
Conflicting Identities and TransGender Violence

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“People have tried to kill me
ever since childhood” ... Transgender violence survey respondent.

Caputi has pointed out that, *"in mainstream discussion, violent crimes against women are frequently presented as inexplicable and their perpetrators as social deviants... [researchers] have argued for an awareness of the sexually political and conformist nature of such crimes and have invented the word gynocide to name the range of systematic violence against women by men."* Similarly, crimes of violence and victimization against transsexual, transgendered and cross-dressing persons are often characterized as either the actions of individuals (males) who do not live within the rules of society, particularly with regard to stranger violence, or as being somehow provoked by the victim through her/his deviancy with regard to gender expectation. In each case, these arguments are simply extensions of the traditional discourse regarding violence against women: either the perpetrator is a “*mad dog*” (*i.e.*, a criminally deviant male) or the victim “*asked for it*” (via exhibiting the “provocative behavior” of failing to conform to gender role expectations). We would therefore argue that interpersonal violence and abuse against transsexual, transgendered and cross-dressing persons represents a form of “*gender terrorism*” whose underlying motivation is the maintenance of a social system in which males dominate females through use of emotional, verbal and physical acts of force, and in which the line between the genders must be rigidly maintained in support of this social schema. In fact, anti-transgender violence is both a form of violence against women and a necessary underpinning of the dichotomous gender construct which is necessary in order to support and sanction the perpetration of acts of violence against women by men. Understanding of this form of gender-based violence is strongly needed, both in order to protect its potential victims, and as a means of comprehending the socially-constructed gender dynamics which make possible the widespread abuse of women by men.

The “*gender community*” includes *cross-dressers* (men and women who take on the appearance of the other gender, usually on a social or part-time basis), *transgenders* (people whose psychological self-identification is as the opposite sex and who alter behavior and appearance to conform with this internal perception), and *transsexuals*, both

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male-to-female (MTF) and female-to-male (FTM), who undertake hormonal and/or surgical sex reassignment therapies. Little is known of the transnational demography of the "*gender community*." Population estimates for the gender community are difficult to obtain and verify, due principally to the currently greatly stigmatized nature of transsexualism, transgenderism and cross-dressing identifications and behavior, as well as the lack of available resources for the gender community in many geographic regions. (The latter phenomenon leads to the choice of private solutions, such as "*passing*" as the other gender without medical or mental health assistance, and therefore to what we choose to call "*epidemiological invisibility*.")

Furthermore, although the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV, the standard guide to diagnosis of mental disorders) considers cross dressing behavior as pathologic only if the behavior "*cause[s] clinically significant distress or impairment in social, occupational, or other important areas of functioning*", many mental health professionals continue to regard all cross-dressing behavior as evidence of psychopathology. (The description of this disorder (302.3 Transvestic Fetishism, pp.530-31, DSM-IV) also contains pejorative phraseology, (e.g., "*extensive involvement in a transvestic subculture*," rather than membership in social organizations or clubs for cross-dressers) and does not provide examples of *non-pathologic* cross-dressing behavior.) It follows that many members of the U.S. gender community prefer to remain undetected, due to the perception that if detected, they are unlikely to be accepted by either the healthcare professions or society at large. Transnationally, transgenderism has a broader range of response, from cultural acceptance (Native American dual spirits, ...) to clear hatred as seen in Middle Eastern countries.

In addition, with regard to population estimates of transsexuality, Tsoi has noted that, "*A...problem confounding an epidemiological survey is that transsexuals tend to congregate in cities and in certain parts of cities, and most of them do not want to be identified.*" Much of our own research work has further substantiated this phenomenon. Nonetheless, Tsoi has also noted that, in Singapore, (where SRS is well established and transsexuals are not "suppressed,") diagnosed transsexualism is more than eight times more prevalent than in any other country for which estimates exist. Witten has pointed out that estimates of the number of individuals claiming to have "*alternative gender identities*" in the U.S., as well as in other countries, are confounded by the lack of a control group by which to test prevalence and incidence estimates. Even so, in an international random survey performed by the authors, approximately 8% of the 300 respondents identified their gender self-perceptions as something other than 100% male or 100% female.

For the past three years, the authors have been involved in developing a transnational, longitudinal study to assess the demography of, the healthcare needs of, and violence/abuse incidence and prevalence in the transgender and transsexual community. This project was initiated at the behest of a number of transgender support organizations who approached the first author about surveying the "*gender community*" concerning the degrees and types of violence and abuse experienced by the transgender community. Until that point, anecdotal evidence (which must be accessed in lieu of any scientific

data, strongly suggested that transsexual, transgendered, and cross-dressing individuals were more likely than the general population to experience multiple forms of violence and victimization across the life-span, as well as transnationally. In addition, transgenders had been said to be less likely to receive adequate medical and criminal justice interventions when this victimization occurs).

A thorough review of the published literature, including that of the medical, healthcare, public health, and social sciences conducted both in English and for other languages revealed only scanty information, concerning transgender violence. In addition, extensive discussion with colleagues in this field, including participants at the Harry Benjamin International Gender Dysphoria Association biennial meeting, contributed only anecdotal information to our research effort.

In order to better understand these issues, we have now completed both a pre-pilot survey as well as a two-stage, preliminary study. Transsexual and transgender respondents from the U.S., Canada, Mexico, Cuba, Australia, New Zealand, Thailand, Japan, Philippines, Turkey, UAE, Hungary, England, Scotland, Ireland, France, Germany, Finland have all participated. The study is ongoing. The initial phase of the study, “the baseline,” has been completed, and we will continue to maintain contact with all study participants who self-identify for the longitudinal component of the study. The importance of this survey can be seen in that, despite the stigma associated with being known as a transgendered or transsexual person, approximately 96% of our respondents self-identify for long-term follow-up. The initial response to our recent second stage pilot survey (n = 300) on demography, healthcare, and violence/abuse in the transgender community worldwide, provided substantial documentation in support of the anecdotal evidence. In addition, our survey results also suggest that transsexual, transgendered and cross-dressing persons are less likely to receive adequate and appropriate *routine* healthcare services than are their contemporaries.

Despite its now documented critical importance to the gender community (transsexual, transgendered and cross-dressing people) it appears that no formal research has been performed in this area and that this project represents pioneering work on a number of critical fronts. As we have already pointed out, anecdotal evidence, now strongly supported by the results of our preliminary survey work, suggests that transsexual, transgendered, and cross-dressing individuals are more likely than the general population to experience multiple forms of violence and victimization across the life-span. In addition, they are less likely to receive adequate medical and criminal justice interventions when this victimization occurs. Further anecdotal evidence, as well as our survey research results, also suggests that transsexual, transgendered and cross-dressing persons are less likely to receive adequate and appropriate routine healthcare than are their contemporaries. As a consequence of this evidence, we theorize that transsexual, transgendered and cross-dressing persons are significantly more likely than their peers outside the gender community to experience interpersonal violence, victimization and abuse, and are at significantly higher risk of receiving inappropriate or inadequate recovery services and routine healthcare. Furthermore, we hypothesize that, as is the case for gay, lesbian and bisexual individuals that this increased risk of victimization is

present before the individual has overtly identified as being “*different*” (in this case, *transgendered*), and that, similar to violence against women, these risks represent an ongoing threat to personal safety and well being which is present across the lifespan.

Family and community violence, including violence against women, children, and the elderly, are serious and widespread problems. The majority of these episodes occur in family settings, or at the hands of an assailant who is known to the victim. In addition, many women experience hate crime related violence including victimization based on race, perceived sexual orientation, or gender. Many states mandate reporting of hate crimes, but gender related violence and abuse are not adequately included in these statutes. Furthermore, despite the fact that reporting laws exist, it is thought that only 1 in 3 child abuse cases and 1 in 6 elder abuse cases is reported. Published reports from governmental agencies indicate that this type of violence is only the “*tip of the iceberg*”. Additionally, it does not include other types of violence, especially gender-related violence, which is rarely reported or comprehensively documented. Based upon current survey research, it is estimated that at least 6 million children, spouses and elders are subjected to moderate to severe abuse every year.

The scientific community has thus far largely ignored opportunities to conduct needed descriptive and epidemiological research on behalf of the gender community, even when related sexological studies could have provided an appropriate vehicle. For example, neither the groundbreaking Kinsey studies (which addressed other taboo subjects, such as homosexuality, masturbation, and human sexual behavior with animals) nor the recent work of Laumann, Gagnon, Michael and Michaels (which describes itself as “America’s most comprehensive survey of sexual behavior”) devoted more than extremely cursory research effort to the gender community. In contrast, the Janus Report researchers did attempt to assess both cross-dressing prevalence and attitudes toward this behavior by non-participants. Their findings indicate that, despite widespread societal disapproval (only 8% of men and 5% of women characterized cross-dressing as “*all right*” or “*very normal*”) 6% of male survey respondents and 3% of females reported personal experience with cross-dressing. If this estimate were applied to the population of the United States over 16 years of age (which is estimated to reach 200.5 million by the year 2000); the minimum estimate for the *cross-dressing community alone* would be 9.02 million persons. If other members of the larger *gender community* are included (*i.e.* pre- and post-operative transsexuals, transgenderists, and their spouses and partners) it is likely that this estimate would exceed 20 million. In addition, as most people whom self-identify as cross-dressing, transgendered or transsexual does so at relatively young ages, the gender community represents an expanding minority group.

Members of the gender community experience family violence, partner violence, sexual assault, and hate crime attacks. However, most state statutes do not foster the reporting of violence against these individuals. In addition, cross-dressing, transgendered, and transsexual (hereafter abbreviated “transgender”) people may be at higher risk for violence across the life span (including abuse as children and as elders) than their peers, although reliable scientific data in this area is currently lacking. Multiple victimization is also believed to be prevalent in this population. Reports to the International Longitudinal

Transsexual and Transgender Aging Research Project now substantiate violence and abuse, perpetrated upon transgendered individuals in Argentina, Brazil, Greece, Turkey and the United Arab Emirates. Although no reliable survey research in this area has ever been conducted, anecdotal reports indicate that victimization of transgender persons, across the life span, is commonplace. Furthermore, epidemiologic research regarding other aspects of interpersonal violence has repeatedly demonstrated that anecdotal evidence greatly underestimates the actual prevalence of experiences of violence. Therefore, it must be assumed that the true prevalence of victimization among the transgender population substantially higher than is generally believed. As consequence of the evidence we now have available to us, we hypothesize that violence against transsexual, transgendered, and cross-dressing individuals represents a substantial (and heretofore undetected) public health problem.

In addition to the “*baseline*” societal violence prevalence, transgender people experience a unique constellation of risks for assault and abuse. For example, a male-to-female transsexual may concurrently experience physical or sexual assault as a woman (for which her prior socialization as a male has left her unprepared) and hate-crime victimization as a (perceived) effeminate, homosexual male. Furthermore, many transsexual persons exhibit early childhood behaviors and self-identifications, which are contrary to their biologic sex. Just as family violence is more likely when a child is perceived as being “*different*,” this person may also have experienced abuse during “*his*” early years, when “*his*” appearance or behavior was at odds with family (especially paternal) expectations. As an elderly woman, this individual will be at risk for further victimization, and may experience additional complications due to previous lack of appropriate recovery services available to her as a transsexual person.

Police data regarding acts of violence against the transgender population does not currently exist. Nevertheless, high profile homicides (in which hatred of transgenderism is believed to be the motivation for murder) are reported in the media. In 1995 alone, 5 such murders received national media attention in the United States (Brandon Teena, Falls City, NE; Deborah Forte and Chanel Pickett, Boston environs; Tyra Hunter, Washington, DC; and Carmen Marie Montoya, Oakland, CA). As is common in hate crime assaults, these episodes involved severe violence (such as multiple stab wounds, strangulation, and genital assault) but in contrast to the norm for investigation other hate crimes (*e.g.* neo-Nazi attacks) response by the law enforcement and medical providers was allegedly sub-standard in several of these cases. Furthermore, as anti-transsexual violence and related criminal behaviors are not reportable as hate crimes, investigating police often do not consider bias as a pertinent motivation. Additionally, most transgender people conceal the difference between their social and biological genders from the general population (and since this discrepancy is usually discovered only post-homicide by the investigating law enforcement agencies) it must be assumed that these few highly visible cases represent the “*tip of the iceberg*” with regard to severe (and sometimes fatal) acts of violence against this community. Worldwide estimates of transgender violence are even harder to obtain. Most evidence is anecdotal and passed along either by word-of-mouth or via the Internet, usually in the form of pleas for help from some local individual who purports to know what is going on. In the past

year, the first author has received four such calls for help (1 from Turkey, 1 from Brazil, 1 from the United Arab Emirates, and 1 from Greece).

Transsexual, transgendered, and cross-dressing people also experience difficulty in obtaining adequate, appropriate health care services, both in post-assaultive situations and in more routine circumstances. Due in part to prevailing societal prejudices and lack of legal protection, members of the gender community rarely receive appropriate medical and criminal justice interventions following a physical or sexual attack, which then contributes to underreporting in this community. (For example, Brandon Teena was beaten and sexually assaulted less than one week before the same assailants murdered her. Following the first assault, despite known identities of the perpetrators, no arrests were made. Similarly, Tyra Hunter experienced a delay in receiving medical assistance after being severely beaten, allegedly because the responding EMS team reacted negatively to her unusual appearance and feared contracting AIDS from her blood. An investigation of this incident is currently in progress.) Reports from other countries include descriptions of forced institutionalization, beatings and torture, and merciless police interrogations. These episodes are common knowledge among the transgender population. Furthermore, prejudices and lack of appropriate training within the health professions often present additional barriers to obtaining routine medical, dental and psychological care. Reliable information regarding barriers to access to healthcare services among the transgender population is only now beginning to be collected.

Violence against members of the gender community shares many similarities with violence against genetic women, anti-homosexual (and other hate crime) attacks, and family violence which occurs when a child (or other family member) is “*different*.” It is often complicated by a lack of access to routine health care services and by inadequate response when victimization occurs. In addition, the current lack of comprehensive information about this aspect of family and social violence presents additional barriers to the design and implementation of both preventive and recovery services in this community. If society is to respond adequately to the problem of social violence, and if the transgender community is to be able to protect itself from violent crime, accurate, scientifically reliable data on violence prevalence is needed, so that the necessary resources can be put in place to help the victims and to punish the perpetrators of violent acts. In order to improve gender-based violence prevention efforts, a better understanding of the etiologies of gender (and transgender) related violence must be obtained.

To date, there has been no comprehensive study (other than the work of the authors) on violence against and within the transgender community. No information exists regarding the prevalence, the types of violence, the reporting rates, or the social contexts in which this violence takes place. Nothing is known about the demographics, the dynamics of the victim-perpetrator interaction, whether violence between individuals living together is common, or whether the incidence is higher for street related violence. The role of drugs, alcohol, or sexual behaviors on these episodes has never been studied. Lifecycle issues, such as how violence is manifested across the life span of the individual, have not been examined. Even the relative risk of violence in the transgender community is unknown.

The International Longitudinal Transsexual and Transgender Aging Research Project has been initiated in response to those needs, for the purpose of beginning to develop a baseline and longitudinal database of information concerning worldwide demography, healthcare needs, and experiences of violence and abuse in the transgender community.

In addition to its benefit to the transgender population, this violence research has the potential to contribute to further understanding of gender-related violence (such as date rape and domestic violence) and to the dynamics of hate crimes. Violence against transgenders bears many similarities to violence against women and to anti-homosexual victimization, yet manifests these commonalities and contrasts in unique ways. Violence against women (committed by men) is often justified by the perpetrators as having been their “*right*” as an intimate partner “*in control*” of the relationship (and thus of the woman), or as being a reasonable action to take against a woman who is transgressing social restraints, (*i.e.*, the woman who travels at night without a male companion (guardian) is viewed as “*asking for it [sexual assault]*”). Sexual violence against transgenders often receives similar justification by its perpetrators: a genetic male who dresses in women's clothing (*de facto*) accepts the “*woman's role*,” and is thus a legitimate target for sexual assault. In other cases, male-to-female cross-dressers and transgenderists are simply mistaken for women and attacked as such. Conversely, violence against both male-to-female and female-to-male cross-dressers, transgenderists and transsexuals frequently bears a greater similarity to anti-homosexual hate crime. Perpetrators often believe that a person who transgresses the norms of gendered sexuality, either by engaging in sexual relationships with members of the “*non-opposite*” gender, or by behaving “*as*” the other gender, is deviant or morally defective, and thus a deserving victim of violence and aggression. Xenophobic elements, such as the persecution of transgenders by neo-Nazis, have also been reported, as has a preference by assailants, in some cases, for attacking male-to-female transgenders or transsexuals who are members of racial minorities. The degree to which these elements (gender, sexuality, and race/ethnicity) converge in the decision by assailants to attack transgendered persons is presently unknown. Further elucidation of these factors has the potential to assist in the refinement of a realistic model for violent criminal motivation directed against the despised “*other*,” and to clarify the specific societal beliefs which allow these attacks to take place.

Furthermore, useful anti-violence research should have as its goal both the prevention of criminal victimization and the fostering of compassionate treatment for its sufferers and their families. With regard to this latter aspect, violence against transgender individuals demonstrates a unique combination of dynamics (as compared to other bias crimes) on the part of the medical and legal respondents. Previous research has demonstrated that identical acts of violence are regarded differently, depending on the sex and sexual orientation of the victim and perpetrator, and that medical and law enforcement providers respond differently to reported assaults (both in terms of believing the victim's account and in providing a rapid, effective and compassionate response) depending on their opinions of the victim's “*worthiness*” and their perceptions regarding the victim's sexuality. For example, medical providers, due to the erroneous belief that physically handicapped persons are asexual often dismiss people with physical disabilities who

report sexual abuse. Similarly, although domestic violence and sexual abuse are known to be perpetrated against adults and children of both genders, all sexual orientations, and all racial and ethnic groups, heterosexual male and homosexual victims often do not receive the same level of recovery services as are offered to heterosexual women, probably due in part to a perception that they are acting in a manner which is contrary to their expected role (as heterosexual men) or that they have failed to take on a socially accepted role at all (homosexuals). Transgendered victims of violence may be perceived by their service providers as presenting in a social role which is contrary to expectations, which is similar to other gendered sexualities which are regarded as unacceptable, or which is simply confusing. Although these dynamics may contribute to the lack of effective response to violence perpetrated against members of the gender community, and although understanding of these interactions could substantially contribute to the development of more satisfactory services for this population and for others as well, reliable scientific investigation of this aspect of interpersonal violence has never been conducted.

Preliminary data from our prior research, as well as our clinical experience and review of the pertinent literature, has led us to the conclusion that research regarding violence and victimization against transsexual, transgendered, and cross-dressing persons (as well as the experience of members of this population in seeking and obtaining healthcare services) is crucial to both violence prevention and victim recovery service development in this community and in American society and world wide as well.

Following the establishment of an initial cohort, additional topics will be addressed in subsequent questionnaires, including family dynamics, sexuality issues, and experiences of discrimination or favoritism experienced before, during and after the transition process. Many of the supplemental research questions that we plan to address have excellent potential for advancing the understanding of societal gender dynamics, which underlie and support discrimination against women. (For example, many MTF individuals report that, following transition from male to female, their earnings in subsequent employment situations were lower than they had received as men, despite the fact that their qualifications and performance records were unchanged. Female-to-male individuals often report subsequent salary increases.) Perceptions and experiences of personal safety and interpersonal violence (before, during and after gender transition) are also subjects of significant research concern.

Furthermore, in contemporary American culture, the experience of victimization, especially as a result of sexual violence, is often associated with overt victim blaming by family members, medical and law enforcement professionals, and society at large. This results in internalization of shame and guilt on the part of the victim and interferes with recovery. As transsexuality, transgenderism, and cross-dressing identities are associated with social stigmatization, research into the subject of violence and victimization among this community is both exceptionally challenging and especially important.

At present, no comprehensive, reliable data exists regarding the experiences of violence and victimization among the transgender, transsexual, and cross-dressing population, particularly within the context of the total healthcare needs of this group. Furthermore, the demographics and socio-cultural correlates of this population have never been reliably assessed. The lack of reliable information regarding violence against and within the transsexual, transgender, and cross-dressing community, and the critical urgency of violence prevention efforts on behalf of this population, strongly support the immediate need to proceed with research of this type, not only on behalf of the transnational transgendered and transsexual population, but on behalf of the non-transgendered as well. To contact the International Longitudinal Transsexual and Transgender Aging Research Project, send email to: wittenm@umich.edu, access our web page at <http://www.int-trans.org>, write to us at 12846 Maple Park Drive, San Antonio, Texas 78249 USA, or call our confidential phone/fax at 1-800-xxx-xxxx. All contact with this project is strictly medically confidential.

RECOMMENDED READINGS

1. Caputi, J. 1989. "The sexual politics of murder." *Gender and Society*, 3#4: 437-456.
2. Eyler, A.E., Witten, T.M., and Cole, S.S. 1998. Violence within and against the transgender community: Preliminary survey results, Technical Report, UMMS-CGSP-01/1997, University of Michigan Medical Center Comprehensive Gender Services Program and, submitted Amer. Public Health J.
3. Eyler, A.E. and Wright, K. "Gender identity scale." *International Journal of*
4. Hart, B. 1993. "Battered women and the criminal justice system." *American Behavioral Scientist*, 36#5: 624-638.
5. Janus, S.S. and Janus, C.L. 1988. *The Janus Report on Sexual Behavior*. New York: John Wiley and Sons.
6. Kinsey, A.C., Pomeroy, W.B., Martin, C.E. 1948. *Sexual Behavior in the Human Male*. Philadelphia: W.B. Saunders Co.
7. Laumann, E.O., Gagnon, J.H., Michael, R.T., and Michaels, S. 1994. *The Social Organization of Sexuality: Sexual Practices in the United States*. Chicago: University of Chicago Press.
8. Sheffield, C.J. 1989. "The invisible intruder: Women's experiences of obscene phone calls." *Gender and Society*, 3 #4: 483-488.
9. Tsoi, W.F. 1988. "The prevalence of transsexualism in Singapore." *Acta Psychiat. Scand.*, 78: 501-504.
10. Warshaw, C. 1989. "Limitations of the medical model in the care of battered women." *Gender and Society*, 3 #4: 506-517.

- 1) American Medical Association, Diagnostic and Treatment Guidelines on Elder Abuse and Neglect (American Medical Association Publishing Division, November 1992).
- 2) Baron, L., Straus, M.A., **Four Theories of Rape in American Society** (Yale University Press, 1989).
- 3) Beninati, J., Pilot project for male batterers, *Social Work with Groups*, 12#2 (1989) 63-74.
- 4) Berrill, K.T., Anti-gay violence and victimization in the United States: An overview. Special issue: Violence against lesbians and gay men: Issues for research, practice, and policy, *J Interpersonal Violence*, 5#3 (1990) 274-294.
- 5) Berrill, K.T., Herek, G.M., Primary and secondary victimization in anti-gay hate crimes: Official response and policy. Special issue: Violence against lesbians and gay men: Issues for research, practice, and policy, *J. Interpersonal Violence*, 5 #3 (1990) 401-13.
- 6) Betz, N.E., Fitzgerald, L.F., Individuality and diversity: Theory and research in counseling psychology, *Annual Review of Psychology*, 44 (1993) 343-81.
- 7) Brongersma, E. **Loving Boys: A Multidisciplinary Study of Sexual Relations Between Adult and Minor Males vols.1 and 2** (Global Academic Publishers, Amsterdam, 1986).
- 8) Browning, C., Reynolds, A.L., Dworkin, S.H., Affirmative psychotherapy for lesbian women, *Counseling Psychologist*, 19#2 (1991) 177-96.
- 9) Bolton, F., Morris, L., and MacEachron, A., **Males at Risk: The Other Side of Child Sexual Abuse** (Sage Publications, Newbury Park, CA 1989).
- 10) Cole, S. (ed.) Sexual exploitation of people with disabilities, *Sexuality and Disability Journal*, 9#3 (1991) 177-282.
- 11) Coleman, V.E., Violence in lesbian couples: A between groups comparison, *Dissertation Abstracts International*, 51 #11-B (1991) 5634-5635.
- 12) Comstock, G.D., Victims of anti-gay/lesbian violence, *J. Interpersonal Violence*, 4 #1 (1989) 101-106.
- 13) Craft, A., Abuse, including physical, emotional, and sexual abuse, *Current Issues in Psychiatry*, 8 (1995) 276-79.
- 14) D'Augelli, A.R., Lesbian and gay male undergraduates' experiences of harassment and fear on campus, *J. Interpersonal Violence*, 7 #3 (1992) 383-95.
- 15) D'Augelli, A.R., Lesbians' and gay men's experiences of discrimination and harassment in a university community, *Am J. of Community Psych*, 17 #3 (1989) 317-21.
- 16) D'Augelli, A.R., Preventing mental health problems among lesbian and gay college students, *J. Primary Prevention*, 13 #4 (1993) 245-61.
- 17) Delacoste, F. and Alexander, P., **Sex Work: Writings by Women in the Sex Industry** (Cleis Press, Pittsburgh, 1987).
- 18) Dempsey, Cleta L., Health and social issues of gay, lesbian, and bisexual adolescents, *Families in Society*, 75 #3 (1994) 160-67.
- 19) Devor, H., Transsexualism, dissociation and child abuse: An initial discussion based on non-clinical data, *J. Psych and Hum Sexuality*, 6 #3 (1994) 49-72.

- 20) Ellis, L., Hoffman, H., Burke, D.M., Sex, sexual orientation, and criminal and violent behavior, *Personality and Individual Differences*, 11#12 (1990) 1207-12.
- 21) Etienne, M., Addressing gender-based violence in an international context, *Harvard Women's Law J*, 18 (1995) 139-70.
- 22) Ferrato, D., **Living with the Enemy** (Aperture Press, N.Y., 1991).
- 23) Figley, C.R. (ed.), **Trauma and its Wake: The Study and Treatment of Post-Traumatic Stress Disorder** (Brunner-Mazel, N.Y., 1985).
- 24) Finkelhor, D., **Child Sexual Abuse: New Theory and Research** (Macmillan Publishers, N.Y., 1984).
- 25) Finkelhor, D., Baron, L., Risk factors for child sexual abuse, *J. Interpersonal Violence*, 1 #1 (1986) 43-71.
- 26) Gabbard, G. O. (ed.), **Sexual Exploitation in Professional Relationships** (American Psychiatric Press, Inc., Washington, D.C., 1989).
- 27) Gabarino, J., Children's response to community violence: What do we know? Irving Harris symposium on prevention and intervention: The effects of violence of infants and young children: International perspectives on prevention, *Infant Mental Health J*, 14 #2 (1993) 103-115.
- 28) Gardner, R.A., Method of conflict resolution and correlates of physical aggression and victimization in heterosexual, lesbian, and gay male couples, *Dissertation Abstracts International*, 50 #2-B (1989) 746.
- 29) Garnets, L.D., D'Augelli, A.R., Empowering lesbian and gay communities: A call for collaboration with community psychology. Special issue: Empowering the silent ranks, *Am J. Community Psych*, 22 #4 (1994) 447-70.
- 30) Garnets, L., Herek, G.M., Levy, B., Violence and victimization of lesbians and gay men: Mental health consequences. Special issue: Violence against lesbians and gay men: Issues for research, practice, and policy, *J. Interpersonal Violence*, 5 #3 (1990) 366-383.
- 31) Ghent, W.R., DaSylva, N.P., Farren, M.E., Family violence: Guidelines for recognition and management, *Can. Med. Assoc.*, 132 (1985) 541--553.
- 32) Giles-Sims, J., **Wife Battering: A Systems Theory Approach** (Guilford Press, N.Y., 1983).
- 33) Groves, P.A., An analysis of physical conflict in lesbian relationships, *Dissertations Abstracts International*, 52 #2-A (1991).
- 34) Hammelman, T.L., Gay and lesbian youth: Contributing factors to serious attempts or considerations of suicide, *J. Gay and Lesbian Psychotherapy*, 2 #1 (1993) 77-89.
- 35) Harris, R.J., Cook, C.A., Attributions about spouse abuse: It matters who the batterers and victims are, *Sex Roles*, 30 #7-8 (1994) 553-65.
- 36) Harry, J., Conceptualizing anti-gay violence. Special issue: Violence against lesbians and gay men: Issues for research, practice, and policy, *J. Interpersonal Violence*, 5 #3 (1990) 350-58.
- 37) Hazelwood, R. and Burgess, A.W. (eds.), **Practical Aspects of Rape Investigation: A Multidisciplinary Approach** (Elsevier, N.Y., 1987)
- 38) Heise, L., Crimes of gender: Violence against women takes many forms besides rape and assault, *World Watch*, 2 (1989) 12-21.

- 39) Hetrick, E.S., Martin, A.D., Developmental issues and their resolution for gay and lesbian adolescents. Special issue: Psychotherapy with homosexual men and women: Integrated approaches for clinical practice, *J. Homosex*, 14#1-2 (1987) 25-43.
- 40) Hughes, T.L., Wilsnack, S.C., Research on lesbians and alcohol: Gaps and implications. Special focus: Women and alcohol, *Alcohol health and Research World*, 18#3 (1994) 202-5.
- 41) Hunter, J., Violence against lesbian and gay male youths. Special issue: Violence against lesbians and gay men: Issues for research, practice and policy, *J. Interpersonal Violence*, 5 #3 (1990) 295-300.
- 42) Jehu, D. **Beyond Sexual Abuse: Therapy for Women Who Were Childhood Victims** (John Wiley and Sons, N.Y., 1988).
- 43) Jenness, V, Broad, K., Anti-violence activism and the (in)visibility of gender in the gay/lesbian and women's movements. Special issue: Sexual identities/sexual communities, *Gender and Society*, 8 #3 (1994) 402-23.
- 44) Johnson, R.L., Shrier, D., Past sexual victimization by females of males in an adolescent medicine clinic population, *Am J. Psychiatry*, 144#5 (1987) 650-52.
- 45) Kanuha, V., Compounding the triple jeopardy: Battering in lesbian of color relationships. Special issue: Diversity and complexity in feminist therapy: I, *Women and Therapy*, 9#1-2 (1990) 169-184.
- 46) Langevin, R., **Sexual Strands: Understanding and Treating Sexual Anomalies in Men** (Lawrence Erlbaum Associates, Hillsdale, N.J., 1983).
- 47) Lie, G., Gentlewarrior, S., Intimate violence in lesbian relationships: Discussion of survey findings and practice implications, *J. Soc Service Research*, 15#1-2, (1991) 41-59.
- 48) Lockhart, L.L., White, B.W., Causby, V., Isaac, A., Letting out the secret: Violence in lesbian relationships, *J. of Interpersonal Violence*, 9#4 (1994) 469-92.
- 49) MacFarlane, K., *et al.* **Sexual Abuse of Young Children** (Guilford Press, N.Y., 1986).
- 50) MacKinnon, C.A., *Sexual Harassment of Working Women* (Yale University Press, New Haven, CT, 1979).
- 51) MacFarlane, K., *et al.* **Sexual Abuse of Young Children** (Guilford Press, N.Y., 1986).
- 52) Maddock, J. and Larson, N., **Incestuous Families: An Ecological Approach to Understanding and Treatment** (Norton Publishing, N.Y. 1995).
- 53) Martin, A..D., Hetrick, E.S., The stigmatization of the gay and lesbian adolescent, *J.Homosexuality*, 15#1-2(1988) 163-83.
- 54) McKee, M.B., Hayes, S.F., Axiotis, I.R., Challenging heterosexism in college health service delivery, *J. Am College Health*, 42#5 (1994) 211-16.
- 55) Merkin, L., Smith, M.J., A community based model providing services for deaf and deaf-blind victims of sexual assault and domestic violence. Special issue: Sexuality and deafness, *Sexuality and Disability*, 13#2(1995) 97-106.
- 56) Meyer, I. H., Minority stress and mental health in gay men, *J. Health and Soc. Behav*, 36 #1 (1995) 38-56.
- 57) Missouri Task Force on Gender and Justice, Report of the Missouri task force on gender and justice, *Missouri Law Review*, 58 (1993) 489-716.

- 58) Mullan, P.B. and Cole, S.S., Health care providers perceptions of the vulnerability of persons with disabilities: Sociological frameworks and empirical analyses, *Sexuality and Disability J.*, 9#3(1991) 221-241.
- 59) Nelson, J.A., Comment of special issue on adolescence, *Amer. Psych.*, 49#6 (1994) 523-24.
- 60) Pierog-Good, M. and Stets, J., **Violence in Dating Relationships: Emerging Social Issues** (Praeger Publishers, N.Y., 1989).
- 61) Plass, P.S., African American family homicide: Patterns in partner, parent, and child victimization, 1985-1987, *J. Black Studies*, 23 (1993) 515-38.
- 62) Pottmann, H. *et al.*, Visualizing functions on a surface, *J. Visualization and Computer Animation*, 2 (1991) 52-58.
- 63) Renzetti, C.M., **Violent Betrayal: Partner Abuse in Lesbian Relationships** (Sage Publications, Newbury Park, CA 1992).
- 64) Rivera, J., Domestic violence against Latinas by Latino males: An analysis of race, national origin, and gender differentials, *Boston Coll. Third World Law J.*, 14 (1994) 231-57.
- 65) Rosenblatt, D.E., Elder abuse: What can physicians do?, *Arch. Fam. Med.*, 5 (1996) 88--90.
- 66) Robinson, D.H., **Congressional Research Service Report for Congress: Family Violence: Background Issues, and the State and Federal Response** (Congressional Research Service, Library of Congress, 10 April 1992).
- 67) Robinson, K.E., Addressing the needs of gay and lesbian students: The school counselor's role, *School Counselor*, 41#5 (1994) 326-332.
- 68) Romans, S., Douglass, H., Martin, J., Child sexual abuse, *Current Opinion in Pediatrics*, 7 (1995) 405-09.
- 69) Russell, D.E.H., **Rape in Marriage** (Indiana University Press, Bloomington, IN, 1990).
- 70) Sandfort, T., **Boys on their Contacts With Men: A Study of Sexually Expressed Friendships** (Global Academic Publishers, Elmhurst, N.Y. 1987).
- 71) Sassetti, M.R., Domestic violence, *Primary Care*, 20#2 (1993) 289--305.
- 72) Satterfeld, S.B., Transsexualism. Special Issue: The sexually unusual: Guide to understanding and help, *J. Soc Work and Hum Sexuality*, 7#1 (1988) 77-87.
- 73) Schilit, R., Lie, G., Montagne, M., Substance use as a correlate of violence in intimate lesbian relationships, *J. Homosexuality*, 19#3 (1990) 51-65.
- 74) Schreurs, K.M.G., Sexuality in lesbian couples: The importance of gender, *Annual Review of Sex Research*, 4 (1993) 49-66.
- 75) Shapiro, R.Y., Mahajan, H., Gender differences in policy preferences: A summary of trends from the 1960s to the 1980s, *Public Opinion Quarterly*, 50 (1986) 42-61.
- 76) Slater, B.R., Violence against lesbian and gay male college students. Special issue: Campus violence: I. Kinds, causes, and cures, *J. College Student Psychotherapy*, 8 #1-2 (1993) 177-202.
- 77) Sobsey, D. *et al.* (eds.), **Disability, Sexuality, and Abuse: An Annotated Bibliography** (P.H. Brookes, Baltimore, MD, 1991).
- 78) Sobsey, D., **Violence and Abuse In the Lives of People with Disabilities: The End of Silent Acceptance?** (P.H. Brookes, Baltimore, 1994).

- 79) Sobsey, D., **Violence and Disability: An Annotated Bibliography** (P.H. Brookes, Baltimore, 1995)
- 80) Sobsey, D., Doe, T., Patterns of sexual abuse and assault. Special issue: Sexual exploitation of people with disabilities, *Sexuality and Disability*, 9#3 (1991) 243-259.
- 81) Stark, B., (ed.) *International Review of Comparative Public Policy*, 1992: Family Law and Gender Bias: Comparative Perspectives, JAI Pr, 1992.
- 82) Stordeur, R.A. and Stille, R., **Ending Men's Violence Against Their Partners** (Sage Publications, Newbury Park, CA, 1989).
- 83) Superintendent of Documents, Bias crimes: Hearing, May 11, 1992, (SD cat. no. Y 4.J 89/1:102/80).
- 84) Takanishi, R., The opportunities of adolescence--research, interventions, and policy: Introduction to the Special Issue. Special Issue: Adolescence, *Am Psychologist*, 48#2 (1993) 85-87.
- 85) Tardiff, K., A profile of homicides on the streets and in the homes of New York City, *Public Health Reports*, 110 (1995) 13-17.
- 86) Waterman, C.K., Dawson, L.J., Bologna, M.J., Sexual coercion in gay male and lesbian relationships: Predictors and implications for support services, *J. Sex Research*, 26#1 (1989) 118-124.
- 87) Watson-Armstrong, L.A., O'Rourke, B., Schatzlein, J., Sexual abuse and persons with disabilities: A call for awareness. Special issue: Sexuality and disability: Dimensions of human intimacy and rehabilitation counseling practice, *J. Applied Rehab Counseling*, 25#1 (1994) 36-42.
- 88) Waxman, B.F., Hatred: The unacknowledged dimension in violence against disabled people, *Sexuality and Disability Journal*, 9 #3 (1991) 185-199.
- 89) Weiner, N.A., Wolfgang, M.E., **Violent Crime, Violent Criminals** (Sage Publications, Newbury Park, CA, 1989).
- 90) Wertheimer, D.M., Treatment and service interventions for lesbian and gay male crime victims. Special issue: Violence against lesbians and gay men: Issues for research, practice, and policy, *J. Interpersonal Violence*, 5#3 (1990) 384-400.
- 91) Van Goozen, S.H.M., Cohen-Kettenis, P.T., Gooren, L.J.G., Frijda, N.H. and Van de Poll, N.E. Gender differences in behavior: Activating effects of cross-sex hormones, *Psychoneuroendocrinology*, 20#4 (1995) 343-363.
- 92) Weitze, C. and Osburg, S. Transsexualism in Germany: Empirical data on epidemiology and application of the German transsexual's act during the first ten years, *Arch. Sex. Behav.*, 25#4 (1996) 409-425.
- 93) Sigusch, V. Die Transsexuellen und unser nosomorpher Blick, *Z. Sexualforsch*, 4 (1991) 225-256.
- 94) Kröhn, Bertermann, H., Wand, H. and Wille, R., Nachtuntersuchung bei operierten Transsexuellen, *Nervenarzt*, 52 (1981) 26-31.
- 95) Kockott, G. and Fahrner, E.-M., Male-to-Female and Female-to-Male transsexuals: A comparison, *Arch. Sex. Behav.*, 17#6 (1988) 539-546
- 96) Hoenig, J. and Kenna, C., The prevalence of transsexualism in England and Wales, *Brit. J. Psychiat.*, 124 (1974) 181-190.
- 97) Godlewski, J., Transsexualism and anatomic sex ratio reversal in Poland, *Arch. Sex. Behav.*, 17 #6 (1988) 547-548.

- 98) Walinder, J., Transsexualism: Definition, prevalence, and sex distribution, *Acta Psychiat. Scan.*, 44 (suppl.) 255-257.
- 99) Walinder, J., Incidence and sex ratio of transsexualism in Sweden, *Brit. J. Psychiat.*, 118 (1971) 195-196.
- 100)
- 101) Reinish, J.M., **The Kinsey Institute New Report on Sex** (St. Martin's Press, N.Y., 1991).
- 102) Frances, A.*et al.*, **DSM-IV: Diagnostic and Statistical Manual of Mental Disorders** (American Psychiatric Association, Washington, D.C., 1994).
- 103) Kolodny, R.C., Masters, W.H., and Johnson, V.E., **Textbook of Sexual Medicine** (Little, Brown, and Co., Boston, 1979).
- 104) Kessler, R.C., Sonnega, A., Bromet, E., Hughes, M., and Nelson, C., Posttraumatic Stress Disorder in the national comorbidity survey, *Arch. Gen. Psychiatry*, 52 (1995) 1048-1060.