

## **ABSTRACT**

**KURDYLA, VICTORIA ANN.** Help-Seeking for Transgender and Nonbinary Survivors of Intimate Partner Violence. (Under the direction of Dr. April Fernandes).

Though rates of intimate partner violence (IPV) are estimated to be higher in transgender and nonbinary communities compared to cisgender communities, limited research has explored survivors' experiences of abuse nor their experiences seeking help for abuse. Furthermore, scholars have yet to explore the IPV resources that are available to transgender and nonbinary survivors, especially at formal IPV agencies. Despite findings that transgender and nonbinary survivors are unlikely to reach out to IPV agencies for support (Kurdyla, Messinger, and Ramirez 2019), scholars are limited in their understandings of how service providers conceptualize IPV in transgender and nonbinary communities and how service providers serve transgender and nonbinary clients. The current study explores experiences of IPV and help-seeking in transgender and nonbinary communities, as well as barriers that survivors face when accessing help-giving resources. Additionally, the study examines how service providers at IPV agencies work with transgender and nonbinary survivors, as well as their perceptions of agency services.

Twenty in-depth interviews with transgender and nonbinary survivors were analyzed using an intersectional grounded theory. While survivors experienced transgender- and nonbinary-specific forms of abuse from their intimate partner, they often situated these abusive experiences in a broader context of transphobic victimization. The compounded traumas of abuse and transphobic victimization shaped help-seeking decisions, creating barriers to help-seeking rooted in a fear of facing additional transphobic discrimination. When survivors did seek help, many reported a combination of positive and negative experiences. Positive experiences (often with friends) led participants to identify their experience as abuse, process their trauma, and end

the abusive relationship. Negative experiences made participants feel minimized, blamed, and discriminated against. Survivors expressed only negative experiences with law enforcement, and no survivors chose to access IPV agencies.

In addition to interviews with survivors, fifteen service providers who work at IPV agencies were interviewed. Providers expressed a desire to better support transgender and nonbinary individuals, and most expressed general knowledge of transgender and nonbinary-specific abuse tactics. However, providers were often uncertain of how to offer services that would best support transgender and nonbinary survivors. Many cisgender providers believed all services should apply to anyone, though transgender and nonbinary providers believed that services should be tailored to transgender and nonbinary individuals. Some agencies had worked to develop LGBTQ-specific positions, which transgender and nonbinary service providers found necessary and meaningful. Nonbinary providers who did not work in an LGBTQ-specific position reported microaggressions and feeling of burnout.

Overall, my study highlights that transgender and nonbinary survivors face unique experiences of IPV and help-seeking rooted at the intersection of their gender identity and additional marginalized identities, including race, sexuality, and ability status. The findings from my research underscore the realities that gender identity shapes survivors' experiences and that cisnormative conceptions of IPV create barriers for survivors in identifying their experiences as abusive and in seeking support. Additionally, my findings suggest the need for service providers to challenge the cisnormativity that guides services if they truly wish to better serve transgender and nonbinary survivors.

Help-Seeking for Transgender and Nonbinary Survivors of Intimate Partner Violence.

by  
Victoria Ann Kurdyla

A dissertation submitted to the Graduate Faculty of  
North Carolina State University  
in partial fulfilment of the  
requirements for the degree of  
Doctor of Philosophy

Sociology

Raleigh, North Carolina  
2021

APPROVED BY

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Dr. April Fernandes  
Committee Chair

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Dr. Stacy De Coster

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Dr. Celeste Curington

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Dr. Kim Ebert

## **DEDICATION**

I dedicate this dissertation to my participants. To the brave and resilient trans and nonbinary survivors who gave me the honor to hold space for your stories, and to the IPV service providers committed to affirming survivors' identities and meeting their needs.

## **BIOGRAPHY**

Victoria Ann Kurdyla was born in Lakewood, New Jersey and raised in Waxhaw, North Carolina. She graduated with a Bachelor of Arts degree in Psychology and a Bachelor of Arts degree in Sociology from the University of North Carolina Greensboro. After a year and a half of working in a health food cooperative, Victoria returned to the University of North Carolina Greensboro to complete her Master of Art in Sociology and a Post- Baccalaureate certificate in Women's and Gender Studies. She studies queer criminology and victimology from an intersectional theoretical lens. Victoria has been happily married to her partner, Whitney, since October 2016.

## ACKNOWLEDGEMENTS

This dissertation would not be possible without the supportive community of family, friends, teachers, and mentors that I have had throughout my life. I hold so much gratitude to everyone that has supported me on this journey.

First, I would like to express gratitude to my dissertation committee. I owe a large part of this accomplishment to my dissertation chair, Dr. April Fernandes. Throughout my time in this program, she has been a constant mentor and support, and her guidance and encouragement has gotten me through many methodological dilemmas, bouts of imposter syndrome, and feelings of burnout. She's also been such a valuable resource theoretically, methodologically, and analytically. I am also grateful to Dr. Celeste Curington who has been another essential mentor throughout my journey. I especially appreciate the many meetings intended for unrelated purposes that turned into informal dissertation mentoring sessions. Thank you both for guiding me and encouraging me on this journey- a journey that could not have been possible without you both. I also am so thankful to Dr. Stacy De Coster for her wisdom and thoughtful feedback throughout this process, as well as her support and belief in me during my time in this program. Similar, thanks also goes to Dr. Kim Ebert who has been such a valuable support on this journey.

Beyond my dissertation committee, I would like to thank the faculty at my undergraduate and MA program, especially my thesis committee members. First, to my thesis chair, Dr. Gwen Hunnicutt, who is the person who inspired me to become a sociologist, planted the initial seeds to pursue a graduate degree, and guided me as I developed my voice as a scholar. I also want to thank Dr. Steve Kroll-Smith who helped me understand the power that research can hold and who modeled to me how to do research heartfully, compassionately, and genuinely. Next, I want to thank Dr. Danielle Bouchard whose work on my thesis committee and whose courses

dramatically shaped my view of the world and my place within it. Finally, I want to thank Dr. Saundra Westervelt, whose undergraduate family violence course started this journey and whose constant support has enabled so many opportunities that I feel fortunate to have had. In addition to college faculty, I would also like to thank my elementary school teacher, Mrs. Ann Standridge, who sparked my inquisitiveness and passion for learning at such a young age.

Next, I would like to thank the friends who supported me on this journey, including the many wonderful people in my graduate program. Thank you for always carving the time out of your hectic schedules to let me vent my doubts or concerns, for helping to problem solve any issues, and providing such useful feedback on countless practice presentations. I also want to thank the many other friends outside of academia who have been cheering me on and pushing me forward. To my family, thank you for the unconditional love and belief in me that has kept me going even when things felt difficult. Special thanks to Nikki and Maddie who have witnessed and supported me through all of the ups and downs in this journey. To Melanie, thank you for being a great big sister and for growing my love for learning at such a young age. To my parents, I could never be here today without your belief in me that has burned so fiercely even when I doubted myself. Your love, guidance, and encouragement continuously inspires me to be the best that I can be. To Dawn and Bob, your support and encouragement has also been an inspiration. I feel so grateful that I can always count on you all. I also want to thank the rest of the Kurdyla, Mandel, Akers, Navas, and Sapienza family that I am so honored are a part of my life. I am who I am because of you all!

Finally, to my love, Whitney Paige Akers, I will never be able to articulate the immense gratitude I hold for you. Your unconditional love, support, encouragement, guidance, and wisdom have kept me steady on this journey. Your care, compassion and tenderness have

comforted me when I need it, and your passion, excitement, and belief have built me up. This dissertation would not be possible without you. You inspire me to be the best scholar, teacher, and partner that I can be, and you model what it means to walk through this world with an open heart and a true commitment to eradicating oppressive systems. I love you!

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## CHAPTER ONE: INTRODUCTION

For several decades, intimate partner violence (IPV) has been a central concern of feminist movements and government policy. IPV includes any physical, sexual, or psychological abuse by a romantic or sexual partner. According to the National Intimate Partner and Sexual Violence Survey, an estimated one in four women and one in ten men will experience IPV in their lifetime (Smith et al. 2018). The high prevalence of IPV has inspired efforts from activists and scholars to understand the causes of abuse and work towards violence prevention; however, this work has primarily focused on cisgender women survivors, especially in the initial efforts to address IPV in the 1970's. By focusing on cisgender women within heterosexual relationships with cisgender men, both scholars and activists have largely ignored IPV within the transgender and nonbinary community. Nonetheless, transgender and nonbinary individuals are estimated to experience IPV at particularly high rates, with an estimated 54% of transgender people having experienced IPV in their lifetime (James et al. 2016). Without research specifically focused on transgender and nonbinary individuals, we cannot fully understand the ways in which the IPV experiences of transgender and nonbinary individuals differ from those of cisgender individuals in terms of abuse experiences, help-seeking patterns, experiences with help-seeking, and safety.

Recent research focused on IPV in transgender populations suggests that transgender survivors face unique forms of abuse connected to their gender identity (Everhart and Hunnicutt 2013; Guadalupe-Diaz 2019; Pietzmeier et al. 2019). Additionally, transgender survivors face unique barriers to help-seeking and tend to have lower help-seeking rates (Kurdyla 2017; Messinger 2017). Indeed, transgender and nonbinary survivors are unlikely to seek support from domestic violence agencies because these services seem to be offered for and primarily available to cisgender women (Guadalupe-Diaz and Jasinski 2016; Renzetti, 1999). Nevertheless,

domestic violence agencies may be the best equipped option for garnering resources to support survivors (Kurdyla, Messinger, and Ramirez 2019). Understanding help-seeking decisions and experiences is important for highlighting both the resources available to transgender and nonbinary survivors of IPV as well as impediments to their help-seeking, safety, and support.

Survivors' gender identity may intersect, of course, with additional social positions and characteristics to either facilitate or impede upon help-seeking. IPV research often looks at transgender and nonbinary survivors as a monolith, ignoring the ways their experience may shift based upon factors such as race, class, sexuality, birth sex assignment, gender identity, ability and outness (for exceptions, see Guadalupe-Diaz 2019; Messinger, Kurdyla, and Guadalupe-Diaz 2021). In order to increase access to resources, researchers and service providers must better understand how needs and experiences differ situationally for different survivors.

Understanding the help-seeking experiences of transgender and nonbinary survivors of IPV requires not only consideration of their experiences of IPV, perceptions of available resources for responding to their specific situations, and help-seeking but also requires consideration of personnel in formal institutions that offer help to IPV survivors. Few studies have explored help-seeking for transgender survivors from the perspective of help-giving resources. How workers at IPV agencies perceive IPV in transgender communities, their understandings of transgender survivors' needs, and how they believe their resources cater to (or fail) the specific needs of transgender and nonbinary survivors is an important area of inquiry. Indeed, understanding how transgender and nonbinary survivors of IPV perceive the availability and viability of formal resources is likely intricately tied to the ideologies and actions of workers in formal help-providing institutions. Thus, exploration of the workers and resources for

transgender and nonbinary survivors within formal agencies can help paint a more full picture of help-seeking barriers and access.

The current research seeks to expand the literature by exploring transgender and nonbinary survivors' experiences seeking help for IPV to shed light on how transgender survivors experience IPV and help-seeking, how a gendered and heteronormative conceptualization of IPV impedes transgender survivors' willingness and ability to seek help, how this conceptualization shapes the type of help available, and how other marginalized identities intersect with gender identity to shape survivors' experiences, this study provides an in-depth exploration of the following research questions:

1. What barriers do transgender and nonbinary IPV survivors face when seeking help for abuse?
2. What are transgender and nonbinary IPV survivors' experiences with actual help-seeking?
3. How do transgender and nonbinary IPV survivors' actual experiences with seeking help differ from their expectations of their experiences with seeking help?
4. How do workers at different formal IPV resources (domestic violence organizations and LGBT centers) perceive IPV and survivor help-seeking patterns within transgender communities?
5. How do additional marginalized identities and statuses shape the barriers, experiences, and expectations transgender and nonbinary survivors have about help seeking?

Through interviews with twenty transgender and nonbinary survivors of IPV and fifteen service providers at IPV agencies, this study finds that experiences of IPV are intimately informed by intersections of gender identity and other facets of identity. As such, failure to

consider the myriad ways in which transgender and nonbinary individuals' various identities coalesce to shape experiences with IPV and help-seeking creates trans-specific barriers to help seeking, especially from formal service providers. Survivors explain that formal services appear too cisnormative and may be unable to understand and support transgender and nonbinary survivors. Relatedly, service providers often want to better support transgender and nonbinary individuals; however, many are uncertain of how they could best do so. Taken together, the interviews in this study suggest that service-providers, who have a desire to meet the needs of transgender and nonbinary IPV survivors but are not sure of how to best meet these needs, would benefit by listening systematically to the words and experiences of transgender and nonbinary survivors as articulated throughout the dissertation. The experiences articulated by transgender and nonbinary participants in the study suggest first and foremost the need to challenge the cisnormativity that grounds IPV research and service provision, calling for an intersectional approach that recognizes transgender and nonbinary survivors' unique experiences and needs.

## INTERSECTIONALITY

This study is grounded in an intersectional theoretical framework, which guides the review of the literature, data collection methods, and data analysis. Intersectionality scholars have long explored how systems of privilege and oppression- such as white supremacy, cisnormativity, and heteropatriarchy- are contingent upon each other to structure society on a micro, meso, and macro level. Thus, people experience and resist oppression on three levels: the level of personal biography; the community level of the cultural context created by race, class, and gender; and the systemic level of social institutions (Collins 2000).

Through an intersectional lens, I seek to connect participant experiences to larger systems of power. Here, Collins's matrix of domination can be helpful, which she describes as "the social

organization within which intersecting oppressions originate, develop, and are contained” (Collins 2000:227). Focusing on the matrix of domination further highlights that power is complex, relational, and structural, rather than simply hierarchical or additive. An intersectional approach requires that researchers move beyond treating trans identities as a uniform category, assuming a homogenized “transgender experience.” In this study, I expand and complicate understanding of the experiences of transgender and nonbinary IPV survivors in necessary ways by taking an intersectional approach that begins with the assumption that transgender and nonbinary identities are perceived, treated, and experienced differently based on their intersections with other marginalized identities.

#### A NOTE ON TERMINOLOGY

For this study, I am concerned with those who have transgender and/or nonbinary gender identities, meaning those who do not identify with the gender assigned to them at birth. I use both terms as umbrella terms which incorporate a diversity of gender identities. “Transgender” is used to refer to individuals whose sex assigned at birth does not align with their gender identity; however, they still live within the gender binary. Nonbinary is used to refer to individuals who do not solely identify within the binary. They may identify as multiple genders, as agender, or as another gender entirely. Some individuals who identify as nonbinary may not use the term “transgender” to describe themselves while others might.

Research on transgender and nonbinary survivors of IPV is limited (Erbaugh, 2007) with the sparse body of work on transgender survivors focusing primarily on individuals who cross over the gender binary, ignoring nonbinary survivors (Bornstein et al., 2006; Carlton et al., 2015; Stryker, 2008). Research that includes both transgender and nonbinary survivors rarely makes distinctions between transgender and nonbinary identities, using “transgender” as an umbrella

term that incorporates all identities outside of cisgender identities (Guadalupe-Diaz 2019; Kurdyla, Messinger, and Ramirez 2019; Messinger, Kurdyla, and Guadalupe-Diaz 2020). However, research consistently documents a broad range of diversity of experiences among transgender and nonbinary individuals (see Tatum et al.'s 2020 review). Therefore, the distinction between transgender and nonbinary survivors is needed to understand the unique experiences with IPV associated with living outside of the binary gender system.

Due to the limited research on transgender and/or nonbinary survivors, I broaden the range of studies I reference to focus on “LGBT” (Bornstein et al., 2006; Carlton et al., 2015; Guadalupe-Diaz, 2013) or “queer” (Erbaugh, 2007; Everhart & Hunnicutt, 2013) survivors, as well as studies which use the term “transgender” to include both those within and outside of the gender binary. The term “LGBT” which stands for “lesbian, gay, bisexual and transgender,” includes lesbian, gay, and bisexual individuals who may be transgender or cisgender. Cisgender describes those who identify with the gender assigned at birth (Stryker, 2008). Queer is also often used as an umbrella term to identify those with gender or sexual identities that do not adhere to heteronormativity (Stryker, 2008). I acknowledge the discrepancies in the different language used throughout the literature, and I hope it highlights the need for research that focuses particularly on transgender and nonbinary gender identities.

## CHAPTER OVERVIEW

The current study fills a gap of knowledge on transgender and nonbinary survivors of IPV. Through in-depth interviews, I examine the detailed accounts of survivors’ experiences with IPV and help-seeking, including the barriers that transgender and nonbinary survivors face while attempting to access help-giving resources. Recognizing the transgender and nonbinary survivors rarely access formal domestic violence agencies, I also explore service providers’

understandings of their services, the needs of transgender and nonbinary survivors, and how they can or cannot fulfill these needs. Rooted in an intersectional perspective, the study locates gender identity in a larger web of social identities, exploring how the intersections of various facets of one's identity shape their experiences with IPV and help-seeking.

Chapter Two traces the emergence of IPV as a social problem, highlighting how the current societal understanding of IPV is limited by a two-gender system approach. From here, I demonstrate the importance of an intersectional framework. I next examine existing research on transgender individuals experience with IPV, including how help-seeking barriers, expectations, and experiences differ for transgender survivors compared to cisgender survivors, as well as survivor experiences with IPV organizations. While scholars have not yet explored IPV in transgender and nonbinary communities from a service provider perspective, I review research on domestic violence agencies, including their organizational structure and providers' experiences at work, to provide some of the broader context within which transgender and nonbinary individuals survivors of IPV consider whether or how to seek support.

Chapter three walks through the recruitment strategy, data collection procedures, and analytic method for the study. The study utilized convenience, snowball, and respondent driven sampling strategies to recruit survivors through known contacts in the transgender and nonbinary community, as well as social media sites. Providers were recruited through contact with domestic violence agencies across the state of North Carolina. Once recruited, participants engaged in a semi-structured phone or Zoom interview. Using an intersectional grounded theory approach to data analysis, I identified emergent themes within the data, situating findings in their historical, sociopolitical, and individual contexts.

Chapter Four provides context for my findings from survivors, highlighting information on the abusive partner, relationship dynamics, and experiences with abuse. This chapter also situates experiences of IPV in a broader context of harm that survivors have experienced throughout their lifetime. Chapter Five explores barriers that survivors face when seeking help for the abuse they experienced, exploring how past experiences of violence and transphobic discrimination shapes their future help-seeking decisions. Chapter Six provides an analysis of where survivors choose to seek help after overcoming various barriers, as well as their experiences when they do seek support. Chapter Seven shifts the focus to service providers, exploring their understanding of IPV in transgender and nonbinary communities, along with their understanding of how agency survivors can meet the needs of these survivors. Particular attention is given to the discrepancies between service providers' understanding of services and survivors' assumptions about domestic violence agencies. Finally, Chapter Eight offers a summary of the findings, limitations to this study, and directions for future research.

## **CHAPTER TWO: REVIEW OF THE LITERATURE**

A vast array of scholarly literature focuses on IPV, including research on the contexts of violence, causes for perpetration, tactics of abuse, and adverse outcomes (citations); however, little research looks at the experiences and contexts of IPV among transgender survivors. In many ways, the rich IPV scholarship and activism has been centered on white, heterosexual, cisgender women who experience abuse at the hands of violent men in their lives. While this research is important, findings from this work cannot be generalized to transgender and nonbinary populations who experience unique forms of abuse relevant to their gender identity as well as gender-specific barriers to seeking services (Everhart and Hunnicutt 2013; Guadalupe-Diaz 2019; Kurdyla 2017). Furthermore, the transgender and nonbinary community is not a monolith, and survivors may have different experiences based upon their race, sexuality, ability status, or other facets of their identity. Understanding these experiences is important as they can highlight both the resources available to transgender and nonbinary survivors as well as the impediments to their help-seeking, safety, and support.

In this chapter, I provide an overview on research regarding IPV in transgender and nonbinary communities. Beginning with an overview of early IPV literature, I highlight the limitations of cisnormative approaches to research that centers white, heterosexual, cisgender women. From here, I summarize the limited literature on transgender and nonbinary survivors' experiences with abuse, as well as barriers to and experiences with seeking help for abuse. Finally, I explore the literature on domestic violence agency services and the implications of this research for transgender and nonbinary individuals.

## EARLY FEMINIST THEORIES OF VIOLENCE AGAINST WOMEN

Prior to the 1970s, IPV was not considered a major social problem (Baksh, Harcourt, and Hall 2015; Richie 2012). Instead, it was a personal issue that occurred within private households. As feminist organizing increased within the 1960s and 1970s, activists sought to push family matters into the public spotlight and raise awareness about IPV in familial relationships (Baksh, Harcourt, and Hall 2015; Kelly 2011; Richie 2012). This phenomenon became known as “violence against women” or “wife abuse” as feminists noted an asymmetrical gendered pattern: Despite statistics suggesting that men are more likely to be victims of violent crimes outside the home, women were being disproportionately victimized by boyfriends and husbands within intimate relationships. In fact, researchers estimate that one in four women will experience IPV in their lifetime (Tjaden and Thoennes 2000). Increased attention to the problem of violence against women led to an expansion of research seeking to explain and understand this phenomenon as well as a demand for policy and service expansion to support survivors. However, this movement occurred with serious limitations.

Early feminist attempts to understand violence against women limited theorizing to violence in heterosexual relationships with abusive men (Baksh, Harcourt, and Hall 2015; Erbaugh 2007; Kelly 2011). Rooting the problem within patriarchy, feminists argued that the patriarchal power structure shaping society allows men to utilize violence against women as a tactic for controlling them and reinforcing their subordination in society. Feminist researchers explored the relationship between violence against women and patriarchal ideals, finding that batterers often held strict patriarchal values and prized traditional gender norms within their household (Dobash and Dobash 1979; Yllo 1984). These studies built off prior feminist critiques of patriarchal society and the gender structure in US society.

American society tends to organize itself around a two-gender system. This system leaves two options for someone born into society: man or woman, and this identity is typically thrust upon individuals at birth based on their perceived biological sex (Lorber 1994). Gender identity also pairs with a set of gender roles, or shared expectations for how individuals should behave based on their gender identity (Lorber 1994). Thus, norms surrounding one's gender identity are regularly used to guide interactions, and through interaction, participants co-construct their gender identities (Lorber 1994; West and Zimmerman 1989). This process has been termed "doing gender" as individuals regularly perform their gender identity in order to be read as the "correct" gender by others.

The binary gender system can be viewed as part of a larger gender structure which organizes many social institutions, such as family, work, and education (Risman 2000). Within these gendered institutions individuals' opportunities, interests, and careers are partially determined by gender. Feminist scholars maintain that the gender structure serves as a stratification system that disadvantages women while benefiting men. This occurs through limiting opportunities to women, de-valuing opportunities and roles associated with women, and exposing women to the constant threat of violence, among other forms of oppression or exclusion. Some feminist scholars are particularly critical of the institution of marriage, which they maintain reduces women to property and expects them to be subservient to men. Indeed, women often must choose marriage as a means of economic survival and protection against other violent men, though this protection proved to be illusory as many women faced violence from their husbands (Brownmiller 1975).

From this theoretical perspective, abused, heterosexual women are the primary focus of IPV research, and researchers have been able to uncover the various tactics used by men to

obtain power and control within intimate relationships. The most widely used model for understanding and addressing IPV (the Duluth Model) highlights how perpetrators systematically use threats, intimidation, and coercion to instill fear and thereby maintain power and control in relationships (Pence and Paymar 1993). The Power and Control Wheel, which serves as a visual representation of IPV, is a widely used graphic for understanding and addressing abuse. The inner wheel highlights various tactics of abuse, including include emotional abuse (i.e., insults, humiliation), economic abuse (i.e., denying access to money), and isolation (i.e., controlling who she sees or speaks with). These are the tactics used regularly to maintain power and control. The outer ring of the wheel includes physical and sexual violence which hold the wheel together and bolster the use of the tactics described in the inner wheel (Pence and Paymar 1993).

While this wheel provides a helpful understanding of IPV in some relationships, the narrow focus on different-gender relationships in which the victim is a cisgender female and the perpetrator is a cisgender male offers little by way of exploring violence in same-gender relationships, women's violence against men, and violence against transgender individuals (Erbaugh 2007). Similarly, the singular focus on patriarchy eliminates the ability to explore how additional forms of structural oppression inform experiences of IPV. These limitations are regularly noted by scholars and activists of color who recognized the interconnections between hetero-patriarchy, racism, imperialism, and capitalism and how these interconnections manifested in the lives of abuse survivors (Crenshaw 1991; Kelly 2011; Richie 2012). While the past three decades have witnessed an increase in research on IPV among women of color and lesbian women (Crenshaw 1991; Renzetti 1992; Richie 2012) the focus has remained largely on cisgender women, and little research has explored the intersections of various marginalized identities.

## INTERSECTIONALITY

Scholars of color have called for an intersectional approach to IPV research, noting the need to explore the intersections between race, class, gender, and sexuality in order to better understand IPV (Solokoff 2008). The call for an intersectional approach is rooted in Kimberle Crenshaw's (1987;1991) pioneering emphasis on the fact that social identities do not occur in a vacuum. Instead, societal understandings of race, class, gender, sexuality, etc. are contingent upon each other. Particularly, the intersecting identities of being Black and a woman means that Black women's experiences are often excluded from discussions of sexism that focus on white women's experiences relative to those of white men, and discussions of racism most often focus on the experiences of Black men relative to those of White men.

Scholars have also explored how heteropatriarchy, white supremacy, and capitalism depend upon one another other (Lugones 2007; Richie 2012; Ritchie 2017). For example, early colonization efforts entailed Western colonizers imposing rigid gender norms upon indigenous populations and using failure to conform to the colonizers' rigid gender norms as justification for colonization efforts (Lugones 2007; Morgensen 2011). Here, racialized subjects are understood as being failures in their gender roles. Demands for conformity to oppressive gendered norms persists in present day in constructions of Black women as hyper-aggressive and Black men as failing to take control of their household (Collins 1990). These constructions are also rooted in heteronormativity where individuals are assumed to participate in heterosexual relationships infused with traditional gender dynamics.

On the interpersonal level, researchers have found that intersecting dynamics of oppression lead to different life experiences for people based on their race, gender, and sexuality. Black and Latina women often face lower wages, higher rates of victimization, and increased

criminalization compared to their white counterparts (Collins 1990; Richie 2012; Ritchie 2017). Additionally, LGBT communities of color have a history of victimization by the police, though this history is often whitewashed by mainstream LGBT movements (Mogul, Ritchie, and Whitlock 2013).

Transgender women of color, especially, have heightened encounters with the criminal justice system (Collier and Daniel 2019; James et al. 2016). Transgender women of color are hyper visible to the police, who may assume they are sex workers or otherwise engaging in the underground economy (Collier and Daniel 2019). As such, many transgender people of color have experienced hostility from the police (James et al. 2016). Negative interactions with the police lead citizens to understand that they cannot trust or rely upon the police or legal apparatus in times of need, which is documented in a vast body of work on legal cynicism (e.g., Kirk and Matsuda 2011). Since movements to address IPV have built resources that rely heavily on criminal justice intervention, past experiences with the police and legal cynicism decrease trust in the ability of many formal resources to provide transgender women of color with help and support, ultimately decreasing help-seeking rates. White, transgender survivors may have had less negative experiences with formal resources, and, as such, they may be more trusting of formal resources in times of need.

## POLYVICTIMIZATION

While intersectionality scholars argue for an intersectional approach to understanding IPV, polyvictimization scholars argue that researchers should conceptualize victimization as a condition rather than an isolated incident, exploring how prior victimization experiences increase the risk of future victimization (Finkelhor, Ormond, and Turner 2007). Focusing exclusively on a single type of violence fails to address the broader scope of victimization experiences, perhaps

even over inflating the impact of a single form of victimization (Sterzing et al 2017).

Additionally, a narrow focus can limit understandings of the connection between victimization experiences. For example, Brassard et al. (2020) report that women who experienced childhood polyvictimization were more likely to experience IPV in adulthood, suggesting a relationship with past victimization and present experiences that might be overlooked without a polyvictimization lens. Thus, polyvictimization scholars seek to understand the experiences of and interrelations between different types of violent victimization that an individual can experience over the life course (Finkelhor et al. 2007; Sterzing et al. 2017).

Polyvictimization research focuses largely on samples of children, mostly cisgender children (Finkelhor et al. 2007). Scholars find that polyvictimization is more likely when children live in “dangerous environments,” reside in violent families, have families facing myriad social problems (i.e., unemployment, substance use), or struggle with emotional and behavioral regulation (Finkelhor et al. 2009; Turner et al. 2016). Furthermore, youth who experience multiple victimizations throughout childhood experience heightened adversity and trauma symptoms (Turner et al. 2016). This can include self-harm, substance use, and involvement in the juvenile justice system (Kerig 2018). In one of the few studies exploring LGBTQ youth experiences of polyvictimization, Sterzing et al. (2017) report that sexual minority youth face heightened rates of polyvictimization with transgender sexual minority youth reporting higher rates of polyvictimization than cisgender sexual minority youth (Sterzing et al. 2017).

While most polyvictimization research focuses on childhood victimization experiences, a growing line of inquiry explores polyvictimization experiences among incarcerated women. Several studies report that incarcerated women have extensive histories of victimization

beginning in childhood (Chesney-Lind and Pasko 2012; DeHart, 2008). This research has largely informed the literature on pathways to imprisonment for women offenders, suggesting that victimization throughout women's lives may shape their likelihood of engaging in delinquent and criminal behavior (DeHart 2008). Pathways studies often look at experiences of interpersonal violence, such as childhood sexual abuse, witnessing family violence, being sexually assaulted, or experiencing IPV (Finkelhor et al. 2007; Kerig 2019; Radatz and Wright 2015). Radatz and Wright (2015) also included traumatic life events such as natural disasters, life threatening illness, and victimizations such as robberies which can create compounded trauma . Compounded trauma refers to the negative impacts of experiencing multiple traumatic events throughout one's life, which can lead to more severe, adverse outcomes than experiencing just one trauma (Courtois 2004). While polyvictimization research highlights the likelihood of experiencing multiple victimizations throughout one's life, compounded trauma research illuminates the repercussions of multiple victimizations in the context of additional traumatic experiences.

While some researchers are expanding the assessment of victimization experiences to incorporate additional traumatic life events, researchers have not yet accounted for the legal violence inflicted by law, policy, and criminal justice enforcement in conceptualizing the traumatic context of polyvictimization. In exploring immigrant experiences, Menjivar and Abrego (2012:1384) describe legal violence as “the various, mutually reinforcing forms of violence that the law makes possible and amplifies.” Legal violence consists of structural and symbolic acts of violence that are embedded within law and policy. The legal violence embedded within immigration law restricts access to healthcare, housing, and employment while also

enhancing feelings of vulnerability that shape immigrant individuals' behaviors (Menjivar and Abrego 2012).

Transgender and nonbinary individuals are also subjects of legal violence, as they are often the target of restrictive “transgender panic” laws that limit access to public facilities, medical care, and other social institutions (Messinger and Guadalupe-Diaz 2020). As potential laws are introduced, transgender identity and existence itself becomes a target for public debate and scrutiny. Further the criminalization of transgender identity historically has led to frequent negative encounters with law enforcement and high arrest rates (Stryker 2008). Structural violence against transgender and nonbinary individuals may also shape experiences of interpersonal violence, as transgender people experience high levels of bullying, employment discrimination, hate crimes, and IPV (James et al. 2016; Messinger and Guadalupe-Diaz 2020). While more research is needed to understand general polyvictimization experiences in transgender and nonbinary communities, research must also account for the many forms of violence that transgender and nonbinary people are subjected to in their everyday lives. This polyvictimization may shape help-seeking patterns for those experiencing violence, including IPV.

#### TRANSGENDER AND NONBINARY IPV SURVIVORS

Transgender activists and scholars note how the gender binary restricts opportunities for transgender individuals and exposes them to the constant threat of violence (Currah 2006; Snorton 2009; Stone 1992; Stryker 2009). While cisgender women are seen as a threat to the stratification system, transgender individuals are seen as a threat to the entire gender structure as they destabilize the notion of gender as a fixed binary rooted within biology. Since gender shapes much of society, this can be seen as a threat to some foundational aspects of US society. Many

services, workplaces, and schools, for instance, are structured by the gender binary- an assumption and structure known as “cisnormativity.”

Collier and Daniel (2019:2) defined cisnormativity as “the seemingly natural and ahistorical assumption of cisgender identities that structures institutions and interactions and results in the erasure of gender-variant experiences and realities.” Within the US, many institutions are structured around the assumption of a gender binary, where “man” and “woman” are fixed and oppositional to each other (Lorber, 1994; Risman, 2000). Within these institutions, gender is used to guide interactions and to help understand situations (Lorber, 1994; West & Zimmerman, 1989). Due to cisnormativity, gender is assumed to always correspond to one’s sex assigned at birth, meaning it is “natural” and unchangeable. When institutions operate based on a cisnormative foundation, transgender individuals are regularly excluded and left with little room to thrive. These same individuals also become hyper visible and marked for discrimination or violence. When gender also shapes the discourse surrounding IPV, the resulting research, policy change, media portrayals and service provisions exclude transgender individuals, and this exclusion obscures the unique experiences and needs of transgender and nonbinary survivors that cannot be captured with a cisgender sample.

### *Prevalence of IPV*

Limited research on transgender and nonbinary populations has made it difficult to fully assess the magnitude of IPV in transgender and nonbinary communities. In many attempts, researchers use the term “LGBTQ” to describe their sample, yet only include lesbian and/or gay participants (Brown 2011). Additionally, researchers face difficulty obtaining a nationally representative, probability-based sample, especially considering that survivors may not be out about their gender identity. Based on social location, coming out can be a threat to physical,

emotional, and financial well-being, and many fear disclosing a transgender identity (James et al. 2016; Humphreys, 1976). Transgender and nonbinary individuals can be fired from jobs, kicked out of homes or families, or physically and verbally victimized (James et al. 2016). Remaining “in the closet” may be the only way to remain relatively safe. Because of these potential consequences to coming out, participating in studies might feel like too much of a risk (Ristock 2002). As a result, some scholars argue that researchers cannot obtain a probability-based, representative sample (Ristock 2002).

Currently, the best estimates for the prevalence of IPV in transgender and nonbinary communities is based on the US Transgender Survey (USTS) which has the largest, national sample of transgender individuals (N= 27,715). According to this survey, an estimated 54% of transgender people have experienced IPV in their lifetime (James et al. 2016). This number is more than double the one in four estimates for cisgender women. Smaller studies have also found high rates of IPV in transgender and nonbinary communities. In a meta-analysis of studies focusing on transgender and nonbinary survivors, Peitzmeier et al. (2020) found that transgender participants were 1.66 times more likely to experience any IPV than were cisgender participants, and they were more than twice as likely to experience both physical and sexual IPV. Results regarding psychological or other forms of IPV were mixed. That is, psychological and other forms of abuse were significantly more prevalent for transgender than for cisgender participants in some studies, but differences were not significant in others (Peitzmeier et al. 2020).

There are notable differences in rates of IPV across transgender and nonbinary individuals based on intersecting identities they hold. In a secondary analysis of USTS data, Messinger, Guadalupe-Diaz and Kurdyla (*under review*) report that individuals who were assigned female at birth (AFAB) are more likely to experience IPV relative to transgender

women. Additionally, transgender individuals who are Alaskan Native/American Indian (ANAI), queer, disabled, ever homeless, or more out<sup>1</sup> are more likely to experience IPV than their white, heterosexual, abled bodied, never homeless, and less out counterparts (Messinger, Guadalupe-Diaz, and Kurdyla *under review*). This variation within transgender and nonbinary communities echoes calls to explore intersections between race, class, gender, and sexuality to better understand why certain individuals are more at risk of IPV and variability in their experiences of IPV (Crenshaw 1991; Solokoff 2008).

### *Experiences of Intimate Partner Violence Victimization*

Transgender individuals experience unique forms of IPV that are not encompassed in research on cisgender women. For instance, research consistently reports that abusers use tactics that wield broader societal transphobia against transgender survivors (Peitzmeier et al. 2019). While these attacks can be psychological, financial, physical, or sexual, many researchers categorize them under the umbrella of identity abuse. Identity abuse refers to tactics where systemic oppression- such as cissexism, racism, or heterosexism- can be leveraged by abusers to cause harm (Bornstein et al., 2006; Guadalupe-Diaz & Anthony, 2017; Peitzmeier et al. 2019; West, 2012; Woulfe and Goodman 2016). In relationships with transgender individuals, abusers may use a number of identity abuse tactics against a partner.

One such tactic involves minimizing and denying the survivor's experience as a transgender individual (Guadalupe-Diaz 2019; Kurdyla 2017). Many survivors report being regularly misgendered (when individuals use incorrect pronouns to refer to them) or deadnamed (when individuals use their birth name rather than their chosen name). Misgendering and deadnaming are common ways that transgender individuals are invalidated within society as both

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<sup>1</sup> Outness assesses the degree to which participants were out about their identity in various arenas in their life ranging from none to all.

practices invoke their gender linked to their assigned sex at birth. Abusers may further direct psychological abuse towards the survivor's gender identity, claiming the survivor is not a "real" man or woman (Guadalupe-Diaz 2019; Kurdyla 2017). This invokes transphobic accusations that transgender people are inauthentic or deceitful. Transgender individuals are regularly considered a pale imitation of cisgender individuals or as imposters pretending to be real. Denying a transgender person's authenticity thus inextricably links them to their sex assigned at birth. For nonbinary individuals this may manifest by abusers trying to force them into the gender binary, often that which aligns with their sex assigned at birth (Kurdyla 2017). Transgender survivors may also be forced to de-transition (Peitzmeier et al. 2019). That is, their abusive partner may coerce them into wearing clothes that do not align with their gender identity or may withhold hormones.

In addition to personally diminishing their identity, abusers may also convince/remind survivors that the rest of society will reject them due to their transgender identity (Guadalupe-Diaz 2019; Kurdyla 2017). In this instance, the abuser portrays themselves as the only person who would love a transgender partner. In fact, some studies have found that transgender survivors stay with their abusers because they believe they would never find anyone else that would accept their transgender identity (Guadalupe-Diaz 2019; Kurdyla 2017). To increase these feelings, abusers may threaten to out survivors if these individuals are not out to everyone about their gender identity. The threat of outing may then increase fears of rejection by friends and family, termination from employers, and physical violence from acquaintances and strangers (Kurdyla 2017).

Transgender survivors may also face especially violating forms of sexual abuse. Abusers may comment on or emphasize anatomical features that survivors feel dysphoric about, and

abusers may force sexual acts upon them that are incongruent with their gender identity (Guadalupe-Diaz 2019; Kurdyla 2017). For example, a cisgender man could attempt to force penile-vaginal sex upon a transgender man. Such acts may be especially common against those who have not had any gender affirming surgeries. This can enhance feelings of gender dysphoria combined with the feelings of violation generally associated with sexual abuse. This can also make help-seeking difficult as survivors must relive the violence and gender dysphoria when detailing their experiences, and they may risk a transphobic response from help-givers. For example, help-givers may discuss anatomy and sexual activity using gendered or sexed terminology that does not match trans survivors' experiences or bodies. By doing so, they may increase the distress and discomfort survivors feel.

Overall, IPV against transgender individuals often includes violence directed specifically at a survivor's transgender identity. When a transgender survivor's experience with IPV is so entangled with their gender identity, the mainstream gendered and heteronormative conceptualization complicates the survivor's ability to vocalize their experiences and their help-seeking resources. The mainstream understanding of IPV does not account for the many ways that abusers utilize transphobia to harm their partners nor the ways that gendered forms of abuse can be particularly violating for transgender survivors. Similarly, when service providers rely on this mainstream conceptualization of IPV, they may not be able to understand the role of transphobia in a survivor's experience, thereby undermining their ability to provide services specific to transgender individuals or service that does not exacerbate abuse.

### *Empirical Limitations and Gaps*

Although research suggests variation in IPV rates within transgender and nonbinary communities, researchers have yet to examine how qualitative experiences of abuse vary within

these communities based on the various identities and positionalities of transgender and nonbinary persons. Researchers have explored how IPV manifests in communities of color and LGB communities but have not considered how various identities intersect to shape IPV experiences.

Scholars of color and queer scholars note how contexts of abuse differ based on factors such as race/ethnicity, immigration status, sexuality, and gender. This is due to cultural norms and structural factors that differentially shape people's experiences. For example, in research involving Asian survivors, scholars report that some survivors experience violence not only by an intimate partner but also by members of his extended family who may also reside in the household or in the same community (Satyen, Rogic, and Supol 2018). Cultural norms surrounding community and extended family, thus, create avenues for abuse that are not considered by research that centers the experiences of white cisgender women survivors. Other scholars report that components of identity are used against immigrant survivors and LGB survivors of IPV. In immigrant communities, researchers note that perpetrators use immigration status as a target for abuse, threatening to have survivors deported (Raj and Silverman 2017; Reina, Lohman and Maldonado 2014). Similarly, perpetrators threaten to out lesbian or gay survivors, increasing fears of rejection from family and friends, loss of employment, and threats to safety (Messinger 2017). This research provided an important expansion of IPV-related scholarship, utilizing tenets of intersectional theory to understand how gender identity is connected to other facets of survivors' identities. Nevertheless, these studies still focused on cisgender women by focusing on how this gender identity intersects with other facets of a survivor's identity. Few scholars challenged the cisnormativity within IPV research and greater society. That is, limited research begins with transgender and nonbinary survivors to

assess how intersecting identities and oppressions operate specifically among transgender and nonbinary survivors.

## HELP-SEEKING FOR IPV

Feminist approaches to IPV have shaped demands for policy change and service provision. While the demands for policy changes and service provision led to relative success, including the opening of battered women's shelters to provide support for women trapped in abusive relationships as well as the passage of the Violence Against Women Act in 1991, these successes largely supported white, middle-class, heterosexual gender norms (Baksh, Harcourt, and Hall 2015; Kelly 2011). For example, battered women's shelters are often not equipped for poor or homeless women, women who cannot speak English, or women in same-gender relationships (Crenshaw 1991; Richie 2012). Additionally, feminist activists often sought state, criminal justice interventions, disregarding the history of police abuses directed at queer communities, poor communities, and communities of color faced (Erbaugh 2007; Mogul, Ritchie, and Whitlock 2011; Richie 2012; Ritchie 2017; Stryker 2009). Finally, these policies and services focused exclusively on cisgender women (as can be seen in the terms "battered women's shelters" and "Violence Against Women Act"). Such narrow focus left little room for transgender individuals. As a result, transgender and nonbinary survivors face transgender-specific barriers to and experiences with seeking help for IPV.

### *Barriers to Help-Seeking*

Research on barriers to seeking help for transgender survivors of IPV is limited to a handful of qualitative studies with relatively small sample sizes (Borstein et al. 2006; Everhart and Hunnicutt 2013; Guadalupe-Diaz 2019; Kurdyla 2017). Such research finds that transgender survivors face unique barriers rooted both in the gendered understanding of IPV

and the transphobia in society. These barriers include fear of transphobia among those who might offer informal and formal support services and the minimization of the abuse by oneself and others.

Most transgender people have encountered transphobia in their lifetime, including facing verbal and physical violence, being denied public services, getting fired from a job, and/or experiencing police harassment (James et al. 2016). As such, transgender individuals are hyperaware of their potential of encountering transphobia when seeking support for IPV. For many survivors, breaking the silence of abuse also requires being out about their gender identity, especially in instances where one's gender identity is central in the abuse they face (Borstein et al. 2006; Carlton, Cattaneo and Gebhard 2015; Everhart and Hunnicutt 2013; Guadalupe-Diaz 2019; Kurdyla 2017). This exposes survivors to a wide range of risks, depending on where they seek support resources.

For example, survivors may risk being misgendered or deadnamed. This experience can be invalidating and triggering for transgender individuals, and it demonstrates either an inability or refusal to understand one's gender identity. Many consider this an additional act of violence against transgender individuals, leading to a negative self-assessment and psychological distress (McLemore 2013). This may also increase doubt that providers of help-giving resources can truly understand the survivor's experience. In fact, survivors have reported avoiding particular help-giving resources where the risk of being misgendered and deadnamed is especially high (Kurdyla 2017).

Other survivors may fear that people will blame their transgender identity for the abuse. Considering their transgender identity to be a deviant identity, many may associate it as the cause for the abuse, especially in relationships where the abuse began as a result of the survivor

coming out to their partner (Kurdyla 2017). Help-givers may also see survivors as deserving of the abuse for holding a deviant identity, and formal resources, such as the police, may be more likely to mutually arrest abusers and survivors under the assumption that transgender individuals are deviant. Many transgender individuals report negative interactions with the police, ranging from verbal harassment to physical violence to unjust arrests, and therefore, may avoid police help altogether (James et al. 2016).

The criminalization of domestic violence has often harmed or excluded populations who have a history of violence and overcriminalization by law enforcement. When studying Black women who are IPV survivors, scholars have found that calling the police could lead to unnecessary arrest, verbal harassment, and physical or sexual assault (Ritchie 2017). Similar results have been found for same-gender couples who face much higher risks of mutual arrest and are denied services or protection by police (Mogul, Ritchie, and Whitlock 2013). These findings reflect a long history of police violence within marginalized communities that have been overcriminalized (Ritchie 2017; Stryker 2009). Problematic police encounters are especially common for Black transwomen whose bodies may be hyper visible to police (Collier and Daniels 2019). For example, James et al. (2016) found that 33% of Black transwomen surveyed had police assume that they were sex workers. These assumptions suggest increased interactions with law enforcement and risk of arrest (Collier and Daniel 2019; Mogul, Ritchie, and Whitlock 2013). Overcriminalization and negative encounters with law enforcement ultimately decrease the likelihood that individuals turn to the police for protection and risk facing further victimization.

Transgender survivors may believe there are no resources available to them especially within domestic violence agencies and shelters (Smith 2014). Often, women's shelters are

restricted to cisgender women only, eliminating support to transgender women, transgender men, and cisgender men (Greenberg 2012; Smith 2014). Other resources are typically structured around a gendered understanding of IPV, and providers may not understand the abuse tactics unique to transgender individuals. For example, support for sexual abuse may be rooted in gendered and heterosexual understandings of sex and anatomy with a limited understanding of gender dysphoria. Service providers may not offer or market services specifically for transgender individuals, leaving survivors to believe that services do not exist for them.

The cisgender and heterosexual discourse surrounding IPV often means a lack of knowledge and awareness of IPV in transgender communities (Bornstein et al. 2006; Carlton et al. 2015). While this results from and leads to transphobic responses, it can also lead to the minimization of abuse, both by transgender survivors and by others. Research has found that transgender survivors are often unaware of what IPV looks like within transgender communities; and therefore, do not recognize their own experiences as abuse (Bornstein et al. 2006; Kurdyla 2017). Many believe that they cannot be the subjects of IPV-- either because they are not cisgender women or because their partners are not cisgender men. Some transgender men do not acknowledge their abuse because they view it as a failure to achieve masculinity (Guadalupe-Diaz 2019; Kurdyla 2017). While these findings are similar to cisgender men, it carries the extra weight of transphobia, as many transgender men struggle to be viewed as authentic men (Guadalupe-Diaz 2019; Kurdyla 2017). This internal sentiment is also often validated by external resources, as survivors report having friends, family, and law enforcement minimize their abuse (Kurdyla 2017).

While research on IPV in the transgender community has added valuable contributions to the literature surrounding barriers to support, there are a number of limitations in the newly

emerging body of work. The above findings stem from a small number of studies with small sample sizes, which limits the ability to truly generalize findings. Most importantly, the small sample sizes in the research have led researchers to treat transgender survivors as a uniform category, rather than exploring the ways in which certain factors (such as levels of outness or visual conformity) or demographics (such as race, class, and sexuality) alter survivors' experiences. Currently, little research explores the intersections of various identities and marginalities in understandings of transgender survivors' IPV support experiences. Research that explores help-seeking experiences among marginalized cisgender survivors highlights some possible barriers and concerns.

For example, researchers find that non-white women often fear experiencing racism when seeking support (Bridges et al. 2018; Hyman et al. 2009; Raj and Silverman 2002; Reina, Lohman, and Maldonado 2014; Satyen, Rogic, and Supol 2018). This includes risks of mutual arrest by police that see non-white women as violent and aggressive, as well as discrimination by formal shelter service providers. Additionally, immigrant women face an increased fear of formal support systems that might heighten their risk of deportation (Raj and Silverman 2002; Reina et al. 2014). Aside from outright discrimination, non-white and immigrant survivors face other barriers, such as language barriers for formal services. Cultural barriers can also pose a concern as particular immigrant communities may normalize violence, place higher emphasis on keeping families united, and experience severe distrust of public services (Hyman et al. 2009; Raj and Silverman 2002). Thus, survivors have difficulty finding help within their communities where their experiences are minimized; however, seeking outside help may be seen as betraying one's community. Recent immigrants may also rely more heavily on their partners for financial support, which can lead to further isolation.

Research on IPV among poor and homeless women suggests unique barriers, especially in regards to service access. If shelters are located in areas that require transportation, poor women without transportation might face difficulty seeking help, especially if public transportation is difficult to access or non-existent (Ford-Gilboe et al., 2015). Seeking support could also require missing time at work. Because many cisgender women are financially dependent on their partners, they may lack the resources to leave, and they may risk experiencing homelessness and poverty if they seek help (Long 2015). This may be exacerbated for transgender individuals, who face higher rates of homelessness and unemployment, potentially leading to more financial dependence on partners (James et al. 2015).

Finally, research on gay and lesbian cisgender survivors suggest barriers rooted in heteronormativity and homophobia. Like transgender survivors, many lesbian and gay survivors are unaware of what IPV looks like in LGBT communities, and they may therefore minimize the abuse or have it minimized by others (Bornstein et al., 2007; Jackson et al., 2016; Walters, 2011). Gay men, especially, may risk mutual arrest by police who are trained to view men as the aggressors, and they may be turned away from domestic violence services that are designed for women (Jackson et al. 2016). For example, many shelters are for women only. Lesbian women, on the other hand, report having their experiences dismissed by police who do not believe that women can be abusive, and they find women-centered shelter services cannot accommodate their needs as their abuser also identifies as a woman (Walters 2011).

Overall, the construction of IPV as a phenomenon that affects white, middle-class, cisgender and heterosexual women has created a number of barriers for those who do not identify with this norm. This includes the inability to name their experience, have their experience validated by others, and access valuable support services. Those who do not fit these

norms also risk experiencing discrimination from informal and formal resources. Most contemporary research, however, has focused exclusively on singular identities without an intersectional analysis or an attempt to center the experiences of transgender and nonbinary survivors. Research is needed that further explores barriers for transgender survivors based upon the intersections of their gender identity with additional facets of their identities. By treating transgender survivors as a uniform category, researchers ignore the differences between transgender survivors that may facilitate or inhibit help-seeking. While an additive approach may be useful that explores the compounded barriers faced by poor transgender survivors, transgender survivors of color, among others, such an approach ignore the ways our constructions of gender are rooted in understandings of race, class, sexuality, and other social identities.

#### EXPECTATIONS FOR SEEKING HELP

While limited research has explored barriers to seeking help, even less research has directly focused on survivors' expectations from help-seeking. Kurdyla, Messinger, and Ramirez (2019) quantitatively assessed survivors' perceptions of various help-giving resources' helpfulness, comparing these ratings to both actual help-seeking rates and willingness to seek help in the future. In doing so, they noted that transgender individuals often rated resources high in helpfulness, even though they indicated a much lower willingness to access these resources (Kurdyla, Messinger, and Ramirez 2019). Additionally, hypothetical willingness to access resources was much higher than actual reported help-seeking rates. This discrepancy warrants further qualitative exploration to understand why individuals may be unlikely to seek help even if they believe these sources would be helpful for them.

Barriers to help-seeking and expectations of help-seeking resources are certainly intertwined, as someone refusing to seek help due to fear of experiencing transphobia may be expecting a transphobic response from help-seeking resources; however, these concepts are not identical. When making a decision whether or not to seek help and where to seek help from, survivors likely visualize what their experiences will look like, and these expectations may deter or encourage help-seeking. Even so, some survivors may avoid particular resources for other reasons despite perceptions of the resource as helpful (Kurdyla, Messinger, and Ramirez 2019). For example, while survivors might perceive that a domestic violence agency would be helpful, they might not believe there is such an agency in their area, or they may be unable to visit the agency due to a lack of transportation or other reasons. Without understanding survivors' expectations of different resources, researchers may assume avoidance means that the survivor held negative perceptions of the resource. Understanding how one's expectations of different resources affect their help-seeking behavior can be useful to understand decisions to avoid help-seeking or to access informal instead of formal support systems.

#### EXPERIENCES SEEKING HELP

While understanding barriers and expectations with help-seeking can be useful to understand help-seeking patterns for transgender IPV survivors and to work towards eliminating these barriers, researchers should also strive to understand actual help-seeking experiences. If transgender survivors are having consistently harmful experiences with help-giving resources, removing barriers to help-seeking may simply further this harm. Similarly, while a help-giving resource can work to remove barriers to help-seeking, this does not necessarily mean that the resource will be beneficial to transgender survivors or will be able to cater to their specific needs.

Current estimates suggest that upwards of 16-24% of transgender and nonbinary IPV survivors do not seek help for their experiences (Guadalupe-Dias and Jasinski 2017; Kurdyla, Messinger, and Ramirez 2019; Roch et al., 2010). Of those who do seek help, survivors are more likely to utilize informal resources, such as friends and family, compared to formal resources such as law enforcement or IPV agencies (Farrell and Cerise 2006; Kurdyla, Messinger, and Ramirez 2019; Roch et al., 2010). Furthermore, in an analysis of help-seeking rates among different resources, Kurdyla et al. (2019) found that attorneys, IPV hotlines, and IPV shelters had the lowest utilization rates (2.3-7% of survivors). These findings suggest that many of the aforementioned barriers to help-seeking may successfully prevent survivors from attaining support, especially from formal resources that may be the best equipped to respond to abuse.

Research exploring how survivors experience seeking help is limited and also contains mixed results. Many survivors discuss having experiences that match their fears (Guadalupe-Diaz 2019; Kurdyla 2017; Messinger, Kurdyla, and Guadalupe-Diaz *under review*), such as being misgendered and deadnamed or having their experiences dismissed and minimized (Guadalupe-Diaz 2019; Kurdyla 2017). From informal resources, such as family and friends, these responses lead to feeling rejected and ostracized as loved ones use the abuse as a reason or excuse to invalidate the survivor's gender identity (Kurdyla 2017).

Transphobic responses from formal resources result in denying transgender survivors resources, like admittance into an IPV shelter or police protection (Guadalupe-Diaz 2019; Kurdyla 2017; Smith 2014). In regards to IPV organizations specifically, Messinger, Kurdyla, and Guadalupe-Diaz (under review) report that 16% of transgender survivors who sought services experienced discrimination related to their gender identity. Some survivors also report that formal resources such as shelters and police are uninformed about gender identity and

therefore unsure of how to provide resources (Everhart and Hunnicutt 2013; Kurdyla 2017). For example, police officers are sometimes unable to differentiate between the survivor and perpetrator based upon typical gender roles, or they may create confusing police reports because they do not understand the survivors' pronouns (Kurdyla 2017).

While a survivor's gender identity shapes their help-seeking experience, other intersecting identities also come into play. Looking specifically at domestic violence shelters, researchers find that transgender and gender nonconforming people of color report significantly higher rates of experiencing discrimination than their white cisgender counterparts (Kattari et al., 2016; Kattari et al., 2017; Seelman, 2015). Similarly, lower-income transgender survivors are more likely to experience discrimination and unequal treatment than those with higher household incomes (Klein, 2017; Seelman, 2015). Thus, race and class combined with gender identity may impact a survivor's experience; however, additional research is needed to capture the types of discrimination occurring and the situations in which it is more likely to occur.

Contrary to these negative experiences, some studies find that survivors report positive experiences seeking support (Bornstein et al. 2006; Kurdyla 2017). This may be especially when survivors seek support from resources they know will be trans-affirming. Some survivors report only seeking help from friends and family that already support their gender identity (Kurdyla 2017). As such, they are more likely to receive supportive, rather than transphobic, responses. Additionally, survivors report being more comfortable reporting to police when they perceive the responding officer identifies as a member of the LGBT community (Kurdyla 2017). In these scenarios, respondents are more likely to report positive experiences that validate their gender identity and survivor identity. Still, these studies are limited in number and scope, and they

contain small sample sizes that do not differentiate by gender identity nor other intersecting identities.

## PERCEPTIONS AND EXPERIENCES OF SERVICE PROVIDERS

Researchers find that transgender survivors are more likely to seek informal than formal resources, with IPV shelters being among the least sought out for help (James et al. 2017; Kurdyla, Messinger, and Ramirez, 2019; Roch et al., 2010). Low rates of shelter utilization among transgender and nonbinary survivors are concerning, given domestic violence shelters may be best trained in help provision. For those who utilize domestic violence agencies, reported fears of discrimination are often confirmed as reality (Guadalupe-Diaz & Jasinski 2017; Kurdyla 2017; Messinger, Kurdyla, and Guadalupe-Diaz *under review*; NCAVP 2017), with as many as 22% of out transgender victims seeking shelter services being denied equal treatment or service, verbally harassed, or physically attacked because of being transgender (James et al., 2015). Thus, shelters and agencies appear to some of the necessary resources and training to work with transgender victims.

Despite this implication that IPV organizations may be unequipped to support transgender survivors, studies rarely evaluate the organizations themselves. Additionally, because IPV studies including transgender survivors often include a thinly spread national sample, researchers are unable to examine the local resources that shape respondents' experiences (Kurdyla, Messinger, and Ramirez 2019). Some relevant local resources include having an IPV organization or LGBT center available where the respondent lives that promotes their services and employs staff that is knowledgeable about IPV in transgender communities. Similarly, research has not adequately explored the perspective of service providers themselves,

including their knowledge and views regarding gender identity, their perspective of transgender survivors IPV experiences and needs, and their evaluation of the services they provide.

### *Organization Structure of Domestic Violence Agencies*

While transgender-specific research is limited, scholars have examined the evolving organizational structure of IPV support agencies and how cisgender women experience this space. As of 2019, the National Network to End Domestic Violence (2020) identified 1,887 domestic violence programs within the United States. Combined, these programs are estimated to serve 77,226 victims per day, in addition to answering 19,159 hotline calls, and denying service requests from 11,336 people (National Network to End Domestic Violence 2020). Hidden behind these numbers are thousands of victim advocates trained to provide victims with emergency shelter, transportation, legal advocacy, transitional housing, and emotional support.

Because the movement to end IPV has been gendered, domestic violence agencies are also gendered, and this is visible through the structure of the organization, ideological assumptions, and the actions and interactions of workers (Acker 1990; Nichols 2011). Developing largely from feminist movements in the 1970s, domestic violence agencies are largely female dominated (Kolb 2015). Historically, many agencies applied some feminist gender-based ideologies and practices, such as survivor-defined advocacy focused on the empowerment of women by collaboratively facilitating decision making (Nichols 2013). Nonetheless, many have left behind the feminist approaches as they have become more bureaucratic and government funded. As most IPV agencies are nonprofit organizations, they rely on external sources of funding (Glenn and Goodman 2015; Koyama 2003; Richie 2012). As such, they have become more professionalized spaces with a hierarchical structure, and a need to produce tangible outcomes to meet funder demands (Richie 2012). For example, shelters have

developed strict criteria and rules to determine who gains access to services. Some agencies may maintain patriarchal gender-based or gender-neutral/biased policies, such as eligibility requirements and curfew policies (Nichols 2013).

The rules within IPV support spaces have been a particular area of interest for researchers as survivors often report negative experiences, especially with rules regarding curfew, chores, and parenting (Glenn and Goodman 2015). When survivors report negative experiences within shelters, they often emphasize that the rules are too rigid, which makes them feel judged and/or treated with hostility by staff. In addition, staff are described as emotionally unavailable by survivors (Glen and Goodman 2015). Notably, the rigid rules adopted and enforced in IPV shelters do not align often with various survivor's racial, ethnic, or cultural backgrounds, causing the rules to inadvertently prioritize support for particular women (Haaken & Yragui, 2003; Taylor, 2005).

One may presume that similar difficulties may be faced by transgender individuals, especially given the gendered component that defines these spaces. In fact, transgender survivors report believing they will be denied admittance to shelters based on their gender identity, that services will not cater to their needs, and that staff will not be culturally competent (Smith 2014). Once again, though, this research focuses on survivor fears rather than actual explorations of shelter services or service providers.

In addition to the rules that govern agency services, the organizational structure and demands impact outreach strategies, training priorities, and staffing. For example, researchers indicate that agencies conduct less outreach to transgender and nonbinary communities (Hines and Douglas 2011), and service providers report being less prepared to serve transgender and nonbinary survivors compared to LGB survivors (Ford, Slavin, Hilton, and Holt 2013). It

remains unclear why this outreach and training remains limited. While this could stem from budget constraints that limit the organization's scope or from outright transphobia, it may also result from a lack of knowledge regarding the unique barriers facing transgender and nonbinary survivors, which requires more specialized training or intentionally marketing of services. To fully grasp IPV help-seeking for transgender survivors, as well as to better tailor IPV services to support these survivors, researchers must better understand the perspectives of staff members and the services available.

### *Service Provider Experiences*

Little research has explored the experiences of IPV service providers, often known as “victim advocates.” Victim advocacy requires a considerable amount of emotional labor as advocates hold space for survivors' trauma and help them navigate various legal and social services. Additionally, victim advocates often serve as frontline workers at IPV agencies, tasked to assess the need and severity of their clients and direct them to appropriate resources. In prior research, scholars have explored the emotional labor requirements of victim advocacy, including differences based on gender and race.

Victim work requires emotional labor, and victim advocates are expected to express care, sympathy, and compassion to clients as advocates learn survivors' stories, empathize with survivors, offer counseling services, guide survivors through the legal process, and connect survivors to basic needs such as food and housing. This work requires high levels of flexibility as survivors possess highly individualized and dynamic needs and emotions that advocates must navigate along with their own emotions (Globokar, Erez, and Gregory 2019). Additionally, the needs of survivors may vary based on cultural factors, class status, race/ethnicity, and immigration status (Crenshaw 1991). Without the cultural competency to understand how

various identities, positionalities, and their intersections impact survivors' understanding of domestic violence, willingness to cooperate with law enforcement, and access to basic needs, victim advocates will be unable to provide the care that is required (Crenshaw 1991).

When holding space for trauma and intense emotions, victim advocates must also suppress their own anger, frustration, sadness, and fear that arise as a response to survivors' experiences or because survivors are being difficult to work with (Globokar, Erez, and Gregory 2019; Kolb 2015). Clients may express hostility towards advocates, violate the agency's rules, fail to show up for appointments or court appearances, lie, or return to their abusive partner (Kolb 2015). Here, advocates must work harder to generate sympathy while suppressing frustration towards clients (Kolb 2015); however, if an advocate perceives a client as too difficult or unrelatable, they may become less empathetic and willing to offer services. Research suggests that advocate-client interactions are shaped by gender and race, as such factors shape the perceptions of clients' level of cooperation and needs. For example, limited research finds that service providers have different perceptions of clients' needs and urgency for services based on race, with Black women being perceived as less in danger (Nichols 2011). More research is needed, though, to understand how service providers relate to transgender and nonbinary survivors. That is, how do victim advocates perceive transgender survivors' needs and experiences, and how does this perception shape advocate-client interactions. Similarly, researchers could benefit from understanding how outreach strategies, required training, and general organizational structures shape how advocates respond to transgender and nonbinary survivors.

## THE PRESENT STUDY

There is a dearth of research on IPV among transgender individuals that attempts to consider how their various identities and statuses intersect to inform their experiences with IPV and help-seeking. While a few studies explore barriers to help-seeking and experiences seeking help, these studies mostly treat transgender individuals as a monolith without exploring differences based upon other intersectional identities, such as race, gender identity, and sexuality. Similarly, limited research explores IPV among transgender individuals from the perspective of service providers, especially IPV organizations which are among the least utilized by transgender survivors. Without this research, scholars and service providers cannot fully understand the ways in which IPV may differ for transgender survivors nor the ways in which resources may need to be tailored to meet their specific needs and experiences. Understanding experiences with help-seeking or fears of help-seeking among transgender and nonbinary survivors of IPV is incomplete without consideration of how help-providers conceptualize the needs of these survivors and whether they feel responsible for or equipped to help meet those needs.

The proposed study attempts to address these gaps in the literature by directly exploring help-seeking barriers that transgender survivors face, their expectations of potential help-giving resources, and their experiences when they attempt to access these resources. I situate these findings within an intersectional analysis that recognizes how intersecting identities, such as race, gender, and sexuality, shape survivors' experiences, needs, and perspectives. While this contributes to the literature about IPV, it also furthers the discussion surrounding IPV in transgender communities beyond a monolithic or additive approach. Additionally, by interviewing IPV service providers, as well as survivors, this study illustrates a fuller picture of how services are perceived by survivors versus how services perceive themselves.

## CHAPTER THREE: METHODS

My study design is framed through a queer and feminist methodological perspective (Fine, 1992). Rather than seeking to uncover an objective truth, I examine the detailed narratives of lived, subjective experience. For this project, I conducted two sets of in-depth, semi-structured interviews. This includes 20 interviews with transgender and non-binary survivors of IPV, as well as 15 services providers at IPV agencies. This chapter details my methods for the project, including my sampling and analytic strategies.

### LOCATION OF INTEREST

This study recruited participants located in the southern United States, with more than half of survivors and nearly all providers residing in the state of North Carolina. This regional focus allows for an in-depth exploration of a particular area and a deep understanding of the relationship between help-seeking patterns and the specific formal resources available. Prior studies have focused on national samples, which leaves little room for situating the findings in the socio-political nor geographical context of survivor help-seeking. Using a sample located within a specific region provides additional insight into how location affects help-seeking patterns.

The southern United States is often characterized as uniquely conservative, both politically and religiously (Bartley and Bond 2008; Hill 2006). The south has frequently diverged from national politics, as seen most drastically in the secession of southern states to build a confederacy during the Civil War. Throughout history, this region has fueled political ideology that disenfranchises communities of color and other marginalized communities to preserve a white, heterosexual, and Christian masculinity (Bartley and Bond 2008). In present times, the south retains a conservative political ideology, often voting Republican in general and local

elections (Bartley and Bond 2008). Also known as “the Bible belt”, the south is the only region where evangelical Protestantism is the dominant approach to religion (Hill 2006). This convergence of conservative politics and fundamental religious values also shapes gender and sexuality norms within the region heightening risks for violence and discrimination for LGBTQ residents.

LGBTQ individuals are speculated to face increased prejudice, discrimination, and barriers to structural resources within the south compared to the rest of the United States, with transgender individuals reporting the worst conditions (Harless et al. 2019). For example, as many state legislatures have recently filed anti-transgender legislation in the first quarter of 2021, the southern region has far exceeded the rest of the country in the number of bills that have been filed (ACLU 2021). This includes bills that: criminalize transition-related healthcare for minors; ban transgender youth from participating in sports that align with their gender identity; grant businesses, healthcare providers, adoption agencies, and student organization the religion freedom to refuse services to transgender individuals; and restrict the usage of sex-segregated facilities based upon one’s sex designation on official government documents (ACLU 2021).

North Carolina, specifically, serves as an interesting site being the first state to successfully pass legislation which dictated that a person may only use public bathrooms that correspond to the listed sex on their birth certificate (Platt and Milam 2018). With its passage, North Carolina became a model for anti-transgender discrimination as other states worked to pass similar bills (Travers 2019). Through each of these anti-transgender bills, officials create a moral panic that frames transgender individuals as predators and criminals and encouraged increased gender policing to protect vulnerable women and children (Travers 2019). Because of this, one may expect that southern states have created an environment that is hostile to

transgender individuals, making it more difficult for these individuals to access needed resources.

Despite the hostile socio-political climate within the south, this region contains a high population of LGBTQ individuals. Indeed, Flores et al. (2016) report that the south has the highest rates of adults who identify as transgender compared to other US regions. Thus, while the south might provide fewer resources, support, and affirmation for transgender and nonbinary individuals than other regions, the need for such supports and resources may be higher within this region. The current study has the potential to explore how survivors navigate help-seeking resources in a climate that has proven hostile to transgender individuals.

#### INTERVIEW PROTOCOL

For this study, I conducted in-depth, semi-structured interviews with participants. In-depth interviews allow for deeper discussion and richer narratives of participants' experiences. Interviews were semi-structured (see Appendix A and Appendix B for survey instrument), consisting of broad, open-ended questions that allowed participants to guide the conversation. Possible probing questions followed each main question to guide the conversation if needed. Due to the COVID-19 pandemic, in-person data collection strategies were eliminated, and all interviews were conducted over the phone or via Zoom. Interviews were audio recorded for transcription purposes.

In the interviews with survivors, participants were asked about their experiences with IPV, their help-seeking behaviors in response to this violence, factors that went into deciding whether to seek help, and their actual experiences if they chose to seek help (see Appendix A for interview guide). Additionally, participants were asked to discuss the ways in which their transgender identity and other social markers affected their experiences. In the interviews with

service providers, participants were asked about their knowledge of IPV in transgender communities, perceptions of service needs for transgender survivors, resources that their organization offers for transgender survivors, limitations to these resources offered, and knowledge of additional needs based on other intersecting identities (see Appendix B for interview guide). These questions allowed me to examine how the actual structural resources in place at these organizations support or deter transgender survivors, as well as how workers' biases and perceptions may support or deter survivors despite the resources offered.

As I conducted this research, I was especially mindful of ethical considerations regarding work with marginalized populations, and I utilized multiple strategies to protect my participants. Information obtained from respondents was held confidentially and securely in an encrypted and password protected folder. An informed consent form was also provided in which the participant was made aware that participation was voluntary, and they could choose to skip questions or withdraw consent to participate at any time. Due to the triggering nature of discussing IPV, the ability to skip questions during the interview is essential, and I reminded participants of this option before the interview. Finally, to aid participants who may experience emotional distress as the result of participation, I provided a list of national mental health and domestic violence resources to all participants.

## RECRUITMENT STRATEGY

To recruit participants, this study used a combination of targeted, snowball, and respondent-driven sampling (RDS) methods.

### *Transgender and Nonbinary Survivors*

This study sought participants who are survivors of IPV and who are transgender or nonbinary. These two umbrella terms encompass any gender identity that exists outside of

cisnormative understandings of man and woman. Thus, this study considers participants transgender or nonbinary if they report a gender identification other than cisgender man or woman. Furthermore, respondents were included in the study based on the following criteria: a) being at least 18 years of age; b) having experienced IPV in a past relationship; c) having been out of any abusive relationship for at least one year; d) identifying as either transgender or non-binary; e) residing in the southern United States.

Due to the sensitive subject matter and the fact that underreporting for IPV is common amongst transgender survivors and LGBT people in general, obtaining a random sample or a large sample for this study was difficult. Everhart and Hunnicutt (2013) report that survivors often will not speak out about their abuse for fear of rejection by their community as well as rejection by larger society. For some, the perpetrator is a known and respected part of the same community. For others, homophobia and transphobia in the family, workplace, or other social institutions creates a fear to seek help. Because the purpose of this study is to gain understanding into the rarely discussed issue of IPV in the transgender community, generalizability was not the goal. Rather, the sampling strategy sought to gain access to a highly marginalized group and explore how IPV and subsequent help-seeking is experienced. As such, survivors were recruited through targeted, snowball, and respondent-driven sampling strategies.

I emailed flyers to local LGBT organizations and college LGBT centers throughout the south. Recruitment through organizations helps to include respondents who have accessed institutional resources at some point in their lives; however, recruitment only through these spaces misses survivors who have avoided formal organizations or had negative experiences within these spaces. As most transgender survivors do not seek help from IPV agencies or LGBT centers (Kurdyla et al., 2017), this can create a limited and biased sample. To help overcome this

limitation, I also posted the flyer to local, regional, and national Facebook groups that were geared towards transgender, nonbinary, queer, and/or LGBTQ users. Additionally, I shared my flyer with friends and other contacts in local LGBTQ communities, and I engaged in respondent-driven sampling strategies.

Respondent-driven sampling was created to better reach “hidden populations”, that is, vulnerable and/or stigmatized populations that may be less likely to participate in studies (Heckathorn 1997). Since its inception, RDS has quickly become popular, and it is commonly used by major public health organizations such as the US Centers for Disease Control and Prevention, primarily because of its efficiency in recruiting hard-to-reach and vulnerable populations (Gile & Handock, 2010; White et al., 2012). More specifically, this sampling technique is used for those who are dually vulnerable and marginalized such as homeless individuals who are also intravenous drug users (Salazar et al., 2007). As of 2015, researchers cited 460 RDS studies across the globe (White et al., 2015). RDS has also been used repeatedly to explore the relationships between transgender identity, discrimination, victimization, and suicidality (Clements-Nolle, Marx, & Katz, 2006), transgender identity, HIV prevalence and mental health (Clements-Noelle, Marx, Guzman, & Katz 2001), transgender identity, HIV prevalence, and substance use (Ramirez-Valles et al., 2008), and transgender identity, HIV prevalence and sex work (Altaf, 2009).

Because participants for the current study are dually stigmatized by being both transgender and survivors of abuse, this recruitment strategy helped to access participants. Through respondent-driven sampling, participants are given incentives both for participating and for successfully recruiting others to participate. This differs from snowball sampling which asks participants to voluntarily identify other possible participants for the researcher to contact, and it

also helps to overcome some of the limitations of snowball sampling (Heckathorn 1997). Specifically, three problems have been identified with snowball sampling. First, through snowball sampling, additional individuals rely completely on the initial sample and may reflect biases associated with this initial sample. Second, the sample will be biased towards more cooperative subjects who agree to participate. This is especially true since the agreement to participate is completely individual and has no effect on the recruiter. Third, these samples may be biased by “masking” where the initial participants protect their closer friend groups by not referring them (Heckathorn 1997).

Respondent-driven sampling involves a dual incentive system, where participants are given a primary reward for being interviewed and offered an additional reward for recruiting others into the study. Here, participants do not identify their peers to the investigator. They recruit them into the study themselves. While the monetary reward incentivizes the initial participant to recruit others, the peer relationship and desire for social approval can incentive the person being recruited to participate (Heckathorn 1997). This is in addition to the monetary incentive they also receive.

For this study, all participants received a \$20 incentive for completing an interview. Interested participants were also given three “recruitment coupons” to pass on to their peers. For each recruited peer, the recruiter was paid an additional \$10. The new recruits were then offered the same incentive- three coupons to pass on to their peers. These coupons had a personal identification number which allowed me to identify and reward the recruiter. In total, a respondent that successfully recruits three participants earned a total of \$50. Recruiters were limited to three coupons in efforts to curtail the emergence of semi-professional recruiters (Heckathorn 1997). Four participants were recruited through RDS methods.

### *IPV Service Providers*

In addition to exploring survivors' experiences with seeking help, I also explored how service providers perceive IPV in transgender communities as well as the accessibility of their organization's services. This perspective allowed for deepening insight into the help-seeking process, and it may uncover discrepancies between the help-seekers perspective and the help-givers perspective. Additionally, it can further illuminate or explain barriers and experiences identified by survivors. Thus, I interviewed workers at various domestic violence organizations across the state of North Carolina.

For recruitment, I targeted community agencies that worked specifically with IPV survivors. I contacted each agency via telephone or a web form located on the agency's website. During this initial contact, I explained the purpose of my study and requested for my recruitment flyer to be shared with staff members and volunteers at the agency with specific attention to staff and volunteers who have direct interaction with those seeking services. These staff members are the most likely to directly engage with transgender survivors, build relationships with them, and serve as the gatekeepers for resources. Though I recruited specifically through the agencies themselves, my focus was on service providers' individual perspectives and experiences rather than on providers as representatives of their agency. Overall, I contacted 88 domestic violence agencies in the state of North Carolina. Three agencies declined to share my recruitment flyer, stating that their employees were too overwhelmed by increased demand for services with the COVID pandemic or that they did not have anything to add to a discussion on transgender IPV. Fifteen agencies shared my flyer, and 70 agencies never returned my call. One participant contacted me to participate as a survivor and chose to participate as a provider instead. Because

this participant was located in Florida, I contacted twenty domestic violence agencies in that state. Of these agencies, three agreed to share my flyer and seventeen never responded.

## RESPONDENTS

A total of 20 transgender and nonbinary survivors of IPV and 15 IPV service providers participated in the study. Seventeen of the survivors were interviewed via telephone and three were interviewed via Zoom. Among providers, thirteen were interviewed via telephone, and two were interviewed via Zoom.

### *Survivors*

Table 3.1 describes the participants using pseudonyms by gender identity, race and/or ethnicity, sexuality, and age. Participants used their own words to describe themselves. Overall, ten participants were nonbinary, two were genderqueer, five were transgender men, and three were transgender women. A majority of the sample also identified as white (15 participants); however, three participants identified as Black, one participant identified as Chicax, and one participant identified as Asian. The average participant was 26 years old, though ages ranged from 20-51 years old. Seventeen participants had attended some college with eleven participants having a bachelor's degree and four participants holding an advanced degree.

Participants varied in their levels of outness during their abusive relationship. Ten participants were out to most or all people in their lives, four participants were out only to their partners, and six participants were not out to anyone regarding their gender identity. For those who indicated low levels of outness, many were early in their transitions or still trying to understand their gender identities at the time of their relationship. This may be due in part to the relatively young age of the participants, as well as due to the fact that five participants were minors during the relationship in question.

**Table 3.1** Survivor Demographics.

Name	Gender	Race	Sexuality	Age
Alec	Genderqueer	Mixed race	Bisexual	23
Brian	Trans man	White	Pansexual	34
Cathy	Trans woman	White	Bisexual	51
Damien	Trans man	White	Straight	27
Ellen	Trans woman	White	Queer	24
Femi	Trans woman	Black	Straight	26
Finn	Nonbinary	White		23
Henley	Nonbinary	White	Queer	25
Jaden	Trans/Gender Chaos	White	Bisexual	20
Jessie	Agender	White	Queer	31
Justin	Trans man	White	Queer	23
Kalin	Nonbinary	Black	Pansexual	20
Kyle	Male	White	Straight	26
Lane	Nonbinary	White	Queer	24
Layla	Genderqueer	White	Queer/Bisexual	30
Ollie	Nonbinary	Southeast Asian	Queer	23
Parker	Trans man	White	Straight	30
Reese	Nonbinary	Chicanx	Bisexual	23
Rylan	Nonbinary	White	Queer	23
Sam	Nonbinary	Black	Queer	21

Finally, three out of twenty participants were also part of an earlier thesis study exploring barriers to disclosure for transgender survivors of IPV. Upon seeing the recruitment material for this study, they chose to once again share their stories. Considering the small and hard to reach

population targeted for this study, overlap with participants from a prior study is unsurprising. While these studies hold many similarities, the questions and aims of the current study are different and led to rich and novel data.

### *Providers*

Fifteen participants were interviewed across twelve different agencies. Table 3.2 describes the participants, in their own words, using pseudonyms by gender identity, race and/or ethnicity, sexuality, age. Overall, eleven participants were women, three were nonbinary, and one was a transgender man. Eleven participants were white, one participant was Black, one participant was Asian, one participant was Puerto Rican, and one was biracial. The average participant was 31.8 years old, though ages ranged from 23-51 years old. Additionally, five participants were straight/heterosexual, four participants identified as queer, four participants identified as bisexual, one participant identified as pansexual, and one participant identified as asexual.

Participants varied in the roles they held at their agency, though all participants had experience working directly with clients. Four participants held roles that were specific to serving the LGBTQ+ community, seven participants held management positions (i.e., shelter manager; associate director), two participants held positions related to education and outreach, and two held positions as victim advocates. On average, participants had been in their current position for 23 months, with ranges of two months to seven years. Participants also ranged in their time working for the agency from 2 months to 18 years. Furthermore, each region in the state of North Carolina was included in this study, and one participant was located in Florida. This inclusion of one participant from outside of NC adds an important perspective and voice to the substantive findings. Being the only nonbinary person of color within my sample of

providers, they offer insight into the intersection of these identities. Additionally, they were one of two nonbinary participants outside of an LGBTQ advocate role and shared a much more critical lens of their agency based upon that experience, highlighting how experiences as a nonbinary provider may differ depending on the job description and agency setting.

**Table 3.2** Provider Demographics in their Own Words.

Name	Gender	Race	Sexuality	Age
Carrie	Female	Puerto Rican	Bisexual	30
Dani	Nonbinary	White	Queer	29
Jackie	Female	White	Heterosexual	31
Jennifer	Woman	Black	Queer	32
Jodie	Female	White	Pansexual	34
Katherine	Female	White	Straight	51
Kris	Woman	White	Bisexual/queer	26
Leigh	Woman	Biracial	Lesbian	43
Loren	Trans man	White	Bisexual	28
Lydia	Nonbinary	White	Bisexual	23
Marissa	Female	Caucasian	Straight	30
Melanie	Female	White	Straight	26
Ollie	Nonbinary	Southeast Asian	Queer	23
Sarah	Female	White	Asexual	36
Tracy	Female	Caucasian	Straight	35

## ANALYSIS

For this project, I employed an inductive analysis, combining important tenets of intersectionality alongside a modified grounded theory. According to Kassam et al. (2020), combining these theories within research enhances the understanding of complex experiences

that are influenced by broader structural forces. Grounded theory serves as a “systematic, inductive, and comparative approach for conducting inquiry for the purpose of constructing theory” (Bryant and Charmaz 2007). Charmaz’s modified grounded theory instructs researchers to begin the coding process early, engaging in an iterative process of data collection and analysis (Charmaz 2006). Within this process, researchers summarize parts of the data, using codes that represent the meaning behind stories. These codes are later merged into categories, then concepts. Charmaz also guides researchers to be reflexive of how their assumptions and decision-making impacts their research. Here, I recognize that I approached this study with an understanding of the IPV literature, having already contributed to the research on IPV in transgender and nonbinary communities. However, while this knowledge does inform my analyses, I remained open to new directions for inquiry.

Furthermore, Charmaz encourages researchers to apply additional theoretical lenses that center on social justice, making this approach compatible with intersectional theory and analysis. Intersectional scholars investigate how social structures intersect to shape each person’s experiences, paying attention to oppression, relationality, complexity, context, comparison, and deconstruction (Misra, Curington, and Green 2021). Intersectional scholars are deeply focused on recognizing how oppression shapes the human experience, paying attention to both personal biography and systems of power. Furthermore, oppression for some is connected to opportunity for others, meaning categories of difference are relational. Intersectional analysis requires an exploration of this relationality within participants’ experiences, staying attuned to the complexity of identities and how these relationships can shift based upon context. That is, time, space, and place matter in understanding participant experiences and how they connect to larger systems of power. Intersectional analysis also necessitates comparison between groups and

subgroups. Researchers should consider which intersections matter most for the research question being posed, focusing on the intersections that seem most salient based on the research focus (Browne and Misra 2003). However, inherent in this focus on identity categories is the desire to deconstruct such categories—calling into question simple notions of categories themselves.

Throughout my data collection and analysis, I was guided by the tenets of grounded theory and intersectionality. I constantly reflected on my role as a researcher and how my location in the matrix of domination impacted themes that I find the most salient. I also noted how my participants' personal biographies impacted their experiences and how both personal biographies and experiences were shaped by intersecting systems of power. Furthermore, each participant's story was embedded in a particular socio-political and environmental context which impacted their experiences. Rather than focusing on predetermined identity categories, I focused on identity markers that were the most salient in participants' stories and compared findings between subgroups of participants.

Specifically, I began the coding process with an initial read through of transcripts. After this initial read through, I analyzed the data using line-by-line process and versus coding in NVivo, a qualitative software program. Process coding allowed me to connote action within the data while versus coding oriented me towards conflicting individuals, identities, actions, concepts, and processes within the data (Saldana 2016). Furthermore, line-by-line coding allowed me to become oriented with the data, revealing patterns and points of interest within the transcripts (Charmaz 2006). From here, I engaged in focused coding. This process included reviewing initial codes for commonalities, patterns, or themes. Based on these patterns, I merged

codes and developed subcodes, comparing new codes with existing codes to explore how they relate to each other. Survivors and providers were coded using separate codebooks.

Throughout this analytic process, I engaged in extensive memo writing to explore potential patterns and themes throughout the data. After each interview was conducted, I wrote an analytic memo, noting any potential areas of interest or surprising responses to explore in future interviews. Additionally, after reading each transcript and throughout the coding process, I utilized analytic memos to explore possible themes and converse with myself about the data. These analytic memos allowed me to think critically about my data, reflect on my assumptions, and explore possible categories, patterns, and themes within the data.

## REFLEXIVITY

Aligned with feminist research methodologies, I recognize that any research interpreting the meanings and experiences of participants contains the positions and perspectives of the researcher. Through analysis, the researcher interprets and creates meaning, choosing the pieces of narrative that appear meaningful and weaving that meaning into the research project (Riessman 1993). This study was no different, and throughout the process, I strived to remain constantly reflective and mindful of the experiences, standpoints, and assumptions I brought with me to this project. As such, I want to discuss how I became interested in this topic as well as how my social location may have impacted my research.

I developed an academic interest in IPV- and family violence more generally- due to an undergraduate family violence course at the University of North Carolina Greensboro. This course shaped my understanding of IPV and allowed me to explore how IPV has impacted me, personally, as well as many of my loved ones. Throughout this course, I also noted the limited information on violence within LGBTQ communities. As someone who identifies as queer and

nonbinary, I noted how heteronormative and cisnormative power structures can shape survivors' experiences with abuse and access to resources. As my academic interest in this topic grew, I became especially cognizant of the lack of research on transgender and nonbinary survivors' experiences. Juxtaposed to the mainstream narrative of IPV as a women's issue within different-gender relationships, this absence felt even more stark. Personally, I realized that if I were to experience IPV, I would not necessarily feel comfortable accessing services geared towards cisgender, heterosexual women, and I wondered how other survivors may feel who do not fit into these identity categories. After continuously noting this absence of transgender and nonbinary experiences in the literature, I decided to help fill this gap. Since then, I have collaborated on numerous projects exploring transgender survivors' experiences of IPV, decisions to access helping resources, and development of adverse health conditions after experiences abuse.

While I identify as nonbinary, I also recognize that transgender and nonbinary communities include a diversity of identities and experiences with gender that are contingent upon race, class, sexuality, ability-status, and other facets of identity. While I do not fit into cisnormative boxes, I recognize that my experiences are largely different from my participants' experiences, and I worked to challenge assumptions I may have held due to my own experiences with cisnormativity and heteronormativity. Additionally, as someone who is white, my racial identity provided a specific standpoint from which I understood and interpreted my data. Specifically, my white privilege may cause me to miss relevant race-related findings. To address this potential for bias, I practiced constant reflexivity of my marginalized and privileged identities and positionality throughout the data collection and analysis process. I also recognized that this study is a co-construction, and it ultimately reflects my voice, as well as the participants' voices.

## CHAPTER FOUR: THE CONTEXT OF ABUSE

For this study, I interviewed transgender and nonbinary survivors of IPV to better understand the barriers they face seeking help for IPV, and their actual experiences seeking help. Though many researchers have explored these experiences in cisgender samples, transgender and nonbinary individuals likely face trans-specific barriers to seeking help which require further investigation. Understanding trans-specific barriers to help-seeking requires first considering experiences of abuse, which play a part in informing needs. Participants shared in-depth stories of their emotional, physical, and sexual abuse, often directed at their gender identity. Even for participants who weren't out to their partner about being transgender or nonbinary, their gender identity influenced their experiences and how they made sense of those experiences. For others, the abuse shaped their later coming out process and how they made sense of their gender. However, for almost all participants, their experiences of IPV were just one form of victimization in a broader context of victimization experiences.

### PARTICIPANTS

All participants in this study identified within the transgender and nonbinary umbrellas; however, participants had some variation in their gender identity. Ten participants were nonbinary, two were genderqueer, five were transgender men, and three were transgender women. However, participants understood their identities in different ways. For example, Alec's (mixed race, nonbinary) description of their gender identity was much more complicated than simply "nonbinary." They described themselves as, "a gender fluid genderqueer, gender nonconforming gender fucked, whatever. Just nonbinary person." Jaden (white, nonbinary) also couldn't settle on a label, sharing,

I have been struggling with a gender identity, I guess, label for years. So, I just now self-identify as trans and gender chaos. Gender chaos is a self-identified label of just gender is way too hard. And I'm autistic and I'd rather just eat food than worry about it.

Furthermore, participants' understanding of their gender involved a nonlinear journey of gender exploration. For example, four nonbinary participants discussed initially identifying as a transgender man. Henley (white, nonbinary) shared, "I thought I was a man for like a long time, and I definitely am not like cis. You know, I don't think I ever have been, but I'm definitely not a man." Reese (Chicanx, nonbinary) also shared,

I very specifically remember saying if I didn't have to get rid of my boobs, I think I would be a trans man. And and like so obviously that's me, like not knowing that there's like this whole other world of like gender nonconforming people.

For Reese, they were not exposed to the term "nonbinary" until they were in college, so their only understanding of transgender identity was still within the gender binary.

Jesse, who is agender, also shared a struggle with gender identity and expression because they were unfamiliar with nonbinary identities. They shared, "It was really funny because it took a really long time for me to realize that agender was a thing and an option because I was just rolling with the feminine because I don't like the other choice either." Despite "rolling with the feminine," they shared that they grew up with a strong aversion to feminine gender expression; however, once they realized they were agender, this expression had a different meaning. They explained,

I was so uncomfortable with the concept of being female. I hated, like, anything just innately feminine. Like I hated pink. Now I have pink hair. The irony. It was like once I came out it was like 'Oh okay now I'm comfortable with it.' Now I wear dresses. I paint my nails. I do make up. Whatever.

This example highlights both the difference between gender identity and gender expression as well as the interconnections between the two. Jesse believed that being forced into a feminine

gender expression as a “woman” felt like an “oppressive existence.” When they stepped into their agender identity, feminine expression felt more “performative” and enjoyable.

Many participants also expressed connections between their gender identity and other parts of their identity, especially sexuality. For example, as Reese struggled to make sense of their gender without knowledge of nonbinary identities, they understood it in relation to their sexuality. They shared,

I know like sex and gender, or sexuality and gender aren't necessarily, you know, they're- they're not necessarily mixed or whatever. But from my personal, like, searching story, they were very much intertwined because for a long time I thought maybe I was just a butch lesbian. Maybe that's just what I was. There was always that thought in the back of my head.

Rylan (white, nonbinary) also felt a connection between their gender identity and sexuality, explaining how both are expressed and affirmed through how they engage in sexual intercourse.

They explained,

I don't think that being a nonbinary person is one hundred percent separated from being a queer or bisexual person, and I don't think either of those things are separate from the sex that I have either. Like. I think that they're all relevant to each other and inform each other, especially now I have like sought out more affirming ways of having sex and sought out more queer and trans partners. The queer sex that I'm having with queer people is affirming to my gender identity.

Ellen (white, trans woman) also expressed a connection between her gender identity and sexual intercourse. Prior to coming out as transgender, she began having a lot of “gay sex” with men, using these sexual encounters as an opportunity to explore gender; however, this often brought a lot of shame and discomfort. She shared,

A lot of sex I was having just didn't feel right because, you know, I I was trans, but I didn't know it right. I'd like other partners to call me like a ‘good girl’ and stuff, but it was weird, and I felt embarrassed about that and kind of shameful. I had been repressing this like ‘I'm a woman’ thing for so long that like bringing it- bringing it to the surface sexually was very conflicting for me.

Overall, this study captures the experience of transgender and nonbinary survivors while recognizing that a diversity of lived experiences exist under these umbrella terms. Even when participants shared a similar identity, this identity often help different meanings for different people, especially based upon the intersections with other pieces of their identity.

## THE RELATIONSHIP CONTEXT

While participants ranged in their gender identity and sexuality, so too did their abusive partners. Most abusive partners were cisgender with ten being cisgender men and seven being cisgender women; however, two survivors dated transwomen, and one survivor dated a transman. Furthermore, fourteen partners were white, four were Black, one was Asian, and one had a race that was unknown to the survivor. Four of the relationships were interracial. The length of the relationship ranged from a one-time encounter to twelve years in length with the average length of the relationship being twenty-five months. Five participants began the relationship when they were minors in high school, though three of these participants continued the relationship into adulthood. Nonetheless, experiencing the abuse as a minor led to unique considerations for seeking help.

Within the relationships, many participants experienced multiple forms of abuse. Overall, nineteen participants experienced psychological abuse, twelve experienced physical abuse, and twelve experienced sexual abuse. Often this abuse was directed at participants' gender identity with twelve participants reporting such identity abuse. This was most common for participants who were out to their partner or openly questioning their gender with their partner. Participants also experienced identity abuse directed at their race, sexuality, ability status, and mental health diagnoses.

The psychological abuse that participants experienced took multiple forms. Many survivors reported that their partners would criticize their intelligence, appearance, and general existence. For example, Sam (Black, nonbinary) had a partner who would constantly insult their intelligence. They shared, “She used to talk down to me and belittle me. She used to always tell me I was wrong about everything and that I wasn't smart enough to do things on my own.” Justin (white, trans man) also experienced similar criticism, discussing the multiple times his partner would refer to him as “stupid.” Other participants experienced a more general criticism with partners treating everything they did as wrong. Lane (white, nonbinary) emphasized this when they said, “I was in a position where I was incapable of doing the right thing and was always doing something wrong.” The weight of this constant criticism hung heavy on many participants, as Jaden shared that their partner “kept kind of just nudging about like, ‘oh, hey, by the way, this is wrong. This is wrong.’ And it just kept piling up.”

In addition to constant criticism from one’s partner, participants also experienced gaslighting. When participants tried to express dissatisfaction in their relationship or address concerns with their partner, their partner often turned the situation around on them, blaming them for the problem, or they accused the participant of “overreacting” or “not being able to take a joke.” For example, Ellen shared,

When I would try and, like, bring up concerns in our relationship or feelings, she really would deflect and basically always said that ‘you're feeling this way because of this thing that you're doing’ you know what I mean? Or like, ‘you're not doing enough.’

For Kalin, this gaslighting was constant. They shared, “It was basically like my intimate partner was gaslighting me to the point that I wasn’t sure who I was.”

While psychological abuse was the most frequent form of IPV experienced by participants, several participants also experienced a range of physical and sexual abuse. Multiple participants had partners physically intimidate them. Jaden’s partner frequently punched holes in

the wall when he was angry, while Ellen's partner would regularly break household items during arguments. For some, the abuse involved physical acts like grabbing and pushing. For example, Reese shared that their relationship got "a little physical." They said, "There will be times when I get pulled into rooms and squeezed. My arms would get squeezed because I was saying something she didn't want [...] so I'd get pushed back really hard or something like that." Justin would also be grabbed aggressively by his partner, but he struggled to define it as physical abuse because "it didn't really leave anything more than just like a red mark." Still, other participants experienced severe physical abuse. For example, Brian (white, trans man) described his experiences as akin to "torture" with incidences of physical abuse that would last for several hours. On multiple occasions his partner also threatened him with a revolver.

Additionally, several participants experienced sexual violence from their abusive partner. For some participants, this involved sexual coercion, being pressured to engage in sexual activity at times or in ways that did not feel comfortable nor consensual. Other participants described instances of sexual assault. Many participants who experienced sexual violence described a combination of coercion and assault. For example, Reese, who experienced IPV as a teenager in high school, explained, "We did also do a lot of sexual stuff very early on, and some of the stuff that, like, I wasn't quite sure if this is what I wanted just because I was new to the relationship and everything." Being a teenager at the time, Reese was both new to the relationship and new to dating as a whole, especially dating a woman. This complicated their experiences negotiating sex within the relationship.

In addition to the experiences described above, participants told stories of being financially manipulated and isolated from social ties. A few participants shared stories of financially supporting their partner. In these stories, their partner often took advantage of this

financial support, leaving participants with little money of their own. Finn (white, nonbinary), for example, explained,

When we were living together, there were several times where he just essentially moved out, and I supported him financially moving out because there was financial abuse involved as well, or financial manipulation, I suppose. I worked basically the whole time we were together, and I didn't really see any of the money for myself because oftentimes it was going to his fixations, like gaming, new PC, moving out, his food bills when he wasn't in the house, his rent when he wasn't in the house.

Jesse also financially supported their partner while in their relationship. They said,

Later he'd like to use me financially cause I had the job, and he was unemployed for like a really long time. And then I found out that he had me paying like the rent, like all of the rent. He had a job, but like he just was like, "no", he just didn't pay any money.

In both of these examples, Finn and Jesse were financially manipulated by their partner, and as a result, they were unnecessarily working to support their partner. Damien (white, trans man), on the other hand, was manipulated into becoming financially dependent on his partner. His partner agreed to support him going back to school by covering many of their living expenses so that he did not have to work full time in addition to being a student. However, once he started school, she stopped consistently supporting him, leaving him food insecure and with little money. He explained,

I was living with this person who was supposed to be helping me out in that way, but, like, with you know, food and all that stuff, and I was left figuring out what meals I could afford to eat for the day.

In these examples of financial abuse and manipulation, survivors had limited control of their finances, including the income that they generated. This made it difficult to save money, pay for living expenses, and/or imagine a way out of the relationship.

Furthermore, many participants shared how their abusive partners would sabotage their relationships with others. For instance, Henley's partner would log onto Henley's social media accounts and contact people, pretending to be them. They shared, "My ex-husband, he would

literally go on my social media accounts and message people, and then delete the messages. And he totally ruined my friendships, my relationships.” Other participants shared stories of their partners painting them in a bad light with friends and family. Jesse explained, “I think the thing that got the most was like he would make it seem like I was like a total bitch, like a super horrible person to other people.” In Henley’s and Jesse’s examples, their partners actively tried to fracture their relationships. Other participants did not have that same experience; however, they did have partners who would become upset when they tried to maintain relationships with friends or family. Layla (white, genderqueer), for example, shared that their partner was, “just trying to isolate me away from friends and family and being upset that I kept close connections with friends and family.” Ellen’s partner also would become upset anytime Ellen wanted to see friends or family. She said,

She'd get upset when I wanted to invite any of my friends or family members over. So definitely she was pushing to isolate me. At least that's how it felt. And at the same time, like her sister, that we'd see her mom like and hang out with her mom like three or four times a week and see her sister and her sister's partner fairly often. But on the other side, like, she would get pretty angry at me. I got into multiple fights over me just like wanting to see my friends or interact with my family, and it wasn't even that frequently because nobody lived in my city.

Many of these stories aligned with general stories of IPV in society; however, participants also had different experiences related to their gender identity and other facets of their identity.

## GENDER AND ABUSE

For participants, their gender identity was often enmeshed in the abuse they faced. That is, participant’s gender identity was targeted in the psychological or sexual abuse that they experienced. This identity abuse was also interwoven with attacks against participants’ race, sexuality, and ability status.

### *Gendered Identity Abuse*

Several participants had their gender identities invalidated, policed, and attacked as a tactic of abuse. This often served as a way to criticize survivors, gaslight their experiences, and control their transitions. For instance, Justin was dating another trans man who demonstrated jealousy over Justin's transition. This jealousy paired with internalized transphobia caused Justin's partner to regularly emasculate and invalidate him. He would regularly refer to Justin as "the woman in the relationship" and tell him that he was "very feminine." This criticism served to undermine Justin's identity as a transman. When Justin began taking testosterone, however, his partner shifted to criticizing his masculinity, especially as it manifested in his physical appearance. Justin explained, "He also told me things like, 'You're going to be hairy. You're going to be disgusting. I hate men, I hate gay men.' That was what he told me a lot was like he hated gay men." Here, Justin's partner was serving to invalidate his gender in any way possible, and Justin later explained that this behavior essentially served to remove any of the pride he may have experienced regarding his transition.

Like Justin, many masculine-presenting participants were routinely emasculated and had their gender policed by their partner. For example, Ollie (Southeast Asian, nonbinary) had a partner, a cisgender woman, who often challenged their gender identity, pointing to any behavior or appearance choice possible that would undermine their gender. They shared, "She would just throw that in my face constantly and remind me, like, 'If you identify as more masculine presenting, like, why do you wear this? Why do you do this? Why do you still do that?'" This behavior served to limit Ollie's possible gender expression while in the relationship. Reese was also limited in their possibilities for gender expression. While they were not out to their partner during the relationship, they did attempt to explore more masculine expressions of gender;

however, this was often shut down by their partner who preferred for them to adopt traditionally feminine gender roles. They shared, “Any time I had to indicate that I wanted to, like, wear buttoned downs and bow ties and whatever it was met with a lot more resistance.”

For some survivors, partners used emasculation as a tactic to gaslight survivors and minimize the abuse they were experiencing. This was the case for Brian and Sam, both of whom were dating transwomen. When Brian would become emotionally upset from the abuse he experienced, his partner would make fun of him for “acting like a girl.” Similarly, Sam’s partner would invalidate their response to the abuse by claiming that a “real man” would be able to handle her emotional and physical outbursts. In these scenarios, the abusive partners minimized the abuse through gender tropes that both reasserted their femininity while emasculating survivors.

Other participants tried to come out to their partners and had their gender identity rejected. For example, Henley began questioning their gender during their abusive relationship and tried to come out to their husband, a cisgender man. His response completely rejected their gender identity, forcing them back into the closet. They shared,

I thought I was a man, and I came out to my husband at the time. He basically said to me, like, ‘What do you know about being a man? You don't know anything about being a man.’ He pretty much just shoved me into the kind of box of ‘You're like a traditional housewife. You can't be a man. Like you're not allowed to be a man.’

Finn, on the other hand, did not experience a negative reaction from their partner initially after coming out but was frequently misgendered afterwards. Any attempts to correct their partner could lead to bouts of physical violence. They explained,

There were several instances where an act of physical violence was explicitly because of gender related issues. Like if I was upset about being accidentally misgendered or something, then every once in a while, there would be an act of violence coming from that specifically.

### *Intersectional Identity Abuse*

Multiple participants discussed how identity abuse was not directed solely at their gender identity. Instead, it involved the ways their gender identity intersected with sexuality, race, and ability status.

*Sexuality.* For instance, the aforementioned examples explored instances where participants blatantly experienced gender invalidation, but other participants discussed experiencing this invalidation in subtler ways connected to their sexuality. This was especially true for nonbinary participants who were not medically transitioning. For example, Lane was dating a cisgender man who claimed to accept their nonbinary gender identity. He always used Lane's correct name and pronouns, yet he also asserted that he was a straight man. Lane explained,

I am not in the practice of telling anyone else how they should identify, but he firmly and simply stated that he was absolutely straight, absolutely heterosexual, despite the fact that I am not a woman. And we had a lot of discussions about, you know, I'm not trying to police your identity in any way, but it is the things that you are saying leads me to believe that you essentially still view me as a woman. You used my incorrect name and pronouns and told people that I am nonbinary, but I- the things you're saying lead me to believe that you believe in your heart of hearts that you are only OK with dating me because I am a woman in your eyes.

Later in the relationship, Lane's suspicions were confirmed. They shared,

He spoke often about how, like some classic transphobia content, about how I have not had any gender affirming surgeries and have not ever undergone hormone therapy. So, from his perspective, my body was, quote, you know, just a woman's body. And for all intents and purposes, in his words, I was still a woman. I just used they/them pronouns and did not identify as a woman. So, he used a lot of language to say, 'Yes, I'm OK with dating you as a queer person, but it's only because in my brain I can just tell myself that this is essentially just dating a woman.'

In this example, Lane's gender identity was only respected until it began to impact their partner's sexuality. Prior to Lane coming out, their relationship with their partner would have been perceived as a different gender relationship with a cisgender heterosexual man; however, Lane's

nonbinary gender identity directly impacts this view of the relationship and their partner's role in that relationship. Reese had similar experiences. As mentioned before, Reese was not out to their partner about their gender identity; however, they did attempt to openly question their gender with their partner once. Their partner immediately shut down this questioning because it impacted their identity as a lesbian. Reese shared,

I remember her reaction to that was, like, 'what the fuck are you saying? Like, you can't do that. Like, also especially like you're not going to completely change because if you completely change into some other gender, then I'm not a lesbian anymore.' Like, it threatened her sexuality too.

In these scenarios, survivors' gender identity was invalidated and their transition was controlled by partners who were concerned about how this transition impacted their sexuality.

Other participants noted how their own sexuality was targeted by their abusive partner in ways that also served to invalidate their gender identity. In particular, participants who were assigned female at birth and identified as an identity other than heterosexual often had their sexuality weaponized against them and fetishized by their abusive partner. This often involved invoking myths and tropes of bisexuality that is specifically directed towards bisexual women. Thus, by promoting these myths and tropes, abusive partners both used survivors' bisexuality against them and reinforced the notion that survivors were women. For example, Layla's partner was insecure about their bisexuality. They shared, "He, like, weaponized the myth of bisexual promiscuity and being like 'because you're bisexual, you have to be a whore.'" Lane echoed this experience, saying,

His fears and a persistent theme throughout the relationship was that he was accepting of my sexual orientation but with an underlying fear that I would leave him for a woman. He seemed to become more and more like bi phobic or queer phobic and was convinced that he, as a man, was not enough and that I would leave him for a woman because being queer was an important part of my identity.

Though neither of these experiences directly target their gender identity, such insecurities are rooted in a stigma against bisexual women.

Other participants found their bisexuality was fetishized by abusive partners. While this fetishization is still rooted in a myth of bisexual promiscuity, it shifts the focus to be for the benefit of the abusive partner, who was typically a cisgender man. For Kalin (Black, nonbinary), their abusive partner sought to bring a woman into the relationship once finding out they were pansexual. They explained,

I was out to him. I'm pansexual. So, he was like, 'oh you like girls- we should add a girl to our relationship. We should do this. Do that. Do this.' And it was just really, like, I was trying to go along with it because like, ya know, I was trying to be the cool girlfriend.

This desire to add a woman to the relationship was fueled by the fetishization of bisexual/pansexual women for the male gaze. Though Kalin identified as nonbinary and was out to their partner, they were not out to anyone else, and they were afraid of people finding out. Their partner capitalized on this, frequently invalidating their gender identity under the guise of protecting them from being outed. Kalin, therefore, internalized pressures to be a “cool girlfriend” so that other people would not suspect that they weren't a girl at all.

Jesse also knew their partner would fetishize their bisexuality. “When it comes to my sexuality in this regard, I didn't want to explore it openly around him because I was like one of my biggest hang ups is the sexualization of my sexuality.” Once again, this fetishization of survivors' sexuality was rooted in womanhood. Jesse even described it as “a tool of the patriarchy” meant to subject women for the male gaze. Again, many of my participants who experienced this fetishization were out to their abusive partners at the time, meaning this fetishization also required an invalidation of their gender identity.

*Race.* While most participants discussed the fetishization of their sexuality, Ollie discussed it in reference to their race. They described their partner as having an “Asian fetish”, explaining how their partner would fetishize them and other Asian people throughout their relationship. At times, this fetishization was even used to criticize and invalidate Ollie’s gender. They explained,

She would also fetishize me for being Asian because she had an Asian fetish and would watch a lot of like anime and like K pop and she would always be like, ‘oh, look. Men in K pop are, like, so cute.’ Like, she would be like, ‘I wish you looked more like them’ or stuff like that which really fucked with me because she knew I was not cis at the time.

Through fetishizing other Asian men, Ollie’s partner criticized Ollie’s masculinity as being less than that of men in K Pop. It is also important to note that while Ollie is nonbinary, they viewed themselves as more of a transman at the time they were in this relationship. Therefore, fetishizing Asian men in front of Ollie, served to exoticize their race and reinforce that they are not a real man.

*Ability.* In addition to sexuality and race, many participants explained how partners used their mental health diagnoses, neurodivergence, and physical disabilities against them. Often this was used to construct them as outcasts to their peers, further isolating them from others while in the relationship. Ollie, for example, had a history of hospitalization for mental health concerns as well as a history of self-harm, which they rooted partially in an internal struggle with their sexuality and gender. Their partner used these mental health struggles to sabotage Ollie’s relationships with others. This escalated after their relationship ended and persisted for years after. Ollie shared,

When I got closer to this girl that I was crushing on, [my ex] was good friends with the best friend of this person, and she was just like ‘Hey, tell so and so don’t date Ollie because, you know, they self-harm, and they’re really messed up person and you don’t know what they might do.’ So that was really bad.

In addition to spreading stories about Ollie's mental health, this ex also shared intimate personal details about their families' financial struggles, their father's jail sentence for perpetrating IPV, and their desire to medically transition as a transman. Each of these private details about Ollie's personal and family life also represented common social stigmas leading their peers to gossip about and distance themselves from Ollie. As a result, Ollie discussed becoming socially isolated and suicidal.

Jesse's partner also worked to isolate them from others, using their autism diagnosis to paint them in an undesirable light. They explained, "I am jittery and autistic, so like a lot of my emotional shit doesn't seem genuinely connected. So, it's just an extra advantage he had." One way this manifested was comparing Jesse to characters like Cartman from South Park, a character who is known for being blunt and insensitive. This characterization served to isolate Jesse from peers who began poking fun at their personality.

Finally, four participants suffered from a physical disability during their relationship. Brian, for example, suffered from a disability that caused his joints to frequently dislocate. His partner, who also suffered from health concerns, forced him to care for her, putting extra strain on his body and eventually worsening his physical disability. Aware of the harm this was causing Brian's body, his partner continued to make him care for her and refused to let him seek proper medical treatment. He explained,

That's when my knees started to go backwards. My arm was coming out of socket, so, you know, lifting 450 pound off the ground every day because she wanted to sit on the floor. You know, physically my arms come out and then I couldn't take care of myself medically.

Overall, this was just one more way that his partner enacted physical abuse. Relatedly, Sam experienced medical abuse directed at their heart condition. Their partner controlled access to their heart medication and would often withhold this medication or give him an incorrect

dosage. At one point, she even replaced his heart medication with another drug causing an almost fatal overdose.

## THE DIALECTIC BETWEEN GENDER AND ABUSE

The stories detailed above highlight the many ways that gender, along with other facets of participants' identities, influenced the abuse that they face. Often abusive partners would target their identity in the abuse, seeking to invalidate, gaslight, fetishize, and attack them. However, the relationship between gender and abuse was not simply one directional where gender impacted abusive experiences. In fact, several participants discussed how their experiences with abuse shaped their understanding of their gender identity. This was especially true for participants with low levels of outness during the time of their relationship as many were still trying to make sense of their gender.

As noted previously, six participants were only out to themselves during their abusive relationship, meaning that they were perceived as cisgender by their abusive partner and others. Many of these participants described how their relationship limited the opportunity to explore their gender while others described it as a last attempt to live as a cisgender person. Ellen, for example, had begun questioning her gender at various times throughout her life, but she would stop short of fully exploring who she was. She viewed her abusive relationship as an example of this. Prior to her abusive relationship, she had begun experimenting with her gender expression, including buying some feminine clothes, but upon entering this relationship, she stopped outwardly exploring her gender. She described this choice to enter into the relationship presenting as a cisgender man as a "last throw of the dice at normalcy." In the present day, she recognizes that she can still lead a "normal life" as a transwoman; however, at the time of the relationship, the two did not feel compatible. Furthermore, Ellen did not feel like she could come

out to her partner, stating “she was also very traditional, and I think, for me, I felt like that would have been very weird and I feel like she would respond pretty negatively to that.”

Reese, also, did not feel comfortable coming out to their partner, especially after the experience described previously where their partner invalidated Reese’s gender questioning because it impacted her lesbian identity. Within their relationship, Reese typically embodied a traditionally feminine role which frequently caused dysphoria. Reese explained that this embodiment was the result of the intersections of their age, gender, and sexuality. At the time, they were in a teenage lesbian relationship, and as teenagers they and their partner were trying to make sense of how lesbian relationships work. With their only models being heterosexual couples, they sought to imitate heterosexuality, including embodying strict gender norms. However, Reese’s partner embodied a more masculine and dominant role, forcing Reese into the submissive one. They said,

I also never got to truly express the masculinity that I was trying to embrace in my life. During that time, I very much had to deny my own gender identity to reinforce the heteronormativity that we were trying to do within this, like, unhealthy, immature lesbian relationship.

Similar to Reese, Kalin also felt pressured to perform a traditional femininity in their relationship even though they identified as nonbinary and masculine presenting; however, for Kalin, this was rooted in their fear of being outed. They shared,

I would force myself to be more feminine even when I didn't want to be, and I would sort of like suppress my more masculineness, so to speak, where I would want to dress more masculine, and, like, I would have a lot of dysphoria about it, and that was something that I would have to deal with.

Unlike Reese, Kalin’s partner did know about their gender identity; however, similar to Reese, Kalin’s partner tried to force them into traditional femininity, criticizing any gender transgressions as being “unladylike.”

For Reese, Kalin, and Ellen, their gender exploration and expression felt limited by their relationship with their abusive partner. This sentiment was echoed by several other participants who began privately identifying as an identity other than cisgender within their relationships but felt like they had to keep this to themselves. Many participants weighed sharing their experiences with their partner and anticipated a negative response. Rylan expressed this anticipation, explaining, “I also had maybe for like a month or so been thinking about my gender identity. At this point, I was like, ‘Yeah, I guess if I could come out now, I would probably not feel very affirmed by him.’” While being forced to suppress their gender identity created dysphoria for several participants, it also motivated some to end their relationship. Four participants came out within months of ending the relationship, citing their desire to live as their authentic gender as a reason for the breakout.

In addition to the abuse impacting participants’ gender identity within the relationship, many participants also felt that impact long after the relationship ended. Here, participants explored how the abuse affected how they made sense of their own gender. Henley, who is nonbinary, shifted their gender identity and expression after ending their abusive marriage. They explained,

After I got divorced, I thought I was like a trans man, and I started, you know, really just like playing into traditional masculinity roles. I, like, cut my hair off again for like the millionth time, but like with the intent to be a man and like try to be a man. I was like binding and packers, like the whole nine.

This transition is different from how they currently identify and present themselves, and they rooted this initial expression within the trauma they faced from their abuse and help-seeking experiences in which they were perceived as a cisgender woman. They said,

I think that, like, my experiences trying to get help and being coded as a woman, as a helpless woman, damsel in distress and also, like, not worth saving, it made me realize that, like, the only way to get the help or get the things that I need in this world is like be

seen as man, and I think that that is like how that personally impacted my gender experience, like my gender identity.

In this story, Henley explains how their gender identity was shaped by the traumatic experiences they faced; however, it is important to note that Henley was not arguing that they were transgender because of the abuse. In fact, throughout this story, they clarify multiple times that they “definitely are not cis” and that they “don’t believe being trans is a disorder.” They also didn’t identify as cisgender even prior to ending the relationship. Instead, they are arguing that the trauma they faced shaped how they made sense of their gender identity, and it took working through some of that trauma to better understand their gender.

This distinction is important because US society often characterizes trans identity as a disorder, mental illness, or response to trauma as a way to invalidate it. Such characterizations can cause harm to transgender individuals who face regular invalidation and negative messages. In fact, this characterization played an important role in how Jaden made sense of their gender identity after the abuse. Jaden was out about their gender identity before entering into their abusive relationship, and they were out while in their abusive relationship, yet after exiting the relationship, they began to doubt their gender. After sharing their story online, people asked them, “Well, was your assault because you’re not cis or are you not cis because of your assault?” Internalizing this narrative that trans identity is a psychological disorder stemming from trauma, they questioned themselves for multiple years. They shared,

I questioned myself a lot harder about my gender identity than I should have about my assault because, well, ‘are you this way because of this or because this is affecting this?’ It definitely hurt because I had been out since then. I had been out before that point, so I knew the answer, but the fact that that was still lingering in the back of my head because someone else put those seeds of doubt.

Overall, participants’ gender identities and experiences of abuse were enmeshed in each other. They were inseparable, as participants shared both how their gender identity shaped the

abuse they experienced and how their abuse shaped their experiences with their gender. These two processes became mutually reinforcing, especially for participants who were early in their transition or who weren't out to anyone about their gender. Such participants were still making sense of their trans and nonbinary identities, and their experiences of gender invalidation and gender policing shaped how they understood and expressed their gender both within the relationship and after the relationship ended. For participants who were out to their partner, their partners often capitalized on this uncertainty and insecurity, leveraging participants' gender identities against them as a form of identity abuse. This abuse also manifested at the intersections of gender identity and sexuality, race, ability status, and age.

#### THE BROADER CONTEXT

Though this study sought to understand participants' experiences with IPV, this violence was often just one form of victimization within a broader context of victimization experiences. Throughout the interviews, thirteen participants shared stories of witnessing IPV between parents, experiencing child abuse, or being sexually assaulted outside of an intimate relationship. Additionally, eight participants shared traumatic coming out stories often consisting of verbal abuse and sometimes leading to physical abuse. One participant described being kicked out of their home after coming out as a teenager while another participant described running away for fear of violence. Finally, seven participants described facing transphobic discrimination prior to their abusive relationship. In the end, several participants discussed compounded victimization experiences. Only one participant did not vocalize some form of prior victimization; however, this does not necessarily guarantee that the participant did not experience prior victimization as participants were not directly asked about prior victimization with interviews. Instead, the topic arose organically for participants in their stories of IPV.

For the nineteen participants who shared prior traumatic experiences, these traumas shaped their life trajectories. As Rylan notes, “There's a lot of traumas that I feel like I went through that really did shape who I am.” They also re-emphasize this importance, sharing that “I hold my gender identity and also trauma as some of the more important things in my life.” Rylan noted the impact that trauma has had on their lives, starting in early childhood, and they discussed in their interview how this led to their future relationships. They also talked about the “connectedness” between these traumas and their gender identity which were contingent upon each other. For almost all of my participants, this theme of prior victimization weaves in and out of participants stories of help-seeking and the barriers they encountered to help-seeking. Past experiences of violence and transphobia shaped their perceptions of their abuse, their gender, and the help-giving resources that were available to them. However, this is not to suggest that their gender identity emerged from trauma which remains a stigmatizing and transphobic myth in society. Rather, this finding highlights the severity of violence that transgender and nonbinary people face which becomes compounded and shapes their future experiences.

## DISCUSSION

As participants shared stories of abuse at the hands of their intimate partner, they highlighted the complex relationship between their abuse and their gender identity. Participants who were out to their partner detailed instances of identity abuse where their partner wielded transphobic attacks against the survivor; however, even participants who were not out to their partner described a relationship between the abuse and their gender identity. Some noted how the abusive relationship limited their opportunity for gender exploration, others described this limitation as a motivator to end the relationship, and still others shared how the trauma from this

abuse impacted how they processed their gender identity afterwards. Furthermore, almost all participants situated their IPV victimization in a larger web of violent experiences.

Polyvictimization scholars suggest that prior victimization experiences may create vulnerabilities that can increase the risk of future victimizations (Finkelhor et al. 2007; Sterzing et al. 2017). In the current study, participants have shared stories of family violence, bullying, sexual assault, and transphobic microaggressions that shaped their experiences with IPV. While most polyvictimization research has focused on cisgender children, a few quantitative studies have looked at transgender youth, finding higher rates of polyvictimization experiences (Sterzing et al. 2017). Furthermore, violence against transgender people starts early in life and lasts throughout their lifetime, often including many acts of violence on a daily basis (Stozer 2009). Polyvictimization scholars argue that focusing exclusively on a single type of violence, fails to address the broader scope of victimization experiences, perhaps even over inflating the impact of a single form of victimization (Sterzing et al. 2017). However, these studies still do not account for violence associated with coming out to family and friends, nor the everyday experiences of transphobic microaggressions and microinvalidations. When researchers broaden the definition of violence to account for the daily encounters that transgender people face, they can account for clearer understanding of the impact routine trauma has on survivors' understandings of themselves and the relationships they enter into.

Participants in this study who were out to their partner detailed stories of transphobic attacks, echoing past research on identity abuse (Pietzmeier et al., 2019). In these scenarios, abusive partners use messages of society transphobia against survivors, directly attacking and invalidating their gender identity. This can occur via psychological abuse or sexual abuse. Furthermore, identity abuse is not a concept that is unique to transgender survivors. This type of

abuse has been documented for other instances of IPV against marginalized individuals. For example, abusive partners may wage racist, homophobic, or ableist attacks against survivors (Woulfe and Goodman 2021). Such findings are also echoed in this study as participants shared stories of their sexuality and mental health being targeted in the abuse. However, these findings also highlight the interconnectedness between different facets of one's identity, as these attacks against sexuality or mental health also often served to undermine participants' gender identity. For instance, a participant's sexuality was understood as particularly gendered, often in ways that contradicted participants' actual gender identity.

Though gender identity was often attacked within relationships where participants were out to their partner, many participants were only out to themselves at the time of the abuse. Furthermore, some participants were actively questioning their gender identity. They knew they were not cisgender, but they were still making sense of what this meant. In these scenarios, the abuse impacted their identity development. Scholars in the field of psychology have explored the impacts of trauma on general identity development, arguing that both trauma can impact individual's identity work and identity can be a lens through which trauma is understood (Berman, Montgomery, and Ratner 2020). However, most research that has looked at gender identity and trauma tend to be pathologizing, incorrectly suggesting that transgender identity development is a response to adverse childhood experiences rather than viewing adverse childhood experiences as a potential response to gender norm transgressions.

In reality, IPV did not cause participants to identify as transgender or nonbinary. Instead, it shaped their exploration process. In a transphobic and cisnormative society, transgender and nonbinary individuals may be forced to hide their authentic selves for fear of transphobic discrimination. Several participants anticipated a transphobic response from their partner if they

came out and, therefore, found their gender identity confined by their relationship. Others worked to understand their abuse through the lens of their gender identity and to understand their gender journey through the lens of abuse. As Rylan noted, gender identity and trauma may inform each other in complex ways, but more research is needed to understand the interconnectedness.

## CHAPTER FIVE: HELP-SEEKING BARRIERS

When participants were in the midst of their abusive relationship, many contemplated reaching out to loved ones or structural resources for support. Though many participants did seek help during the relationship or after it ended, each participant described numerous barriers to doing so. Barriers arose which were both internal to the individual and external. Additionally, barriers were both real and perceived. That is, some barriers were rooted in assumptions and expectations that informal and structural resources would respond in negative ways. For many participants, these assumptions were rooted in past experiences of trauma combined with an internalization of societal messages. After all, even participants who had not directly experienced transphobia or other identity-based violence had been exposed to oppressive societal messages, political rhetoric, and current events. This prior violence and exposure shaped participant views of what abuse looks like and of how transgender people are treated.

### INTERNAL BARRIERS

All participants expressed an initial difficulty recognizing their experience as abusive, though how and why this difficulty manifested varied for participants. Eleven participants either witnessed abuse between their parents as children or experienced child abuse directed at them. Many of these participants explained how these early childhood experiences normalized abusive behaviors for them or made it more difficult to recognize abuse that did not resemble these experiences. Several participants also had difficulty labeling their experiences as abusive when they were not overtly physical or sexual. In fact, several participants chose instead to define their experiences as “toxic” or “unhealthy” which allowed for the degree of harm to be more easily minimized. Finally, some participants internalized blame for the abuse, often rooted in other negative, internalized messages. That is, they either thought they caused the abuse, felt shame for

being unable to stop the abuse, or believed an abusive relationship was the best experience they could get as a transgender or nonbinary person.

### *Replicating Familiar Patterns*

Over half of participants discussed violence that they witnessed or experienced within their family unit. Seven participants witnessed abusive behaviors between their parents growing up, six participants experienced child abuse from a parent or other family member, and four participants experienced abuse from a parent directly related to coming out as transgender or nonbinary. These experiences dramatically shaped participants' understanding of their abusive intimate relationship. Multiple survivors described their abusive relationship as replicating their relationship with the parents. Alec (mixed race, nonbinary) described this replication as follows,

When you witnessed or are involved in domestic violence or like interpersonal violence situations as, like, a youth or early in your development, you replicate what you know. So, if we don't have a way to recognize what happened, the traumas that happened to us as kids or the traumas we witnessed as kids, how are we expected to not replicate them as adults, whether as perpetrators or as victims or survivors?

Alec had witnessed IPV multiple times in their childhood. Their biological parents were in an abusive relationship that ended when they were a young child after they and their mother fled across the country. Later, their mother remarried a man who they described as "being violent in the past." These relationship patterns manifested in Alec's dating life, first with a partner who made them feel unwanted, then within several violent intimate encounters, often with people they did not know well. However, these encounters did not initially seem abusive to them. They shared, "It took like a few months for me to get into therapy to deal with that and also to realize that, like, I replicate my parents' relationships because that's what I know."

Reese (Chicanx, nonbinary) shared a similar journey. Their parents had a turbulent relationship which they described as being "very on again off again." After being together for

twenty-seven years, they decided to divorce while Reese was in high school. Reese explained, “For twenty-seven years, I would say about seven of those twenty-seven years they were breaking up, moving away from each other. We were changing houses. I was changing schools. Then they came back together, and they’d try again.” This model of relationship dynamics shaped how Reese understood their own abusive relationship in high school, a relationship that was also very on again and off again. They said, “I didn’t know what healthy looked like. My parents were the last thing to base any kind of relationship on. Like I did not at all ever have a good example of what a healthy relationship was.” It wasn’t until their parents were officially getting divorced that they began to realize what was happening in their own relationship. That is, when comparing their relationship to their parents’ relationship, they realized “it’s the same damn thing.”

While some participants did not describe their actions as replicating their parents, several participants did describe their early exposure to abuse as normalizing their experiences. For example, Henley (white, nonbinary) had witnessed abusive relationship dynamics throughout most of their life. When they began experiencing abuse in their own relationship, this just felt like more of the same, reflecting the only relationship dynamics that they ever knew. They shared,

My experience is complicated. All I knew was abuse until I met him. You know, like, his behavior was normal to me. His behavior was like how my mom would treat me, how all of my partners up until that point would treat me, how my father treated my mom, how my brother treated his wives, and how my sisters’ partner would treat her. So, I didn’t really know, like, love and care.

Kalin (Black nonbinary) also felt that their experiences of verbal and psychological abuse were normal because they saw this modeled in the parents’ relationship. They said, “As a child of separated parents, seeing my mom and my dad argue all the time, I thought maybe that was

what love was. That was just how people went through life. You had to deal with stuff like that.” Overall, several participants had abuse, especially psychological abuse, modeled to them, and this became what they expected in their own relationship.

For other participants, they had witnessed more severe IPV among family members and friends. This IPV was often recognized as abuse by participants, but the contrast of this abuse from the psychological abuse that they experienced served to minimize their experiences. For example, Ollie (Southeast Asian, nonbinary) witnessed physical IPV between their parents growing up. This shaped their understanding of abuse. They explained, “My idea of what abuse was like there was like alcohol involved. There was physical abuse involved.” When their experiences of psychological abuse did not match their idea of abuse based on their parents’ experiences, they minimized their own abuse to instead being in a “toxic relationship.”

#### *Abusive vs Unhealthy or Toxic*

All participants eventually labeled their experiences abusive, hence their participation in this study; however, throughout the interviews, participants often substituted the word “abusive” with terms such as “unhealthy” or “toxic” to describe their relationships. This terminology connoted a negative experience that was less severe or serious than abuse. Often this label was applied in instances where the abuse was less overtly physical. Participants used the term to describe relationships involving psychological abuse, sexual coercion, or less physically damaging physical violence.

Multiple participants shared perceptions of “abuse” as a phenomenon experienced by cisgender woman, consisting of physical violence perpetrated by cisgender men. This perception was often connected to broader societal depictions of IPV. For example, Ellen (white, trans woman) shared, “In high school, we talked about IPV, and it was always like men abusing

women.” Similarly, Jesse (white, agender) explained, “I think society as a whole looks at physical abuse and it's more common for them to be like, ‘oh, yeah, well, that's innately abusive.’” As mentioned previously, Ollie also viewed IPV as physical abuse, though often involving alcohol. Damien (white, trans man) shared a similar definition.

Because participants understand abuse using the narrow definition depicted in broader society, many minimized their experiences as being less serious. For instance, Jesse who already identified physical abuse as “innately abusive” described feeling “imposter syndrome” regarding their own experiences of psychological abuse, sharing, “I’m like, oh. I don't think I count. I didn't get beaten or nothing. I'm alright. I'll just kick him out.” Layla (white, genderqueer) also questioned the seriousness of the psychological abuse they faced, sharing, “I do think that I had, like, I don't know if imposter syndrome is the right word, but, like, self-gaslighting about, like, ‘is this even really domestic violence?’” Though during our interview, they were able to confidently answer “yes”, they explained, “At the time, I didn't feel confident in labeling it as such, and since I didn't think about it that way, I didn't think about reaching out to people about it.”

Instead of labeling experiences as abusive, multiple participants chose words that minimized the seriousness of their experience. For example, Damien asked himself, “What is violence and what is not violence, you know? Was I just with this really manipulative person or, was there this aspect of violence? Of something more than just being with someone who was not right for me kind of thing?” Throughout his relationship, he did not use the label of violence, though he did experience psychological abuse and sexual coercion. Even after the relationship ended, he tended to describe his experiences as having a “crazy ex-girlfriend” rather than an abusive ex-girlfriend. This label provides a unique take on a common trope within popular

culture that is typically used by abusive men to discredit and invalidate women's needs within a relationship or during a break-up (Zaccour 2018). For example, "crazy ex" claims within child custody cases have helped fathers win custody battles (Zaccour 2018). Further, the crazy ex-girlfriend is a common trope in popular culture, often depicted as comic relief. However, in Damien's case, this "crazy ex-girlfriend" trope was used to minimize his ex-girlfriend's abusive behavior, serving to discredit and invalidate his own experiences.

While many of their participants minimized experiences because they were psychological or coercive, rather than overtly, physically violent, this finding also had a gendered component. For participants who identified as more masculine while in their abusive relationship, this minimization of abusive experiences appeared stronger. Not only did the psychological abuse they faced fail to match their understanding of violence, but their gender identity failed to match their understanding of victimization. For example, Damien, who questioned if he could truly call his relationship violent, also questioned whether men could truly be abused, especially by a woman. Kyle (white, trans man) also shared a similar sentiment. Being in a relationship with a cisgender woman undergoing serious mental health concerns, Kyle said that he wasn't going to use the "A" word in describing his experience. At the time of his relationship, he viewed his partner as someone who was "mentally unwell" and needed his support. Throughout our interview, he used different terms to describe the dynamics in the relationship. Multiple times he shared that "it was not a great relationship" and that she wasn't "bringing out the best" in him. Later, he shared, "It wasn't just not an unhealthy relationship, you know. It was toxic and not appropriate." While these comments could reflect the fact that Kyle did not experience physical violence from his partner, he also eventually connects this view to his gender. Considering

himself a more “traditional man,” he believed that “men just don’t deal with that.” Reflecting on this belief, he shared,

If I'm thinking about it that way, and I'm being honest, I feel like there is some bit of being a man undergoing any sort of domestic abuse that I'm, like, ‘Nah he's fine.’ That kind of thing. That would be a negative thing about being a traditionalist that I hadn't really processed before.

Though Ellen (white, transwoman) did not subscribe to traditionalism, she also struggled with the idea of men being abused. While Ellen is a transwoman, she identified as a cisgender man in her relationship, though she “knew” she was a woman since she was a small child. As noted previously, Ellen viewed entering this relationship as a “last throw of the dice” at normalcy, and she ended the relationship to finally explore her gender, coming out soon after. Nonetheless, she shared that she struggles to view her time in that relationship from the perspective of being a woman. She explained,

I think it will take me some more time to really understand everything that's happened in my life through the lens of like, ‘Oh, I was trans and didn't know it.’ I think that this specific relationship definitely- I don't know. I mean, because I was so close to coming out and being myself, I think it is a little bit easier to come to terms with, but at the same time, with the events that happened, I still struggle to see myself as a woman in that situation.

Between her conception of her gender at the time and the type of psychological abuse and intimidation that she experienced, she struggled to label her experience as abusive or to identify herself as a victim. She shared,

I think, like even now I'm kind of like, I don't really know. If that was, like, I don't know. I still feel kind of like- I see those things were like not healthy behaviors and definitely a sign of a bad relationship, but I still kind of struggle placing myself, as a victim in this case. I needed to get away and I did.

Overall, seven participants described their relationships as toxic or unhealthy, explaining how this label was used to minimize their experiences. As Layla noted, because participants did not label their experiences as abuse initially, they didn’t consider that they may need to seek help

or talk to someone about what was going on. A toxic relationship felt more normalized and less serious, especially when compared to their definitions of IPV as physical abuse. Toxic relationships were considered easier to get away from and something that participants should just “get over” rather than dwell in.

### *Internalizing Identity Abuse*

In addition to the struggle to label their experiences as abusive, many participants internalized the identity abuse they experienced from partners along with the transphobic societal messages they had received throughout their lives. For some partners, this led to shame and embarrassment, especially for those who were emasculated by their abuser. For many other participants, this internalized transphobia led to a fear of being alone.

As noted previously, Justin (white, trans man) experienced constant emasculation by his intimate partner who was often jealous of his transition. However, this IPV experience was not the first time that his gender identity was attacked. When Justin came out to his mom as an early teenager, her response was so severe that he went back into the closet through high school. His second coming out experience with her in college was also “traumatic.” Justin shared, “She was very rude to me and asked a lot of really personal questions. She told me I was going to get AIDS and die alone and be ugly.” After these experiences combined with a gendered understanding of IPV, Justin felt embarrassed. He explained, “It was embarrassing for me to say, I think because they viewed it as an issue that, again, primarily happens to women.”

All but one transgender man in the sample expressed shame surrounding the abuse rooted in their masculinity. For example, Parker (white, transman), like Damien, believed that “real men” could not be abused, and he viewed his survivorship as a weakness. He felt the abuse he faced suggested that he was “not strong enough” and, therefore, was “less than a real man.”

Brian (white, trans man) also described feeling like “less of a man” when he was sexually abused by his partner, especially since his partner sexually abused him in ways that invalidated his gender identity. Thus, even when participants did begin to recognize their experiences as abusive, the internalized shame they felt that was grounded in norms of masculinity continued to silence their experiences.

Furthermore, many participants internalized transphobic messages that portrayed transgender people as unlovable and undeserving of a relationship. This was often combined with several experiences of rejection from loved ones after coming out. For example, Finn (white, nonbinary) was “forced out of the house” at age seventeen after coming out to their parents. Aside from their abusive partner, they felt completely isolated, stating, “I don't have a friend. I've lost my family after coming out. Like, I've got basically nothing left to my name.” Participants like Finn were looking for love and acceptance. In fact, several participants described wanting to be in a relationship, and a couple of participants even discussed entering into their abusive relationship with little actual interest in their partner. Instead, they just wanted to be loved. For example, Justin admitted that he never loved his partner. Instead, he explained, “What I wanted was to be in a relationship, not necessarily in that relationship.”

Unfortunately, while many participants wanted to be in a relationship, they believed that few options would be available to them because they are transgender or nonbinary. For example, Kyle believed that being a transman there was a “take-what-you-can-get” aspect to dating. He elaborated,

It was one of my first relationships I got to be myself in. I felt vulnerable cause like, you know, some other comments from very cynical people in the LGBT family. It's like ‘you date who you can, not who you want to be with because the pond is so small.’ I felt like that was kind of something that, in the back of my mind, as far as being lesbian, my pond was kind of small. The people I could be with now being a trans man and being a trans man with somebody that had experience with the community and understood that I felt

like my pond was so small that no matter how upset I got or how not great our relationship was, like, you know, this is how- I care about her, so that's going to be enough to stay in a relationship.

Prior to coming out as a transgender man, Kyle already believed it was difficult to find a romantic partner. As a transman, he felt this difficulty increase, and this justified staying in an unhealthy relationship because he believed he couldn't find anyone better. Similarly, Lane (white, nonbinary) believed their gender identity and sexuality made them unlovable. They shared,

I think some large, internalized shame about something that I've worked through a lot more now is that my gender identity and sexual orientation make me harder to be in a relationship with or like harder to find a suitable romantic partner. That my gender or my sexual orientation will be a deal breaker for people.

This feeling of being unlovable could be easily capitalized on by partners who would initially shower them with love and kindness. For instance, while Justin experienced frequent criticism from his partner, his partner also showered him with compliments and attention, a behavior he called "love bombing." This positive attention served to negate the more common negative experiences he had. Damien, who had a similar experience, described it as follows:

There's this feeling that, like, you're not worthy of love, and you're not worthy of kindness, and you're not worthy of all these things. So, you finally have this person in your life that, you know, has shown you some kindness or has shown you attraction or has shown you something that has made you feel good. There's this worry that you'll never get that again.

Overall, multiple participants expressed a fear of being alone that prevented them from seeking help about their experiences. Participants were afraid to receive encouragement to leave the relationship, ultimately leaving them alone. This fear was even still present during the interview for some participants, like Brian. Brian has only had one relationship since his experiences of abuse which ended over six years ago. While he already felt that his physical disability and transgender identity complicated his chances of finding love, he also believed the

trauma of his abusive relationship caused further issues. He shared, “I wonder, you know, on top of being trans and being physically disabled, I’m like ‘Am I ever going to find anyone ever again, you know, that can take what I’ve been through?’” In this scenario, the trauma from being an abuse survivor contributes to the already existing feelings of loneliness and unworthiness that serve as barriers to exiting the abusive relationship.

#### EXTERNAL BARRIERS: FEAR OF DISCRIMINATION

While participants discussed a number of internal struggles with identifying their experiences as abusive, working through feelings of shame, and having fear that they would be alone, participants also experienced external barriers to seeking support. Often this fear was rooted in expectations about how others would respond to them, and these expectations were routinely rooted in past experiences of violence and transphobic discrimination. Overall, many participants discussed a fear of transphobia as a main reason they did not reach out to others. Some participants felt they were easily identifiable as transgender. Others had not been able to legally change their official documents, meaning their deadname and incorrect gender markers were listed on their driver’s license. Then, for others, their gender identity was targeted in the abuse. They could not explain their experience without coming out about their gender identity. In each of these instances, breaking the silence about their abuse would require outing themselves as transgender, and potentially exposing themselves to transphobic discrimination.

#### *Familial Barriers: Negative Coming Out Experiences*

Most participants who were out about their gender identity had experienced at least one transphobic encounter in their life. For several participants, this negative response came from family after coming out. Negative coming out experiences often left an impact, creating a barrier to seeking familial support for the abuse.

As already mentioned, Justin and Finn had traumatic experiences coming out, being verbally abused, and even forced out of their home. However, their experiences were far from unique. Several participants discussed having their parents react with hostility, routinely misgender and deadname them, or overwhelm them with insensitive questions. Even three participants (Henley, Ollie, and Alec), who described lower levels of outness during their relationship, shared stories of attempting to come out to their parents only to have them reject this so strongly that they felt forced back into the closet. From there, Henley and Ollie gave up trying. Though other participants reported having family members calm down and work towards accepting their identity, the trauma of these initial reactions can still linger. In this context, reaching out for help with IPV could just open up another avenue for families to invalidate their gender identity.

For example, Brian also had a traumatic coming out experience. As a teenager, he was outed to his family by a different ex-girlfriend who was unsupportive of his gender identity. He described the aftermath as follows:

My dad never yelled, never got mad, but that night, you know, I ran away cause he was absolutely livid. I mean, it was a scary experience. I literally put my dog in the garage and ran with the clothes on my back, and, you know, spent three days in my car.

While he eventually had to go home, the situation did not improve. To this day, his family constantly misgenders and deadnames him. Recognizing that his parents would not acknowledge his correct gender, Brian knew that if he shared with them the severe, physical, sexual, and psychological abuse that he was experiencing, his parents would pressure him to move back home where he would again face this constant disrespect and invalidation. His partner also knew this and would capitalize on that knowledge to convince him to stay. Brian said,

Every time, you know, I was thinking about coming home, my parents are transphobic and [my partner] would remind me, 'Oh your parents don't accept you for who you are. You're going to have to be a girl again. Do you really want that?' So, you know, I stayed and took the abuse and all this crap because I didn't want to come home and be female.

In this story, Brian had to choose between IPV or family violence. For the span of several years, Brian thought IPV was the better option. Justin also hesitated to reach out to family after the traumatic coming out experience with his mom, even though he explained that she became much more supportive after those initial responses. He shared,

I think with the trauma of my mom not viewing me as a man for so long, I think I didn't want to bring it up because I was scared that it would make her think less of me even more. Even though by that point she was, you know, she was for the most part respecting me at that point, I think I just was scared of how she would react.

Earlier in this chapter, I detailed Justin's embarrassment of experiencing IPV, which he perceived to be something that happens to women. These feelings were also evident in his expectations for how the rest of the world would respond, especially those who, like his mother, had already attacked his gender identity in the past.

Ollie also felt unable to seek help from their mom partly due to a negative coming out experience, though they rooted this barrier in the intersections of gender identity, race, sexuality, and mental health. Being a queer, nonbinary, Asian American with a history of hospitalization for mental health concerns, it was not possible for Ollie to talk about their gender identity without talking about these other pieces too. These pieces were inseparable. Ollie explained to me that in their family's Asian culture, personal issues are kept private. They shared, "I won't speak for all Asian Americans, but like within my community and my family's culture, if you're Asian, you essentially don't talk about those things, or it is not recognized or validated." They first felt the impact of this cultural value when they were hospitalized as an earlier teenager for suicidal ideation, a mental health concern that they partially attributed to struggling with their

sexuality. Instead of showing concern, their extended family disapproved of them putting unnecessary financial and emotional stress on their mother and the rest of the family. This value came up again when they came out as queer to their mom. Reflecting back, they shared, “Coming out to her probably wasn't the best move. It was seen more as a source of shame for the family than something to be proud of.”

Because of this, Ollie never successfully came out to their mom about their gender, and they felt like they couldn't tell their mom about the abuse which would be viewed in the context of a same gender relationship with a woman who often attacked Ollie's gender identity. Their parents were not an option. Like Ollie, Reese also had a negative coming out experience regarding their sexuality rather than their gender. Their sexuality was outed to their parents. They said, “[My mom] sat me down with my dad in the living room and was like, ‘Well, you either got to choose: Are you going to be gay? Are you going to be straight? And if you're going to be gay, I don't know if you're able to live in the house.’” Reese chose to remain closeted and live at home, but with this experience as a teenager, Reese, who wasn't out as nonbinary, couldn't share their experiences with abuse from a cisgender woman as this would be perceived as a lesbian relationship by their parents. They explained, “They would have been so upset that I was with her in the first place that I feel like I was just too afraid to go to them for anything.”

#### *Structural Barriers: Prior Discriminatory Experiences*

In addition to traumatic coming out experiences where their gender identity was attacked and invalidated, many participants also shared stories of transphobia from law enforcement, school administrators, and mental health professionals prior to the abuse, during the relationship, and post break-up. These collective experiences, which were sometimes paired with negative

coming out experiences, often shaped participants' access to structural support resources, both while in the relationship and after it ended.

For example, prior to experiencing IPV, Finn had several negative experiences with others that were related to their gender identity. Coming out to their parents as a teenager, they were pushed out of their home. At school, they were frequently subjected to transphobic and biphobic bullying by their peers. When they sought support for these experiences, authority figures- including teachers and law enforcement- blamed their gender identity and sexuality for what was happening. These experiences left an impression, and when Finn began experiencing verbal, physical, and sexual violence from their intimate partner after coming out to him, they believed seeking help was not an option. This would just create one more opportunity to attack their gender identity. They noted,

That theme of an authority figure saying, 'Well, you provoked it by being open about yourself,' has been so common throughout my life and relates back to reaching out to seek out help because that was stated by the teachers that I did go to for help. 'Well, if you weren't so bisexual or you weren't so transsexual perhaps people would leave you alone. Maybe if you didn't incite the violence by being, by existing, you wouldn't have to deal with that. Have you considered not being those things?' That was definitely a big part of me not reaching out to authority figures.

In this scenario, Finn had learned to expect victim blaming from any resource they sought help from, rooting the victim blaming in their identity.

*Law enforcement.* Several participants spoke of negative prior experiences specifically with law enforcement. For example, while Finn had multiple transphobic experiences, as described above, one instance with police stood out in particular. They shared,

When I was in high school, the only time that I ever called the police was when I was being essentially transphobically assaulted by the friend of my partner, who was just being like, 'Oh. He's not a faggot. He'd never interact with a tranny. That's not a real thing. Show me what you are.' I was assaulted, and I called the police, and the police completely just shut me down, ignored me and said, 'Well, like, you were provoking him by having your gender identity on display.' They forcefully patted me down as a 17-year-

old and was very sexually inappropriate. After that, there has not been a single interaction where I've ever called upon the police.

Finn's experiences hold multiple layers of transphobia. First, they were verbally and physically assaulted by transphobic peers. Then, when they sought help for these experiences from police, they were re-victimized psychologically, physically, and sexually through victim blaming and an inappropriate pat down. Two other participants had negative interactions with police, though these instances involved their engagement in sex work. Femi (Black, trans woman) grew up in a large family which she described as being "not very well off." She explained, "I didn't grow up as the person who had everything. I had to work so hard. It was a lot with school and just working so hard. I would do part time jobs. I would do many odd jobs just for my family." When she came out as transgender, her family was not completely unsupportive, but they also did not understand and overwhelmed her with questions and misconceptions. From here, she decided it was time to fend for herself, and she moved away from her family. Unfortunately, she explained, "I got into bad company, where they lured me into getting into the sex work industry." Her time in this industry was mostly negative, including being violently attacked and getting arrested. She explained how the police who arrested her made transphobic and sexually inappropriate comments, making her feel unsafe. Because of this experience, she vowed never to reach out to the police for help even through the severe physical abuse she faced from an intimate partner. Police were not an option until they "stopped viewing trans women as villains."

While transphobia posed an issue, race-based interaction with law enforcement was also discussed by participants as creating unique barriers and experiences. For example, Femi's experiences described above with police were rooted in her gender identity as well as her identity as a Black woman. Sam (Black, nonbinary) also described having "a fear of police growing up

Black in America.” Explaining how they attempted to avoid police contact, they shared, “My mom actually made me go to a training on what to do if you are stopped by police when I was a kid so I wouldn't get shot.”

Ollie also shared how police made them feel unsafe, explaining, “If I see a police officer, I don't feel safe. I'm just like, I need to get out of there. I don't feel safe. It's just a lot of combinations of experiences that made me feel unsafe.” Growing up with IPV, they witnessed multiple police interactions often initiated by neighbors. They stated,

We lived in a predominantly white neighborhood. We were probably one of the few families of color there, and we were constantly having the cops called and brought to our house. It was just a lot of really traumatic experiences with the police.

Ollie's experience rooted in race and class dynamics as well as childhood exposure to IPV shaped their future perceptions of police. While most participants referenced the harm police pose to marginalized communities, participants of color were acutely aware of these harms. This combined with their experiences as transgender and nonbinary IPV survivors shaped their willingness to reach out to other resources.

*Mental Healthcare Providers.* While many participants shared negative experiences with police as shaping their help-seeking behaviors, other participants shared transphobic experiences with healthcare professionals. Cathy (white, transwoman), for example, began experiencing abuse after being outed to her wife. Her wife began accusing her of being “perverted” and “crazy,” forcing her to go to counseling to “treat” her “sickness.” Unfortunately, Cathy did not end up going to a trans-affirming counselor. She shared, “The first counselor I went to basically said, ‘Hey, you have a fetish. You like watching or seeing the visualization of it. Not the being of it.’” In this interaction, the counselor invalidated their gender identity, arguing that instead of being a transgender woman, Cathy has a transvestic fetish which is a paraphilic disorder. As one

might expect, Cathy did not feel comfortable talking to this counselor about the abuse she was facing, which was a response to her “disorder.”

Finn, too, had negative experiences with a counselor. Though the counselor did not challenge Finn’s gender identity, he did routinely misgender them. When Finn would correct him, they would make Finn feel guilty. They explained,

He often would say, kind of like, ‘Oh, well, you know, I’m learning off of you,’ which is understandable if it’s your first time interacting with a trans patient, but like, it was always really uncomfortable because it seemed like he was kind of like guilt tripping me in the same sentence. Like, ‘I’m learning off of you. You can’t hold me accountable for mistakes I make because I am still learning.’

This experience made Finn incredibly uncomfortable and created a barrier between them and this counselor. Feeling unsupported about their gender, they did not expect support for their abuse.

Mental healthcare professionals can be a complicated help-seeking resource, as this field has a long history of pathologizing transgender identity. For example, the Diagnostic and Statistical Manual used by mental health practitioners included “gender identity disorder” as a mental illness until 2013 when it was replaced with “gender dysphoria” (American Psychiatric Association 2013). This replacement removed the association between transgender identity and mental “disorder”; however, this prior diagnosis symbolizes a violent history between transgender people and the mental healthcare system. Furthermore, this shift being relatively recent suggests that some practitioners may not have updated their training or conceptualization of gender identity. Thus, while mental health professionals can be a valuable source to process the abuse and manage trauma symptoms, survivors also run the risk of being pathologized.

*Education Systems.* As mentioned earlier, Finn has negative experiences with many structural resources: law enforcement, mental health professionals, as well as school administrators. In fact, several participants had negative experiences within educational

institutions, especially those who were minors during the abuse. For instance, Kalin also shared a discomfort with school administrators. Though they had never personally experienced transphobia at school because they were not out, they had witnessed transphobia directed at others. Describing their teachers as “straight up transphobic,” they shared stories of a transgender boy in their grade who was told they couldn’t participate in “boy’s activities” and could not bring a girl to prom. Again, with a fear that telling others about the abuse would out Kalin as “not being a girl”, Kalin knew that their transphobic teachers could not be a helpful confidant.

Additionally, Ollie had negative encounters with school administration, largely related to their mental health. Returning to Ollie’s story of how their Asian culture, hospitalization, and traumatic coming out story created a fear of transphobia, Ollie held other fears rooted in their prior hospitalization experience. After being hospitalized as a teenager when struggling with their sexuality, they had a 504 plan with their school, which is intended to ensure that students with a disability receive the necessary accommodations to be successful. However, this plan served as a stigmatizing mark on their record. They shared,

I was constantly tiptoed around; I think also because of mental health stigma and ableism. They thought that, because I still have scars, I was a danger to society and couldn't be trusted with my own wellness and couldn't be trusted to be around other people without continuous check ins.

Throughout their time in high school, they were sent to the guidance counselor several times for such “check-ins” and frequently asked if they needed to be hospitalized again. Their one experience being hospitalized, however, was a traumatic experience. Because of this fear of being hospitalized again and their treatment by school officials, they hesitated to seek help from any professionals. Sharing a story of one attempt they did make to contact a text-based hotline, they said, “They’re just like, ‘Are you in immediate danger? Do you need professional help? And I would immediately be like, ‘Stop texting me. I'm done,’ just like that because I didn't want

to be at risk of being hospitalized.” This story occurred years after their hospitalization, but this mark on their health records still lingered in their anxieties. They explained,

I was hospitalized when I was 12. That was a long time ago, and even to this day, every single time I go to the doctors for birth control or a checkup, that is on my history. That's on my records forever.

Reese also had negative experiences within the school system associated with their mental health. This positioned school officials as threats rather than supports. They shared,

I thought about reaching out to my school guidance counselor, but I had just, like, horrific experiences with them right before I really got to the point where I wanted to talk to someone about it because, like, I did a lot of self harming in high school, and I would get called into the guidance counselor's office I would say at least two times a semester. It was a whole ‘We’ve got to call your parents and then you've got to talk to us.’ Like it was like I got forced into talking to like a social worker at one point, like guidance counselors. I don't like them. I'm sure they do a good thing but not for me. Because of that, it took away the ability to go reach out to that person.

In each of these examples, participants’ viewed school officials as discriminatory or stigmatizing. This positioned these officials as harmful rather than helpful. Each participant referenced in this section (Finn, Kalin, Ollie, and Reese) were in high school when these had these negative encounters with school officials. Because they were minors, their help-seeking resources were particularly limited, at least if they did not want to involve their parental figures. Furthermore, school officials may be the formal resource that they have the most access to and contact with. However, their experiences suggest an adversarial relationship with teachers, guidance counselors, and administration.

*Identity markers.* Finally, some participants discussed a hesitation with seeking help due to the routine deadnaming and misgendering they already face, often due to being easily perceived as transgender or not having correct gender markers on their identity documents. This was based on the numerous experiences they have already had with this issue. While Kyle did not identify the relationship as abuse at the time, creating a major barrier to help-seeking, they

also explained that they would not have sought structural help even if they did label it as abuse.

They said,

Honestly, just talking to any kind of professional, well, my name change, and my gender marker aren't finished. It's not a conversation I look forward to. It's just like 'I go by K. My pronouns are he/him. I'm a male.' [...] And I'm not sure, like, if you have to even take a driver's license or anything because there's a lot of- you know when I pull out to get cigarettes or beer or something like pulling out my licenses, there's always that, like 'I hope you don't look too hard' kind of thing.

Kyle was all too familiar with the confused responses, misgendering, and deadnaming that he associated with people viewing his license. Uncertain of whether formal resources, including domestic violence agencies, would need to see his ID, he preferred not to seek structural help. Ellen shared a similar hesitation. Though she was not out at the time of the abuse, she named transphobia as one of the reasons she would not seek structural support after the abuse nor in a hypothetical abusive situation.

I have quite a bit of anxiety around, like, talking to, like, state-local resources about stuff right now because my name and gender haven't legally been changed yet, and I'm working on that. I also recognize I probably don't pass, which is fine with me, but obviously that makes things difficult when dealing with a resource like a resource center.

She then shared a recent example of this difficulty, explaining,

I was talking to my insurance about getting gender reassignment surgery, and cause I was looking for in-network doctors, they said, 'Oh, we can't help you. Like you just have to ask doctors themselves and see if they're in-network,' and they just deadnamed me and misgendered me the whole time even though I was asking about GRS.

Brian also had constant experiences of being misgendered. He explained, "At that time, I was not on testosterone, so, you know, people were messing up my pronouns like crazy. Half the people in my life are calling me 'She.'" Due to the constant misgendering he faced, he felt hesitant to seek out support and create the opportunity to be misgendered again. He shared, "Just being scared to go to the cops and being misgendered. My anxiety was so high back then about being misgendered since I wasn't on testosterone."

Overall, participants' prior experiences of transphobic discrimination shaped their perceptions and expectations of structural resources, including police, mental healthcare providers, school administrators, and domestic violence agencies. Negative experiences ranged from physical violence, verbal attacks, victim blaming, pathologizing, and misgendering/deadnaming. The exposure to prior transphobic violence was more likely for participants who were out about their transgender identity, though some participants, like Kalin, still felt impacted by witnessing transphobic violence against someone else. Similarly, several participants possessed generalized assumptions that resources would be transphobic based on a knowledge of current events and histories of violence against transgender people.

*Structural Barriers: Generalized Knowledge of Violence*

While many participants described past experiences of transphobia, this was not true of all participants, especially those who were not out to others about their gender identity. Nonetheless, all participants had an awareness of the potential that they could face transphobia if they sought support. This awareness was rooted in a generalized knowledge that society is transphobic, and this awareness was especially directed at law enforcement and domestic violence agencies.

*Law enforcement.* In regards to police, very few participants interacted with the police; however, almost all participants discussed a distrust of police as a barrier to disclosure. In fact, when I would ask participants if they had ever considered going to the police for help, I often received strong responses. Multiple participants laughed at the prospect; others exclaimed their "no" response. For example, Layla responded, "Oh no no no," Sam shouted, "Absolutely not!"; Jesse cried out "Hell no," and Ellen said, "Definitely not the fucking police." For some this distrust was rooted in their own personal experiences, but for most this was rooted in a general

legal cynicism and knowledge of the contentious history between police and transgender communities.

Several participants insisted that they cannot trust the police, that “cops are abusers themselves,” or that police would find a reason to arrest them too. Other participants pointed to the recent officer-involved shootings as evidence that police were a danger to marginalized communities. They often connected these current events to experiences within the trans community. Jesse, for example, did not have prior interactions with the police, yet when I asked if they had considered going to the police for help, their response was,

[Transgender people] have already been attacked by cops so many times. They are so much less likely to call police about anything. Like they know how useless cops are. They already know, and they do not want to use them because it can be an attack on them. And they don't want to get their partner killed. Like even if they're in a dispute, you don't want to get them murdered.

In this statement, Jesse expresses legal cynicism, stating “They know how useless cops are,” and they refer to a hostile relationship between police and transgender individuals. Jesse also shared the urge to protect one’s abusive partner. Each of these justifications for not contacting the police were reflected by other participants. For example, Justin explained,

I don't want to get the police involved for multiple reasons. One, he's a queer, trans person of color. Even though he did assault me and is an abuser, I also didn't want to get the police involved with that, you know. Two, I'm queer and trans, and I don't want to deal with the police even though I'm white.

Justin recognized that his experience with police as a queer and trans person as well as his partner’s experience as a queer, trans person of color, could lead to a negative encounter. For Henley, they knew that police were not helpful in times of crisis. Henley discussed multiple experiences attempting to call the cops. They said, “I had tried to call the cops several times before, but they weren't doing anything.” Eventually, they gave up, sharing “I don’t believe in the fucking cops. Like ACAB forever.”

Jaden (white, nonbinary) also expressed a disbelief that the cops could be helpful. As depicted by negative prior interaction involving sex work, they explained that they “have never had a good, trusting relationships with a police officer.” However, they cited other reasons for this distrust, such as “[the] political climate focused around the police.” In general, participants were aware of the news stories of police shooting unarmed Black men, and they knew of the police history harming transgender communities. Ellen shared, “I don't think I would ever go to the police. I really don't think, especially with all that's happened in the past, well, forever. I don't think the police are ever really an option.” When I asked for clarification, they explained, “I mean, especially towards transfolk and transwomen, and also just how conservative police tend to be.” In these scenarios, participants were referring both to the relationship between police and transgender communities specifically, as well as the relationship between police and marginalized communities in general. For example, in our discussion of seeking help from law enforcement, Jesse asked me if I read the book *Invisible No More*, an academic text detailing the police violence experienced by Black women, including transwomen (Ritchie 2017).

Additionally, this danger participants attributed to police was not solely in relationship to police violence against communities of color. Layla shared a story about their neighbor who was fatally shot by police during a mental health crisis. They said,

I had my neighbors at my old apartment. Their son had a mental health crisis, and they called the police to respond, and the police shot him because he had a knife that he was threatening to use on himself. And so, it's like- they're bad. I wouldn't have ever considered probably calling law enforcement.

Being queer, questioning their gender, and engaging in recreational substance use, Layla did not feel safe going to the police. They explained, “You don't call the cops because you will just go to jail for calling in your domestic violence.” Overall, participants did not feel protected by police,

and they believed that, especially as transgender or nonbinary individuals, the police would pose an immediate threat to their safety.

*Domestic violence agencies.* In addition to the police, many participants held preconceived notions about domestic violence agencies. Similar to how many participants identified IPV as a cisgender woman's issue, they viewed domestic violence agencies as catering specifically to cisgender women. Because most participants in this study were assigned female at birth but were not women, they felt that there was no place for them at these agencies.

In discussion of these agencies, many participants used the term "women's shelter" denoting that the agencies were specifically for women and that shelter services were the only significant services they offered. As such, participants often feared that IPV agencies would deny them services, force them to detransition, or continuously invalidate their gender identity. Henley, for example, shared, "These resources aren't for people like me." Alec echoed this statement, and Layla shared, "A lot of shelters don't accept trans and nonbinary individuals."

Other participants believed that shelters would only be helpful if they agreed to invalidate their gender identity. Finn, for example, stated, "I also didn't want to take out women specific resources because it's not really my place to accept that resource because it's not really meant for me, even though they would accept me based on transphobia." Similar to Henley, Finn believed that these resources were not for people like them, though they did believe they could access those services. However, this access is really just an instance of transphobia as it required perceiving Finn according to their sex assigned at birth.

Brian also believed that a domestic violence agency would only help them if they identified as a woman, and this expected requirement to detransition served as a barrier to leaving, keeping them in their relationship when they may have left otherwise. They said,

That's one reason I didn't leave because, you know, I would have to go to the women's shelter, or I would have to go to a shelter where they put me on the women's side. I'd have to shave my beard and not be my authentic self. It's just I didn't want to do that.

At one point, Brian did consider going to a shelter, even if it required detransitioning, but they changed their mind. Describing that decision making process, they shared,

I was willing to detransition to go into the shelters at one point. So, I mean, when you think about it, detransitioning just to be safe, it's so damn depressing. You know, it's like I can't be myself and be safe, or I can be myself and be in danger. That's one of the main reasons I stayed so long. I don't have anywhere to go to be myself.

Even when participants assumed that agencies would try to be inclusive, they felt like that wasn't enough. They believed that, in the end, providers would know very little about what trans survivors experience, and, whether intentional or not, providers would inflict more harm. Alec summarized this sentiment, sharing,

If I were to seek help from them, they're working from a standpoint that they are helping women. So, me, a person who sometimes appears as a woman whether or not they're- I don't know, I find it hard to believe that if they're like, 'We're a women's shelter, but like we accept everyone who needs help,' they're not going to work from a standpoint that's like 'You're not a woman, and I recognize that, but I'm still going to treat you like one because that's what I know.'

Once again, these beliefs that domestic violence agencies would be transphobic were not based on prior experiences with these agencies. Rather, these views stemmed from a general understanding of these agencies based on how they've been depicted in society and based on the general understanding of IPV in society. Additionally, these assumptions sometimes developed from how agencies marketed themselves. A couple of participants actively looked at these resources and found they were too gendered. For instance, Justin considered seeking help from a domestic violence agency and found resources catering to women. After being incorrectly treated like a woman so often by his abusive partner, he did not want to subject himself to that again. He shared,

I just didn't really want to talk about it with anyone because the whole thing, the fact that the only resources I could ever find are for cis women just made me more ashamed of what happened to me and made me not want to seek help because I felt- you know, so much of the abuse was making me feel like, you know, talking about me as if I'm a woman. I didn't want to seek help if they were going to do the same thing.

Other participants pointed out the language these agencies use, the colors they decorate with, and general branding as an issue. Alec shared, “I think part of it is like branding and image. I mean, are we still using pink? Is that what we're doing?” Henley also suggested, “Obviously marketing would probably help or something, you know, like, to be inclusive to, you know, say like ‘people’ or like whatever. You know, like paying really close attention to the language that's used.” Overall, participants believed that these agencies subtly communicate exclusive services through branding and language use, even if these agencies make broader claims to serve everyone.

## DISCUSSION

Overall, participants cited numerous barriers to seeking support for the IPV that they faced. Several of these barriers were rooted in prior experiences of abuse and transphobic discrimination. Additionally, participants were aware of societal norms and received messages throughout their lives that defined IPV as physical abuse impacting cisgender women, reified cisnormativity and perpetuated transphobia, and positioned structural services as threats to marginalized communities.

Polyvictimization researchers identify multiple pathways to experiencing multiple forms of violence. Youth who lived in “dangerous families” or whose families experienced a number of social problems experience higher rates of victimization (Finkelhor et al. 2009). Additionally, growing up surrounded by transnegative microaggressions (such as family making general negative comments about the LGBTQ community) serves as a risk factor for polyvictimization among transgender and gender nonconforming youth (Sterzing et al. 2017). Prior

polivictimization research did not account for the everyday microaggressions often directed at transgender individuals, such as being misgendered and deadnamed and do not account for coming out experiences that involve acute negative, and sometimes violent, interactions with loved ones.

The current study highlights that there are a broad array of traumatic experiences that transgender and nonbinary people face in their lives. In addition to witnessing family violence or being exposed to child abuse and sexual assault at a young age, participants recounted traumatic coming out stories, transphobic bullying, and endless microaggressions. Participants drew a clear connection between past experiences and current expectations. Each time their gender identity was rejected or invalidated left a lingering and cumulative impact. Even accidental misgendering and deadnaming have many different consequences as this signals invalidation of who the person is and can trigger feelings of dysphoria. Rejection related to one's gender identity has been associated with an increased risk of suicide, substance use, and homelessness (James et al. 2016). For many, living as their correct gender is necessary for survival and their mental emotional wellbeing, and when those closest to them threaten to remove that possibility, they can experience significant distress that shapes future choices.

Accumulated transphobic experiences also led participants to internalize messages of unworthiness. Participants began to believe that, as transgender and nonbinary people, they are unworthy of love and kindness. Many believed that an abusive relationship was the best they could get. This finding echoes prior research exploring internalized transphobia as a barrier to support (Guadalupe-Diaz 2019). In prior research, abusive partners were shown to capitalize on this insecurity, further convincing survivors that no one would accept them. When transgender and nonbinary individuals are constantly exposed to transphobic messages, depicting transgender

individuals as butts of a joke, pathological, or dangerous, these messages inform self-concepts. Internalized oppression is theorized to be an effect or by-product of living within an oppressive context, as well as a condition necessary for the maintenance and perpetuation of oppression (Pharr 1988). In this study, participants expressed feeling shame and lowered self-esteem related to their gender identity related to their abuse. Internalizing the messages of their abusers and a transphobic society, they began to see themselves as unlovable, considered an abusive relationship as better than no relationship, and felt their abuse represented something wrong with them. Multiple participants felt that they couldn't tell others about their abuse because others might encourage them to leave their partner. If they left their partner, they felt no one else would accept their transgender or nonbinary identity. Such was the sequelae of their abusive lives and partnerships.

In addition to numerous interpersonal interactions which shaped participants' expectations of help-giving resources, all participants demonstrated an awareness of larger societal narratives. For example, several participants drew from common societal depictions of IPV as physical abuse directed at cisgender women. This depiction arose from prior activist movements that sought to combat "violence against women" (Kelly 2011). When participants could not locate their experiences within this larger narrative, they were quick to minimize their encounters as being simply "toxic" or "unhealthy." Prior research suggests that many transgender survivors are unaware of what IPV can look like in transgender and nonbinary communities, leading to a minimization of abuse (Bornstein et al., 2006); however, researchers have not documented the process through which participants understand their abusive experiences. This study highlights some of the linguistic mechanisms used to negate or qualify survivors' experiences, rooting this process in understandings of violence and gender norms.

Participants' demonstrated understanding of IPV as phenomenon affecting cisgender women also shaped their understanding of domestic violence resources. Referring to these spaces as "women's shelters," participants believed there were no resources available to them unless they chose to detransition from their correct gender identity. One may assume that this understanding also stems from a societal understanding of IPV and the history of these agencies, which were developed in the second wave feminist movement as a way to protect battered women (Kelly 2011). Historically, IPV agencies were designed to serve primarily women, and many have a history of barring transgender individuals from accessing services. However, the Violence Against Women Act requires that agencies receiving federal government funding provide services for all survivors, including shelter services (NCTE 2021). Though this mandate does not guarantee that agencies follow the law, it does suggest a disconnect between shelter policy and participant expectations. This discrepancy warrants further evaluation which will be addressed again in Chapter Seven when discussing interviews with service providers.

Furthermore, participants referenced a historical and present knowledge of police violence in marginalized communities, including the heightened coverage of police shooting unarmed Black men in recent years. Communities of color have been frequently subjected to overpolicing as suspects and underpolicing in times of need, leading to overcriminalization and increased instances of police violence (Ritchie 2017). Heightened negative police interactions lead to legal cynicism wherein people do not trust that the police have the ability to protect them, and indeed are a danger to them even in instances where they call on them for protection. Transgender and nonbinary communities also experience overcriminalization and police brutality (Stryker 2008). Considering that "anti-crossdressing laws" were enforced into the mid-nineteenth century, transgender communities have been subject to frequent arrests throughout history

(Stryker 2008). While these laws may no longer be enforced, transgender women of color, especially, continue to face heightened contact with law enforcement and higher rates of police violence (Collier and Daniel 2019; Ritchie 2017). Even when my participants had not had personal experience interacting with police, they felt fearful of police contact. Drawing on collective knowledge in the transgender community, they did not believe that police were designed to protect them. In fact, they expected the opposite. For some participants, this expectation had already been proven a reality when they interacted with police for unrelated issues.

While all participants sought help eventually for the IPV they experienced, each participant highlighted numerous barriers that shaped their help-seeking behavior. This study sought to situate these experiences in the participants broader life course. That is, participants held expectations for each possible help-giving resource based upon prior negative interactions they had throughout their lives combined with awareness of societal norms. Another important finding to note is the absence of discussion surrounding friend groups. While participants cited the above barriers as reasons not to involve family, school administrators, mental health professionals, domestic violence service providers, and law enforcement, very few participants referenced external barriers to reaching out to friends. This positioning of friends as a safer resource will be discussed at length in Chapter Six. Overall, participants highlighted the many ways that abuse and transphobia throughout their lives created insurmountable barriers to help-seeking, which also served to limit the helping resources that they perceived were available to them.

## CHAPTER SIX: HELP-SEEKING EXPERIENCES

While all participants discussed various barriers which blocked their access to helping resources, all participants did eventually seek help from someone. Often survivors sought support from close friends, though many also reached out to family, mental health professionals, school administrators, and law enforcement. Several survivors received help while in their relationship, some sought help to transition out of the relationship, and many received help after the relationship ended. Most survivors described a help-seeking journey that extended far beyond the relationship as they processed through what they experienced and recovered from post-traumatic stress symptoms. A few even described themselves as still recovering. Upon seeking help, survivors reported a range of experiences. In positive experiences, they were validated, protected, and given the resources to leave the relationship. However, several participants also described negative encounters where they were invalidated, blamed, doubted, and refused help. Of important note, interactions with law enforcement were also framed as negative. Furthermore, no participants sought help from a domestic violence agency. Throughout discussions of help-seeking, several participants frequently differentiated between “LGBTQ” or “queer” support resources and cisgender, heterosexual resources, framing the former as more safe, comfortable, and desirable.

### QUEER VS. CISHET SUPPORT

While discussing decisions to seek help and help-seeking experiences, participants often differentiated between queer or transgender resources and cisgender, heterosexual support. Queer resources were considered to be comfortable, safe, and supportive while cisgender, heterosexual resources were approached with more caution. Participants often discussed intentionally surrounding themselves with queer community whenever possible. For example, Ollie (Southeast

Asian, nonbinary) shared, “I mainly just occupy queer spaces where I feel most comfortable and most safe.”

Surrounding oneself with queer friends even started before many participants came out as transgender or nonbinary to others. As such, coming out to friends often proved to be a much easier experience. Lane (white, nonbinary) explained, “Most of my peers, as I was making some realizations about my personal identity, were very receptive, very open, asked questions, were very receptive and respectful.” Justin (white, trans man) also shared,

I really only hang out with other queer people. So, a lot of them were more supportive, a lot of them were other trans people. So really was not a big deal for the few cis people I am friends with, like they're queer of some sort, so they were completely supportive.

Jaden (white, gender chaos)) echoed this experience, stating,

Mostly all of my friends were queer anyway, you know, because I came out like a queer or I came out as like not straight is like a better way to put it, like whenever I was like 12 years old. [...] So, it was like not really like a hard jump for me because I already had, like, queer people in my life. So, it's like, you know, they're more accepting or something.

Participants assumed that queer community would better understand their experience, even if they were cisgender. Participants also believed that this community would also be more supportive and affirming, helping them through their gender exploration. Some participants attributed this to queer friends also being a part of a marginalized community, forming supportive spaces to cope with their oppressive experiences. For example, Layla (white, genderqueer) described,

It's like down south, I think the people have to form more queer pods and groups for self-preservation purposes. In a lot of ways, I think the community's stronger because of the intense social pressures that are a little bit more out in the open.

This feeling of comfort, safety, and community can be contrasted to participants understanding of cisgender, heterosexual community. Several participants felt like cisgender,

heterosexual individuals couldn't understand them or relate to their experiences. For example, discussing her experiences coming to accept her own transgender identity, Ellen (white, trans woman) explained that living authentically in her correct gender feels necessary for her to survive and thrive in the world, though she also shared "It's like difficult for me to explain why to, like, cis folk." Damien (white, trans man) also shared this feeling that cisgender people couldn't understand what it means to have their trans identity be such a vital part of their life.

They explained,

With my experience with my gender and sexuality, there's kind of this, like, intersection where if I'm talking with a straight person that has never questioned their gender, never questioned their sexuality, or not in a significant way, they can't really understand. I feel like there's even more, like, pressure to be normal. To not have this gender piece be important.

Even when cisgender individuals attempted to be supportive, this didn't always feel like enough. Participants still felt like they were perceived as "different" or deviant in some way.

Kyle (white, trans man), for example, talked about his dislike with receiving support from cisgender people, critiquing the notion of being "accepted." He said,

Yeah, because it's one thing to be like I don't want people to accept, you know, like that whole acceptance thing. It's like I don't even think it's something that should be accepted. It's just- it's a thing. Like I don't I don't need acceptance from people.

This preference for queer and transgender support networks further impacted experiences with who participants chose to seek help from. Already feeling safe and supported in queer and transgender friendship circles, most participants chose to initially share their experiences with friends rather than other possible help-giving resources. Furthermore, when seeking more formal support resources, participants often attempted to seek out resources with noted experience working with transgender people. Finn (white, nonbinary) explained, "When people just haven't worked with trans people before, even though they may be trying and learning, you know, it's not

the same as having someone who was established.” Resources that were proven to be trans-affirming often led to more positive experiences. Nonetheless, many participants eventually also sought help from resources that were not outwardly queer- or trans- supportive. These experiences were mixed with many proving to be negative.

#### POSITIVE HELP-SEEKING EXPERIENCES

In total, seventeen participants reported reaching out to a friend for support, making friends the most accessed help-giving resource. While some experiences were more positive than others, all of these participants reported having at least one positive experience reaching out to a friend. The next most positive experience was with a mental health professional, who thirteen participants indicated that they had a generally positive experience. Such resources were accessed at different points in time for different participants. Some participants had initial discussions with friends or counselors before they recognized the experience as abuse. Instead, they recognized that their partners were exhibiting troublesome behavior and utilized friends and counselors to help make sense of their experiences. Other participants credited friends as helping them end the relationship. Finally, some participants waited until after the relationship ended to talk to friends or counselors, using these resources to cope with PTSD symptoms and process what they experienced. Participants also sought support from family, school officials, and law enforcement for similar reasons, though these experiences were not always as positive. Overall, five participants found family to be helpful, three participants found help from school officials, and no participants reported a positive or helpful experience with police.

#### *Defining Abuse*

When help-seeking experiences were considered positive, participants felt that they had their experiences validated, were better able to recognize their partner as being abusive and could

work towards ending the relationship. Even when participants were unsure if their relationship was an abusive one, they still felt like something wasn't right. Multiple participants used friends or family as their first sounding board, testing the waters to see how they reacted. Typically, participants would try to discuss the issue casually, so as not to raise any alarm. For example, Lane shared,

I think the first time I talked with them I was living with a handful of roommates, and they were hanging out and I think I just posted it as a question of like I tried to be very casual about it, like, 'Oh, has anyone you've dated ever done X?' I think my example was, like, yelled at you when you made a mistake or something like that, and all of them kind of just turned to look at me and said, 'No, no, no, definitely not.' And that opened up a larger discussion of them asking, 'Why do you ask this question? Is that happening? Do you want to talk about this?' And I opened up and told everyone what my relationship was like for the past year.

Lane later explained that this experience was very eye-opening for them:

Sharing what was happening with the people in my life and having to kind of say those words out loud of like, 'Yes, this is a common occurrence. Yes, this has been happening for a year. Like, yeah, he says these things to me all the time.' That was very Eye-Opening in the sense that I am saying them out loud to other people. I kind of realized how unacceptable and harmful they were, and the people in my life were very supportive and said that this relationship did not seem healthy, did not seem in my best interest, that I did not deserve to be treated that way. And I realized, yes, they were absolutely right.

In Lane's experience, receiving validation from friends that their experience was unhealthy helped them to realize that they deserved better. Rylan (white, nonbinary) also began seeing the behavior as unhealthy after talking with a friend. They described:

A lot of times she would tell me that the behavior wasn't OK, and I would agree. Like I would say, this is a fucked-up thing to happen, and she would say, 'Wow, like, that's not an OK thing for your partner to do.' And I was like, 'Yeah, I guess you're right. I didn't really think about it like that, but I guess you're right.'

For many participants, receiving this type of validation from a friend helped them to recognize the behavior was a problem. For some, they even began to label it as "abusive." Jesse (white, agender), for example, had a difficult time recognizing the behavior as abusive. They attributed this difficulty to a combination of their autism and their partner's subtle manipulation

and lying. Jesse did not reach out to their friend for support; however, they had one friend who began noticing red flags in the relationship. Jesse explained, “My friend who is a social worker—she just, like, started just telling me about, like, domestic violence stuff and what is gaslighting and this stuff and that stuff, you know. I was just like ‘Ohhh.’” This friend continued to educate them about abuse tactics, completely changing the way they understand their relationship. Once Jesse recognized their experience as abusive, they were quick to end their relationship.

Kyle, too, had difficulty recognizing his experience as abusive. When he initially reached out to friends, he framed his situation as one where he was trying to support a partner in a mental health crisis. However, over time, his friends began to shift that framing to identify abusive behaviors his partner was exhibiting. He explained, “I didn't really understand the abuse aspect of it until some of my friends would kind of point things out. Like she would gaslight me and everything.” Similarly, Sam (Black, nonbinary) shared, “I also doubted that it was abusive until I called my best friend upset crying and told them what happened, and they told me it was abuse.”

While friends tended to be a primary resource for helping participants recognize their behavior as abusive, some participants also received this support from a mental health professional. For example, despite Cathy's (white, trans woman) negative experience with a therapist who tried to diagnose her with “transvestic fetishism,” she eventually began seeing a trans-affirming therapist. Cathy described one session in particular where their therapist walked through signs of abuse with them. This was one of the first moments where she began to view their wife as abusive rather than a victim of Cathy's “perversion.” They shared,

At one point he actually pulled out the signs of abuse in a marriage, and there were like 7 or 8 out of 10. It was the majority. There were only 1 or 2 that were missing and that was the physical violence.

Layla also found support from a mental health professional. They decided to see a therapist in response to the constant gaslighting they were receiving, where their partner constantly told them they were “crazy.” Though they didn’t particularly like the therapist they chose to see, this therapist did help them to frame their relationship as abusive. They shared,

It was helpful in that they were able to just kind of point out that actually his behaviors are gaslighting behaviors, and that this is abuse, and you have the power to leave that situation if you don't want to work on it. So that was useful, but I only did maybe two sessions with that person, but I do think it was really useful in the realizing that this isn't right.

In this example, Layla’s therapist helped them identify the behaviors as abusive and broached the possibility of leaving the relationship.

#### *Prompting Action*

For multiple participants, having their experiences validated also served as a chance to re-evaluate the relationship. As mentioned before, Jesse’s ability to label their experience as abuse after speaking with a friend facilitated their breakup with their partner. Other participants began to contemplate ending the relationship after talking with friends. For example, Ellen shared,

I talked to my best friend from my childhood, best friend. [...] I started talking, telling him what was going on. He was like, ‘Maybe you should think about breaking up.’ So, he was kind of the first person that put that into my head.

Femi discussed an experience of severe physical abuse from her partner that encouraged her to finally reach out to a close friend. Femi (Black, trans woman) described her friend’s response as a “wake up call”, sharing,

He beat me so hard in the head until I told a friend about it. Then this friend told me, ‘Why are you tolerating all this? Is this the only person on earth you can date? Is this your final?’ That was a wakeup call to me.

Soon after this friend spoke with Femi, she also helped Femi take practical steps to leave the relationship, overcoming possible barriers to leaving such as financial insecurity and housing.

Femi said,

This friend of mine, despite not having so much, she had a very good heart. She allowed me to stay with her for like I think it was around three months. She was very, very benevolent. And she told me that she will not take it anymore. It's better when I'm alive than when I'm dead, you see. In this relationship I could end up dead.

While for Femi, this friend's reaction and support served as a turning point to end the relationship. Brian (white, trans man) shared a similar experience. While he had contact with numerous help-giving resources during the time he was in his abusive relationship, friends eventually served as the turning point to get him out. Brian was a part of a transgender support group where numerous participants were aware of the abuse he was facing. Eventually, they decided enough is enough, and they were ready to get him out. Brian shared,

The only reason I escaped is that five members of the trans group came and got me one Saturday when she was out of town and took all my stuff. We got an available apartment, you know, across the way at the apartment complex. You know, they took me to go see the manager and everything. They gave me a ride since she had my car, and they took me to my storage unit to get all my stuff, and they hauled everything to the new apartment. We moved in one day cause they were sick and tired of me, you know, hearing me weep because they saw the control and everything in that group like she was abusive everywhere.

Other participants found mental health resources to be particularly helpful in ending the relationship. Finn, for example, experienced a lot of difficulty ending the relationship because their partner had successfully isolated them from all possible support. Though their partner actually chose to end the relationship multiple times, they always got back together; however, after one particular break-up, Finn ended up going to an inpatient psychiatric unit. They described their experience as follows,

I know that inpatient isn't for everyone, but it's very much saved my life, basically. Like it was it was the best experience I've had in, like, a mental health situation. It was such an eye opener that, like, I had choices. I had options. I had things that I could do, like even if I went back into a bad situation, which they helped me to not. They suggested Planned Parenthood for being a place you can go in for health care related things and speak to them about domestic violence issues and such, and they are specifically trans affirming.

In this experience, Finn’s mental health supports connected them to additional, trans-affirming resources while reminding them that they have options to remain safe and seek help despite whether or not they choose to return to the relationship.

Three participants also described how receiving support from family members helped them to end the relationship. In these instances, parents were able to provide both emotional and structural support, allowing them to move back home or providing financial resources for them to exit the relationship. Henley, for instance, was married to their abusive partner, so ending the relationship required finding a new place to live and financing a divorce. Henley was finally able to take the steps to leave when their father offered to pay for their divorce. They said, “Whenever, my dad offered me money, that's whenever it got easier.” Similarly, Layla was finally able to leave their abusive relationship when their parents offered them money to move back home. They shared, “When it came time to move my stuff, basically my dad floated me just getting a U-Haul, and I just decided all in one day that I would purchase a U-Haul and drive it to Georgia.”

### *Affirming Identity and Experiences*

As noted previously, many participants identified the importance of these positive experiences also being trans-affirming. Participants felt most validated when they knew their support systems also supported their identity. Lane summarized this sentiment by saying,

Definitely that part of opening up, just hearing affirmations from people that I knew cared about me and people that I knew absolutely respected my identity and loved me and hearing them say. ‘No, you don't deserve these things.’ ‘No, that is not, like, healthy or OK.’ That part of opening up felt very good and affirming.

Reese and Jaden also both received affirmation from teachers, though they did not seek out this support. Instead, their teachers noticed that something was wrong and reached out to them. While both of these experiences were identified as being impactful, the impact was less

strong. Reese, for example, shared that they took theater classes in high school with their partner. Being in the same class, their theater teacher was able to observe some of their unhealthy relationship dynamics. They explained, “I did have a teacher tell me that it was very, very unhealthy and frequently told me that I needed to break up with her, but I thought she was just like getting in my business as a theater teacher sometimes does.” At the time, Reese rejected their teacher’s attempts to validate their experiences, though looking back, they appreciate the care their teacher had for them.

Jaden, on the other hand, recounted a specific situation where a teacher showed them support. Jaden did not recognize their relationship was abusive until after it ended. When they first recognized that they experienced sexual assault, they were deeply impacted and unable to process this information. However, their parents were incredibly invalidating, and despite being in a state of shock and upset, they were forced to attend school the next day. At school, Jaden’s teacher expressed concern, so Jaden shared what was happening. Their teacher expressed concern, validated their experience as valid, and gave them the space to just be. Jaden explained,

She said, ‘OK. Well. We can stay here all day. I can send to your teachers that I need you for something’ [...] ‘I can just say that I needed you for something really big. Like, you had to help me out with an assembly or something.’ And I said, ‘Thank you,’ and I sat in the back, and I cried for eight hours.

While Jaden’s teacher did not provide help outside of this one encounter, this interaction affirmed and validated their experience and helped them get through a particularly challenging day where they felt rejected by other supportive resources. Brian’s university also helped to validate his experiences and provide him some of the structural support and care he needed to survive within the relationship. Not only did they provide support for him to improve his grades, but they also mediated conversations with his professors about his situation, connected him with the university counseling center, and even provided temporary emergency housing for him when

police forced him to leave his apartment for 72 hours. The structural support, combined with the affirmation that his experiences were valid, and he deserved support, helped him to get through this relationship. After reflecting on the support he received during this time, Brian decided, “I am going to write school a very, very thank you note because they changed my life for the better.”

### *Processing Trauma*

While some participants utilized help-giving resources during the relationship, other participants used these resources to process the aftermath. This is where mental health professionals were particularly useful. A few participants began seeing a therapist after exhibiting symptoms of PTSD. Lane shared,

She immediately referred me to a psychologist to get a full evaluation. Immediately after this, I was diagnosed with PTSD. At that point, as you can imagine, living in fear and feeling stalked and followed genuinely like haunted by another human being, I was throwing up from anxiety. I gave myself stress induced acid reflux and heartburn. I was not sleeping very well. I was like sleeping with the doors locked and lights on. It had started taking a significant toll on my mental health and my body. So, the therapist helped me process and then also directed me towards someone to get a diagnosis of PTSD.

From these experiences, Lane was able to receive a diagnosis and an opportunity to work through the trauma they experienced. While some began seeking counseling immediately after the relationship, other participants, like Parker (white, trans man), didn't reach out to a counselor until two years after the relationship ended. Still, they described this experience as helpful. Jaden also didn't receive support from a counselor until over a year after the relationship ended. They shared,

I'm now seeing a trauma therapist. I was seeing her for about a half a year now. When I first started seeing her, like our first session, I told her I was sexually assaulted for two years and that's a lot. She said, 'You are giving this thing too much power and also no power at all. And that's what's putting you so out of balance. Stop talking about it. Don't make this your story.'

Since beginning this relationship with their therapist, they noted a marked improvement in their lives. Though they made it clear that they still had a lot to work through, they explained that it's a "steppingstone." Henley (white, nonbinary) also shared that their work with their therapist surrounding their abusive relationship is ongoing; however, it has gotten them to where they are today, including able to participate in a study about their abuse. They shared,

It's really hard to kind of understand it and like still unpack like what happened, you know, and I have gone to therapy for a long time now. So, it's like good which is why I'm able to have this conversation.

Overall, participants largely discussed positive experiences with friends and mental health resources, though some participants also talked about the support they received from family and school officials. These resources helped them to define their experiences as abuse, prompted action to end the relationship, affirmed their experiences of abuse and gender identity, and provided space to process the aftermath.

#### *Limited Capacity for Support*

Overall, participants were much more likely to seek support from friends compared to other possible help-giving resources. Participants often felt that friends would be most supportive, and they shared stories of being validated and encouraged to end the relationship. At times, friends even provided the logistical support needed to move. However, five different participants noted limitations to this supportive resource. While the emotional support was deemed beneficial, participants felt like there was only so much that friends could actually do to help them. For example, Rylan shared "[My friend] was there for me, but I don't think there was much that she could do because there's not really much you can do when your friend is being abused." Alec (mixed race, nonbinary) also reached out to a friend for support, and while they described the friend as "compassionate" and "empathetic," they also shared that she was "in the

same way, kind of defeated because there was nothing to do.” The limited resources and abilities that friends have to support survivors is especially important to consider in relation to the possible structural resources that survivors often chose not to access or had negative experiences accessing.

## NEGATIVE HELP-SEEKING EXPERIENCES

Aside from mental health professionals, survivors chose to access very few structural resources. Instead, the barriers they faced to seeking help limited who they sought help from, leaving them to mostly reach out to friends who they knew were supportive and often trans affirming, especially for those who were out or at risk of being outed by sharing their experiences. However, not all participants had the positive experiences from friends that they hoped for. Similarly, not all participants had the option to avoid structural resources that they expected may be more harmful than helpful. In all, six participants reported a negative experience telling a friend, five participants had negative experiences with family, two with school administrators, four with mental health professionals, and four with police. In these experiences, participants reported being invalidated, blamed, doubted, and refused help. For many, the trauma and revictimization that resulted from these negative experiences created a future trajectory of self-harm and the avoidance of similar help-giving resources.

### *Minimizing Experiences*

Several participants shared negative experiences that were not directly connected to their transgender or nonbinary identity. In these scenarios, participants found their experiences with abuse largely ignored or minimized. For example, Finn had multiple experiences where they tried to talk to someone and had the abuse completely ignored. This first happened when they reached out to their mother as a teenager. They shared,

I have spoken to my mother about it a couple of times, and she just didn't really respond at all. In fact, like, the first time I ever said something, I was so upset that I used a cuss word, which wasn't allowed when I was like 17 or so. She threatened to take the door off of my room for saying curse words, like, while relating my experience of being sexually assaulted to her.

Unfortunately, this wasn't the last time their abuse was ignored. Later into their marriage, they went to marriage counseling with their abuser. This experience was with the same therapist who in a previous example claimed to be learning about transgender and nonbinary clients through them. These interactions with their therapist shaped their perceptions of other mental health professionals, cutting off access to potential resources that could help them. They explained,

I did reach out to a therapist and explicitly state that my partner was abusing me once with him right there, and the therapist continued seeing us which is extremely unethical. There should be no marriage counseling between someone who is being abused and an abuser. That really- that honestly set my bar pretty low and my expectations pretty low when it came to reaching out to like, you know, mental health resources for that.

Other participants reported having their experiences acknowledged yet minimized. For example, Rylan broke up with their partner more than once. Upon initially breaking up with them, they shared their reasoning with the mother, who minimized what they were going through. They shared,

I told her that I broke up with him because he just yelled too much. She told me that my father had a short temper also, and I was like, I did not feel very listened to by my mom because she didn't seem to really, like, support my decision or understand what I needed when I called her because what I felt like what I needed was to be told 'Good for you for breaking up with somebody who's not good for you.' What I heard was, 'Well, maybe it wasn't so bad cause I was yelled at once.'

This response turned the abuse that Rylan was facing into a minor incident involving someone with a short temper. This trivialization had a consequence, causing Rylan to second guess their decision to end the relationship and ultimately get back together with their partner.

Jaden also had their experiences of sexual assault from their abusive partner minimized; however, this minimization happened years after the relationship ended. As mentioned previously, when Jaden began to recognize that they had experienced sexual assault, their mental wellbeing began to spiral. The first action they took was reaching out to their parents. They shared,

I sat them both down, and I explained what had happened and the two years that went on. My mom looked at me, and she asked why I didn't leave, why I didn't tell anybody, why didn't say no, and that it was my fault, and I was playing the victim. It had been two years and I need to let it go.

Anytime Jaden brought up what had happened to their parents, their parents accused them of “overreacting” and would tell them to “move on” or “get over it.” Layla also shared experiences of their abuse being minimized by their school administration, particularly in a scenario where their disability and abuse experience converged to create a barrier to graduating. Layla was in a graduate program at the time of their abusive relationship, and in this program, they had an option to complete a thesis or take an exam to graduate. Due to ending their abusive relationship, they opted for the exam, so they can complete their degree quickly and move out of state to live with their parents. However, Layla also suffered from severe asthma, and soon before the exam, they had a severe asthma attack that caused them to break multiple ribs from coughing. They explained,

I communicated with my advisers that I didn't think that I should take the exam because I would either have to take it on these really high pain medications that made me loopy or try to take it not on pain medications, which would be withdrawals and very difficult. They refused to work with me on that. So, I opted to take the exam off of pain medication and I failed it.

The university also refused to allow them to retake the exam, so they continued with their plan and moved out of state without their degree. They described this as a challenging time,

adjusting to a spontaneous move, processing their abusive relationship, and still being harassed daily by their abusive ex. They shared,

I was just kind of doing that and trying to get my brain together from the abuse and the housing crisis and trying to actually separate myself from my ex, from all of those like phone calls and that sort of thing.

One year later when the exam was offered again, they signed up to take it and requested to have it taken while proctored at a local university; however, the university again refused.

Instead, Layla had to return to the university to take their exam, all at their own expense. They explained,

I ended up having to lose- albeit crappy- job by because they wouldn't let me take the time off to fly back to Texas to take the exam. But I had to, at personal expense fly back to Texas to take the exam a year later because the university did not work with me with my disability or my domestic violence experience. I was very upfront about both of those things with my advisors.

As noted in the quote about, Layla saw this experience as a failure to accommodate disability and a failure to respond to domestic violence. While Layla shared their experience with severe asthma, they had also been in contact with their advisors about the IPV they were experiencing. However, their advisors never chose to address the IPV, and they never questioned whether Layla's broken ribs were truly caused by an asthma attack or an abusive partner. In fact, their advisors never even shared possible campus resources to help them with their experience, despite knowing that they were opting for the exam and leaving the state to escape their abuser. They shared,

With the broken rib, it would have been prudent for the university to ask me if I experienced physical abuse too considering all the factors. And that never came up. I don't even know if that university has resources for students. They probably do, but I was never referred to them.

*Gendered minimization.* The experiences described above were not necessarily connected to participants' gender identities or perceptions of their gender identities; however, several

participants had negative help-seeking experiences rooted specifically in transphobia. In these scenarios, participants' abuse was often minimized as a result of their gender or as a way to invalidate their gender. Lane, for example, had numerous experiences rooted in transphobia. While in their abusive relationship, Lane identified as nonbinary and queer but was often perceived as a cisgender woman. Their relationship was also perceived as heteronormative, and their experiences with family, friends, and law enforcement were shaped by this perception.

When Lane told their mom about the abuse, her response minimized what Lane was going through. They shared,

Her immediate response was the classic like, oh, but he seemed so nice or like, oh, I think I would have noticed if, you know, the relationship had looked like this or oh, but you seemed very happy at the time.

While this response does not appear outwardly transphobic, Lane explained that their mom did not understand their sexuality or gender identity. When they first brought home their abusive partner, they said their mom “seemed relieved” that they were able to form a relationship that “looked heterosexual.” Thus, Lane speculated that their mom minimized the experience because she didn’t want to lose the chance for their child to live a heteronormative life. After the relationship ended, they found this speculation confirmed. They shared, “She also made comments about how she hopes that this one negative experience in a relationship with a man didn't, something along the lines of like, ‘turn me off from men forever.’” In this example, Lane’s mom was invested in their relationship as a way to avoid fully coming to terms with Lane’s gender and sexuality. Even though Lane identified as nonbinary while in the relationship, this identity was regularly disregarded within the relationship, even by Lane’s partner who insisted he was a straight man. When abuse threatened the relationship, Lane’s mom initially chose to defend the relationship to avoid Lane’s identities rather than protect her child from the

abuse. As the severity of the abuse became clearer, Lane's mom eventually became much more supportive; however, the transphobia was still present.

Unfortunately, Lane had numerous encounters where their gender identity was invalidated while trying to seek help. In their experiences with campus police, this invalidation was more blatant. Lane experienced IPV while attending college as an undergraduate. Their partner was also a student at the same university, and after the relationship ended, Lane couldn't escape their ex-partner who both shared classes with them and began stalking them. They described this as a "weird time period," stating,

I had broken up with him, and we were no longer in a relationship, but it did not feel like we had broken up because he was still a very present part of my life, whether I wanted him to be or not.

In response, Lane reached out to a center on campus that worked to promote healthy relationships. Lane found this center to be affirming of their gender identity but had a "disappointing" experience overall. The center suggested they get a no-contact order through the university to stop their ex from stalking and harassing them; however, this process required involvement from campus police. This experience was entirely negative. Lane explained, "The campus police officer that I was working with misgendered me every time I talked to him. I asserted my pronouns with him, and he made comments that definitely felt invalidating of my experience." Despite asserting their gender identity and pronouns multiple times, the campus police officer refused to respect their gender. Lane also connected this gender invalidation to invalidation of their entire experience of abuse. They explained,

I think in his eyes it was as simple as, you know, a college breakup, where I was overreacting. I think he definitely portrayed me and made me feel as though I was like the hysterical woman stereotype where, you know, I just I just couldn't handle this breakup, and I was being dramatic in my reactions.

This treatment by campus police contains multiple layers. First, this police officer invalidated Lane's experience as being that of a "hysterical woman," dismissing the very real victimization they were experiencing based upon a sexist trope of womanhood. This served to ignore the verbal and physical abuse Lane had experienced, as well as the stalking that they were still currently experiencing. Furthermore, framing them as a hysterical woman, this police officer ignored, despite repeated corrections, that Lane was not a woman. Thus, he managed to disrespect Lane, invalidate Lane's experiences of IPV, and disregard Lane's entire identity.

Henley also had numerous negative experiences with police who perceived them as a cisgender woman. Henley, who was out to themselves and their partner at the time of the abuse, chose not to out themselves to police. Regardless, their treatment as a woman "not worthy of help" shaped their experiences seeking help and shaped how they processed their gender identity after. Henley was married to their partner, who was physically, sexually, and psychologically abusive. They called the police multiple times during their relationship, as well as after their relationship ended because their ex continued to stalk them. They shared,

Calling the cops didn't do anything. They would show up and like write some shit down on like of a piece of paper and then leave and they said, you know, they were there to like document everything, and like whatever.

In particular, Henley believed that the cops minimized their experience due to the fact that they were married. Police would often brush off their experiences as something that can be settled by a divorce. Henley explained, "When I call the police, they would just basically say like 'Oh he's your husband. You should just get divorced, you know. There's nothing we can do.'" Unfortunately, this response fails to recognize the many financial hurdles to getting divorced, as well as the fact that a divorce does not protect against IPV. In fact, ending the relationship seemed to escalate the violence, as their partner broke into their new apartment multiple times

and assaulted them. These experiences shaped their view of law enforcement which they believed “isn’t built to serve and protect.” They continued,

I don't think the cops will ever be helpful at this point. I'm pretty disillusioned. You know, I don't think that they have the potential to be helpful or useful in our society at all. I think that that is like a result of this experience.

### *Not Believing Survivor*

While some participants had their experiences minimized, other participants were flat-out disbelieved by help-seeking resources. This disbelief often involved participants who held other marginalized and stigmatized identities. For example, neurodivergent participants discussed being perceived more negatively by others making it easy for abusive partners to convince friends not to believe the survivor. This was evident in Chapter Four when Jesse’s partner associated Jesse with Cartman from South Park. People with autism have often been misunderstood as being cold, incapable of feelings or empathy, and rude (Haimour and Obaidat 2013). By comparing Jesse to Cartman, who does not have autism but is characterized as being rude and insensitive, their partner serves to make fun of Jesse and reinforce these misconceptions and stereotypes. This also isolated them from friends who considered them less authentic than their abusive partner.

Kalin’s partner also used their neurodivergence against them, invoking common myths that neurodivergent people are violent and aggressive (Del Pozzo, Roche, and Silverstein 2018). Though Kalin did not initially share their experiences with emotional abuse because they were afraid of being outed as nonbinary, they sought help after abuse escalated to physical violence. However, Kalin’s partner denied these accusations, pointing to Kalin’s social interactions with others as “proof” that they couldn’t be trusted or that they were the aggressive partner. Kalin shared, “I lost all of my friends because nobody believed me.”

While Jesse and Kalin shared experiences connected to neurodivergence, Sam discussed how perceptions of their race made them unbelievable to police. During an incident of physical abuse, neighbors called the police. Sam explained that they would never have called the police due to both their race and gender identity. They shared, “I realized she was abusing me long before [the neighbor] called the police but because of this fear- she was white, and I was Black and nonbinary. I already viewed those as marks against me.” When the police arrived, Sam was “surprised” that the police validated their gender identity, using the correct pronouns and respecting that they were masculine-presenting; however, the police also subscribed to gendered (and likely racialized) understandings of IPV, causing them to disbelieve Sam and use their gender identity against them. Sam’s partner also capitalized on this understanding of IPV. Sam said, “Like, I looked hurt, but she claimed that she was protecting herself against me, you know.” In the end, the police were responding to an incident between a masculine-presenting Black person and a feminine-presenting white person. Despite Sam appearing physically harmed, the cops treated Sam like the aggressor. Sam went on to share: “The cops blamed me for it because I was the ‘man’ in the relationship hurting a helpless white woman.”

### *(Re)traumatizing*

As participants described their experiences as being minimized and disbelieved, many talked about the lasting harm that this caused them. Instead of these resources helping participants through their traumatic situation, they served to retraumatize participants. For participants like Kalin, being disbelieved by friends brought back traumatic memories of prior child sexual abuse. They shared, “I was more so disappointed in the people that believed him because it felt like I was going through the same thing all over again except that I wasn’t 6. I was 16.” Thus, negative help-seeking experiences re-opened past traumatic wounds.

For Jaden, being minimized by their parents created new wounds. They previously shared how their attempt to seek help from their parents resulted in their mother telling them to stop overreacting. This response created a trauma that Jaden described as worse than the abuse itself.

They said,

Every time that I think it's not going to hurt, I start talking about it, and I start talking about my mom's reaction. That's what hurt the most. It wasn't the assault. It wasn't the grieving or the moving on from it. It was my mother's response because while it has been two years since- almost three years since we sat down and had the conversation, that still gives me nightmares.

Being a teenager at the time of the abuse and initial help-seeking, Jaden viewed their parents as their primary source of support. When this support was refused to them, it impacted their view of other help-seeking resources. Throughout the interview, they frequently explained that they were on their own and that they had learned to just take care of themselves because no one else is going to do it. However, while their experience with abuse and the trauma of telling their parents cut them off from supportive resources, it also pushed them into a series of harmful patterns, including substance use and random hook-ups. Reflecting back on their experiences, they shared,

If my mom never said the things that she said, I would be eons better. I would have probably faced it head on instead of avoiding it for a year. Like I would be actively doing everything in my power to do better, but I lost the person who I wanted so much support from, the person who I thought I was going to get the most support from.

Lane, too, described a “terrible experience” that “stuck with [them] for years.” While Lane had multiple invalidating experiences with the campus police, as described above, they shared one story in particular when they were in a meeting with this police officer and a campus social worker. They shared,

While I was in the room, this man started making small talk with the LCSW about her personal life, and he asked her about her new puppy that she had gotten. She was explaining like, ‘Oh, you know, this puppy is so sweet, but just so excited and just, like, jumps up on people’ and you know was having a hard time training the dog. The campus police officer turned to me and said, ‘That sounds just like your situation. Your ex is- he just loves you way too much and he just can't, you know, doesn't know how to behave

himself.’ So that was a terrible experience, and at that point I stopped, you know, I was unsuccessful in my restraining order and stopped needing to contact campus police for any reason.

After this negative experience, they stopped contacting campus police for any reason.

Once again, negative experiences with help-giving resources both re-traumatize and victimize survivors in the moment and reduce their belief in similar resources for future support. Lane, in fact, resigned themselves to just having to deal with their partner’s stalking until he eventually moved out of state and, months after moving, gave up contacting them.

Furthermore, Henley's negative treatment by law enforcement shaped their future understanding of their gender identity. As noted in Chapter Four, they described their experiences as “being coded as a woman, as a helpless woman, damsel in distress, and also, like, not worth saving.” While they did not identify as a woman at the time, this experience shaped how they understood their gender. They shared, “It made me realize that, like, the only way to get the help or get the things that I need in this world is, like, be seen as a man.” After these experiences, they began to identify as a transman and expressed a much more masculine gender identity. While they don’t believe that being transgender is the product of facing trauma, they did partially attribute their specific gender exploration journey to the trauma they experienced seeking help.

### *Finding Identities Too Complex*

When some participants sought help from formal resources, they found that help givers were uncertain of how to interact with them. Either they were confused on how to treat survivors based on their gender identity, or they found that intersection of gender identity with other elements of a survivor’s identity to be too complicated. This led to negative experiences as providers either mishandled the situation or completely refused services.

For example, like other participants, Brian had many negative experiences with law enforcement. These negative experiences occurred over five separate instances when they were called to respond to escalating violence, including one time when Brian's partner pulled a gun on him. However, Brian's experiences were based in confusion over his and his partner's transgender identities. He shared that he "absolutely hated calling the cops" who constantly misgendered him and his abusive partner; however, when his life was being threatened by his partner, he found his options were limited. He shared,

They would also call us by our birth names after we corrected them. Like once they got IDs, you know, 'This is A. She identifies as female. This is B, he identifies as male.' They would still say, 'Legally you're female, so I'm going to call you female.'

Sometimes the cops would become confused and begin mixing up pronouns. This would complicate the situation as Brian and his partner couldn't figure out who the cops were referring to. He explained, "At one point me and her were confused, like, 'Who are you talking about? Who's he? Me or her?' Ya know? Like 'Sir are you talking about me? her? Who are you calling he?'" These experiences not only invalidate Brian's gender identity and potentially trigger dysphoric feelings. They complicated law enforcement's ability to offer support. In Brian's final interaction with law enforcement (the scenario where his partner threatened to shoot him), he described finally having his identity validated; however, this validation then undermined his experience of violence. He explained,

Identity-wise, it was hard on the cops because they didn't even know what to do. You know, they said, 'Look, you know, we know everyone's, you know, transgender, but you're the male figure. You have to leave.'

In this scenario, the police affirmed Brian's gender identity, but upheld a gendered view of IPV. Even though Brian was the one being abused, the police followed a protocol that assumes the man is the abuser, asking him to leave the situation. Brian also attributed the police

response to his partner's visible disability, as she was in a wheelchair and had an oxygen tank; however, Brian also has a physical disability that limits his mobility. Nonetheless, Brian was asked to leave, making him homeless for forty-eight hours. In Brian's experience, the police were unequipped to handle the complexity of the situation. That is, they did not know how to handle IPV between two transgender people with disabilities where the trans man was being harmed.

Brian believed that gender was the primary reason that he was asked to leave, claiming "If I wasn't out, I would have been able to stay." When he asked the police where he could go, they offered him no trans-affirming resources. Instead, they suggested a "women's shelter" but told him "You're gonna have to be on the female side." This experience felt extremely conflicting for them, as they appreciated having their identity affirmed after multiple transphobic encounters but wondered if they would have been better off having their gender invalidated.

They shared,

You want to be validated and be yourself, and then when it's legal, I'm just like, 'Can I be female today?' 'Can I please stay?' You know it felt good that they validated me, but at the same time it sucked to be kicked out of the house.

This experience was traumatic for Brian, and they brought it up several times throughout our two-hour interview. First, they had their life threatened with a revolver by their abusive partner. Then they called the police, anticipating transphobia; however, the police selectively affirmed their gender identity in a way that seemed tied to police efficiency and that resulted in Brian, the person who had a revolver pulled on them and called the police, being removed from their home. Fortunately, their university had been supportive of Brian prior to this experience, and they were able to obtain forty-eight-hour emergency housing; however, they described staying on campus to be "just as shitty." Furthermore, this experience impacted their views of

police. They described having a “fear in their heart of cops” explaining, “I’m untrustworthy of cops because of what all I’ve been through.”

While perceptions of survivors’ gender identities impacted their experiences seeking help, gender does not exist in a vacuum. Rather, participants highlighted how gender perception also operated alongside race, ability status, and sexuality to shape their experiences. When help-seeking resources were not prepared to address social issues with an intersectional lens, they read these participant’s experiences as too complex.

Ollie, for example, attempted to reach out to their university counseling center to process their experience with their abusive partner that continued to harass them for years after their break-up. Ollie already had traumatic encounters with mental health professionals after being involuntarily hospitalized at a young age, and they approached this counseling center cautiously. They discussed their experience with the intake counselor who asked them what they were seeking in a counselor. They said,

I was like, you know, I would very much like to work with someone with experience working with people of color who are queer and trans. The counselor told me that I was asking for too much, that there wasn't a counselor at the university that met those criteria, and I would be better off seeking long term support in the community. She told me that she would refer me to resources, which she never did.

Asking for a counselor who could adequately work with their intersecting identities, they were shut out of counseling services at their university. They were also never referred to external counseling services, leaving them to navigate the complex and expensive network of private counseling agencies by themselves. Finn also described a difficult experience finding mental health support, sharing that they were frequently turned away for having a diagnosis of borderline personality disorder. They explained, “Really the overall attitude towards that was that borderlines are too difficult to treat.” Unfortunately, Finn already struggled to find trans-

affirming mental health support, so adding this complication to the struggle makes their options even more limited. They also felt there was a connection between their borderline diagnosis and their gender identity, making it increasingly frustrating when trans-affirming agencies refused to see them. They shared, “With borderline specifically having interactions with gender sometimes, I felt that that was a little bit kind of odd for places that were explicitly relating to gender identity, like gender identity awareness being an integral part of their treatment.”

Overall, many participants had negative experiences when attempting to seek help for their abuse. In these encounters, their experiences were minimized and invalidated, or they were disbelieved and blamed, often leaving them retraumatized. That is, negative experiences not only prevented participants from getting the support that they needed. They created new harms that participants carried with them. For some, this trauma impacted their decisions to seek help from other possible supports, effectively cutting them off from the positive experiences shared by many others. Furthermore, some participants experienced encounters where help-giving resources could not make sense of their experience and could not understand how to provide support that met their needs. In these situations, participant’s identities felt “too complex”, and as a result, participants were not only denied the support they needed but were sometimes punished for their suffering.

## RECOMMENDATIONS

As participants shared their help-seeking experiences and the many barriers they faced to accessing these resources, many also contemplated ways that these resources can become more trans-affirming and available to survivors. Additionally, participants were asked in the interview for recommendations to improve IPV agency services which was a main help-giving resource for IPV that no survivors accessed. Participants discussed a variety of recommendations for these

agencies, all of which tended to center a handful of important themes. As previously mentioned, participants expressed an understanding of domestic violence agencies as “women’s shelters.” That is, they are organizations built to provide temporary shelter for cisgender women in crisis after experiencing severe physical violence. As a result, participants were skeptical that these agencies would have services for them, and they doubted that providers would be trans-affirming. Thus, participants recommended that IPV agencies should openly market their services as trans-affirming and back this up with inclusive language and messaging.

Kyle explained that this messaging could be “as a basic having some sort of LGBT sticker on their website,” similar to the Safe Zone training marker present on university campuses. This message could signal to transgender and nonbinary survivors looking up services that they are welcome and affirmed at the agency. Other participants shared that agencies should do direct outreach to transgender communities. Ellen exclaimed, “I would love to see places that maybe advertise the fact that they’re trans friendly.” Henley echoed this call for more inclusive marketing, suggesting that agencies “pay really close attention to the language that’s used.” Like Henley, many participants emphasized that agencies should only market to transgender communities if they can back this up with inclusive training, trans-affirming intake forms, and other appropriate messaging.

Participants expressed a need for better training that taught providers to be compassionate to transgender and nonbinary people, to be aware of basic needs and experiences in trans and nonbinary communities, and to be aware of language. For example, Finn shared,

I think the first big one is just like teaching the people who are involved with this at any level how to be compassionate towards trans people specifically for their gender and training them, you know, in sensitivity training to an extent.

Reflecting on their own experience, they explained:

If I had had, you know, like literally even just one teacher who was trained better, who knew how to respect me as an individual, and like if I had, you know, someone to talk to or a resource to go through that was just blatantly, like I said, for abuse, you know, that would have made so much of a difference so much earlier in my life.

For Femi, this training also meant having a general understanding of experiences that are unique to transgender and nonbinary people, including their experiences with societal discrimination, their struggles with employment and housing, and the possibility of engaging in sex work. She said, “They could get to know what transgender people have lived, their experience, why they are in the sex work industry, and with that, I think they’ll have information. They’ll not disrespect them.” Ellen also shared a call for service providers to have an awareness of trans-specific needs, especially for those who may be taking hormones. She explained,

Also really understanding sort of the more physical processes that go into like what- like what my needs are. Like, I need to make sure that I have health insurance and HRT and I have, you know, basically, like therapy, things like that, right? Like that, I think is very important.

Within this call for better training, participants discussed the diversity within transgender and nonbinary communities. Thus, they argued for training that highlighted this diversity, rather than assuming a particular transgender experience. Layla explained, “People need to be aware of the diversity of the gender spectrum and just basic respect and common courtesy go a long way.” For Layla, this diversity means recognizing that not every person fits into a gender binary. They explained, “It’s important to recognize that nonbinary people exist, which is something that I think a lot of shelters just don’t have the training tools for their staff to be able to engage with people appropriately.” Ellen also shared that agencies must work on “getting people more used to what trans folk look like, whether they pass or not.”

Furthermore, participants discussed a need for basic training on language and pronouns, training that should also be implemented through appropriate intake paperwork. Ellen expressed

a need for agencies to address “the basic stuff like getting pronouns correctly and getting names correctly, no matter what you see on their official documentation.” Finn furthered this need, sharing,

I do think that the piece about how you phrase asking for somebody’s pronouns is important. Like it's important to just ask people what their pronouns are. They're not ‘preferred.’ They're not by any sort of euphemism. It just is what they say it is.

While participants called for better training, however, they also noted the limitations of training. Ellen, for example, believed that training “could only go so far,” especially if training staff that is conservative or outwardly transphobic. She elaborated, drawing a connection to the recent election,

I think right now, especially we're seeing like this kind of like very bipartisan fight that's been wrapped up in American politics. And I mean, almost seventy-five million people voted for Trump. I have a feeling all of those people couldn't give two shits about trans folk, right? That's like effectively half our country, right? So, for me, it's like I don't know that necessarily the majority of those people can be educated into recognizing like who trans folk are.

Similarly, Justin shared,

The thing is, with that training, you know, I've had people that have gone through, you know, anti-discrimination training that are still discriminatory, you know? So, I think there just needs to be some other kind of thing in place. It's more in depth than just like, yeah, these people went through like a few weeks of classes to not call you faggot. Like there just needs to be something more in place, I think, for me to feel comfortable going or seeking help.

In both of the above examples, Justin and Ellen recognize that training is often limited and does not inherently change people’s actions, especially if the agency does not work to enforce that providers abide by what they learned in training. Additionally, training transphobic people on proper language and pronouns does not automatically make that person less transphobic. In response, multiple participants called for agencies to “vet their workers,” ensuring that they only hire people who express that they accept and affirm transgender people.

Several participants also called for agencies to hire transgender service providers, which would both guarantee that there is someone on staff who is not transphobic and that there is someone who understands a trans-person's experience. Multiple participants shared that only transgender people should work with transgender people. Ollie, for example, said, "I firmly believe that only LGBTQ folks who work in DV orgs are equipped to support trans and gender nonconforming folks." Justin also shared, "There's just some things that I feel like are better talked about among trans people. I think beyond just like training, just like making the initiative to like try to hire more trans people would make it feel safer." To explain his reasoning, he shared that he currently sees a therapist who is a ciswoman. While he likes his therapist, he shared, "I don't tell her everything because, like, part of it, I just I feel like, you know, she just doesn't really understand what I've been through. She can understand it from an outside perspective." Alec shared a similar sentiment. They explained,

Part of it is like who's on staff? Like, if it's I hate to say this, but if it's all cis women, then I'm going to be like, this is a thing for cis women. Like, I don't know how you expect to be able to help me. I mean, maybe they can help you from their standpoint. I don't know.

For some participants, they felt comfortable working with an LGBTQ service provider, but other participants specified a transgender or nonbinary provider specifically. For instance, Kyle noted that while "LGBTQ" identities are grouped together, people need to understand the distinction between sexuality and gender. He explained, "I do feel some disconnect between the different identities and especially kind of with trans or nonbinary where others are kind of more sexuality, and this is more gender."

In addition to IPV agency recommendations, participants also expressed a general call for more education surrounding violence and violence prevention, starting in childhood and beginning into adulthood. This call for education often had two trajectories, calling for IPV-

specific education that explored the diversity of ways that IPV can manifest and general violence prevention that would allow participants to identify the multiple experiences of violence they've faced throughout their lives and prevent future violence from occurring.

Sam expressed an issue with how the media both “glamorizes abuse” and “depicts only cis-straight people.” They shared, “I think it would be helpful if there was more diversity in the media about what stories we hear about survivors but specifically non-binary people, people of color and so on.” In general, participants believed that it becomes difficult to identify their experience as abusive when they've never seen experiences similar to theirs represented as “abusive.” Alec, for instance, had completed two different domestic violence trainings in their life; however, they explained, “Pretty much universally when they're talking about violence, interpersonal violence dynamics, they're like, ‘For the purposes of this demonstration, we're going to talk about the victim as she is a woman.’” Participants who cannot see themselves in this demonstration will have a hard time relating this understanding to their own experience. Rylan summarized this sentiment by comparing the identification of abuse with the realization that they are queer. They explained,

I think it's really similar with like representation and understanding, like one's sexuality or gender identity. Like a lot of people, they don't know that they're queer until they see another gender queer person because maybe they didn't know that existed. And. Yeah, with yeah, like I didn't know that that was really so bad until after it happened, and like people are telling me, ‘Oh yeah that's what this is.’

Reese also shared this difficulty recognizing their experiences as abusive. While their relationship included psychological abuse and sexual coercion, these experiences didn't feel as “severe” as what is typically represented as “IPV”. Furthermore, being in a relationship that was not cis-heteronormative, they weren't sure what a relationship was even supposed to look like. They said,

Educating people on what different types of relationships look like. I guess not even just like healthy, unhealthy, but like what was the medium level of stuff you can take? What went too far or when do you definitely need to get help or what does the relationship look like whenever it's not just a dude and a girl? You know, I didn't know what a relationship was going to look like.

Other participants also called for more education surrounding psychological abuse or sexual coercion, rather than focusing explicitly on physical violence and violent sexual assault. Jesse, for example, believed that “emotional intellect” should be taught in schools, and they argued that this should involve learning to understand and express their own feelings as well as recognize unhealthy emotions and behaviors in others. In their experience of abuse, they struggled to recognize that their partner was being manipulative and coercive. They blamed this partially on their autism diagnosis, which they said made them more likely to take their partner for their word, and they also blamed this on a lack of education surrounding emotional abuse. They shared, “I feel like the emotional abuse, and the mental abuse is so under the radar.” Femi also suggested,

[Agencies] could organize seminars or webinars on the internet to inform people of what abuse is because some people might think it's just normal. You're just being submissive. Some people like don't know their boundaries or what submission is.

While over half of the participants argued for better education as a means of violence prevention, multiple participants also expanded this call beyond just IPV. Reese believed that education should focus on concepts such as “consent,” wishing they had learned what the word “consent” meant at an early age. They explained, “Like I didn't know what consent was. I think that would have spared me a good bit of what went on in that relationship to know there was like sexual blackmail that happened.” Jesse believed that education should focus on behaviors such as “gaslighting” while exploring how this behavior can manifest in a variety of relationships. They explained,

Like, knowing what gaslighting is because you can teach gaslighting to a five-year-old. They will figure out what it is, because I'm a thousand percent sure a five-year-old can conceptually understand gaslighting, and they deserve to know what it means because children are a vulnerable population. They have given you tools to protect themselves, like knowing what these things are, knowing what emotional manipulation is and all that. Like knowing what a narcissist does and how they behave and how to protect yourself from it. Like I think that's the number one thing. Knowing to recognize it. But also knowing how to protect yourself from it.

Jesse believed that this education can be valuable starting at a young age and looking beyond sexual and romantic relationships. They went on to explain,

Because many kids also probably have not a great parent. Like not 100% of them, but there's probably enough of them that could use that information skillset right then, like almost immediately. And if they're not using it immediately, they are guaranteed to use it in the future because they're going to have relationships in which they need to understand like red flags.

They even shared, "I wish I would have known it just to be able to handle my freakin teachers sometimes." Throughout this study, participants highlighted the multiple forms of victimization they had experienced: child abuse, sexual assault, IPV, and societal transphobia. As such, many recognized that they had an unhealthy understanding of relationships, a negative self-concept, and a lack of awareness about what abuse can look like. Many argued that violence prevention education could have changed this and stopped the cycles of violence they experienced. Alec, for example, called for violence prevention education that looked at "violence between parents and children and siblings." Cathy also shared a need for "general violence prevention education more than anything else." Some participants believed that recognizing early forms of violence and trauma would reduce the risk for polyvictimization. Alec summarized this sentiment,

When you witnessed or involved in domestic violence or like interpersonal violence situations as like a youth or early in your development, you replicate what you know. So, if we don't have a way to recognize what happened, the traumas that happened to us as kids or the traumas we witnessed as kids, how are we expected to not replicate them as adults, whether as perpetrators or as victims or survivors?

## DISCUSSION

While participants discussed many barriers to seeking help, all participants sought help from someone, citing friends as the most commonly accessed resource. As participants made decisions over who to reach out to, they often assessed which resources would be the most affirming of their gender identity, differentiating between queer/trans resources and cis/het resources. Overall, participants had a combination of positive and negative encounters with help seeking resources. When positive, participants received help defining their experiences as abusive, leaving their partner, validating their gender identity, and processing their trauma. However, when experiences were negative, participants were invalidated, disbelieved, and retraumatized. Additionally, resources found some survivors' experiences to be too complex to intervene in. Reflecting back on their experiences, participants shared many recommendations for service providers. These recommendations involved decentering cisgender women's experiences, creating a more trans affirming environment, hiring transgender and nonbinary staff, and recognizing the diversity of trans and nonbinary experiences.

Participant's assessment of whether resources were trans-affirming echoed prior research on transgender survivor's help-seeking choices (Kurdyla 2017). After citing a fear of transphobia as a major barrier to seeking help, respondents carefully calculated the risk of this fear becoming a reality from potential helping resources. As a result, many participants chose to reach out to friends, who they had carefully chosen to be in their lives. This echoes prior findings that friends are the most sought-after help-seeking resources (Kurdyla et al., 2019). Many transgender and nonbinary individuals may often develop affirming friendships in response to growing up with transphobic families (Galupo 2015; James et al. 2016). These "chosen families" may then become the safest space to share initial concerns about one's relationship.

Furthermore, the positive experiences shared by participants emphasize the importance of having interpersonal and structural support for IPV. These supports helped participants survivor within the relationship, exit out of the relationship, and process the aftermath. This echoes prior findings on the important of positive support (Coker et al., 2002). In contrast, negative experiences served to exacerbate harms and create a new trauma for participants that further compounded their prior trauma experiences. This was especially true in encounters with law enforcement which were always described as negative encounters. Prior research also highlights the traumatic and invalidating experiences that transgender survivors have with law enforcement agencies (Guadalupe-Diaz 2019), suggesting a need for IPV support that exists outside of the criminal justice system.

While this study highlights many past findings on help-seeking experiences for transgender IPV survivors, it also illuminates the importance of an intersectional approach. Many participants' experiences were shaped by other facets of their identity in addition to their gender. This included sexuality, race, and ability status. Helping resources often failed to understand how IPV can manifest in relationships that don't fit the mainstream narrative of abuse, and because of this, they struggled to understand how to apply support. While other studies have echoed this problem in communities of color (Crenshaw 1991; Sokoloff 2008) and queer communities (Erbaugh 2007), scholars have not fully explored these intersections in transgender communities specifically, nor have they explored the relationship between ability and trans identity.

For example, stories such as Jaden's, Jesse's and Kalin's all highlight some of the unique ways that neurodivergence may intersect with gender identity. Even for participants whose experiences of ableist attacks did not directly target their gender, the connection between neurodivergence and gender may still be relevant as researchers have suggested that rates of

autism are higher in transgender communities than cisgender communities (Murphy et al. 2018). While this study does not involve a representative or probability-based sample, it is interesting to note that three out of twenty participants were on the autism spectrum. As such, more research may be needed that explores how the intersections of neurodivergence and transgender identities impact survivors experience with helping resources.

Overall, these findings highlight the diversity of experiences and identities within the transgender and nonbinary umbrellas. Helping resources are most beneficial when they can affirm and validate these identities. However, many formal resources are seen as not being equipped to do so. As participants described recommendation for formal resources, they emphasized the need for providers to become better trained in understand transgender survivors' experiences while also understanding the many ways these experiences can differ. Without an intersectional approach, participants' lives become "too complex" to be supported. Furthermore, participants express that training is only a small steppingstone to a larger shift that requires challenging the cisnormativity that grounds agency services and hiring trans-specific staff members. In Chapter Seven, these recommendations are assessed in comparison to providers' perceptions of IPV agency resources and their own ability to support transgender and nonbinary survivors.

## **CHAPTER SEVEN: HELP-GIVING EXPERIENCES**

While the previous chapters discussed survivors' experiences with IPV and seeking help for the abuse, including barriers they faced to help seeking, this study also sought to understand help-givers' experiences working at IPV agencies. Survivors who participated in this study were hesitant to seek help from IPV agencies, and no participants actually chose to do so. This finding is consistent with past IPV research that has shown transgender survivors are unlikely to reach out to these agencies (Kurdyla, Messinger, and Ramirez 2019). However, studies have not explored how service providers understand IPV in transgender and nonbinary communities nor how they would work with a transgender or nonbinary survivor. Through interviews with fifteen service providers, this study finds that providers demonstrated a general knowledge of IPV in transgender communities as well as a desire to better support transgender and nonbinary survivors; however, providers often faced a dilemma in how the agency can practically meet these needs.

### **PROVIDER CONTEXT**

Fifteen service providers chose to participate in this study. Fourteen of these service providers were located in the state of North Carolina, representing each major region of the state. Additionally, one participant was located in Florida. Though this participant is a geographic outlier, they provided valuable data as a nonbinary service provider who has also experienced IPV. In total, the fifteen service providers represented twelve different IPV agencies. Four of these agencies were located in rural counties, and eight agencies were located in urban counties.

Participants began their careers as a service provider through different means. Some participants began as interns while finishing a bachelor's degree. Tracy, for example, had been working at her agency for over a decade. She described her entry into this career:

I started as an intern, actually. My final semester at [NC School], I was able to secure an internship with the domestic violence shelter and just kind of transitioned from there shortly. Shortly after I graduated, several positions opened up within the shelter environment. Yeah. And just kind of transitioned over shortly after graduation. I've had my entire professional career has been within the walls of that agency just in various capacities.

Ollie also began as an intern. They shared,

When it came to doing an internship for my health disparities minor, we had a lot of different options. I chose to do an internship for [agency] at the domestic violence organization I interned for, and then once I graduated, I got a job.

Other participants had done similar work out of state and desired to continue this work upon moving to North Carolina. Almost all participants expressed a desire to support IPV survivors and felt drawn to their agency for this reason. For example, Sarah shared, “Well, I moved here from out of state, so I applied for a job via a website and was reading about who they are or what they do, and it just kind of resonated.” Lydia also felt drawn to this type of work after working at a similar agency out of state. When they moved to North Carolina, they knew they wanted to continue at a similar workspace. They explained,

I just really enjoyed the environment of the feminist workspace. I really enjoyed that and being surrounded by a lot of likeminded people who just want to help because, you know, it's not a high paying profession, so you're really there if you're really there then you really want to help.

Many participants shared Lydia's desire to help. For several, they identified as survivors themselves, and they wanted to use their experience to support other survivors. Ollie, for example, described a draw to interning at this IPV agency after growing up witnessing IPV in their household. Carrie also shared an interest in this work after experiencing IPV in her marriage. Though Carrie experienced IPV, she said there were numerous barriers which prevented her from leaving the relationship for several years. Now that the relationship had

ended, she believed that being able to help others who had been in a similar situation could also help her heal from her own trauma. She explained,

Honestly, I think that it might sound a little cheesy, but when I started my own journey with kind of coming to terms with the trauma that I had been through, the way that I had started that was by doing research on how I could work with a demographic that's been—that has experienced intimate partner violence. And I had never heard of advocacy prior, but I had found it online one day and I was like, 'Oh, my God, that's exactly what I wanted to do.'

Loren expressed a similar desire to help others after his own experience with IPV. He shared,

While I was in the military, I had to file a protection order and leave a spouse due to domestic violence. And so then, [...] I was trying to look for jobs that I could kind of give back and help people going through similar things. And so, I found this listing and it all just kind of worked out perfectly after that.

Overall, most participants were drawn to this work because they wanted to make a difference, and most participants expressed the ability to make a difference as what they enjoyed the most about their position. Making a difference could look like many different things, according to participants. Sarah shared that “it's the little things” which could include “being able to provide appropriate clothing for survivor when they're in the hospital so that they don't have to leave in the hospital scrubs or in the clothes they came in that are soiled” or “connecting them with a resource that they really need.” For Lydia, this means,

Definitely just working with clients and seeing them grow and thrive and having clients tell me that I've helped them in some way really, really means a lot because that's all I want to do is help. So, when someone says, you know, 'That really helped. Thank you,' you know, that really means a lot to me and really validates why we do what we do is to help people. So that's probably the most validating part.

Participants discussed how clients often enter into their agency at a low point in their lives. Carrie described her agency as a “last resort” for people with “no other resources.” For participants that are only there for a short time, providers do not always have the opportunity to

witness their growth and empowerment. Thus, when that opportunity arises, participants find it very rewarding. Jackie explained,

The most rewarding part is definitely watching clients come in at a very low time in their life and watching them grow and watching them find housing and get back on their feet and taking care of themselves and their kids and the light coming back in their eyes and things like that. It's just it's amazing to watch people grow and realize their worth and how incredible they are.

As participants discussed what drew them to their chosen career path, many also discussed being new to the field. In fact, twelve out of fifteen participants had been working at a domestic violence agency for under five years, and ten of those twelve had been there for under two years. Multiple participants began working at their agency during the coronavirus pandemic and explained that they had never experienced their agency during a time of normal operations. In general, participants discussed multiple COVID-related shifts to their agency. For example, COVID regulations required limiting shelter capacity, and a switch to remote work meant all but eliminating volunteers. Additionally, agencies have experienced a higher volume of clients accessing services. At Katherine's agency, she described,

We saw a forty five percent increase in calls to our hotline. And that kind of makes sense. If you think about it. People are trying to think of where where can I get so I don't get stuck with this person, you know, I have to shut down with them. And so, we saw the calls go up and they took- they've fluctuated more, but pretty consistently. We've seen about a 20 percent increase in calls compared to previous years. So, we're we're still seeing a higher demand for services.

Jodie, on the other hand, shared that the volume of clients has not increased but client needs have shifted. She shared, "like we're averaging about the same number of clients, but the clients that we are seeing are in higher lethality situations, so it takes more contact with them to get them safer." These shifts have led to an increase in virtual direct service provision and a decrease in other tasks, such as event planning or prevention education, which would be difficult to provide during COVID. Because of the relative newness of many participants to their

positions and the dramatic changes created by the coronavirus pandemic, multiple participants did express uncertainty about certain components of their agency.

Aside from COVID-related changes, multiple participants discussed cultural shifts occurring within their agencies. These shifts were largely generational, as former leadership began phasing out and leaving room for younger leadership to step in. Marissa described such a change, stating,

We've had a change in leadership, change in executive director. The previous executive director was there for decades and just it was -- they were of the mindset that the way we do things is the way we've always done things, and there's no need for change.

Melanie echoed this shift, explaining,

When I started two years ago, this staff here was very- they were older of an older generation, but they were also they have been in advocacy for a very long time. And I think a lot of them were tired and I think a lot of them were burnt out.

This distinction between past and current leadership often represented changing approaches to service provision and a new commitment to supporting diverse communities. Three agencies included within this study had recently (within the year) created an LGBTQ+ services specialist position to better serve these communities. Two additional agencies built new partnerships with LGBTQ community centers. Furthermore, all participants indicated that their participation in this study stemmed from a desire to better serve transgender and nonbinary survivors and a hope that this study's findings can provide information on how to best do this. For multiple providers, this commitment to supporting LGBTQ survivors represented the staffing changes and cultural shifts within their agency. For example, Carrie shared,

That is something that we're still learning a lot, and I'm glad that we are because I feel that a few years ago with previous people that had worked here, I don't think that we would have been making as much progress as we are now. So, it's something that I think that we're headed in the right direction, but we still have a lot of learning to do.

While some providers noted these shifts in their agency, other providers expressed frustration with the stagnant leadership. Ollie, for example, wanted to provide services from an intersectional lens that also recognizes the structural oppressions that many survivors face. They struggled, however, with their organization's leadership which consisted of an older generation of wealthier white women. They explained, "I think just because of the age group that we are just like we're just a little bit more progressive than the rest of the organization." Ollie's frustrations will be discussed in more detail later in the chapter as it highlights the frustrations of existing as a nonbinary service provider within a cisnormative agency.

#### AGENCY CONTEXT

While survivors often talked about IPV agencies as organizations which provide shelter services, service providers detailed a wide range of services that their agency offered. In addition to shelter, most agencies offered legal support services, including assistance with filing protective orders as well as accompaniment to court proceedings. Several agencies also offered consultations with lawyers on staff, partnerships with Legal Aid, or access to family law books for any client needs that may extend beyond protective orders. Furthermore, agencies provided hospital accompaniment and access to mental health services, whether this be a counselor on staff or partnerships with counseling agencies. Additionally, several agencies offered other services. Some facilitated monthly support groups, others provided access to longer-term transitional housing, which was distinct from crisis shelters, a few offered financial planning consultations, and a few offered financial assistance, though financial assistance was impossible for many agencies due to funding restrictions. All agencies also ran a twenty-four-hour crisis line. Separate from direct services, many agencies facilitated violence prevention workshops in

the local school system, and two agencies operated a thrift store that raised money for the organization and provided a place for survivors to get free clothing.

While participants held a multitude of positions within the agency, all had experience with providing direct services. Often this involved a client calling the hotline or showing up at their agency. After completing an intake which involves gathering details about the survivor's story, providers gauge which services they should connect them with and serve to mediate that connection. Simultaneously, providers offer emotional support, a listening ear, and safety planning. When asked how clients find out about the agency, many providers listed law enforcement and community referrals as the primary points of contact. Ollie explained, "In ways that clients hear about our services, either they've been referred, or they've been told about the agency from either a friend or family member, or they're referred by the police. Those are really the two main routes." Loren also expressed the importance of friends and family. They said, "They hear about it from a friend. Word of mouth has been a big referral, and people generally call our crisis number." Some providers expressed the importance of law enforcement offering lethality assessments. Jackie explained,

The lethality assessment program, or the LAP for short, is an assessment that the police do when they respond to a domestic call. If the officer believes just in their gut that this client is at a high risk of homicide or serious injury, then they call us on the crisis line. Or if they do, when they do the assessment, if they answer yes to certain things or a certain amount of yeses or anything like that, then they will give us a call and then we'll speak to the client directly if they would like to speak to us. We're able to assess the situation and provide them resources, we'll safety plan with them, and kind of go from there, see if they're seeking shelter and things like that.

Discussing the important of lethality assessments at her agency, Katherine also shared,

Even if you don't want to come to a shelter right now, if you don't want a protective order, these are some of the things that are available to you. We kind of talk them through, and because we have that connection through the police, it helps to relieve them, too, of having to try and be everything to everybody, so it works.

Once clients make their initial contact with the agency, providers largely agree that the main services accessed are support to file a protective order and housing services. Domestic violence protective orders are court orders that require the abusive partner to remain a certain distance away from the survivor or face arrest. Loren shared, “Definitely the court advocacy and filling out protection orders and helping people with the paperwork is probably the thing we do the most.” Carrie further explained,

I know that our court advocate is insanely busy lately with domestic violence protective orders. It seems that we have on our database that we use, I'm able to see everybody's time and activity and how many hours they're putting in. And last month, I think that she had spent 44 hours at court doing just protective orders and domestic violence advocacy. So, I think that that's one of the most utilized services that we do offer.

At Katherine’s agency, which is in a large metropolitan area, they file high numbers of protective orders. She described, “In a typical year at our victim assistance office, we would serve about 4000 people helping them get protective orders. So, people really seem to appreciate that service.” In addition to protective orders, many clients contact agencies for housing support which may include shelter services or transitional housing. These services varied dramatically from agency to agency, with agencies as large as where Katherine worked having over one hundred beds in their shelters, while agencies like where Sarah and Ollie worked having under twenty beds. However, despite the differences in occupancy rates, each provider shared that their agency will never just turn someone away. Jodie explained,

We are going to find shelter somewhere else, or if there is not shelter that's accessible to you, we're going to do our best for a safety plan with you. We can put somebody in a hotel for 24 hours. We don't have the budget to stay for longer, unfortunately, but if you are actively fleeing domestic violence, we will help you find shelter.

Multiple providers discussed the ability to place survivors in a hotel overnight if the shelter was at capacity, if participants were immunocompromised (especially during the pandemic), or if participants otherwise expressed feeling unsafe at the shelter.

While shelter and protective orders were considered the concrete services that were most used, many providers also recognized that some clients have no desire to access concrete services. Instead, they just want someone to talk to. In this case, providers offer emotional support and safety planning with clients. Tracy explained,

Some people just call. They want to be heard. Yeah. You know, sometimes people call. They don't need to offer them a solution. They just want to be heard. You know, they're not ready to leave or sometimes they still hang on to hope that this person is going to change. So, I'm just wanting to know what I should do if something happens again, how can I be safe? So, we will work with them on a safety plan. And, you know, every single person, you know, that's something we strive to do is safety plan because even within the relationship, there's ways to be safer.

Jodie described safety planning as “probably the most used service, but probably the least requested service.” She elaborated, “Even though nobody calls up and says, ‘I want to safety plan with you,’ we just do that with clients because we know how important it is. We're going to introduce it into every conversation we have with somebody.” This process often involves multiple components. Loren explains that many clients want “an ear to listen.” From there providers assess if clients feel safe in the moment, how they can become safe now, and how they can stay safe in the future. Some participants call because they are unsure if their partner is abusive, and they are trying to make sense of their experiences. Jackie shared,

They are calling and they're getting tired. And, you know, they're starting to realize there's a problem and they're starting to realize, you know, ‘Maybe I don't deserve this,’ you know, ‘There's got to be better out there.’ And so, they'll start calling. Sometimes we get multiple calls from someone before they actually take that big step and walk away. And in the meantime, all we can do is continue to encourage them and let them know that they don't deserve what they are going through. [We] safety plan with them each time they call, continue to push the resources out to them and let them know that we were here or that we are here.

In a similar description of their most utilized services, Dani shared the value of this emotional support. They said,

It's really just about feeling like, you know, no one in your life is maybe giving you the support that you need. But like, I'm here to listen and I'm not going to judge you at all.

And I'm 100 percent just like on your side and here to listen. And that's also that's really gratifying, I think is a really important service to be able to offer.

Furthermore, this emotional support existed beyond crisis calls. For example, Lydia discussed providing check-in and follow-up calls to former clients. They were hoping to expand this service to include self-care and empowerment resources. They shared,

Like I have a call later today where it's just like checking up on them and seeing what they need and seeing if we can do some grounding exercises or if we can do- ask about self-care and what they're doing for self-care and what we can help with and still assessing their needs and trying to connect them to those resources.

This description of services was particularly interesting in comparison to survivors' understandings of IPV agencies in the previous chapters. That is, many survivors viewed IPV agencies as “shelters” designed to help cisgender women escaping physical violence. Some survivors, like Jesse, even described an imposter syndrome where they believed their experiences and needs were not significant enough to receive agency support. However, several participants could have benefitted from the emotional support and safety planning that providers offer. Afterall, this was often the support they elicited from informal support networks. While friends and family can certainly provide emotional support, service providers are trained to offer crisis services, safety plan with survivors, and listen to survivors. Furthermore, they can bridge survivors' access to other resources, such as financial assistance, housing support, and counseling services.

#### UNDERSTANDING TRANSGENDER AND NONBINARY SPECIFIC ABUSE

While providers could offer support for transgender and nonbinary survivors, the survivors who were interviewed did not believe that providers would understand their experiences nor their unique needs as transgender and nonbinary individuals. Thus, this study also sought to understand how providers understand IPV in transgender and nonbinary

communities, including the frequency of abuse and types of abuse survivors may face. Providers demonstrated a general understanding of identity abuse in transgender and nonbinary communities which they credited to either agency training or basic assumptions. From this knowledge and assumptions, providers often speculated that transgender and nonbinary survivors may have higher needs than other clients; however, many providers did not understand how this could translate into specific services that would cater to these needs. That is, there was a gap between knowledge and practice.

Despite this study looking solely at transgender and nonbinary communities, participants often referred to LGBTQ communities in general or sexual minorities as well as gender minorities. For example, when asked about the frequency of IPV in transgender and nonbinary communities, some providers compared their estimated rates to heterosexual people. This conflation of gender and sexuality may have occurred for multiple reasons. For example, four providers were LGBTQ+ advocates whose position entailed catering to the needs of the LGBTQ community at large. In general, people tend to focus on LGBTQ communities as a target population. Thus, when discussing transgender and nonbinary individuals, participants may refer to the LGBTQ community at large because that reflects how their work is organized. However, this language use may also suggest a conflation between gender and sexuality resulting from a misunderstanding that transgender and nonbinary individuals can also be heterosexual. This may also hold the consequence of making transgender and nonbinary survivors' needs, which are distinct from LGBQ needs, invisible.

Nevertheless, when asked about the frequency of IPV in transgender and nonbinary communities thirteen out of fifteen providers suggested that it was the same rate or higher than cisgender communities or "heterosexual" couples. Many participants were able to cite official

statistics. For example, Loren shared, “From the research that I've done, anywhere from 50 to 70 percent of trans folks are going to be experiencing some sort of partner violence in their lifetimes. I feel like it's it's much higher than the cisgender population.” Similarly, Jodie said, “Well I believe the statistics and I know that 54 percent of trans and trans and gender nonconforming individuals will experience domestic violence at least once in their life.” Other participants believed these statistics are an underestimate. Kris shared,

I feel like it's probably happening way more than than research shows, and, you know, one statistic that stands out to me is that the I think it's 50, at least 50 and then up to like 66 percent of trans folks will experience some sort of sexual abuse from an intimate partner at some point in their lives.

Melanie also believed that IPV is more common, and she identified LGBTQ communities as an underrepresented population that is being targeted by her agency; however, she felt uncertain of the rate in her community. She explained,

I think it's as common as heterosexual relationships, if not more common. I just unfortunately don't have the statistics in my area to back that up, but I have a feeling that it's there. We just don't know about it yet.

Some providers attributed underreporting to survivors being unable to identify their experience as abusive. Sarah, for example, shared, “I think that dynamic is different just in the fact that I don't know that transgender and binary folks are as readily aware that it is violence.”

Kris also explained,

We have this societal understanding or misunderstanding that, you know, violence, like, partner violence happens in a certain way. And it's typically thought of in this binary way of like, you know, the man perpetrating the woman. And so that is still the message that is so prevalent. And so, for queer folks and trans folks like being completely outside of that narrative, but they might be experiencing partner violence or some form of abuse and have no idea that that it would even fall in that category.

When discussing the types of abuse and transgender and nonbinary survivors may face, providers described similarities to and differences from cisgender survivors. Several participants

explained that some of the basic patterns are similar across abuse types; however, they may manifest as different tactics for transgender and nonbinary survivors. For example, Leigh explained,

The cycles are extremely similar. You know, the cycles of honeymoon phase, tension building phase, eruption of violence, manipulative tactics, physical intimidation. Oh, there are a lot of similarities in modus operandi or whatever you want to call it. You know, the mode of operation. There's a lot of similarities across the board. It doesn't really matter what age or ethnicity or cultural background or nationality, you know, it doesn't matter.

Lydia echoed this, stating, “The main tactic of power and control is the same as it’s being a pattern of power and control over another person. That's the same, but the tactics used can differ.” Melanie, on the other hand, believed that the physical violence would look the same, but that other tactics will differ. She explained,

I think that all the violence is the same, it's the way the perpetrators maybe go about that violence that could be different. So, when you're talking about a heterosexual couple, you know, there's going to be manipulation and there's going to be abuse and things like that. But it might it's and I can't pull any examples out of the air, but I assume that it would look, the manipulation, the gaslighting and things like that would look different for an LGBTQ couple who are in an abusive situation like the violence and stuff like that, the physical violence would be the same. But how you get to the physical violence may be different.

One tactic referenced most by providers was policing the survivors’ gender identity through identity abuse and withholding hormones. Sarah explained that for transgender and nonbinary survivors, their gender identity would be a “vulnerable point” that abusers can capitalize on. She explained,

Their gender identity is already a vulnerable point. And so, when there is that IPV, they go for the jugular. I guess it’s a terrible analogy. But that's where they go because they're like, well, ‘I know this is a weakness of yours, so I'm going to pick on that’ because that's what abusers do. They always want to push the right buttons to break down the other person as much as possible.

Lydia also believed that abusers were likely to attack their identity, stating, “There's also the form of identity abuse that someone who isn't marginalized may use the marginalized status, social status of the victim to control or shame them.” Ollie described this as “policing like your sexuality or your gender or your expressions of it.” One way that perpetrators may do this is through controlling transition-related care. Loren explained,

I guess a lot more manipulation as well as medical manipulation, so with abusers invalidating their identity intentionally, as well as preventing access to medical care, preventing access to hormones, prosthetics, things like that. For the nonbinary folks, I feel like transition resources can be another tool that abusers can use as a form of violence to invalidate and control their partners.

Jodie described this as follows:

You might also be experiencing, like, hormone control so that your body is changing back to a way that makes it really challenging for you to live in that body and may also make it challenging for you to like to have social interactions, especially if you have been passing for a while and now, you're suddenly not passing.

Jackie also noted how gender identity could be policed through sexual violence. She shared,

Another thing that transgender people experience that cisgender heterosexual people do not is something called corrective rape. It is where they are forced to have sexual intercourse with the gender opposite of what they're identifying as or is what they're attracted to. And the goal of these people who are doing these horrendous things is to try to make them be something that they're not. And that's something that, you know, cisgender heterosexual people do not experience as far as the corrective rape.

Thinking about the experience and intention behind corrective rape, Jackie continued, “It seems, in my opinion, a lot more aggressive, a lot more- I'm having a hard time finding my words, and I don't want to say brutal, but it's it's a lot more violent.” Other participants shared the belief that this type of IPV was especially violent in how it attacks survivors' identity. Carrie described it as “an internal attack on them as individuals, who they are.” Tracy also shared that this type of abuse “hurts that much more” because transgender and nonbinary survivors may still be trying to “figure out who they are.”

Furthermore, half of the participants discussed the idea of societal transphobia and other types of victimization leading to “compounded trauma” for survivors. Loren explained, “Trans and nonbinary folks specifically are going to be experiencing much higher rates of not only domestic violence, but violence in general, stranger violence as well a lot.” Lydia shared a similar thought: “For a lot of trans people, they've experienced multiple instances of violence of all forms of hate crime, violence and sexual violence, harassment of domestic violence, IPV.” Dani elaborated on this idea further, connecting IPV to other forms of victimization as well as societal transphobia. They said:

I think a lot of particularly trans and nonbinary survivors have experienced compounding trauma or polyvictimization so that they've experienced both on an interpersonal level, but also on a systemic level, so that they've experienced like the general transphobia and oppression of living in a very ciscentric world, you know, they might have experienced other things kind of related to their gender identity and and the societal marginalization that comes along with that. So even if that's not like a discrete instance of, like, experiencing interpersonal violence, that they have experienced the kind of, like, trauma on a systemic level, that's one major difference.

Providers discussed how this compounded trauma could impact how participants make sense of their victimization experiences, cope with their victimization, and seek support. For example, Dani continued, “It does seem like for a lot of people, if you've experienced one trauma, that's going to really impact how you experience subsequent traumas throughout your life.” Kris explained how experiencing transphobia can increase risks of IPV through the development of risky coping mechanisms. She explained,

I think folks who are trans and nonbinary, are probably even more susceptible to this than cis queer folks based on so many things just and based on, you know, the oppression they experience within our society, you know, creating mental health concerns, substance abuse concerns, many trans folks end up having to do survival sex work, and so many of these things intersect with experiencing violence.

Lydia argued that this complex trauma history will also complicate survivors' help-seeking choices, explaining, “Having that experience of compounded violence really affects how

someone would seek services because they've probably been told in the past that no one would believe them.” Additionally, after experiencing transphobia in general society, survivors may be hesitant to reach out to an agency. Lydia continued,

And so that really impacts whether or not they seek services and not knowing whether or not the agency is going to be respectful of your pronouns and your identity and who you are, even though, you know, we try to prove that we are there, that we will be there for all survivors, especially the LGBTQ community. They still don't always know who's on the other end of the phone. So, I think people like- you don't always want to out yourself.

Katherine echoed a similar barrier, sharing, “I do think that, you know, reaching out for services sometimes exposes you in a way that is more dangerous sometimes in the situation you're already in so it can create more danger. So, it's really understandable.”

Overall, all participants identified some way that transgender and nonbinary survivors may experience IPV differently and/or more frequently than cisgender survivors. Part of this difference was the tactics of abuse that specifically target their gender identity. Furthermore, more than half of participants connected this IPV to a broader understanding of the violence that transgender and nonbinary individuals face. They recognized that societal transphobia creates barriers for transgender and nonbinary survivors, where they may hesitate contacting agencies either because they do not recognize their experience as abusive, or they fear being discriminated against by providers. Despite this understanding, however, there was division between providers in how to best serve transgender and nonbinary survivors.

#### THE GAP BETWEEN KNOWLEDGE AND SERVICES

In addition to asking providers about how they conceptualize IPV in transgender and nonbinary communities, participants were asked questions about the types of services that survivors may need as well as what they can provide at their agency. Here, a few themes emerged. While participants were able to identify the different forms of abuse faced by

transgender and nonbinary survivors, several participants did not believe that survivors needed trans-specific services. Almost half of the participants noted that the same services in their organization apply to anyone who needs help and that gender identity isn't important in service provision. Often this was referenced in an attempt to show inclusivity; however, this approach poses severe limitations as evidenced by the survivors' concerns within this study.

In general, very few agencies included in this study offered outreach or services specific to transgender and nonbinary survivors. Providers who were designated as LGBTQ advocates acknowledged that they are tasked with changing this lack of specific services at their agency; however, three out of four of these providers were new to this position (under a year), and this position was also new to the agency. Thus, these changes were still a work in progress. Several other providers, however, did not believe LGBTQ-specific services were necessary because their agency was welcoming to everyone. Tracy, for example, shared, "You know, we serve all. We serve all- sex, race, any walk of life. We are here to help." Leigh explained further,

Specifically for that population, I would say zero, because we are a nonexclusive agency. All of our services are available to anybody who presents with a need, even our domestic violence shelter services. It is not a shelter for women and children. It is a domestic violence and sexual assault shelter for survivors of domestic violence and sexual assault. We have male residents, female residents, and everyone in between. If they qualify on that basic requirement, then they're allowed shelter access and that goes across the board to all of our services.

Jackie also shared, "We just try to make sure everybody knows that everybody is welcome." In each of these sentiments, participants were trying to explain that their services don't discriminate. Recognizing that transgender and nonbinary individuals face transphobia often, they wanted to create a space without judgement. As Jackie says, "We just try to make sure everybody knows that everybody is welcome." For Leigh, this means "they can pursue a service here without judgement." Some providers interpreted this judgement-free zone to mean

that gender information should not be collected from participants. Sarah explained, “It's not my business. I don't need to know somebody's gender identity to do my job.” Instead, some providers waited for clients to share that information if they choose to do so. For example, Katherine explained that for their intake process,

We don't ask direct questions. I would say we are more indirect. We will say to the person, you know, is there any situation, you know, about your life that would make you feel less comfortable about sharing a space with someone?

While this intake process could provide an opportunity for clients to disclose their gender identity, it does not require them to do so. Some providers believed that this takes the pressure off of clients to disclose information that they do not wish to share. Marissa explained, “We don't require them, of course, to disclose. When they're comfortable enough to disclose that, that's when we know, but if they don't, then we don't really have a way of knowing.” This approach assumes that if a client believes their gender identity is relevant, they will make the choice to share that information. Such an approach may also reflect the survivor-centered foundation that structures many IPV agencies. In general, providers described “meeting clients where they are at” and letting them lead the way. However, choosing not to collect data on gender and pronouns nor tailor services to transgender and nonbinary survivors also fails to acknowledge the cisnormativity that may create a barrier for survivors.

Dani, for example, believed that this approach often indicates an assumption that survivors are cisgender unless they say otherwise. They believed, “that should just be like regular practice of making sure that we're noting, like asking about pronouns, noting the person's correct pronouns.” Though the notetaking system at their agency does include fields for gender, sexual orientation, and pronouns, they've noticed that asking these questions are not a standard practice. They explained,

Everyone working the hotlines whenever they have first contact the client is meant to fill that out. I have maybe only ever seen those sections filled out maybe once or twice for clients. It's just like not a regular part of practice, I think, for most crisis counselors and case managers. But again, I think that's honestly because people don't expect to be serving queer and trans survivors.

To Dani, this signals that their agency does not consider transgender and nonbinary survivors to be a priority and can lead transgender and nonbinary survivors to feeling unwelcome. Furthermore, without asking for pronouns directly, providers run a higher risk of misgendering participants who might be perceived as a gender different from how they identify. An additional dilemma this creates is the inability to truly assess how often transgender and nonbinary clients access services. While ten out of fifteen providers indicated working with a transgender or nonbinary client at some point, almost all participants shared that they have no way to determine how often transgender and nonbinary survivors visit their agency because they do not collect this type of demographic data. Unfortunately, this data can be useful to better determine community needs. Jodie explained,

Having those demographics would be really helpful for us to be able to see more pitfalls and more like where could we do better and what communities are being served and what communities aren't being served as well, and to be able to target that.

She went on to share, “our fears are that we have other blind spots that we're not able to spot nearly as well because we don't collect the demographics of the hotline.” Marissa shared a similar experience. Her agency has recently begun focusing on the LGBTQ community as an underrepresented population that may need specialized attention. This focus did not stem from an awareness of LGBTQ individuals accessing services. Instead, it emerged after connecting with a newly developed LGBTQ Community Center in the area. Marissa explained,

I don't think anybody in [county] really knew that there was a need for any kind of services for that community. I think just like any kind of typical southern town, it just doesn't get talked about. It kind of gets brushed under the rug. However, when the

LGBTQ community center opened up not even a year ago, a lot of people were coming forward.

That ability to identify who is accessing services also allows for the ability to identify needs. As Marissa discussed, she was not aware of a large LGBTQ community in her county until an LGBTQ community center opened, and people began accessing services at this center. Though she is unsure of how often people from this community access services at her agency, she shared, “we can kind of assume that based on the domestic violence rates in that community that they're also going to need our help.” Furthermore, as demonstrated by survivors who participated in this study, transgender and nonbinary survivors are often uncomfortable with accessing IPV services that are not specific to transgender and nonbinary individuals and/or they believe that agencies will refuse to serve them. Thus, taking an “all are welcome” approach that does not cater specifically to transgender and nonbinary survivors may simply validate survivors’ discomfort accessing services. Additionally, without targeted outreach that demonstrates the agency is trans-affirming, survivors may have no way of knowing that they are welcome.

#### BUILDING TRANS-AFFIRMING SERVICES

While many participants suggested that transgender and nonbinary survivors would benefit from any of their general services, some providers did believe that trans-specific services were much needed. Often these providers identified as part of the LGBTQ+ community themselves, and in particular, as transgender or nonbinary. Many of the participants who discussed specialized services held a position that was LGBTQ+ at their agency, though this was not always the case. In fact, there was some division over whether agencies should have an LGBTQ+-specific position or if all staff should be equally trained to serve LGBTQ+ clients.

‘ For participants who discussed the importance of actively building a trans-affirming agency, several emphasized that providers must stop making assumptions about clients’ gender identity and sexuality. One way to do this was by normalizing asking for pronouns. Ollie shared,

Normalization of asking for pronouns. I feel like that for me whether I'm meeting someone new and I'm looking to connect in a professional personal way, I'm trying to reach out for a resource or learning more about something. If there is not a normalization of identifying those power dynamics. If it's not pronouns, if it's not gender-neutral language, if it's not- like the language that they use of ‘oh is it your husband, like are you married, do you have kids with him?’, like these assumptions that are very heteronormative.

Lydia echoed this need and discussed one way that they’ve managed to incorporate this into their agency: “Some of the things we do do are like we all put our name and pronouns in our signature, our e-mail signatures. We ask every client what pronoun they prefer to use.” Jennifer discussed how this should also be included in intake paperwork, pondering, “How do we update our intake paperwork to include pronouns?” In addition to paperwork, several providers pointed out that their agency name had gendered language, whether it be the word “women”, “sister” or a woman’s name. Jackie said,

I think maybe changing up somehow the name of our agency because, I mean, not only does it affect that demographic. It also affects, you know, cisgender males that are going through domestic violence or sexual assault as well. It prevents them from reaching out because it portrays that we're just women.

However, name changes often brought branding concerns because many agencies have served their community for several decades, and the name has built a positive reputation among community members.

Aside from language, the most commonly referenced need was for trans-affirming housing. Discussing the need for affirming shelter, Jennifer shared, “Legally if shelters are receiving federal funding, they have to provide services to all survivors, and folks are struggling figuring out how to do that, what that looks like in practice.” Each provider who was interviewed

for this study worked for an agency that did receive federal funding; therefore, all participants indicated that they offer shelter services for transgender and nonbinary survivors. However, participants also shared uncertainty over how to make transgender and nonbinary individuals feel safe and comfortable within the shelter environment.

Jodie discussed an initiative at her agency to provide individual housing units for survivors in need of longer-term housing. She discussed one motivation for this initiative as making transgender and nonbinary clients more comfortable. She shared,

It also helps us provide better access to trans survivors, to gender nonconforming survivors, to male survivors who are often not able to get into domestic violence shelters or have to choose between like, 'Do I risk trying to pass and go here? What happens if somebody finds out that I'm trans' and all of those, like, safety kind of questions nobody has to worry about because one apartment, one client and their family.

Katherine also discussed the importance of individual housing units:

I would say that one of the things even when we build our shelter, one of the reasons that we said we're going to have individual apartment units is because we know that shelters can be such scary places for people to come into, especially if they you know, if you're going to have to have a roommate, you don't know how much that person's going to see or be around you. So, we were really intentional about setting up individual units.

A few other participants, like Leigh, shared having a small amount of money reserved for hotel stays for transgender and nonbinary individuals who do not feel safe in their shelter. In general, housing repeatedly came up as a concern as participants continued to make connections with transgender/nonbinary communities and homeless populations. Lydia explained that “one of the main barriers trans and nonbinary people face is housing.” Marissa drew the connection between this housing barrier and IPV risks. She said,

We always hear the number like one in four women will be assaulted in their lifetime. We know that number is higher for anyone in the LGBTQ community because of their identity, for an example of youth who identify as LGBTQ plus or more likely to become homeless due to their identity and may have to resort to sex work to survive and things of that nature. So, there's just more of a risk for anyone who identifies this way.

Despite this focus on housing as a concern, many participants were unsure of how their agency could provide better housing support. A couple of participants discussed future plans to “reassess housing policies” to be more trans-affirming; however, they were not sure concretely what these policy changes would look like.

In addition to housing, one provider discussed recently offering an LGBTQ+ support group, another provider discussed developing outreach that targets LGBTQ+ communities, two participants shared agency efforts to offer gender neutral clothing for survivors, and three agencies discussed collaborating with local LGBTQ+ community centers. Most of these initiatives were new or in development. Once again, this can be attributed to the recent shift in agency focus towards LGBTQ+ initiatives as demonstrated by the creation of LGBTQ+ advocate positions at many agencies over the past year. Most discussion of trans-specific services came from providers who hold those positions; however, there was some debate in other agencies over the development of such a position.

As survivors noted early in this study, many transgender and nonbinary individuals felt most comfortable reaching out to an IPV agency if there was a dedicated LGBTQ+ staff member, who was part of an LGBTQ+ community and trained to support transgender and nonbinary survivors. Some staff members echoed this need. Ollie expressed, “I think it would be meaningful to have a program that is specifically dedicated to LGBTQ folks and to hire LGBTQ centered advocates who are actually LGBTQ.” Dani also shared this need, explaining why it is important. They said,

I'd love to see some, like, dedicated staff people who are focused on queer and trans survivors and then also just like being informed about specific health care needs that trans or nonbinary person may be facing being really informed about just the different impacts of like hormone replacement therapy or like other other kind of like specifics for for trans and nonbinary survivors, that would be helpful to have that background knowledge on so

that you're not putting a survivor on the spot to explain something that when they don't really need to be taking anything else on in that moment.

These positions are often created to provide direct support to LGBTQ+ clients and to train other staff members at the agency. Sarah explained,

We have an advocate and outreach specialist like I am, who his job is specifically to find resources that are LGBTQ specific and to create an environment that is allied with those groups [..] His sole purpose for what he does is to help all of us be more aware of how we can be good allies and how we can just, you know, avoid those micro aggressions and those things. We don't try to be bad, but there's things that we've all been taught that maybe come through sometimes.

Sarah works at an agency with an LGBTQ+ services specialists and appreciates the opportunity for additional training. She recognizes that, despite being well intentioned, she may inadvertently say or do something harmful to clients. She hopes trainings from the LGBTQ+ services specialist can prevent that.

Some providers, however, expressed a hesitancy to develop an LGBTQ+ specialist position, worrying that this would put the onus for being trans-affirming solely on one person and excuse the agency from providing further support. Jennifer shared, “This is work that everybody needs to be doing, not just like the one advocate who is the LGBTQ specific advocate.” However, she shared receiving agency pushback over the idea of training everyone to be LGBTQ-affirming. She believed that it’s hard for agencies to imagine having “every person in their staff building their capacity to serve a trans and non-binary folk and like LGBTQ folks generally.” Nonetheless, she felt this was an important direction for agencies to turn to. Jodie worked for one such agency that was trying to do that. She explained, “Instead of having an LGBTQ coordinator, we're just trying to build in trans and gender nonconforming individuals, like their concerns, into our basic services so that we're not being like, ‘Oh, a special person needs to talk to you.’”

This debate over whether to have a specialized position for the LGBTQ+ community resembles many similar debates surrounding diversity. That is, do agencies create an add-on position that maintains the cisnormative and heteronormative structure but provides necessary care to those being actively excluded by this structure? Or do agencies restructure their organization and services to no longer be cisnormative and heteronormative, integrating LGBTQ needs into the whole? While the latter may be a more affirming action, this choice may also require much more effort than very few agencies were actively putting in.

For example, all participants discussed getting some form of basic LGBTQ training; however, this training was often minimal. Dani shared that their agency offers one hour and a half “Diversity and Inclusion” training that they described as “a catch all for, like, all marginalized identities.” Many other participants described being Safe Zone trained, which is an important training to provide an overview of LGBTQ identities and terminology but does not provide any specifics related to IPV. A few providers did share that their agency offered trainings specific to LGBTQ survivors; however, this will still not be considered to be enough. Ollie, for example, said,

We have all received like basic training on LGBTQ survivors, but then there's like- outside of getting the initial certification, we are required to keep up with doing like 15 hours of training every year. But we get to pick and choose what we want to train in.

They believed that very few providers actively choose to receive continuing education training specific to LGBTQ populations. Instead, they explained “It falls on queer advocates to kind of educate folks.” This concern, though not widely supported in this study, highlighted a distinction between transgender and nonbinary participants in this study.

## THE EXPERIENCES OF TRANSGENDER AND NONBINARY PROVIDERS

In total, four providers identified as transgender or nonbinary; however, two of these providers worked as general advocates at their agency while the other two held LGBTQ+ advocate positions. This difference in position led to a stark difference in satisfaction with their jobs. Loren and Lydia were both LGBTQ+ advocates at their agency. They filled a position that was created specifically to provide direct services for LGBTQ+ clients, build LGBTQ+-specific programming, and offer technical support and training for other staff members. Both participants expressed fulfillment within their position and appreciation for their coworkers. Lydia shared, “being able to serve the people in my community really means a lot to me.” Loren described himself as “kind of blessed” being able to support other LGBTQ+ survivors and work with such a supportive team. He shared,

Our organization, like, our leadership and the staff and everyone that is part of the organization is very progressive, very accepting, and kind of like I said earlier, that they just really love and care about the people in our community, but also people in general. So, I've gotten a lot of support from my coworkers about trying to start all of these various initiatives.

Lydia also shared a general sense of support and compassion from coworkers, even despite beginning this job working remotely as a result of the COVID pandemic. They said,

I've really enjoyed the, like, a sense of camaraderie and comradeship with my coworkers has been really, really great, even though we're working remotely most of the time. Especially now with covid and not being able to connect with other people as much, it's really nice to have that sense of community within an organization. And they also are just very, like, compassionate and really care. Like my supervisor really cares about all of us making sure we're OK.

Loren, in particular, discussed the importance of this supportive staff because his agency is located in a rural and conservative community. While his position is new, meaning that the community is not fully aware of these new steps to be LGBTQ+-affirming, Loren anticipates

push back once some of his programming plans come to fruition. In this anticipation, he underscores the importance of an affirming agency. He shared,

We already know in advance that there's going to be a good bit of pushback from people who don't think that trans people should be trans, and so kind of trying to approach it- This is something my coworkers have been really wonderful about because I'm not as gentle in terms of that. They have been really wonderful in trying to navigate educating compassionately while still acknowledging that these resources are out there.

He also noted that his agency is well-established and well-respected in the community; therefore, having a supportive staff may protect him from this pushback. He said, "If there is pushback, I have a feeling I'm going to be buffered from most of it by our executive director."

While Loren and Lydia both shared positive experiences, Dani and Ollie shared a different story. Both were queer and nonbinary service providers who did not work in an LGBTQ+ specific position. No such position existed at their agency. These two participants were the only two participants that expressed frustration with their agency and skepticism over whether their agency could be trans-affirming. Ollie, for example, discussed being constantly misgendered and invalidated at their agency. Being the only nonbinary person at their agency, they shared that they "get misgendered quite a bit" and "othered in those spaces." Staff members frequently invalidate their gender identity and talk about them as if they're not there.

Furthermore, they felt like they couldn't speak up about these experiences. They said, "if I said something they wouldn't do anything about it or that they would shut me down." They shared one story of an interaction with their coworkers as an example:

One of them was like, 'Hey, can I ask you something?' and I'm like 'Sure, what is it?' and they're just like 'What is this whole pronoun business? Can you explain it to me?' I was just like "Well, we all use pronouns. It's something we learn very at a very young age when we're learning about English.' and they're just like, 'Yeah, but why the they/them. I don't know, I thought that was plural, like, you know, that doesn't make sense in English language.' Then I have to explain that to them. And then, like, you know, the case manager had overheard our conversation and she's like, you know, 'I'm just too old for this. I don't get it. That's why I just say, Ollie. I don't use the pronouns; whatever pronoun

Ollie uses.’ They literally had that conversation- like I was standing and facing them, but they were acting like I wasn’t there.

This example highlights multiple concerns that Ollie had with their agency. First, they constantly felt like they have to educate other staff members- a task which can be exhausting, especially when it isn’t part of the job description. Second, Ollie has to defend their gender identity and use of pronouns to those who invalidate them. In doing so, they are also othered, and coworkers refuse to respect Ollie’s pronouns and begin talking about Ollie as if they weren’t a part of the original conversation. Finally, this example reflects a staffing dynamic that Ollie references a lot throughout their interview. That is, their agency is hierarchically structured with older white women in leadership positions and younger people of color in low wage and low status positions.

Both Ollie and Dani discussed the emotional exhaustion and burnout they feel from constantly correcting and educating their coworkers. Dani shared a frustration with the extra labor that gave their agency, and they felt uncertain about where to draw the line. They explained,

I know that in the past there have been other other queer and trans staff people at [agency] who have like gone above and beyond their job duties and really, again, tried to advocate for better or better services and better programs for queer and trans survivors they have not like lasted at [agency] for very long, so it's always kind of a balance of like how much additional kind of energy you're putting in.

Reflecting on past staff members who burned out from doing extra labor, they struggled to set boundaries while still advocating for themselves and others. They continued:

I also really just kind of out of self-preservation and because it's not like the job that I'm getting paid to do, I've also really had to be cautious about, like how much energy I'm putting into that for the agency because I have so many other things on my plate that I also need to be doing, which I think maybe you're feeling a little bit of my own guilt at that. I feel like I wish that I had more capacity, I think, to be a better advocate for my own community. But also, I have to really be mindful of, like where my energy is going.

Here, Dani recognized that their job was not to provide LGBTQ-specific education and all decisions to do so involved free labor in addition to their other job tasks. Ollie also discussed the free labor demanded from them. They said, “For me personally, I’m maxed out on educating people. I’m tired of giving my free labor all the time.” However, Dani also noted that such boundary setting isn’t without consequence, and they expressed guilt for not advocating for their community more. They and Ollie both explained that if they didn’t do this work, no one would.

Both Dani and Ollie connected this issue to a larger organizational problem. Unlike some of the other agencies in this study where former leadership was being replaced by a younger and more progressive administration, Dani and Ollie’s agency were continuing the status quo established by the second wave feminist movement. This status quo was traditionally created by middle-class, white, heterosexual cisgender women. Dani, for example, shared a frustration that their agency does not provide any services tailored to marginalized communities in general. They explained, “There’s a lot of research as well that backs up this idea that like crisis intervention programming and violence or like direct service response programming is not really one size fits all” and that “there is actually a lot of value in tailoring programs specifically for marginalized groups.” When they began working at their agency, they were shocked by the one-size-fits-all approach.

Ollie further discussed how this general approach marginalized many demographics, including transgender and nonbinary survivors, as well as people of color and undocumented survivors. They attributed this ignorance of different experiences to privilege, explaining “If you don’t have that experience, if it doesn’t affect you personally, I think people have the privilege to just ignore it and pretend like it’s not happening or like they won’t feel comfortable getting close to it.” As a result, Ollie is one of the few employees at their organization that strives to support

clients in marginalized communities which is frustrating because they watch clients be unsupported by others and because leadership uses their actions to paint a picture of inclusivity. They explain, “I think that the higher ups are so quick to take pride in the work that we do.”

Ollie further explained that their agency isn’t immune to changing times even if they are not undergoing leadership changes. They explained, “organizations that have been established for a long-time catering to a certain population are feeling the pressure to be inclusive.” In response to this call for inclusivity, they believed their agency leadership engages in “performative liberalism.” Performative liberalism was a term they used to denote superficial attempts at inclusivity that does not lead to structural change. When I asked for more clarity around this term, Ollie shared “a lot of the people that work there are white ciswomen who are heterosexual and probably very proudly supported Hillary Clinton and Biden.” They gave examples of times that leadership would start a conversation around diversity or inclusivity, then shut down any suggestions for inclusive action. Ollie’s previous example of coworkers asking about pronouns, then using their age as an excuse not to use correct pronouns could fall under this category. Coworkers talk a progressive talk until it requires some sort of follow through. Ollie gave a more specific example in reference to the recent Black Lives Matter protests that resulted after the murder of George Floyd. They shared,

We had an all team meeting a few months ago where the director of shelters or the director of the organization was, like, ‘I just want to give people time and space to process a lot of the racial violence that’s happening recently. We have a lot of Black advocates, and I just want you to know that you are welcome here and your opinions matter, and you belong here.’ And then she’s like, ‘Does anyone want to talk about their experiences or things they feel like would help improve the organization?’ One of the Black advocates at shelter, which is very confusing for me because I butt heads with her because of the transphobia, but then also she’s very like- we’re on the same page when it comes to issues about race. She was just like, ‘Well, I believe that we shouldn’t- for some situations when it comes to legal matters, you have to have a police report, and sometimes calling the police is not the best option, especially if the survivors black.’ So, she’s like, ‘I believe that we shouldn’t continue our relationship with the police

department in light of everything.’ Then the director of our organization basically shut her down. She's just like, ‘Well, you know what? This is just how it is. We have a good relationship with them. They've done good stuff and good work in our community. They've never done anything bad as far as I'm concerned. So, there's no reason for us to cut that relationship or reason or change it.’ So, giving people space to talk about it and then shutting them down.

In this example, leadership felt compelled to initiate a conversation in light of the push towards anti-racism. Many providers at other agencies shared a similar conversation (which will be elaborated on in the next section). However, for Ollie’s agency this conversation was performative. It was meant to make employees feel heard but with no intention to interrogate how the agency could do better. Ollie explained that this was their agency’s take on working with any marginalized community, including transgender and nonbinary communities. As a queer, nonbinary person of color, Ollie felt this impact on multiple levels. Additionally, they felt the struggle of a single-issue focus, sharing a connection to other people of color at their agency yet a dissonance because these coworkers were transphobic.

In general, the difference between how Loren and Lydia experienced their position versus how Ollie and Dani experienced their position can stem from a few other differences. First, being in an LGBTQ+ specific position means that Loren and Lydia are paid for the emotional labor that Ollie and Dani were doing for free. For Loren and Lydia, educating other staff is part of their job description rather than an extra task. Furthermore, the existence of this position signals environmental differences between agencies. The creation of an LGBTQ-specific position signals that this is a priority for agencies, and both Loren and Lydia shared that their agency consisted of progressive leadership that was committed to improving their services. One can presume that these agencies will generally be more affirming and committed to making changes as the very creation of this position is one such change. Ollie and Dani, however, work for an agency with no expressed commitment to serving transgender and nonbinary individuals or any

marginalized survivors. As a result, their labor is exploited, their identities are tokenized and invalidated, and their communities are unsupported.

## POLICE RELATIONS

Ollie's aforementioned example of performative liberalism also highlights a larger discussion about provider relationships with police. Historically, second waves feminists pushed for an increased criminal legal response to IPV, and as a result, many IPV agencies have built strong community partnerships with law enforcement agencies. This relationship has already been uncovered earlier in the chapter. For example, many providers identified police officers as a major referral source, and providers also identified protective orders (a legal service) as their most accessed resource. Additionally, several providers discussed collaborations with police departments through either a Lethality Assistance Program or the development of a Family Justice Center. The Family Justice Center model, in particular, represents a "one stop shop" where clients can access IPV advocates, law enforcement, and other IPV support all at once in one location. While some counties already have an established Family Justice Center, other counties in North Carolina are in the process of establishing one. In general, service providers shared that their agency has a strong working relationship with law enforcement.

However, providers also recognized that this relationship could be a deterrent for transgender and nonbinary survivors, as well as survivors of color. Carrie explained that there is "a level of distrust" in LGBTQ communities surrounding law enforcement, and Lydia acknowledged that this could serve as a barrier for transgender and nonbinary survivors. Sarah speculated that this distrust would prevent transgender or nonbinary survivors from reaching out to a Family Justice Center where law enforcement is always on site. She explained, "[transgender people] have had bad interactions with the police and knowing that the police are right there can

be a barrier.” Several participants also pointed to the legal system in general as being unsupportive of LGBTQ individuals, especially with protective orders. Until very recently a same gender couple could not file for a domestic violence protective order. While this has recently changed, the documentation has not. Sarah shared, “Some of the wording in the documents for like a 50 B isn't necessarily LGBTQ friendly as well, like A 50 B, they don't allow for same sex couples in the wording specifically.” Dani echoed this issue highlighting the problematic gender options as well:

The actual official paperwork hasn't changed yet, but what we've been told is that we can just cross out of the box that asks people to designate the sex of the other person which even that is antiquated to- even asking about the sex of the person. But right now, we're just supposed to manually cross it out on the paperwork. And so, there's not even, like official paperwork that's changed.

Jodie highlighted the level of invalidation that these legal documents can create for clients, questioning, “How do we support clients who have to find out that their very much romantic partner has to be counted as a roommate for them to access this service and how damaging that is?”

Other participants discussed how relationships with law enforcement can be a barrier for communities of color as well. Dani said, “I think it's really important to take into account that survivors' racial identity and how that like impacts how they navigate things with enforcement, if they feel safe going to law enforcement.” Katherine had a similar concern, sharing, “We're hearing so much from the community, especially communities of color, about fear, utilizing the criminal justice system.” While Carrie also heard stories of clients who “have been treated so poorly by law enforcement,” she also expressed her own discomfort as a person of color. She explained “I definitely feel as if sometimes there is a sense of prejudice or racism there, which has led me to become uncomfortable around law enforcement.”

This discussion of race, in particular, seemed amplified after recent Black Lives Matter protests. Four providers discussed the recent unrest marked by the murder of George Floyd as a catalyst for conversation within their agency; however, each participant had a different experience with this conversation. As discussed previously, Ollie's agency created a superficial discussion which quickly ended after a suggestion to cut ties with law enforcement. Loren's organization chose to participate in local Black Lives Matter events which created division within the organization. He shared, "Our organization was part of a BLM protest in the fall. Our executive director came and spoke and everything. Then we had some of our volunteers that did not agree with that decision, so they left. They quit volunteering." Both Katherine and Kris's organizations also showed support, and this support was not met with organizational resistance. Katherine even shared that her agency had been doing racial equity work long before this point. She explained, "We've done a lot of work at the intersection of gender and racial equity, and we still have so much work to do." She believed that this work put them in a better position than some other nonprofits when it came to responding to the recent civil unrest. Kris's organization was also supportive, and they engaged in an in-depth discussion over whether to cut ties with law enforcement. Ultimately, they decided against it.

Overall, while many providers acknowledged the fear and discomfort that marginalized survivors share regarding law enforcement, none of their agencies viewed ending their partnership with police as an option, and many providers agreed. This commitment to working with law enforcement makes sense when providers view this relationship as clients' main access points to their agency. Nonetheless, Jennifer cautions, "We can't collapse like DV with criminal justice. We can't collapse those two. We have to make sure that those are separate because many

survivors, especially marginalized survivors, do not want to engage with the criminal justice system.”

## DISCUSSION

Throughout the interviews with providers, many expressed a knowledge of IPV in transgender and nonbinary communities, including a basic understanding of how abusive partners may wage attacks against the survivors’ gender identity as a form of abuse. However, providers were divided over how to address this trans-specific IPV.

Many cisgender providers suggested that specialized services were not needed. Rather they believed their agency could and would support anyone seeking services, meeting them where they are and never turning people away. In general, this reflects the foundation of many IPV agencies, especially those rooted in early feminist movements. In prior research, providers have discussed the importance of flexibility and individualism within these agencies, as each survivor may have dynamic and specialized needs (Kolb 2015). However, early IPV agencies grounded this micro-level approach to clients in a macro level understanding of patriarchy (Nichols 2017). As agencies adopted a nonprofit model that relied on various funding sources, many of the radical feminist and systemic understandings grounding these agencies vanished (Nichols 2017). Without a focus on systemic oppression, providers may overlook how barriers to accessing services are grounded in societal transphobia and the cisnormativity of IPV agencies. Many survivors shared a fear of experiencing transphobia at IPV agencies that are not equipped to understand their unique needs as a survivor and as a transgender or nonbinary person more generally. Furthermore, many survivors held misconceptions of IPV agency services, considering them to primarily be women’s shelters. This suggests that more targeted outreach may be needed that illuminates the many ways that these agencies can be supportive.

Nonetheless, even if agencies targeted outreach and tailored services, many survivors indicated that they would only feel comfortable being supported by an IPV agency if this agency employed transgender or nonbinary service providers. Survivors argued that only other transgender or nonbinary people can understand their experience and address their needs. They would also pose the least risk for survivors of facing transphobic microaggressions. In many ways, this argument aligned with study findings. Four providers in this study were transgender or nonbinary, and these participants were more likely to emphasize the need for transgender and nonbinary-specific services and outreach. Two of these participants who were in LGBTQ-specific roles at their agencies, detailed many of the projects they were working on to address this need. These LGBTQ-specific positions were relatively new positions at several different agencies, and providers had only been working in these roles for a year or less. Therefore, many of the projects detailed were hypothetical or in the process of being created. However, the creation of these specific positions signified a structural decision to prioritize LGBTQ survivors. This prioritization was felt by the LGBTQ advocates who vocalized feeling supported within their position and grateful for their agency and coworkers. It was also evident in the contrast between transgender and nonbinary respondents within these positions and those who did not hold LGBTQ specific positions.

Two providers identified as nonbinary and did not work in an LGBTQ-specific position at their agency. These participants shared a very different experience whether they constantly faced transphobic microaggressions and were forced to educate workers on LGBTQ experiences. This often led to increased feelings of burnout as this labor was extraneous to their actual job duties. This echoes previous work on racialized emotional labor within white institutional spaces (Evans and Moore 2015). Marginalized communities must often experience an unequal

distribution of emotional labor in the workplace where they must navigate daily microaggressions which either force them to be complicit in their own marginalization or face consequences for challenging the normative environment (Evans and Moore 2015). Typically, this research has focused on people of color within the workplace; however, similar findings hold true within this study for transgender and nonbinary participants. Providers like Dani and Ollie discussed the complexity within their workplace as they must choose between addressing transphobic issues within the workplace and becoming burnt out or ignoring these issues and facing the guilt of not doing more.

Ollie took this discussion deeper to criticize the workplace culture of their agency as “performative liberalism.” They found that those who ran their agency made claims to support marginalized communities but refused to acknowledge or address the concrete ways they can create change. Their understanding of this phenomenon aligns with prior research on “diversity regimes” (Thomas 2020). A diversity regime refers to the institutionalized and empty commitments to diversity that do little to challenge structural and organizational inequalities (Thomas 2020). While this term was originally used to understand racial inequality within a university setting, Ollie’s organization appears to highlight a similar practice. Within the agency, higher ups evoke a commitment to addressing inequality that opens discussion to conversations of police brutality; however, this opportunity to listen is quickly ended when providers of color request structural change.

One evident point of contention between agency structure and needs for transgender and nonbinary survivors was the role of law enforcement at IPV agencies. Most providers expressed a strong relationship between their agency and criminal justice system, citing the police as the most common point of entry for survivors and protection orders as the most frequently accessed

service. However, when transgender and nonbinary survivors were asked about seeking help from the police, many exhibited a strong aversion rooted in prior negative police encounters and knowledge of transphobic police violence. No survivors in this study wanted to seek help from the police, the few that did shared terrible experiences, and almost no one shared recommendations to make law enforcement more supportive of transgender and nonbinary communities. Historically, “gender transgressions” were criminalized, and transgender communities were frequently subjected to police violence (Stryker 2008). In the present day, this criminalization still exists as transgender individuals face more frequent, negative interactions with police (James et al. 2016), and several states continue to pass transphobic legislation that restricts public facility usage, participation in school sports, and access to medical transition resources (ACLU 2021). To truly make IPV agencies supportive of transgender and nonbinary individuals, providers may need to restructure agency services, so they do not revolve around the criminal legal system.

Overall, providers within this study all expressed a desire to support transgender and nonbinary survivors. Many participants in this study to improve their ability to support these survivors and learn about how they can better serve transgender and nonbinary communities as a whole. However, participants had different ideas of what this should look like and the types of services that transgender and nonbinary survivors may need. Based on the recommendations provided by survivors in Chapter Six, agencies could benefit from decentering cisnormativity within their agency and decoupling their agency services from law enforcement. Ideally, in doing so, all providers can become better equipped to provide transgender and nonbinary specific services. However, survivors stressed a particular need for representation within agency staffing to feel safe. This aligns with many recent efforts to create LGBTQ-specific advocate positions,

where the advocates primary job is to build LGBTQ-inclusive services, train staff on LGBTQ-specific topics and needs, and work directly with LGBTQ survivors. While the inclusion of this position does not directly challenge the cisnormativity of these spaces, it signals that transgender and nonbinary survivors are a priority and can provide more immediate attention to these survivors.

## CHAPTER EIGHT: DISCUSSION

This study employs an intersectional lens to explore transgender and nonbinary survivors' experiences of IPV and help-seeking, as well as any barriers that they faced with seeking help. The findings capture the unique experiences of abuse and help-seeking that are intertwined with survivors' gender identity, as well as other facets of their identity. As such, this study highlights the importance of intersectional research that explores the diversity within transgender and nonbinary communities, in addition to the work that highlights differences between transgender and cisgender IPV. Furthermore, this study situates experiences of IPV in a broader context of past victimization and transphobic discrimination, calling for wider understanding of violence and victimization experiences.

In Chapter One, I present an overview of the research questions and aims of this study. In Chapter Two, I offer an in-depth review of the existing literature on IPV in transgender communities, as well as the limited research on providers understanding of IPV. In Chapter Three, I walk through the methods and methodology for this project, and in Chapters Four through Seven, I detail the findings. Within Chapter Four, I detail the context of participants' abusive experiences, exploring how facets of their identity shaped the tactics of abuse used by their partner while situating their IPV experience in a larger context of abuse and victimization. In Chapter Five, I explore barriers that survivors have faced seeking support, connecting past experiences of transphobia and victimization to present day fears of help-seeking resources. However, despite the many barriers to help-seeking, all participants sought support from someone. In Chapter Six, I explore experiences seeking help, highlighting the benefits of trans-affirming experiences along with the harms caused by negative, transphobic help-seeking experiences. Within this chapter, I also discuss survivors' recommendations for help-seeking

resources to become more supportive and trans-affirming. Then in Chapter Seven, I discuss findings from interviews with IPV agency service providers, noting the gap between providers' understanding of IPV in transgender and nonbinary communities and the services they believe are necessary and available to support these survivors. For this final chapter, I discuss the results in relation to the existing literature, as well as discuss limitations to the study and directions for future research.

### POLYVICTIMIZATION AND COMPOUNDED TRAUMA

Though this study sought to understand transgender and nonbinary survivors' experiences with IPV, participants often talked about IPV as one instance of violence within a broader web of victimization. This included witnessing IPV in childhood, experiencing child abuse, being sexually assaulted, and facing some form of transphobic discrimination. Additionally, several participants detailed traumatic coming out stories where loved ones berated them, rejected them, and invalidated their gender identity or sexuality. In sharing these stories, participants reflected on how these prior negative experiences shaped their self-worth, understanding of relationships, and trust (or distrust) in help giving resources. Their experiences of IPV and the barriers they faced seeking help were shaped by past victimizations and compounded traumas. While prior surveys have found that transgender individuals face high rates of discrimination, violence, and rejection (James et al. 2016), the weight of these experiences on participants' lives and choices was an unexpected finding, especially because no questions about past experiences of violence were included within the interview protocol.

Overall, survivors' experiences supported prior polyvictimization and compounded trauma research. Scholars have explored how prior victimization experiences create risk factors for future victimization, arguing that researchers must stop looking at victimization as a singular

event (Finkelhor et al., 2007). Instead, researchers should focus on the condition of victimization. Relatedly, compounded trauma researchers have explored the impacts of experiencing multiple traumatic events throughout one's life (Courtois 2004). Psychologists have suspected that chronic exposure to trauma or exposures to multiple traumas can be more pervasive and complicated than a single traumatic event, thus needing more specialized care (Courtois 2004). Similarly, this study seeks to contextualize survivors' IPV experiences in a broader context of violence that they have witnessed and experienced throughout their lives. In doing so, the study highlights the impacts of these traumas on survivors' lives and choices.

However, polyvictimization and compounded trauma research has been limited. Polyvictimization research has largely focused on childhood victimization as well as general victimization experiences which fails to account for the everyday violence experienced by transgender individuals. Most polyvictimization research has looked at childhood exposure to violence and victimization experiences, rather than connecting childhood victimization to adulthood. Furthermore, common measures of polyvictimization include physical assault, sexual assault, and witnessing physical or sexual violence (Finkelhor et al. 2007), as well as verbal and physical bullying (Sterzing et al. 2017). While instances of physical and sexual violence are important, transgender individuals also experience systemic violence trying to navigate a binary gender system. This includes the legal violence of anti-transgender legislation and government policy plus institutional discrimination within education, the workplace, and other social institutions (Messinger and Guadalupe-Diaz 2020). Additionally, transgender people experience unique forms of interpersonal violence such as being rejected by loved ones or being routinely misgendered and deadnamed (James et al. 2016; Messinger and Guadalupe-Diaz 2020) which can be traumatic and heighten feelings of dysphoria.

Within the present study, participants discussed transphobic experiences that have left a lasting impact on how they view themselves, their relationships, and their social world. As such, this study pushes for an expanded definition of violence to incorporate the everyday violence that results from being transgender or nonbinary in a transphobic society. Finally, this study explores the qualitative experience of multiple victimizations across one's lifetime, highlighting the need to expand polyvictimization research further into studies of adulthood.

## IDENTITY ABUSE

As participants discussed their experiences of IPV, many participants shared stories of identity abuse tactics wielded by survivors that included invalidating their identity, weaponizing their identity, and fetishizing their identity. Within these stories, abusive partners attacked the survivors' sense of self. This echoes much of the scholarship on the identity abuse experienced by transgender IPV survivors (Guadalupe-Diaz 2019; Pietzmeier et al. 2019; Quinn 2020). Researchers have argued that transgender individuals experience unique tactics of abuse directed at their gender identity. This involves wielding societal transphobia against the survivor by invalidating one's gender, controlling their transition, outing, or threatening to out the survivor, and sexualizing the survivor in ways that do not align with their gender (Quinn 2020). In general, identity abuse can refer to tactics where any systemic oppression is leveraged by abusers to cause harm, and this may include racism, homophobia, and others (Bornstein et al., 2006; Guadalupe-Diaz & Anthony, 2017; Peitzmeier et al., 2019; West, 2012; Woulfe and Goodman 2016).

However, research on identity abuse tends to focus on singular identities, attacking one's gender or one's sexuality, for example. The current study highlights the importance of exploring identity abuse through an intersectional lens as identity abuse may manifest differently based

upon different intersections of identity. For example, some participants discussed the fetishizing of their bisexuality as attacking both their bisexual identity and invalidating their gender identity, especially because such fetishization is often directed towards bisexual women. Additionally, Lane had discussed their partner invalidating their gender identity through his claiming of his own heterosexuality, which would imply that Lane was a cisgender woman rather than nonbinary. These attacks on participants' gender identity occurred at an intersection of gender and sexuality that may be ignored without an intersectional perspective. Therefore, future research can benefit from further exploring identity abuse as complex and intersectional.

#### BARRIERS TO HELP-SEEKING

In addition to the unique experiences of abuse, survivors in this study shared many barriers that they faced seeking help for IPV. Several participants discussed difficulty identifying their experiences as abuse, instead relegating their partner's behaviors to that of a toxic relationship. Others believed they deserved maltreatment by their partner or believed that an abusive relationship was the best they could get as a transgender or nonbinary person. That is, they internalized the transphobia they had been exposed to throughout their lives. However, many did recognize their experiences as a problem and wanted to seek help. These participants expressed fear that helping resources would be transphobic and unsupportive. These findings echo existing empirical (Guadalupe-Diaz 2019; Kurdyla 2017) and theoretical (Carlton, Cattaneo and Gebhard 2015; Momen and DeKeseredy 2020) explorations of help-seeking barriers for transgender and nonbinary survivors. Momen and DeKeseredy (2020), in particular, highlighted several unique barriers to escaping IPV, including a low awareness of IPV in transgender communities, stigma-related blame and shame, inaccessible gender-segregated services, and fear of being outed as transgender. Transgender survivors, thus, have a more difficult time identifying

their experience as abusive and finding support among services that were not designed and marketed towards transgender individuals.

While much of this existing research situates these findings within the broader context of societal transphobia, studies do not situate them within the broader context of survivors' lives. Though it is important to understand what barriers exist, limited research has explored where these barriers originate. By taking a broader perspective on violence and victimization, the current study illuminates how prior experiences of victimization and discrimination shape these real and perceived barriers to helping resources. For example, many participants located their inability to identify their experience as abuse both within abusive familiar patterns and a narrow societal depiction of IPV that they've been exposed to throughout their lives. Furthermore, when participants internalized shame or self-blame for the abuse, they rooted this in the transphobic messages that have been directed at them throughout their lives. Finally, when they discussed fears of transphobia from helping resources, many shared prior stories of discrimination and transphobic aggressions directed at them from similar resources. While the fears of transphobia were based on perceptions of various services, these perceptions were rooted in a reality based on past experiences.

Furthermore, all participants discussed a strong hesitancy to seek help from law enforcement, referencing negative past experiences, general knowledge of police violence towards transgender people, and recent police violence against Black communities. This distrust of police emphasizes the troubling relationship between IPV advocacy and the criminal justice system. Queer IPV scholars and scholars of color have long problematized this relationship as centering a white feminist perspective (Richie 2016; Ritchie 2017). Building a movement to end IPV on a white, heterosexual, cisgender woman's experience allows police to be positioned as

protectors and the criminal justice system as a way to institutionally defend women against abusers. Such an approach ignores the history and present contention between law enforcement and marginalized communities, where overpolicing has led to increased profiling, brutality, and death (Ritchie 2017). With instances of IPV, the emphasis on police has led to verbal harassment, assault, and/or dual arrests of both perpetrators and survivors (Mogul, Ritchie, and Whitlock 2013). Transgender communities, in general, have historically been subjected to heightened criminalization and police violence (Stryker 2007). This police violence is a visible part of history as resistance to such attacks are commemorated as a part of LGBT history (for example, in celebrations of the Compton Cafeteria riot and Stonewall riot; Stryker 2007).

Within this study, participants expressed similar stories of negative treatment by police, and many other participants expressed a fear of police rooted in this knowledge of police violence. Thus, regardless of whether participants had personal stories of a negative police encounter, they positioned law enforcement as a danger to their lives and their communities rather than as a protector. Additionally, some participants drew connections to the recent police violence against Black communities as evidence that the police were a danger to all marginalized communities. For those that held a marginalized racial and gender identity or whose partner held these identities, participants expressed a fear of heightened police violence. Research validates these fears as trans women of color, especially, are often hyper visible to the police, facing higher risks of arrest, harassment, and violence (Collier and Daniel 2019; Ritchie 2017). However, even white participants drew this connection, highlighting that their white privilege may protect them some, but their gender identity still exposes them to danger. As such, this study echoes the call to divorce the IPV movement from carceral politics and criminalization so that it may better serve all survivors.

Finally, this study directed a particular focus to help-seeking from IPV agencies which have been identified as one of the least accessed helping resources for transgender and nonbinary survivors (Kurdyla, Messinger, and Ramirez 2019). Within this study, barriers to accessing these agencies effectively prevented any participants from actually reaching out to an IPV agency for support. Like the generalized knowledge of police violence, participants cited understandings of IPV agencies as “women’s shelters” designed to provide physical shelter and protection to cisgender women who were survivors of physical abuse by violent men. As such, participants did not believe that there were services available to them as a transgender or nonbinary survivors, and this sentiment was especially strong for those who did not experience physical abuse. Many believed that agencies would deny them service or force them to detransition in order to access services. Others believed that agencies would provide services but at the cost of being misgendered, deadnamed, and misunderstood.

Though quantitative studies have found that transgender individuals are unlikely to seek help from an IPV agency (Kurdyla, Messinger, and Ramirez 2019) and likely to fear transphobic discrimination from these agencies (Messinger, Kurdyla, and Guadalupe-Diaz 2021), scholars have only been able to speculate the reasons behind this hesitancy and how to alleviate it (Tesch 2020). Some have drawn connections to the larger IPV formula story in society that obscures survivors’ understandings of IPV and perceptions of helping resources (Guadalupe-Diaz 2019; Kurdyla 2017). Others have suggested a need for targeted outreach and increased training to create a trans-affirming atmosphere (Kurdyla, Messinger, and Ramirez 2019; Momen and DeKeseredy 2020). This study addresses this gap in the literature by exploring the rationale behind survivors’ disinterest in accessing support from IPV agencies, as well as recommendations for how to better serve transgender and nonbinary clients. In doing so,

survivors confirm the perception that service providers are ill-equipped to support them, though they suggest that training may not be enough. Instead, participants express a desire to only work with other transgender or nonbinary individuals who will have a better understanding of their experience as a transgender or nonbinary person.

Overall, this study provides further support of prior findings regarding help-seeking barriers for transgender and nonbinary survivors. This adds weight to the limited existing literature on this topic that highlights the trans-specific barriers to support. However, this study also expands the existing literature by contextualizing these barriers within a web of transphobic and violent experiences throughout survivors' lives as well as providing a deeper understand of barriers to formal service provision.

#### HELP-SEEKING EXPERIENCES

Despite the many barriers to help-seeking that survivors faced, many survivors did seek help from somewhere either during the relationship or afterwards. Often, survivors carefully calculated who was a safe resource to seek help from, frequently differentiating within the interview between queer/trans support and cisgender/heterosexual support. Participants preferred to reach out to resources that they knew were trans-affirming and, thus, where they would be least likely to experience transphobia. This supports previous findings that transgender survivors are more likely to seek help from trans-affirming resources (Kurdyla 2017). Furthermore, this may explain previous findings that transgender and nonbinary survivors are most likely to seek help from friends and family, rather than formal resources (Kurdyla, Messinger, and Ramirez 2019). Friends, especially, have typically been vetted to be trans affirming prior to disclosing information about the abuse. In the current study, participants often talked about surrounding themselves with other queer and transgender friends.

The current study also highlighted numerous benefits to help-seeking from trans-affirming resources. Many participants discussed how their support systems helped to define their experiences as abuse, validate their identity and experiences, process what was happening and the residual trauma of their experiences, and motivate them to leave the relationship. These findings reiterate the benefits of seeking support and the need for trans-affirming resources to be available. To some extent, these findings also reflect the literature on cisgender women who are IPV survivors. Researchers found that social support helps cisgender women understand their experiences and reduces the risk of mental health distress, post-traumatic stress, and negative coping strategies such as substance use (Coker et al. 2002; Ozer, Best, Lipsey, and Weiss 2008). However, social support holds different meaning for transgender and nonbinary individuals who risk transphobic rejection by loved ones. According to James et al. (2016), a quarter of transgender Americans have reported a family member stopped speaking with them because they are transgender. Because many participants in this study could not talk about the abuse without the risk of being outed as transgender or nonbinary, social support was contingent upon support systems being trans affirming.

When survivors' accessed resources that were unsupportive, they described several negative experiences, such as having their experiences minimized and their identities invalidated, as well as being retraumatized and disbelieved. These findings were especially prevalent for interactions with law enforcement, echoing scholarship that critiques police responses to violence in marginalized communities (Guadalupe-Diaz 2019; Ritchie 2017). Similarly, Guadalupe-Diaz (2019) found that transgender survivors often had negative experiences with law enforcement where police were unable to see survivors as a victim in need of help. In the present study, Brian's story illuminated the gendered framework behind police responses that

may contribute to this issue. Though during his last police encounter he described the police as sympathetic to his experience and validating his identity, they still forced him to leave the situation rather than his abuse partner, citing his gender identity as the reason why he must leave. In this scenario, police were following a protocol that positions men as the abuser and women as the victim. Brian's story also highlights the complexity of emotions that transgender survivors must navigate when validation of their gender identity is pitted against validation of their survivor identity.

Negative experiences also varied based upon the intersections of gender identity with race, sexuality, and ability. While stories like Sam's and Lane's emphasized how perceptions of one's gender is influenced by race and sexuality, Ollie's story highlighted how ill-equipped formal resources may be to support queer and transgender people of color. When Ollie attempted to access counseling services, they were told that requesting a counselor with experience counseling queer and trans people of color was "asking too much." This experience illuminates the problem of single-issue approaches rather than intersectional approaches to social problems. Furthermore, it casts light on the whiteness that grounds LGBTQ-based resources. As proponents of intersectionality often argue, a focus on singular issues often uplifts those who hold some privileged identities. For example, the mainstream LGBTQ movement has been criticized for being white-washed, centering issues and policy changes that best support white LGBTQ people (like gay marriage) while ignoring the harsh realities of hate violence, criminalization, and police brutality faced by LGBTQ people of color (Mogul, Ritchie, and Whitlock 2013; Stryker 2008).

Additionally, IPV service provision and research tends to focus on able-bodied survivors, making the impacts of physical disability, mental health, and neurodivergence invisible. While researchers have explored IPV among individuals with disabilities (Breiding and Armour 2015),

this has tended to rely on a cisgender sample. However, participants in this study discussed how their ability status or mental health diagnoses and their gender identity were connected. Of particular relevance was the relationship between gender identity and neurodivergence, as multiple participants discussed their understanding of abuse and experiences of seeking help being impacted by these identities. Though researchers have found a higher rate of autism in transgender communities, especially among those assigned female at birth (Murphy et al. 2018), little research has explored how the intersection of these identities shape survivors' experiences. For example, two participants in the current study discussed how the intersections of their autism diagnosis and gender identity caused them to be perceived more negatively by others, and another participant shared that it led to more scrutiny of their abuse experiences.

In sum, participants shared a variety of positive and negative experiences with seeking help for their abuse. When positive, helping resources gave participants the support to make sense of their experiences, process their trauma, and end the relationship. Most often, positive experiences stem from seeking support from trans-affirming friends or mental health professionals, resources which survivors knew would validate their gender identity. However, participants also shared stories of negative and traumatic help-seeking experiences, especially involving law enforcement. These experiences often left them retraumatized and invalidated. These experiences were also complicated by the intersections of gender identity and race, class, or ability status. Finally, just as participants' prior experiences of violence and victimization created help-seeking barriers for their experiences with abuse, negative help-seeking experiences built new barriers. Many participants expressed renewed skepticism towards general help-seeking resources, such as police or therapists, based upon the negative experiences they faced seeking help for abuse.

## HELP-GIVING

In addition to interviewing transgender and nonbinary survivors, this study seeks to understand how service providers make sense of IPV in transgender communities. Though research has documented the fears and barriers that prevent transgender and nonbinary survivors from accessing shelter services, very little research has explored how service providers would work with transgender and nonbinary survivors (Tesch and Bekerian 2015). This study found that many service providers want to support transgender and nonbinary clients, recognizing the severity of IPV within transgender communities. Most providers had at least some grasp of the identity abuse that transgender and nonbinary survivors may face, as well as the societal discrimination that they likely encounter. However, this understanding may be a result of self-selection into the study. Because this study was marketed as a study about transgender IPV, transphobic service providers were probably less likely to participate. In fact, many participants expressed a desire to participate solely because they want to improve their own services, suggesting those that have little desire to help transgender and nonbinary survivors would choose not to participate. Providers' general understanding of IPV in transgender communities can also be reflective of shifting North Carolina priorities. Two separate participants shared that the Governor's Crime Commission has taken an interest in building LGBTQ+ affirming services. One such example is funding the North Carolina LGBTQ Domestic Violence Response Initiative, a partnership between a local university, several IPV agencies across the state, and an LGBTQ center to increase the capacity of North Carolina IPV agencies to serve LGBTQ survivors.

Though participants shared a basic familiarity with transgender specific IPV, division existed over how to provide services. This division often reflected whether the participant was

transgender or nonbinary versus cisgender. Many cisgender providers expressed a need to support transgender and nonbinary survivors, but they were unsure of how that translates to transgender and nonbinary specific services. Some shared that all of the same services should apply. Others thought there should be special attention to transgender survivors but did not know how to direct that attention. Similarly, Tesch and Bekerian (2015) found that service providers are uncertain how to address transgender survivors even when recognizing a need to do so. Scholars have speculated that this is due to the cisnormativity embedded within IPV agencies (Tesch 2020). Agencies were originally created to primarily serve cisgender women, and while many have extended services over the years to support other survivors, these extensions are still usually built around the model of cisgender women (Tesch 2020). Combined with the limited (if any) training that providers receive on transgender and nonbinary survivors, this can present challenges to understanding how the same services cannot universally apply to all (Tesch 2020). Much of this speculation, however, is based upon limited research. For example, Tesch and Bekerian's (2015) findings were based on interviews with four LGBTQ-specific IPV service providers. The current study expands previous research with a larger sample of general service providers in a localized setting.

While many cisgender heterosexual providers expressed difficulty deciding how to provide services, findings differed for transgender and nonbinary service providers, many of whom were in LGBTQ advocate positions within their agency. These providers offered concrete examples of how they intend to build transgender-specific outreach, services, and programs. For those within LGBTQ service specialist positions, providers also expressed gratitude to their agency for prioritizing LGBTQ survivor needs, and they found their agencies and coworkers to be affirming. By creating transgender-specific services, directly training staff on transgender-

specific needs, and re-evaluating agency policies and forms, many of these service providers were following best practices that have previously been outlined to build transgender-affirming resources (Tesch 2020). However, these providers had been in their positions for under one year. Thus, many spoke of programming, outreach, and services in a future tense. More research is needed to understand how these best practices translate into action, as well as their relative success in breaking down barriers for transgender and nonbinary clients.

Unfortunately, not all transgender and nonbinary providers experienced an affirming and supportive work environment. Two providers who were not in an LGBTQ+ advocate position discussed the feeling of burnout, limited support, and microaggressions. These participants frequently felt compelled to educate staff on LGBTQ topics in addition to their actual job duties. This finding highlights the emotional labor and resulting burnout that occurs from being a tokenized identity in a normative workplace. Often those with marginalized identities are expected to educate privileged members of society about their oppression (Lorde 1984), and this expectation serves as another way to reify normative systems as the burden is placed on marginalized individuals to perform additional labor while those in privileged positions evade responsibility to correct any problematic behaviors (Evans and Moore 2015; Lorde 1984; Thomas 2020). However, little to no research has looked at these experiences among transgender and nonbinary workers. Transgender and nonbinary individuals face disproportionately high levels of unemployment and workplace discrimination (James et al. 2016), and this may lead to unique experiences for transgender and nonbinary workers who are balancing workplace microaggressions, unpaid labor, and their job duties while trying to avoid burnout. IPV agencies, especially, tend to have high rates of burnout and job turnover (Kolb 2015) without the added stresses of navigating an unwelcoming work environment. The present study highlights this

delicate balance of advocating for oneself and one's community while protecting oneself from burnout. These findings also highlight the potential importance of creating LGBTQ specific positions. While these positions do not challenge the normative foundation of IPV agencies (in fact, possibly contributing to them), they can serve to protect transgender and nonbinary providers from unpaid labor by incorporating these tasks into their job description.

## LIMITATIONS

While this study held several important finds that complicate the existing literature on IPV experiences, help-seeking, and service provision, this project also posed limitations, especially in regards to sampling. Recruitment for this study proved difficult due to the sensitive subject matter. Both transgender and nonbinary identities as well as survivorship are stigmatized in U.S. society, and participants shared the impact of this stigma in their daily lives. Furthermore, many participants shared experiences with compounded traumas that were separated from and connected to their gender identity. These experiences created a heightened vulnerability that often exacerbated barriers to help-seeking. Similarly, transgender and nonbinary survivors could view participation in this study as another risk to facing transphobia or becoming re-traumatized, and this could create hesitancy in participating. Such hesitancy was evident in recruitment.

While I marketed my study through many avenues, including transgender organizations, listservs, and social media pages, I received limited interest in the study. Furthermore, four individuals initially expressed interest in this study, but withdrew their consent as our scheduled interview drew near, sharing a concern that the interview would be retraumatizing. It is possible, though difficult to prove, that other transgender and nonbinary survivors chose not to participate for similar reasons, limiting my sample size to twenty participants. Recruitment challenges with survivors also led to changes in my geographic range for recruitment. Originally, this study was

created to focus exclusively on survivors and providers within the state of North Carolina; however, the geographic region for survivors was expanded due to the aforementioned recruitment difficulties. Though this study still highlights experiences of transgender and nonbinary survivors situated within the southern region of the United States, participants were geographically spread across multiple states that varied in their socio-political context. Furthermore, I could not explore the IPV-related services within a participant's geographic area to grasp how their understanding of resources represents or misrepresents the resources that are actually available. A state-specific study could allow for a clearer comparison between survivors' understanding of resources and the actual nearby resources.

Additionally, data collection for this study coincided with the height of the COVID pandemic which likely posed challenges to recruitment and data collection. Original recruitment and data collection strategies consisted of virtual and in-person formats; however, the pandemic quickly shifted data collection and recruitment methods to a virtual format. This limited the ability to form rapport and connection during recruitment. For example, with providers, my initial approach to recruitment involved in-person outreach to agencies plus attendance at events and programs hosted by local agencies, but due to COVID, this shifted to phone calls and emails to these agencies. COVID may also have limited participation as both survivors and providers may have experienced increased stressors and structural challenges due to the pandemic. This may include housing insecurity, loss of employment, sick loved ones, or increased mental health distress, among other things. Many providers who participated in this study also discussed an increase in IPV and service provision since the pandemic combined with COVID-related shifts to their agency, such as moving to virtual services, limiting shelter capacity, and reducing

volunteers. This can increase strain and workload for providers and may partially explain limited responses from agencies.

Furthermore, while almost all providers were located within the state of North Carolina, one participant was located in the state of Florida. This participant offered valuable insight into service provision from the perspective of a queer and nonbinary person of color; however, it becomes difficult to understand how location may have shaped these findings. States have unique funding opportunities for domestic violence work and state-specific laws that impact operations and training. Additionally, most states have a state-wide domestic violence coalition that provides technical support, training opportunities, and other resources to local agencies. Thus, the agency environment between Florida and North Carolina can be quite different. Future work could benefit from building a comparative study that looks at differences between states, taking into account state laws and other agency resources.

Finally, this study directly challenges the assumption that there is one transgender experience that all survivors share, highlighting some of the ways that different intersections of identity can lead to unique experiences with abuse and help-seeking. Each participant was situated at a unique intersection of identities which created several different experiences with abuse and help-seeking, yet at the same time, the sample of survivors consisted primarily of white participants who were assigned female at birth and who were college educated, and the sample of providers consisted primarily of white cisgender women. Future research can benefit from a more robust sample that explores more experiences for transwomen and nonbinary individuals who were assigned male at birth, as well as people of color and those without a college degree. With a larger or more targeted sample size, researchers could delve deeper into these findings.

## IMPLICATIONS FOR SERVICE PROVISION

These findings hold important implications for service provision. While many participants relied on informal networks of trans-affirming friendships to provide help and support, transgender participants did not feel comfortable accessing law enforcement or IPV agency resources, citing fears and lived experiences of exclusion and transphobia. When asked about recommendations for service providers, participants shared a desire for transgender and nonbinary representation within agencies. This involved branding and language that suggested a trans-affirming environment as well as hiring transgender and nonbinary staff members who could share a deeper understanding of survivors' experiences. While many other studies call for increased training regarding transgender specific IPV tactics and needs, most participants for this study said that was not enough to make them feel safe. Though this training is vital for all providers, these steps are only a beginning of a broader attempt to create an inclusive environment.

In contrast to survivors, many providers did vocalize a general understanding of IPV in transgender communities, yet they struggled to translate this understanding into specific services and structural changes at their agency. However, agencies with transgender and nonbinary staff members (and even some with cisgender queer staff members) had a firmer grasp of what trans-specific services look like and how they could be built at one's agency. This further highlights the call for hiring transgender and nonbinary staff, especially in LGBTQ specific roles. While a long-term goal would be to create an agency structure that de-centers cisnormativity, leading to all providers being equally trained and equipped to work with transgender and nonbinary clients, nonbinary providers who were not in LGBTQ specific roles detailed stories of emotional exhaustion from constantly educating staff members and experiencing microaggressions on top

of their formal job duties. Thus, hiring transgender and nonbinary service providers for LGBTQ specific roles can be a beneficial action that serves transgender and nonbinary survivors while also protecting transgender and nonbinary providers.

Service providers should also be better equipped to understand IPV through a lens of compounded traumas. Almost all survivors in this study expressed prior experiences of violence and discrimination that shaped their understand of IPV and how they responded to experiencing it. Providers would benefit from better training on polyvictimization experiences, compounded traumas, as well as the unique traumas of coming out.

Additionally, when survivors were asked about possible recommendations for law enforcement, only one participant called for increased training and expressed some doubt in how much that would help. Rather, survivors called for the decoupling of law enforcement and IPV service provision. All survivors who had contact with law enforcement expressed negative experiences that were unhelpful and actively harmful. Yet, IPV agencies often boast a strong partnership with law enforcement, citing them as a main point of entry for clients and listing legal services as the most used. Providers may benefit from a re-envisioning of IPV service provision that provides less emphasis on law enforcement. Especially considering the increasingly popular Family Justice Center model that places providers and law enforcement within the same physical space, providers must consider alternatives for survivors who feel unsafe surrounded by law enforcement. This extends beyond transgender and nonbinary survivors to include undocumented survivors, survivors of color, and LGBTQ survivors.

Finally, despite calls over recent decades to expand IPV theorizing, advocacy, and service provision beyond middle class, cisgender and heterosexual white women, the narrative of IPV still remains centered on this image of a survivor. Despite providers offering services to all

survivors, transgender and nonbinary participants believed that there were no services available to them. On a small scale, providers could benefit from targeted marketing and outreach with transgender and nonbinary survivors of all forms of IPV (psychological as well as physical); however, this study also calls for a cultural shift away from understanding IPV as a phenomenon impacting cisgender women.

## IMPLICATIONS FOR FUTURE RESEARCH

This study also strengthens and illuminates the possibilities for future research that explores transgender and nonbinary survivors' experiences with violence from an intersectional perspective. While quantitative studies have begun to highlight the difference in IPV rates within transgender communities, this study added a deeper understanding of how these differences manifest. In doing so, the study highlighted the importance of gender, sexuality, race, and ability status in shaping survivors' experiences with abuse and help-seeking. Future research can delve deeper into these intersections to understand the differences between different racial identities, sexualities, and ability statuses. For example, participant barriers and needs varied based on whether they experienced a physical disability, mental health concern, or neurodivergence. Future research could parse out these differences and how ableist barriers to service provision are further complicated at the intersection of ability and gender identity.

Additionally, future research could benefit from a narrower geographic range. While this study was able to illuminate experiences within a particular regional context, a more localized sample could allow for a deeper contextual analysis that situates participants within their immediate environments, including what IPV services are actually available to them. In contrast, a comparative approach between two or more states can allow for an understanding of how state

cultural and political differences matter, especially for IPV service providers who receive state funding.

Finally, this research situated transgender and nonbinary survivors' experiences in a broader context of polyvictimization and compounded traumas. Much of this literature has focused exclusively on children and does so through quantitative analysis. This study, however, highlights a need to understand IPV within a broader web of victimization, especially for transgender and nonbinary survivors who routinely face transphobic discrimination and microaggressions. Situating IPV experiences within this larger context allows for a deeper understanding of how compounded traumas shape future help-seeking behaviors, and future research is needed that aims to directly understand the breadth of victimization experiences that survivors have faced.

## CONCLUSION

This study contributes to the limited but growing literature on IPV in transgender and nonbinary communities. Findings from this study underscore the importance of intersectional transgender and nonbinary-specific IPV research. When we focus solely on cisgender populations, we miss out on the very tangible ways that gender identity shapes survivors' experiences with abuse and how they make decisions to seek support. Participants within this study shared stories of how their gender identity was enmeshed with their survivorship. Furthermore, participant's gender identity did not exist within a vacuum, and though all participants may exist under the transgender and nonbinary umbrella, all of my participants held other intersecting identities that created unique experiences with abuse. To truly understand gendered victimization, we must understand how gender is experienced differently for different people. Additionally, this study complicates understandings of violence and situates IPV within a

broader context of violence that participants experience throughout their lives. Participants shared stories of childhood violence, traumatic coming out stories, and transphobic discrimination which were separate from but connected to their experiences as an IPV survivor.

Finally, this study adds to the very limited exploration of service provision for transgender and nonbinary survivors. Most transgender specific IPV studies focus solely on survivors' experiences and access to resources without exploring the perspective of those tasked to provide these resources. An understanding of service providers' knowledge of and experience with supporting transgender and nonbinary survivors is essential to understand the gap in service provision. Since the 2013 reauthorization of the Violence Against Women Act, IPV agencies receiving federal grant funding are prohibited from discriminating on the basis of gender identity (US Department of Justice 2014); however, survivors frequently express fears of being refused services or forced to detransition in order to get help. This study sought to understand how providers perceive their services, the needs of transgender and nonbinary survivors, and how to fulfill these needs. By utilizing the results of this study and future studies, researchers, service providers, and the general community may gain a more nuanced perspective on how to understand and approach IPV in a way that is accessible and inclusive of everyone.

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## APPENDICES

## APPENDIX A: SURVIVOR INTERVIEW GUIDE

### Part I: Participant background

1. Could you tell me a little bit about yourself...?
  - a. Prompts
    - i. Where you're from or grew up?
    - ii. What is your racial or ethnic background?
    - iii. Would you mind telling me how old you are?
2. How would you describe your gender identity and sexuality?
3. How would you describe your level of outness about your gender identity?
  - a. Prompts
    - i. Family
    - ii. Friends
    - iii. Work
    - iv. School
    - v. Religious Community
4. Could you describe your experiences with coming out? How did that play out in your life?

### Part II: Intimate partner violence, and abuse

As I mentioned a little earlier, the central aspect of this study is focused on experiences with intimate partner violence and seeking help.

1. Have you experienced some form of violence or abuse by an intimate or romantic partner...? Could you please share your story with me?
  - a. Probes
    - i. What was the sexual orientation and gender identity of your abuser?
    - ii. Were you of the same racial or ethnic background?
    - iii. Had you come out before or after this began?
      1. Do you think (not) being out made it more difficult for you?
    - iv. Do you think your trans- or nonbinary- status played any role in your abuse?
    - v. Do you think any other aspect of your identity played a role in your abuse?
    - vi. How long did the abuse last? Are you still with this person?
2. Do you see yourself as a victim? Could you tell me more about that?

### Part III: Help-Seeking

1. Can you tell me a bit about when you decided to leave the relationship?
2. Did you ever go anywhere or talk with anyone for help?
  - a. If no,
    - i. Had you ever considered talking to someone? Where/who?

- ii. What stopped you?
- iii. Do you think your trans- or nonbinary- status impacted your decision to not seek help? How so?
- iv. Do you think any other pieces of your identity impacted your decision not to seek help? How so?
  - 1. Prompts could include race, sexuality, class, ability, etc.
- b. If yes, can you tell me more about that decision and experience?
  - i. Prompts:
    - 1. Where did you go/ who did you talk to?
    - 2. Did you have any hesitations or encounter any obstacles seeking help?
    - 3. Was that/were they helpful to you? Could you tell me more about that?
  - ii. Was this experience different from what you expected? How so?
  - iii. Do you think your trans- or nonbinary- status impacted your experience seeking help? How so?
  - iv. Do you think any other pieces of your identity impacted your experience seeking help? How so?
    - 1. Prompts could include race, sexuality, class, ability, etc.
  - v. Was there anyone or anywhere else that you sought help from? (If yes, repeat the questions from this section)
    - 1. Prompts: police, domestic violence shelters.
- 3. How could these sources of help have been more supportive?

#### Part IV: Closing

- 1. Is there anything else that you wanted to talk about that we didn't get a chance to address?

## APPENDIX B: PROVIDER INTERVIEW GUIDE

### Part I: Participant background

1. Could you tell me a little bit about yourself....?
  - a. Prompts
    - i. Where you're from or grew up?
    - ii. What is your racial or ethnic background?
    - iii. How would you describe your gender identity and sexuality?
    - iv. How old are you?
2. How did you become involved with [organization name]?
  - a. Prompts:
    - i. How long have you been working there?
    - ii. What is your role at this organization?
    - iii. What do you enjoy most about working at this organization?

### Part II: Organization Services and Population

As I mentioned a little earlier, the central aspect of this study is focused help-seeking and resources for transgender and non-binary survivors of IPV.

1. Could you tell me about some of the general services offered at your organization?
  - a. Probes
    - i. What resources do you believe are most used at this org?
    - ii. What resources do you believe are most important?
    - iii. Do you believe there are any services that are missing or could use improvement?
2. What are the most rewarding parts of your job?
3. What are the most frustrating parts of your job?
4. Can you describe the typical person who visits your organization?
  - i. What resources are they looking for?
  - ii. What is the process for when someone visits looking for services?
    1. How does the process differ based on different client needs?
5. What resources do you have specifically for transgender and non-binary individuals?
  - a. How often do transgender individuals visit this center?
    - i. If they do not receive visits from transgender or nonbinary survivors, why do you believe transgender or nonbinary survivors have not visited this center?
6. How useful do you perceive this center to be for transgender or nonbinary survivors of intimate partner violence?
  - a. What support does the center do well in providing?

- b. What types of support can use improvement, or do you wish the center could provide?

### Part III: General Knowledge of IPV in Transgender and Nonbinary Communities

1. How common do you believe intimate partner violence is within transgender and nonbinary communities?
2. How do you imagine intimate partner violence is experienced by transgender and nonbinary individuals?
  - a. How is this similar to individuals who are not transgender nor nonbinary?
  - b. How is this different than individuals who are not transgender nor nonbinary?
3. What types of services do you believe may be most important for transgender and nonbinary survivors?
  - a. How might these services be similar for those who are not transgender nor nonbinary?
  - b. How might these services differ from those who are not transgender nor nonbinary?
4. Is there anything that could be improved at your organization to better support transgender and nonbinary survivors?

### Part IV: Closing

1. Is there anything else that you wanted to talk about that we didn't get a chance to address?