

Introduction

Domestic Violence has no boundaries. It doesn't matter ones race, religion, social status, education, sexual identity or gender identity, anyone can be effected by violence in the home. For those that have not been victims (or perpetrators) of Domestic Violence (DV) it is often difficult to understand how it happens. In this paper we will examine some of the issues around DV, especially as it relates to Lesbian, Gay, Bisexual and Transgender (LGBT) relationships.

Before looking at DV as it pertains to the LGBT population it is important to understand the nature of Domestic Violence as it pertains to the larger Heterosexual community. Some Statistics from the National Domestic Violence Hotline Website (<http://www.ndvh.org/>) will help to illustrate the problem :

- ◆ Nearly 1/3 of all women have been sexually or physically abused by a husband or boyfriend at least once in their lives.
- ◆ Violence by an intimate partner accounts for 21% of violent crime against women and 2% of violence experienced by men.
- ◆ Among all female murder victims 30% were slain by husbands or boyfriends.
- ◆ A child's exposure to the father abusing the mother is the strongest risk factor in transmitting violent behavior from one generation to another.
- ◆ Females account for 39% of violence related emergency rooms visit. But 84% of those treated for injuries inflicted by intimates.
- ◆ Domestic Violence costs the US \$5-\$7 billion annually for medical costs, police and courts, shelters and foster care, sick leave, absenteeism and non productivity.

Within the heterosexual community Domestic Violence is mostly perpetrated on women

and children. This does not mean that men are not also victims. They can be and are, yet the rates are much lower. Men are also not as likely to report DV events. Society looks on these men as wimps and most men won't willingly put themselves out for this labeling.

When we talk about Domestic Violence within heterosexual relationships we are most often talking about violence directed towards women and children by men. We also need to be aware that DV can also be perpetrated upon Elders or other extended family members. The perpetrator does not need to be the male of the household but can also include caregivers, daycare providers or any other person who wished to exert power and control over another. There are three major categories of DV:

- **Physical Battering** - The abuser's physical attacks or aggressive behavior can range from bruising to murder. It often begins with what is excused as trivial contacts which escalate into more frequent and serious attacks.
- **Sexual Abuse** - Physical attack by the abuser is often accompanied by, or culminates in, sexual violence wherein the woman is forced to have sexual intercourse with her abuser or take part in unwanted sexual activity.
- **Psychological Battering** - The abuser's psychological or mental violence can include constant verbal abuse, harassment, excessive possessiveness, isolating the woman from friends and family, deprivation of physical and economic resources, and destruction of personal property.

Any and all of the types of abuse may be seen in a violent household.

There are many similarities in Domestic Violence expression within a relationship, be it straight or alternative. DV is about control and dominance. One party enforces their will upon the other. Resistance only increases the perpetrators need to dominate. One would think that once the victim is thoroughly subdued the aggressive

behavior would stop. This is not case. A perpetrator of DV needs to always maintain control. No matter how complaint the victim is, perceived wrongdoing will still be created within the perpetrators mind and the cycle will continue. Research has identified a clear and persistent cycle of domestic violence (Pitt & Dolan-Soto 2001). The chart below identifies some of the behaviors that victims experience during each stage:

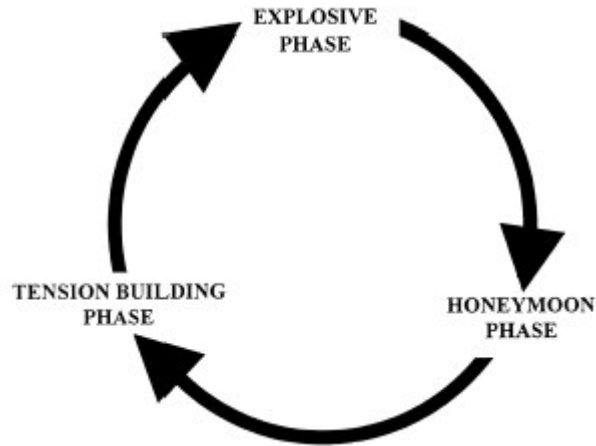
<p><i>Honeymoon</i>—may appear hopeful and positive</p> <ul style="list-style-type: none"> May focus on what seems good in the relationship and the efforts their partner is making Likely to minimize their degree of risk Refer to abuse more as a past concern <p>If a client responds positively to a general screening for domestic violence and downplays risk or tends to focus on positive aspects:</p> <ul style="list-style-type: none"> Clarify the length of time since the last incident Determine if medical or other intervention was needed or obtained Provide information/referrals
<p><i>Tension building</i>—may be uncomfortable, anxious, in anticipation</p> <ul style="list-style-type: none"> May minimize past incidents Greater focus on fears about partner's actions Concern about a partner's level of upset May feel like they're walking on eggshells <p>If a client responds positively to a general screening for domestic violence and tends to express fear, concern and hesitation:</p> <ul style="list-style-type: none"> Validate their concern Inquire about what the client thinks <i>might</i> happen if his or her partner gets angry Ask what happened the last time his or her partner got angry Provide information/referrals
<p><i>Blow-Up</i>—likely extremely fearful, increased danger</p> <ul style="list-style-type: none"> Greater focus on their safety, but often fearful to act Likely to more easily recall past abusive incidents May experience thoughts of 'fight or flight' <p>If a client responds positively to a general screening for domestic violence and anticipates risk:</p> <ul style="list-style-type: none"> Assess degree and immediacy of risk Illicit a brief history of past incidents and whether medical or police intervention had been needed or obtained Obtain history of stalking behaviors or use of weapons Ask if there is a valid Order of Protection Determine safety for client to return home Provide assistance in safety planning Provide appropriate referrals Plan follow-up with client

^a Approach based on Walkers' theory of the Cycle of Violence (s). Assessment of safety and risk must be conducted regularly with clients involved in domestic violence to determine appropriate intervention(s).

^b Table © 1999 Diane R. Dolan-Soto, C.S.W. © 1999 NYC Gay and Lesbian Anti-Violence Project.

The perpetrator of DV is often warm and loving and very apologetic during

the honeymoon stage. They may seem to be working hard to change this behavior. Yet without appropriate intervention tension will build culminating in another episode of violence. After this release of aggression the perpetrator will once again return to the honeymoon stage and the cycle will be ready to begin again.



The Cycle of Violence

Theoretical Causes

Domestic Violence is not a simple problem. There are many factors that go into the expression of this behavior. As researchers delve into patterns of abuse and aggression 4 main areas seem to play large roles in if and how one displays this type of behavior. For simplicity we will label these areas as: cultural, upbringing, substance abuse/psychological problems, biology.

Cultural Many Sociologist and feminist writers view domestic violence as a symptom of larger societal problems (Gleason, 1997). In this view, it is the way women are treated and thought of that leads to expressions as violent as battering. At it core, these theories

feel that it is societies view that men should exercise control over that leads to the problem.

Upbringing Children live what they learn. Exposure to violence has a deep effect on children (Osofsky, 1995). When children are witness to violence, in the home or out, it has a profound effect on a wide range of developmental areas. Just some of these areas are: development of trust, sense of safety, emotional regulation, etc. Additionally and most importantly for this paper children learn what are acceptable norms and behaviors from the family and close community. When violence is a norm, boys learn it is ok to act this way and girls learn it is normal to be treated in this fashion (Margolin & Gordis, 2000). This continues the Cycle on into the next generation.

Substance Abuse and Psychological Problems It is not surprising that substance abuse plays a major role in domestic violence. Most abused substances lower ones inhibition levels allowing behaviors that are often kept in check to be expressed. Whether substance abuse is a contributing course to DV or a concurrent symptom of a deeper underlying issue is still unknown. Studies have shown a high correlation between substance abuse and Domestic Violence (Smith, 2000). Research has also shown a correlation between substance abuse (specifically alcohol) and low serotonin levels. Additional research has shown correlation's between domestic violence (and violence in general) and low serotonin levels. The meaning of these relationships is not yet clear. Alcohol and other substances are a factor in family violence. What isn't clear is how abused substances play into the cycle of DV, especially during the tension building phase.

Other mood or personality disorders play there part in the cycle of violence.

Stress, depression, anxiety etc. all can have their part in creating tension within the relationship. It is not likely that these behaviors cause domestic violence, rather that they are factors in the stress build up that is ultimately expressed as violence by the abuser (Gleason, 1997).

Biology A 1996 study (George et al) examined levels of the serotonin metabolite 5-HIAA in cerebrospinal fluid. This metabolite is thought to play a role in inhibiting aggressive behaviors. These researchers looked at a small sample group (23 perpetrators, 15 non-violent samples and 8 non-violent alcoholics) to attempt to determine if there were any statistical differences of this metabolite between each sample group. The 8 non-violent alcoholics were chosen since much of the literature regarding perpetrators of DV has shown a high abuse level. The research showed a marked difference in 5-HIAA levels between perpetrators and both control samples. Batterers showed an average of 25% less 5-HIAA.

This study has been backed up by a number of similar studies. Most of these additional studies looked at aggressive/anti-social behavior as a general category and did not define specific aggressive behaviors. A study by Moore, Scarpa and Raine (2002) examined the existing studies. Their analysis of the existing research showed a clear and pronounced difference in 5-HIAA levels between the target (violent/anti-social) sample and the control groups. It is important to keep in mind that this metabolite is not known to be the cause of anti-social behavior. Rather an indicator of some other biological process. Differing levels of serotonin and its metabolites are indicative of a number of different disorders including (Dowling, 1993): addictions, bulimia, PMS, suicide, depression and others. Further research is needed to understand the mechanisms that go

into the expression of these different behaviors.

LGBT and Domestic Violence

Now that we have examined some of the more global issues around Domestic Violence, we can turn our attention to specifics among LGBT relationships. It is important to keep in mind that many of the patterns and causes that effect violence in heterosexual relationships is the same in LGBT relationships. Domestic Violence is about dominance and control, in that it crosses all boundaries be it social status, education, sexual identity, race, or gender identity.

Domestic Violence often goes unreported. This is especially true with in the GLBT community. Fear of being “outed” is one primary reason that victims in this population do not report violence. Another important reason is lack of knowledge among GLBTs and medical/mental health professionals about the problem. It is only recently that DV within the GLBT community has been acknowledged and studied.

The 2001 National Coalition of Anti-Violence Programs (NCAVP) identified 5,046 cases of reported domestic violence. This was an increase of 25% (4,048) over the previous year. The bulk of this increase was in the Los Angeles area (50% over the previous year. The authors of the study noted that the Los Angeles member group did extensive outreach to police departments and emergency rooms to help identify cases of GLBT domestic violence that is not reported through traditional channels, i.e. directly to member organizations. A 50% increase in one city just by networking with other organizations shows just how larger (and how underreported) the problem is.

When looking at prevalence rates within this community it is important to

keep in mind that much of the data is tentative. The few studies that have been done involved small samples and/or limited geographic areas. Island and Letellier (1991) suggested in their study that 15%-20% of Gay Male relationships become abusive. Further, they stated domestic violence is: "the third most severe health problem facing gay men today, behind HIV/AIDS and substance abuse". The most recent study of Gay battering (Greenwood, et al 2002) identified the following prevalence rates: 34% for psychological/symbolic battering, 22% for physical battering, and 5% for sexual battering. The authors noted that the highest rates of victimization were found among HIV infected men, 39%

For Lesbian relationship a review of the existing studies (Lee & Gentwallier (1985), Coleman (1990), and Ristock (1994) as cited in NCAVP (2000)), showed abuse rates of between 40%-50%. This is an especially startling finding. Within male-female relationships women are rarely the perpetrator. Studies have identified that women are perhaps 2% (Smith 2000) of the batterers. Yet, in woman and woman relationship dominance and control seem to be as prevalent as in any other relationship.

The available data for transgender populations extremely scarce. One study, The Portland Oregon 1998 Gender, Violence and Resource Access Survey (Cited in NCAVP 2001) identified that 50% of respondents had been raped or assaulted by an intimate partner. Interestingly, only a portion of these individuals identified themselves as being victims of domestic violence.

One of the major drawbacks in dealing with domestic violence and the LGBT community is the lack of understanding among the larger population. For a long time, and still, DV was not seen as an issue within this community. Instead it has been

labeled “Mutual Battering”. This term came about because of the erroneous belief that there can not be a power differential within same sex relationships (NCVAP 2001).

Clearly this is a fallacy. Power and control are issues in all relationships. When these issues get out of control, violence is often the outcome.

There are many similarities to DV in both heterosexual and same sex relationships.

There are also some unique difference. LGBT persons need to deal with a realm of issues that are not faced by the larger community. Some of these are listed below (NCVAP 2001):

~ “Outing” or threatening to out a partner's sexual orientation or gender identity to family, employer, police, religious institution, community, or in child custody disputes

~ Reinforcing fears that no one will help a partner because s/he is lesbian, gay, bisexual or transgender, or that for this reason, the partner "deserves" the abuse

~ Alternatively, justifying abuse with the notion that a partner is not "really" lesbian, gay, bisexual or transgender; i.e., s/he may once have had or may still have relationships with other people, or express a gender identity, inconsistent with the abuser's definitions of these terms

~ Telling the partner that abusive behavior is a normal part of LGBT relationships, or that it cannot be domestic violence because it is occurring between LGBT individuals

~ Monopolizing support resources through an abuser's manipulation of friends and family supports and generating sympathy and trust in order to cut off these resources to the survivor.

~ Portraying the violence as mutual and even consensual, especially if the partner attempts to defend against it, or as an expression of masculinity or some other "desirable"

trait

We can see from these examples that “logic” the perpetrator uses is different than in Heterosexual relationships, yet the effect is the same. The Abuser needs to maintain dominance, any and all tools that they can find to be used will be used.

Lack of community resources is a major source of difficulty amongst GLBT victims. Very few crisis intervention centers have been trained on issues peculiar to this community. Many GLBT have been turned away or frustrated with the lack of understanding within these organizations. This is especially true of gay males and transgender individuals. Mainstream support organizations are not prepared to deal with these unique populations and their needs.

The GLBT community is often shortsighted when it comes to addressing DV. NCAVP (2001) identified a tendency of many LGBT organizations to dismiss or minimize the problem. The report attributed this to a desire to make LGBT relationships look as “normal” as possible and not call attention to problems within the community. Clearly, this problem will not go away with a “head in the sand approach” and needs to be addressed by the larger LGBT Community.

Legal protection is often unavailable or difficult to obtain by LGBT victims. There is no consensus among states as to what constitutes domestic violence or who is able to receive protection. NCAVP (2001) identified the following situations as they pertain to GLBT victims and their ability to get protection orders:

Domestic Violence Protective Orders Are **CLEARLY UNAVAILABLE**
to Victims of Same-Sex Abuse in Six Jurisdictions

Domestic Violence Protective Orders Are **ARGUABLY UNAVAILABLE**
to Victims of Same-Sex Abuse in One Jurisdiction

Domestic Violence Protective Orders Are **NEUTRALLY AVAILABLE**
to Victims of Same-Sex Abuse in Thirty-Nine Jurisdictions

Domestic Violence Protective Orders are **AFFIRMATIVELY AVAILABLE** to Victims of Same-Sex Abuse in Six States

Unfortunately, even in states where protection orders are available GLBT victims are often hesitant to apply. There are a number of reasons for this; lack of knowledge on how the system works, fear of being outed, the feeling of “I’m gay, no one cares and a hesitancy to get involved with the police or legal system. Until these areas are addressed DV among GLBT individuals will mostly remain a hidden problem.

Very few shelters for GLBT exist. Large cities may have some resources available within the community, but these are inadequate to meet the needs. Traditional shelters and safety support mechanisms are not trained or set up to handle this population, especially when it comes to males and transgender victims. These victims are routinely turned away from these safety mechanisms (Greenwood et al, 2002).

Discussion

Domestic Violence is a tragedy no matter what form the relationship takes. We have seen that 1/3 of women in heterosexual relationships and a comparative number in same sex relationships have been victimized. This level of preventable tragedy should make a society ashamed. Yet, as with so many problems, it goes unsaid and un-dealt with until, once again, tragedy strikes. This becomes especially true for marginalized populations such as GLBT.

The GLBT community does not like to acknowledge or discuss problems within the community. Perhaps this is an effect of HIV. Many may feel that enough bad press has been directed towards the community and addressing other major problems may be seen as detrimental to a growing public acceptance. Unfortunately, this type of

attitude does nothing to solve the problem and ensures that many more will suffer in silence and despair.

It is time for all LGBT organizations to address the problem of DV. To their credit a number are. The National Coalition of Anti-Violence Programs is made up of 11 geographically diverse organizations and contact/outreach to a number of others. As they organizations get a better understanding of the problem they are in a position to recommend policy changes. In the 2001 study NCAVP called for the following policy changes:

Recommendation 1. Enact legally inclusive definitions of family

As is evident in the legal section of this report, while some states and localities define families in ways that are inclusive of same sex and other unmarried couples, many do not or have enacted other legislation that prevents these couples from accessing full protections under the law. The lack of recognition for the true diversity of families creates many barriers to addressing domestic violence and ensuring the safety of survivors and their children. For one, the failure to acknowledge the legitimacy of all relationships and families sets a tone for law enforcement, other criminal justice personnel, service providers and government agencies that greatly impedes efforts to identify domestic violence in LGBT relationships. It also hinders the full protection of LGBT people under laws providing for orders of protection and custody.

Recommendation 2. Enact LGBT-inclusive non-discrimination legislation

It is essential to offering equal access to services and shelter for LGBT people that non-discrimination laws governing housing, public accommodation, social services, etc., include provisions relating to sexual orientation and gender identity and expression.

Recommendation 3. Increase access to public and private funding for LGBT domestic violence services and research

It is imperative to the development of more capable services and research in response to LGBT domestic violence that new and continuing funding initiatives include the LGBT community as a priority audience. NCAVP applauds the small number of public agencies and private corporation and foundation funders that have taken this step in recent years, and calls on others to do the same.

Recommendation 4. Adopt LGBT-inclusive standards of service

Consistent with the third recommendation, government agencies responsible for funding, licensing, regulating or certifying domestic violence services should create and enforce general service standards that detail appropriate responses to LGBT individuals who present with a domestic violence-related concern. These standards should prohibit discrimination against LGBT individuals, as well as set out minimum responsibilities for crisis intervention and referrals to longer-term support. NCAVP stands ready to work with the relevant public agencies and the entire domestic violence service community in order to develop these standards in an open and inclusive way.

Recommendation 5. Train more service providers about LGBT domestic violence concerns

While LGBT people are affected by domestic violence in many of the same ways as other individuals, some aspects of the violence many experience are specific to their LGBT identities. All those working to fight domestic violence, ranging from police officers to courtroom personnel and general domestic violence service practitioners, need to understand these issues in order to provide the most appropriate response. Training programs are one highly effective way to foster this broader awareness, and NCAVP stands ready to help design and implement them.

As with so much having to do with the LGBT community these policy recommendations will be difficult to implement. There is a resistance within mainstream society to include LGBT needs in social policy. Yet, activists know that if you do keep at it change does happen. Until state and national policies acknowledge the needs of LGBT victims it falls upon local organizations to provide the education and outreach necessary to help LGBT deal with this problem.

Resources

National Domestic Violence Hotline Crisis Intervention, Referrals, Information

Hotline 1-800-799-SAFE (7233) TTY 1-800-787-3224

Website <http://www.ndvh.org/>

Gay and Lesbian National Hotline Referrals, Peer Counseling, Information

Hotline 1-800-THE-GLNH (843-4564)

Website <http://www.glnh.org/>

Gay Men's Domestic Violence Project Crisis Intervention, Shelter, Referrals,

Cambridge, MA

Crisis Line 1-800-832-1901

Website <http://www.gmdvp.org/index.html>

Survivor Project Information, Referrals, Educational Programs, Intersexed and

Transgender support and information

Contact 503-288-3191

Website <http://www.survivorproject.org/index.html>

The Network English/Spanish, Crisis Intervention, Education, Referrals, Shelter,

Groups, Advocates Boston Area, National referrals

Hot Line 617-423-SAFE

Website <http://www.thenetworklared.org/>

The New York City Gay and Lesbian Anti-Violence Project English/Spanish Crisis

Intervention, Counseling, Legal Services New York City

Hot Line 212-714-1141

Website <http://www.avp.org/>

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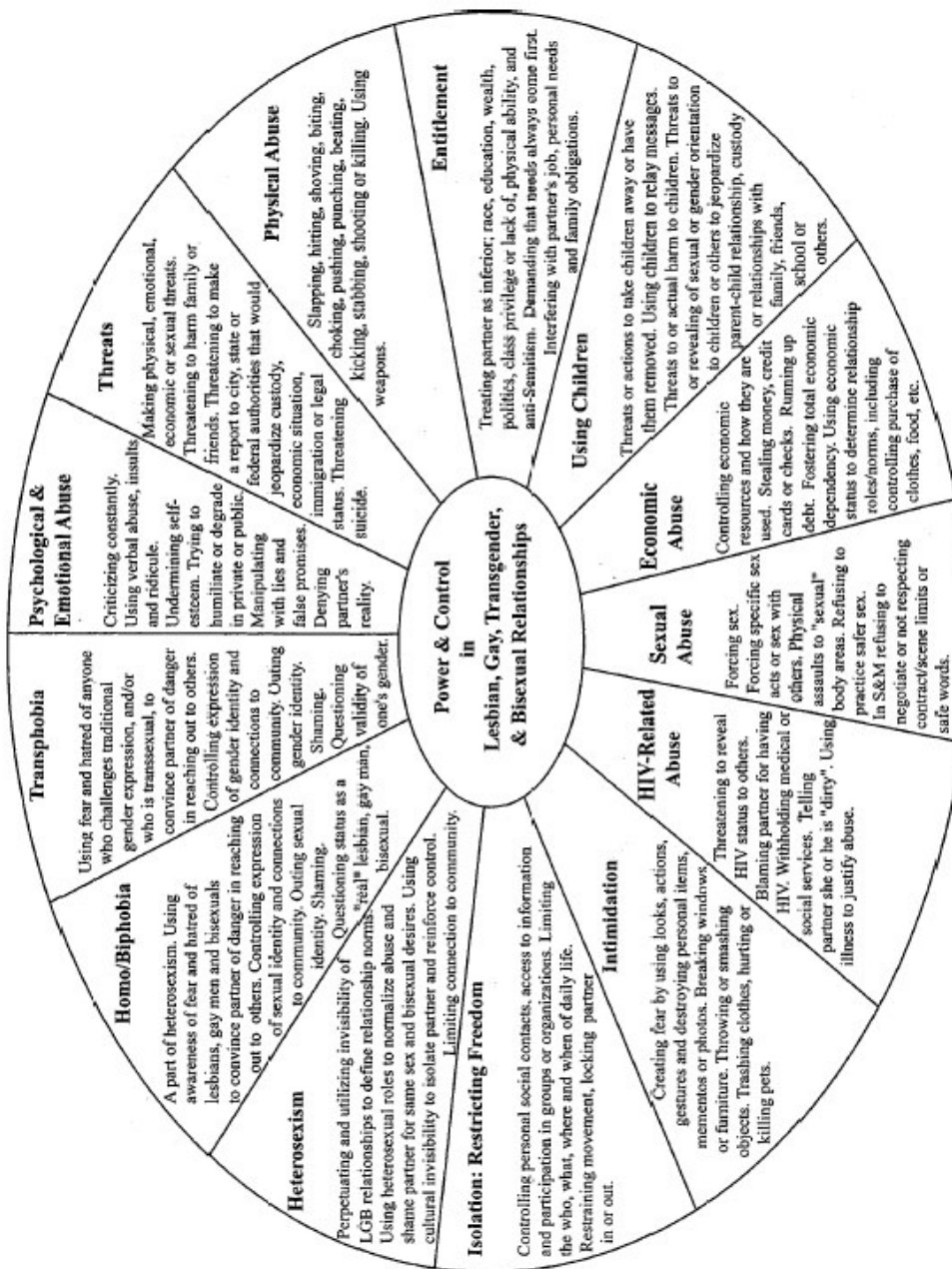
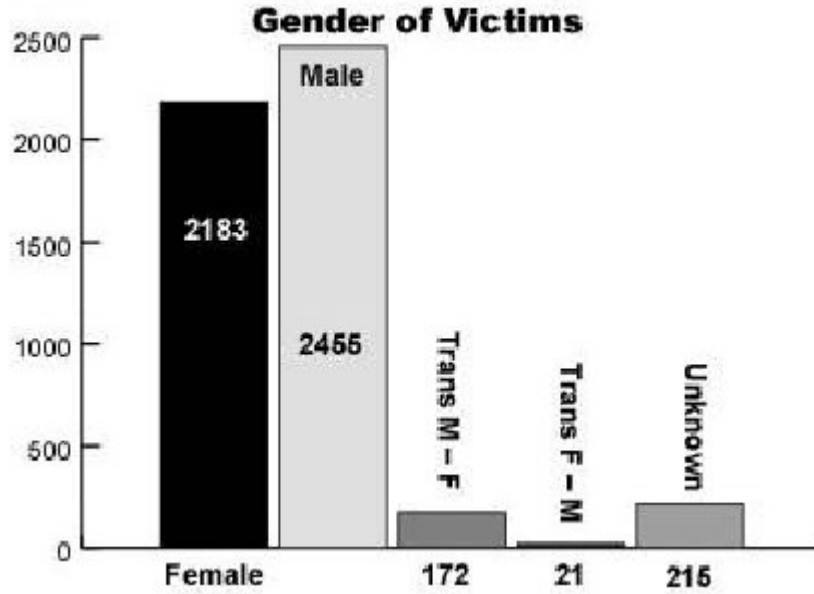


Fig. 1. LGBTB power and control wheel. Courtesy of the New York City Gay and Lesbian Anti-Violence Project. Adapted from Pence (6) and Tinscon United Against Domestic Violence (7).

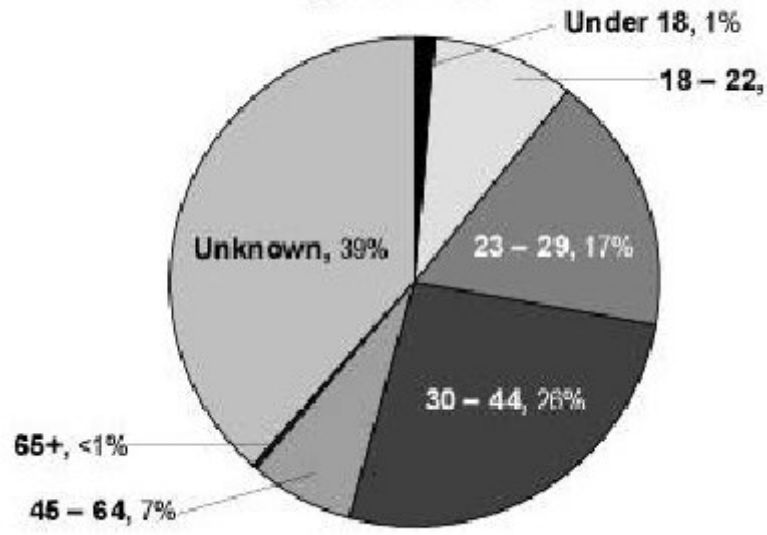


Fig. 2. Power and Control Wheel. Adapted from the Domestic Abuse Intervention Project, Duluth, MN.

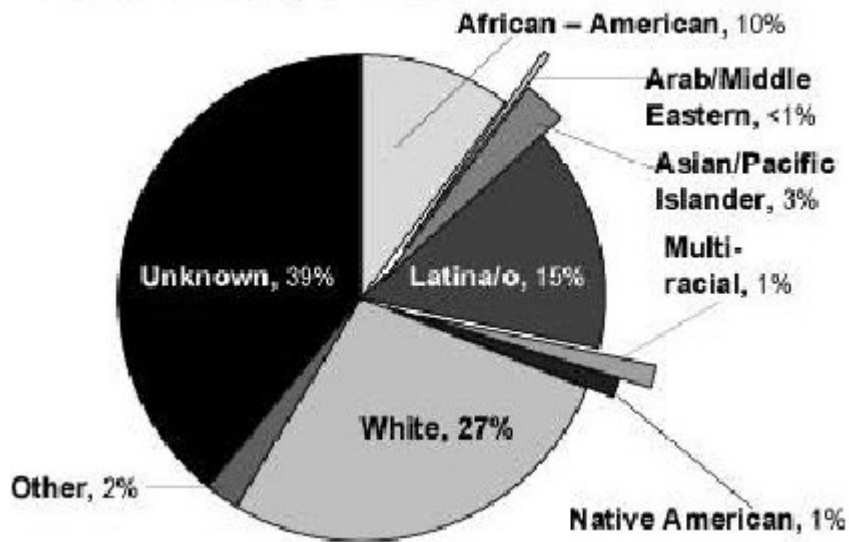
Data from the Lesbian, Gay, Bisexual and Transgender
Domestic Violence 2001 Reported



Age of Victims



Race/Ethnicity of Victims



Notes