Step also has a Men's Group that is gender inclusive for male survivors of domestic violence. There are also specific support groups that are offered at First Step for men that focus on self-worth, guilt and shame, anger, masculinity and other important topics (First Step, 2016).

Findings from comparative analysis of the case studies

The case studies are all similar in that they offer 24/7 crisis hotlines, shelter for women, legal advocacy and support groups. But the majority of them are lacking in providing adequate

full services and housing for trans victims of intimate partner violence. The choice to analyze these four shelters was deliberate and meaningful because they are all from Michigan and offer similar services to victims of intimate partner violence. Yet SafeHouse Center, River House and First Step do not provide housing for special victim populations, such as trans victims of intimate partner violence. Only HAVEN is clear that they allow men to access safe shelter, but they do not specify whether or not trans individuals are able to utilize the shelter. First Step is incredibly unique because they offer transitional housing that could be beneficial to trans individuals while they work to improve their credit score, possibly under a new name. But there was no mention if the transitional housing was available to any other type of victim other than cisgender females.

HAVEN specifically addresses that their legal advocacy team is trauma-informed and works with special victim populations. River House only discusses assisting women and children, and there is no mention of any other genders. Legal advocates must be trained in how to work with trans individuals because their clients may not have all of their identity documents updated to reflect their current gender and name, and in some states, this is still not an option.

Unfortunately, all of the shelters are lacking trauma-focused treatment for trans victims of intimate partner violence and only one of them provides resources and referrals to other agencies that can specifically help trans individuals. First Step is the most progressive in terms of trauma-focused treatment because it has a Men's Group and the shelter is inclusive, but there is not a LGBT support group. There is also no mention on whether the staff are trained to provide trauma-focused treatment for trans individuals. The only shelter that is intentional in opening their doors to other victims other than cisgender women was HAVEN. Although HAVEN is progressive in offering a safe place, it should make the reader wary that there may not be adequate follow-up services to help trans individuals in a successful manner.

All of the shelters are on the correct path to opening their doors and services to be more accepting of trans victims, yet there needs to be significant changes in how they word their brochures and manuals, since the terminology still pertains to the stereotypical victim and the stereotypical abuser. The majority of domestic abuse shelters do not properly serve the special victim population of intimate partner violence, which are trans victims, especially in terms of trauma-focused treatment, safe housing, and legal advocacy.

In the following section, this information and analysis from the four case studies and theories from a previous section will all provide new effective recommendations for social support services for trans victims of intimate partner violence in terms of legal advocacy, safe housing, and trauma-focused treatment.

SECTION V – RECOMMENDATIONS FOR EFFECTIVE SOCIAL SUPPORT SERVICES FOR TRANS VICTIMS OF INTIMATE PARTNER VIOLENCE

Reviewing past literature, the theoretical framework and case studies sections all reveal that social support services are not providing efficient and adequate services for trans victims of intimate partner violence. Although the most recent VAWA has made it clear that any social support services or shelters that are receiving federal funding must provide inclusive space and ban discrimination, many have not yet implemented services to support and assist trans individuals who have or are experiencing intimate partner violence. The criminal justice system has failed to protect trans survivors of intimate partner violence because transphobic laws and policies are still being contested to this day, but social support services are more aware of the dynamics of a domestic violence relationships and must be equipped to work with all the different types of victims. In this section, there will be several recommendations for effective

social support services regarding legal advocacy, safe housing and trauma-focused treatment for trans victims of intimate partner violence.

Legal advocacy services

Legal advocacy is one of the utmost important services that trans individuals may need since they may still be discriminated against by businesses, shelters and law enforcement agencies due to biases. Although there are nondiscrimination laws set in place to protect trans individuals, trans victims of intimate partner violence have repeatedly reported being abused, arrested or not taken seriously by law enforcement. A trans individual may need more help in negotiating medical providers, housing agencies, and employment opportunities and a legal advocate should be knowledgeable about how to help navigate the system with their client.

In 2013, the National Coalition of Anti-Violence Programs found that in the previous year, LGBTQ intimate partner violence homicides increased to their highest recorded level yet (Schwartz & Saenz, 2014, p. 7). Intimate partner violence is not only traumatic, and terrifying, but it can also be deadly. Trans victims may have experienced compounded traumas from being discriminated their entire life, subjected to hate crimes, and possibly rejection from their family of origin and when trans individuals do reach out for help, they are often met with scarce or non-culturally competent services (Schwartz & Saenz, 2014, p. 15). All of this compels domestic abuse providers to reduce legal barriers and provide legal advocacy that is sensitive and trans-informed to trans survivors. In a separate national survey, trans respondents reported that 12% of court officials and 6% of domestic service providers denied them equal treatment and they were harassed by 12% of court officials and 4% of domestic service providers (Schwartz & Saenz, 2014, p. 16).

In order to be more inclusive, all of the court papers and correspondence between the court, legal advocates and the victims should have the correct name and pronoun that the trans victim identifies with and the legal advocate should make sure that their client feels accepted and respected in the court room. HAVEN's CLRT program that provides direct and legal representation for survivors of domestic violence is inclusive toward LGBT individuals, and other shelters should follow by example if possible. Although several shelters are unable to find legal services that will provide free direct representation, the legal advocates that educate survivors should be trained in inclusivity and gender laws to make sure they are providing their clients in the most efficient way possible.

Safe housing services

Similar to how HAVEN allows men to access safe shelter, all shelters should be able to integrate trans individuals into sex-segregated shelters. Safe housing services should be available to all individuals in dire need of help from intimate partner violence, and to exclude individuals that have not had gender-assignment surgery is ethically wrong. Housing placements should be based on self-identified gender for several reasons, and relying on someone's medical history to determine whether or not they are able to flee an abusive relationship is only harmful and disrespectful. The "cycle of violence" theory was explained in a previous section, and if trans victims of intimate partner violence do not receive safe housing away from their abusive partner, it is likely that the cycle will continue for them for a significantly longer time than if they received help.

The first change that could be made to a shelter would be the physical appearance. When individuals first enter the shelter or view the webpage online, there should be a visible sign that states that everyone is treated equally with dignity and respect, regardless of their background,

age, sexual orientation, gender identity, mental or physical disabilities or race. This statement will serve to make all special victim populations feel included and inform that everyone in the shelter needs to follow this rule. A similar recommendation would be to change the intake meeting where a client first enters the shelter and needs emergency housing. The intake staff need to be trained on how to discuss safety considerations with the trans individual and ask them their preferred name and gender, and answer any questions about safety concerns and confidentiality regarding their gender identity. This is important to help make a client feel safe and welcome at the shelter, so trust is built and a lasting healthy relationship will have a stable foundation. Also, all incoming clients (even non-trans individuals) will be informed that trans individuals are to be respected at the shelter, and that anyone's gender identity is confidential and not up for debate.

Another vital aspect of safe housing services for trans victims is accessible bathrooms at all shelters. If a shelter includes trans individuals in their safe housing services and makes their shelter inclusive, they may need to also update their bathrooms. If at all possible, there should be a unisex single stall bathroom that anyone can use to help address any privacy issues where someone feels uncomfortable or not sure which restroom to use. This bathroom could also include handrails to help support anyone who is physically disabled to stay true to the statement on equal treatment. If a shelter is unable to afford a new bathroom, simple updates such as handrails or shower curtains will help maintain more privacy and accessibility for all of the individuals staying at the shelter.

Trauma-focused treatment

While utilizing trauma-focused treatment with trans individuals, the counselor or advocate should be sure not to assume a person's gender presentation because they do not always

align with that individual's gender identity. It is better to avoid gender-specific words such as "ma'am", "lady", "gentleman" or "sir" because the individual may not have confirmed their gender identity with their counselor yet, or they may feel that they can't safely express their gender identity in public. An advocate should ask all of their clients what pronoun they would prefer, and ask if they feel comfortable with their preferred gender presentation in public to make sure not to accidentally "out" their client by discussing their gender identity or sexual preferences with any other service provider, unless it is a need to know basis.

Since the abuser depends on their partner and vice versa according to the traumatic bonding theory, trauma-focused treatment needs to be available and accessible to trans survivors to help break the unhealthy dependence on their partner. If it is not possible to have staff trained in trauma-focused treatment for trans victims of intimate partner violence, then advocates and counselors need to know transgender-specific referrals in the area. It is vital that trans clients are not referred to agencies that are not accepting of trans individuals by their advocate or counselor as it may damage their relationship. This recommendation could make the trans victim feel disrespected, helpless and traumatized by the situation (Mottet & Ohle, 2003).

There is an analysis of over 16 published longitudinal studies with over 36,000 participants that found that intimate partner violence doubles depression among women, and increases the likelihood of suicide attempts (Hart & Klein, 2013, p. 50). Trans individuals are already at a disadvantage in terms of the increased likelihood of depression, anxiety and suicidal ideation, so it's clear that intimate partner violence will worsen the situation. If trans individuals are not being treated properly by counselors or advocates through trauma-focused treatment, they may remain symptomatic years after leaving the abusive relationship. Another important issue to keep in mind is that many trans individuals were forced into mental health care settings when

they were younger, and it may decrease their willingness to receive treatment or therapy in adulthood (FORGE, 2015, p. 12). The trauma-focused treatment performed at a domestic abuse shelter may not cover trans-specific concerns, but rather focus on past and current trauma due to the abusive partner. It is important for the advocate or counselor to have training in trans issues, but the focus should still be on domestic violence, and a referral can always be made if the client wants specific help with trans-specific needs. As long as the informed advocate or counselor can offer a trans survivor of intimate partner violence respect, information, connection and hope, there can be a successful outcome (FORGE, 2015, p. 43). Another note to keep in mind is that the survivor may not believe their gender identity as being the primary facet in their relationship, but providing a respectful emotional space and treating all clients equally is still just as important.

Support services can address the issues of legal advocacy, safe housing, and trauma-focused treatment surrounding trans victims of intimate partner violence and learn how to improve their services, but there are still substantive issues that have not been fully examined. The next section will summarize and conclude the vital information for a trans survivor to be successful accessing a domestic abuse shelter's services.

SECTION VI – SUMMARY AND CONCLUSIONS

Recommendations for effective social support services has important implications for advocates and case workers serving trans individuals suffering from intimate partner violence. Although case workers and advocates may already have a positive impact serving cisgender women, these findings will help make their work more inclusive and supportive for non-

cisgender individuals. If trans individuals are able to secure inclusive legal advocacy, safe housing and effective trauma-informed treatment, they are much more likely to succeed in their goals of independence and may not become recurring victims of intimate partner violence. Using legal advocacy that is inclusive of supporting trans individuals in their unique needs, an encompassing structure of safe housing and trans specific trauma-focused treatment will realistically help this specific special victim population successfully leave their abusive partner.

Implementation of the proposed recommendations require domestic abuse organizations and shelters to change their gender specific shelters, and to have readily available referrals to inclusive agencies. If a shelter is unwilling to adapt to include trans individuals who are victims of intimate partner violence, the shelter is violating VAWA's policies and may face losing grants and funding. However, there may be times when an organization is willing to make their services culturally competent, but they may not have trained staff or volunteers that are aware of trans issues. A shortage of trained staff members and volunteers may result in an organization unable to be as effective as they should be toward their clients.

The next proposed step for this research would be continued studies specifically on trans individuals in intimate partner violence situations, but they should have a large enough research sample of individuals to make the results conclusive. Hopefully the research would be able to include randomly selected domestic violence centers and to compare shelters that are culturally competent, ones that are in transition and other shelters that have not met the required standards of inclusivity. These findings from this research indicate that effective support for trans individuals in abusive relationships should start by treating them equally, taking their concerns seriously, and providing an environment of safety and support.

The criminal justice system is aware of the dangers of intimate partner violence, and since a large number of trans individuals have reported how they do not feel safe or taken seriously when they have come forward about their abuse, the system should look into providing updated and trauma-informed training to their law enforcement officers, court officials and attorneys. A final thought regarding trans individuals who are victims of intimate partner violence would be for advocates at domestic abuse shelters to analyze performance measures to evaluate the criminal justice system's response to trans individuals. If shelters and services become inclusive and competent but the criminal justice system has not changed, it may imply that the system needs to be updated. The case managers and advocates can help advocate for their clients by speaking out and encouraging new procedural changes within the criminal justice system. In conclusion, properly trained criminal justice agencies and inclusive domestic abuse shelters need to collaborate to effectively reduce recidivism among trans individuals returning to their abusive partners and to provide accessible and culturally aware legal advocacy, safe housing and trauma-focused treatment.

SECTION VII – REFERENCES

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