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Transgender and Gender Nonconforming Individuals and Intimate Partner Violence Resources in LGBTQ+ Organizations

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Abstract

A meta-analysis reporting on the prevalence of intimate partner violence (IPV) victimization of transgender populations found transgender people were two to three times more likely to experience IPV than cisgender people (Peitzmeier et al., 2020). The National Coalition of Anti-Violence Programs (NCAVP) (2012) found transgender and gender nonconforming (TGNC) people, particularly transgender women and transgender Black, Indigenous, and people of color (BIPOC), were more likely to be threatened and harassed by their abusive partners than cisgender people. TGNC people may be at a high risk of IPV due to the lack of services designed for TGNC victims of IPV. Once in an abusive relationship, TGNC people have few mental health and safety service providers with the knowledge and skills to aid them. The goal of this research is, through interviewing mental health and safety providers from LGBTQ+ organizations, to understand the benefits and shortcomings of LGBTQ+ organizations for TGNC survivors of IPV in hopes such organizations can further their positive actions and understand and address their limitations. The primary researcher interviewed five participants and analyzed themes within them including stigma, intersecting identities, physical health support, mental health support, support from housing services, TGNC specific spaces/services, employees' calls to action, organization size, training, and communication.

Keywords: intimate partner violence, transgender, nonbinary, LGBTQ+

Transgender and Gender Nonconforming Individuals and Intimate Partner Violence Resources in LGBTQ+ Organizations

According to Flores et al. (2020), LGBTQ+ individuals are six times more likely than non-LGBTQ+ people to be violently victimized by a well-known individual. The prevalence rate of intimate partner violence (IPV) in relationships involving transgender and gender nonconforming (TGNC) people is unclear as many studies omit or fail to include this data. However, previous scholars who have examined the experiences of TGNC survivors have demonstrated that IPV is indeed a problem among TGNC communities (Peitzmeier et al., 2020; Langenderfer-Magruder et al., 2016). A meta-analysis reporting on the prevalence of IPV victimization of transgender populations found transgender people were two to three times more likely to experience IPV than cisgender people (Peitzmeier et al., 2020). Only 28% of the studies within the meta-analysis considered nonbinary, genderqueer, and genderfluid people as part of the transgender population (Peitzmeier et al., 2020). The National Coalition of Anti-Violence Programs (NCAVP) (2012) found TGNC people, particularly transgender women and transgender Black, Indigenous, and people of color (BIPOC), were more likely to be threatened and harassed by their abusive partners than cisgender people. Langenderfer-Magruder et al. (2016) examined LGBTQ+ adults to discover their police reporting habits and the prevalence of IPV within the sample and found that of their 122 TGNC participants, 38 (31.1%) had survived IPV, which was statistically significant compared to the 207 (20.4%) cisgender people who had survived IPV. This result indicates that TGNC people were more likely to experience IPV than their cisgender counterparts, demonstrating that TGNC people are facing a serious threat and deserve further research on the issue.

The Decision to Seek Aid

Liang et al. (2005) created a theoretical framework to understand the process by which survivors of IPV seek aid. The first step is "problem definition and appraisal" (Liang et al., 2005, p. 74). This involves personally acknowledging and defining their abuse and its severity (Liang et al., 2005). A person's definition may influenced by their personalities (e.g. self-deprecating vs. self-contentment), their relationships with others (e.g. validation from friends and family vs. invalidation from friends and family), and sociocultural influences (victim has financial resources vs. victim does not have financial resources) (Liang et al., 2005).

The second step is the "decision to seek help" (Liang et al., 2005, p. 76). This step is also influenced by the victims themselves. Cauce et al. (2002) argued the victim must view the abuse as a problem they no longer want to have and a problem that requires the support of others. Interpersonal and sociocultural influences also play an important role. For example, Fraser et al. (2002) discussed a Black survivor of IPV who feared she would be the only Black woman in a shelter and therefore feel uncomfortable.

The third step is the "selection of a help provider" (Liang et al., 2005, p. 79). Victims may seek different services depending on individual influences (Liang et al., 2005). For instance, one victim's priority may be emotional support while another's priority may be safety resources. Interpersonal relationships may affect who victims seek support from. Rose et al. (2000) found their female survivors often sought emotional support from female friends rather than family. The participants specifically mentioned that their fathers would not provide adequate support (Rose et al., 2000). Sociocultural statuses also influence identifying support. For example,

Yoshioka et al. (2003) found Black and Hispanic women were more likely than South Asian women to seek aid for IPV from professionals such as counselors, police officers, or lawyers.

Although the steps are labeled one through three, Liang et al. (2005) notes the process is not linear and survivors of IPV may repeat or even skip steps. The complications of finding support do not stop after these steps are completed. Survivors of IPV face challenges within organizations meant to support them. TGNC survivors of IPV in particular have numerous challenges when seeking aid.

Barriers to Seeking Aid

TGNC people may be at a high risk of IPV due to the lack of services designed for TGNC victims of IPV. Once in an abusive relationship, TGNC people have few mental health and safety service providers with the knowledge and skills to aid them. TGNC survivors of IPV face numerous barriers when seeking safety and mental health resources including stigma, internalized transphobia (i.e., a negative view of one's own transgender identity due to normative gender expectations), and intersecting identities (i.e., a person's identity is made up of a variety of interconnected elements, such as their gender identity, gender expression, sexual orientation, race, ethnicity, and class) (Bockting et al., 2020; Simmons et al., 2011; Calton et al., 2016; Kurdyla, 2021; Bolding, 2020; Aversa et al., 2022).

Stigma. One major obstacle for TGNC survivors seeking aid is the societal stigma against both IPV survivors and the LGBTQ+ community (Simmons et al., 2011; Calton et al., 2016). IPV survivors are often made to feel ashamed, embarrassed, and guilty over the IPV (Simmons et al., 2011). The National Transgender Discrimination Survey (2011) reported 63% of TGNC participants experienced discrimination due to their gender identity in the form of losing their

job, bullying, physical and sexual assault, etc. (Grant et al., 2011). The FBI Hate Crimes Report (2020) demonstrated gender identity-based hate crimes increased from 2.2% in 2018 to 2.7% in 2019. In 2021, the number of reported TGNC who were murdered reached a record high with 375 people killed in one year (Wareham, 2021). FORGE (2013) created a model meant to demonstrate how perpetrators of IPV use transphobia to control a TGNC victim such as threatening to out the victim, belittling the victim's gender identity, etc. Being outed is a particularly potent fear as a person who is already vulnerable due to abuse may worry their friends and families will no longer support them because of their gender identity (Calton et al., 2016; Kurdyla, 2021). Staying in an abusive relationship may seem superior to losing loved ones, as LGBTQ+ young adults who lack family support are more likely to have poorer self-esteem and physical and mental health than LGBTQ+ young adults with accepting families (Ryan et al., 2010).

Stigma against TGNC IPV survivors may stop them from seeking assistance for fear of discrimination and maltreatment by the organization or person meant to help them such as the police or service providers (Calton et al., 2016; Evens et al., 2019). Victoria Kurdyla (2021) interviewed TGNC survivors of IPV (n = 9) on how external and internalized transphobia affected the way participants viewed their abuse and noted six out of nine TGNC people stated they feared experiencing transphobia if they disclosed the abuse. The participants believed they would be ostracized, blamed, invalidated, misgendered, and deadnamed (i.e., being addressed by a former name when they have chosen a new one) (Merriam-Webster, 2013). These findings suggest that TGNC IPV survivors may suffer in silence rather than seek help from those who may do further harm.

Internalized transphobia. TGNC people may also experience internalized transphobia, which coincides with low self-esteem, feelings of worthlessness, and self-destructive behaviors and therefore leads the victim to believe they are undeserving of help (McKenry et al., 2006; Aversa et al., 2022). These issues can make a person susceptible to violence. Some participants in Kurdyla's (2021) study described worries surrounding internalized transphobia. One fear was that if they left the abusive partner, no one else would want them because of their gender identity. Others stated their gender identity was the cause of the abuse because they were not a sufficient partner or they were failing to correctly present their gender (Kurdyla, 2021; McKenry et al., 2006; Harden et al., 2022). One transgender man believed he was abused because he was not masculine enough and therefore failed to be a man (Kurdyla, 2021).

Intersectional identities. Another factor is that TGNC survivors may face further discrimination due to intersecting identities that affect the amount of resources that are helpful to them. For example, in the United States, 29.4% of TGNC people, compared to 15.7% of non-LGBTQ+ people, live in poverty (Badgett et al., 2019). TGNC people experience poverty at a much higher rate than cisgender people even when other factors such as race and ability are accounted for (Badgett et al., 2019). Kurdyla (2021) described one participant who worried their abusive partner would be viewed more favorably by law enforcement because she had a higher socioeconomic status and education level. TGNC IPV survivors may also lack the financial resources to escape, for example, to afford separate housing (Harden et al., 2022). Therefore, victims may feel helpless due to their economic status.

Another intersecting identity that could result in stigma is a person's race. Kurdyla (2021) reported two interview participants mentioned their race as a factor in the abuse. One participant

stated Black women were expected to be strong enough to stop a man from hurting them (Kurdyla, 2021). The second person mentioned being fearful of interacting with law enforcement as a person of color, especially with a white abusive partner. White people, particularly ones in areas thought of as liberal, are more trusting of the police than BIPOC people (Nadal, 2020). The intersection of being a BIPOC person and TGNC can result in more negative police interactions or more negative perceptions of police. In 2012, the organization Make the Road New York found 59% of transgender people surveyed, compared to 28% of non-LGBTQ+ people, were stopped by the police (Nadal, 2020). As of 2013, transgender people of color were six times more likely than white cisgender people to have physically violent interactions with the police (NCAVP, 2013). As discrimination over intersectional identities create further disparities, a lack of resources leaves victims unable to find support.

Interactions with the criminal justice system. TGNC survivors of IPV also face challenges with the criminal justice system. Few TGNC people fully trust the United States's criminal justice system to protect them (Guadalupe-Diaz & Jasinski, 2017; Langenderfer-Magruder et al., 2016). In 2013, transgender survivors of violence were 7 times more likely than cisgender survivors to be physically brutalized by police (NCAVP, 2013). According to the NCAVP (2016), only 33% of queer and TGNC IPV victims reported their abuse to law enforcement. Research also demonstrates that TGNC survivors of IPV are less likely to report IPV to law enforcement than their queer, cisgender peers (Langenderfer-Magruder et al., 2016). In 2012, reports from 24 states indicated the police arrested 29.7% of IPV victims in cases involving LGBTQ+ people (NCAVP, 2013). This decision is predominantly based on stereotypes surrounding gender identity and expression (Nadal, 2020; Kurdyla, 2021). IPV is

often associated with masculinity (McConaghy & Zamir, 1995; Nadal, 2020). However, if the IPV victim is physically larger than their partner, presents as masculine, or law enforcement perceives them to be a man, they may be falsely identified as the abuser by the police (Kurdyla, 2021; Harden, et al., 2022). If the abuser is prosecuted, survivors may feel the need to present as a victim. For example, a person may appear in court as more feminine as this is what society associates with victimhood (Harden, et al., 2022). People who present as less gender-conforming are more likely to have negative court experiences (Nadal 2020).

Professional Support

When survivors of IPV look for safety and mental health resources, they often turn to professional support in the form of doctors, nurses, therapists, social workers, etc. However, TGNC survivors of IPV face unique challenges in engaging with such professionals.

Physical Health Support. Research has indicated primary care providers or emergency medical care providers may play important roles in IPV intervention as they are often a person to whom the victim discloses the abuse (Bair-Merritt et al., 2014; Rhodes et al., 2007). However, TGNC survivors of IPV may be unlikely to seek support from a primary care provider. According to the National Transgender Discrimination Survey, 19% of TGNC participants were refused medical care, 28% were harassed in a medical setting, and 28% felt the need to postpone their medical care due to previous discrimination (Grant et al., 2011). Clinicians may also seem unhelpful or ineffective to TGNC clients as mental health professionals have frequently reported a low level of familiarity with transgender issues (American Psychological Association, 2015).

Mental Health Support. IPV has dire consequences for TGNC people's mental health. TGNC survivors of IPV may experience mental distress such as post-traumatic stress

disorder (PTSD), depression, and anxiety (Peitzmeier et al., 2019; Peitzmeier et al., 2020; Henry et al., 2021). Henry et al. (2021) reported 60.3% of their TGNC participants stated feeling slightly to extremely dissatisfied with their lives, with anxiety cited as the most highly demonstrated distress. Additionally, those who experienced sexual coercion—engaging in unwanted sexual activity due to pressure, guilt, tricks, threats, or nonphysical force—as part of their IPV, had higher levels of anxiety (Henry et al., 2021; U.S. Department of Health & Human Services, 2021). With TGNC survivors of IPV at a higher risk of mental health issues, knowledgable social and professional support is much needed (Henry et al., 2021; Kurdyla, 2021; Harden et al., 2022).

Support from Housing Services

Another safety resource that is not tailored to TGNC survivors of IPV is housing services. Shelters and emergency housing are options for TGNC survivors, however, temporary housing is often sex-segregated, making it unavailable to TGNC people because their gender identities often clash with shelter definitions (Cook-Daniels, 2015; Guadalupe-Diaz & Jasinski, 2017). Transgender men often feel the need to find female-focused shelters as there are fewer shelters for masculine-presenting survivors and transgender women look for female-focused shelters because they align with their gender identity (Henry et al., 2021). However, female-focused housing organizations often view transgender men and women as too masculine and deny them access to housing (Henry et al., 2021). NCAVP (2016) reported 44% of TGNC survivors were turned away by shelters, 71% of which were denied based on their gender. Therefore, transgender men, women, and gender-nonconforming people who were assigned female at birth

(AFAB) may feel the need to present more feminine to be accepted into a shelter (Henry et al., 2021).

Resource providers for IPV victims are often not properly trained in working with TGNC survivors (Henry et al., 2021). For example, 54 Los Angeles' IPV service providers stated they had little or no training for LGBTQ+ survivors and 92% did not have staff dedicated to LGBTQ+ survivors (Ford et al., 2013). Failing to properly support IPV survivors can re-traumatize a person, stop them from seeking further support, and lead them to return to their abuser as they are roped back in (Ard & Makadon, 2011).

LGBTQ+ Support

Due to other service providers lacking knowledge or acceptance of TGNC survivors, they often look to other LGBTQ+ individuals for assistance who are meant to be part of the same community (Singh & McKleroy, 2011; Mullen & Moene, 2013; Henry et al., 2021; Guadalupe-Diaz & Jasinski, 2017). In Kurdyla's (2021) qualitative study, most of her participants stated they sought support from known queer-friendly and trans-friendly people – with three out of nine participants reporting that they disclosed to TGNC specific support groups and five out of nine participants reporting that they disclosed to their individual counselors. One participant felt he had no choice but to call the police but felt relieved when he was met with an officer who he perceived to be a lesbian (and to be LGBTQ+ affirming as a result).

LGBTQ+ organizations may be the best place for TGNC survivors of IPV to seek help due to the specialized attention and support they make available to the LGBTQ+ community. However, LGBTQ+ organizations are imperfect. While both TGNC people and sexual minorities wish to be seen as valid, TGNC people are often excluded from LGB spaces (Martos

et al., 2017; Kurdyla, 2021). Organizations based on helping queer people were established in the 1970s and 1980s following the Stonewall riots and the beginning of the AIDS epidemic, yet many did not have resources or assistance for TGNC people because they failed to acknowledge identities different from binary gay men and lesbians (Martos et al., 2017). Over time, organizations have become more inclusive of TGNC people but a discrepancy in care remains (Martos et al., 2017). TGNC people have reported feeling a lack of support from cisgender LGB people and find trans-specific spaces more supportive rather than broader, LGBTQ+ spaces (Dargie et al., 2014; Mullen & Moene, 2013).

With little understanding of TGNC survivors of IPV, organizations lack the proper knowledge to most effectively support them. TGNC survivors of IPV may believe LGBTQ+ organizations are the best place for them to seek support, but the lack of acknowledging of TGNC people within the LGB community may keep TGNC survivors from accessing the services of LGBTQ+ organizations. The current study strives to understand what service providers believe about the experiences of TGNC survivors of IPV seeking safety and mental health resources from their LGBTQ+ organizations as research has not often examined the perspective of service providers themselves. The study asked service providers of TGNC survivors of IPV what assistance survivors sought from LGBTQ+ organizations, whether they felt the services provided were beneficial, the extent to which the services fell short, etc. The goal of this research is, through interviewing mental health and safety providers from LGBTQ+ organizations, to understand the benefits and shortcomings of LGBTQ+ organizations for TGNC survivors of IPV in hopes such organizations can further their positive actions and understand and address their limitations.

Exploratory research questions included:

1. Why did you choose that particular LGBTQ+ facility to work at?
2. What specific services did you provide there?
3. Do you believe individuals generally receive what they are looking for from your LGBTQ+ organization?
4. Do you believe an individual's gender identity affects their experience at yours or any other LGBTQ+ organization? How so?
5. Do you believe cisgender individuals are treated differently in seeking intimate partner violence services?
6. Do you believe transgender or nonbinary survivors need different services than cisgender individuals?
7. What are the positives of seeking aid from your LGBTQ+ organization?
8. What are the negatives of seeking aid from your LGBTQ+ organization?
9. How can LGBTQ+ organizations better serve transgender and gender nonconforming survivors of intimate partner violence?

Methodology

Participants. Five individuals participated in the study. All five participants identified as white. Two participants were cisgender women, one was a cisgender man, one was a genderfluid person, and one was a genderqueer person. Regarding sexual orientation, two participants identified as gay or lesbian, two participants identified as queer, and one participant identified as bisexual. Each participant was based in the United States. Two participants worked at organizations located on the West Coast; two participants worked at organizations located in the

Southeast; and one participant worked at an organization located in the Midwest. The participants' ages ranged between 25 and 61. Pseudonyms were utilized to protect the participants' anonymity. Table 1 provides further information on participants.

Recruitment. Service providers were invited to participate through advertisements placed on social media (e.g., Instagram and Facebook) and through emails to LGBTQ+ organizations around the United States. The advertisement provided an email address for potential participants to contact the researchers and stated participants must: be at least 18 years old and currently working or worked within the past five years at an LGBTQ+ organization providing safety or mental health resources to transgender, genderqueer, or nonbinary survivors of IPV. IPV was defined as abuse or aggression (i.e., physical and/or sexual violence, stalking, or emotional abuse) at the hands of past or present romantic partners. Additionally, an LGBTQ+ organization was defined as any non-governmental entity that promotes LGBTQ+ rights, provides physical and/or mental health services, and/or provides community services.

Five participants replied to the advertisements and were all confirmed to fit the requirements through further questioning over email. Each participant was also provided with an information sheet on informed consent (Appendix A) including how their data would be kept confidential, that their participation was voluntary, and that they could withdraw at any time. The participant count was capped at five individuals.

Interviews. All five interviews were conducted over Zoom. Every interview was conducted in a private setting to ensure confidentiality. Each Zoom interview had a separate link that was given only to the participant. Each participant consented to the interviews being

transcribed through Zoom. All electronic forms (i.e. transcripts) were kept on a password protected laptop in password protected documents. Each interview was conducted by the primary researcher.

Measures

Interviews. The interviews began with each participant answering a short questionnaire on their demographics including their race, sexual orientation, gender identity, pronouns, and age. The interviews were a maximum of forty minutes long, semi-structured, and consisted of nine exploratory research questions listed above on pages 12 through 13.

Analysis

The five interviews were analyzed for themes using conventional content analysis, developed by Kondracki & Wellman (2002). Conventional content analysis is a method of qualitative data analysis that attempts to describe and analyze a phenomenon without using preconceived themes from previous research (Kondracki & Wellman, 2002). Under this approach, researchers often use open ended questions to allow themes to emerge naturally, and then examine the answers to count the frequency with which specific words or phrases occur. The researcher used this method to gain the most diverse and widespread answers rather than relying on previously discovered themes. Analyzing qualitative data allows for such patterns to emerge and give voice to the subjective truths of marginalized groups, truths that are often overlooked and deemed unimportant due to both their subjectivity and the groups' marginalized status. The researcher used NVivo, a thematic analysis tool, to organize and categorize different ideas or topics within the interviews for purposes of analysis. NVivo is the most widely used

software tool for qualitative data analysis (McNiff, 2023). NVivo allows researchers to organize, analyze, and interpret qualitative data.

The primary researcher input each interview transcript into NVivo, read through each interview at least three times, and highlighted patterns in participant observations and the recommendations made by interviewees to improve services. The researcher created folders within NVivo named after these patterns or recommendations. Each folder contained participant responses that fit the theme. The researcher then reviewed each folder to ensure at least two participants mentioned the themes. NVivo was also used to store the demographic information of each participant.

Notably, Evens et al. (2019) utilized NVivo to study gender based violence against female sex workers, queer men, and transgender women. Aversa et al.(2022) also used NVivo to understand transgender people's perceptions of community and their own safety. Their use of NVivo demonstrates its utility in identifying patterns that emerge when interviewing lesser studied groups about their subjective experiences.

Results

The interviews indicated several themes found in aforementioned previous research (i.e. themes surrounding stigma, intersecting identities, physical health support, mental health support, support from housing services, and TGNC specific spaces/services. The interviews also resulted in LGBTQ+ organization-specific themes that are not nearly as common (i.e. employees' calls to action, organization size, training, and communication). The themes discussed below came from the participants with the aliases Ava, Joe, Katie, Naomi, and Quinn. At the time of the interview, Ava (she/her) was a 61-year-old, cisgender, lesbian woman who

worked as a therapist and coordinator at an organization in the West. Joe (he/him) was a 34-year-old, cisgender, queer man who worked as a clinician at an organization in the Midwest. Katie (she/her) was a 25-year-old, cisgender, lesbian woman who worked as a social worker at an organization in the Southeast. Naomi (she/they) was a 28-year-old, genderqueer, bisexual person who worked as a program manager at an organization in the West. Quinn (she/they) was a 44-year-old, genderfluid, queer person who worked as a resources coordinator and front desk volunteer at an organization in the Southeast.

Theme 1: Stigma

Each participant believed TGNC identities are often met with stigma. Joe, Naomi, Katie, and Quinn each mentioned that when society pictures IPV victims, they think of cisgender people in a heterosexual relationship with the man being the abuser and the woman being the victim and therefore are treated as the norm and taken more seriously. Katie said people think of:

> A man and a woman and in a heterosexual relationship, and I think that's how it's talked about. And that's how it's only ever presented. And so I think that almost everything in the services are probably geared towards that sort of situation.

Naomi, Katie, and Quinn also supported that stigma occurs within LGBTQ+ organizations. Naomi reported that they themselves have had negative experiences in other LGBTQ+ organizations due to a lack of affirming language. Quinn spoke about their experience at their facility. Quinn responded:

> Yes, I mean, I would say that I have caught on that [gender identity has an effect on clients' experiences]... I haven't personally felt anything like that. But I do think that

> white males still kind of run the show in general, in the patriarchy, and within every organization.

Quinn later stated “But I don't really know of any [IPV] services that would really be affirming to [victims who do not fall into cisgender/heteronormative categories]…”

Theme 2: Intersecting Identities

Both Quinn and Ava mentioned BIPOC clients and the issues these clients face when seeking aid from their organizations. As BIPOC people are marginalized in the LGBTQ+ community, Ava believes the organization needs to better provide for their unique needs or risk TGNC BIPOC people discontinuing treatment or services. Ava stated “it looks like people of color don't stick around, or you know, they commonly leave, you know, like we're noticing that... So if we're not serving [marginalized LGBTQ+ groups], are we really serving our community?” In other words, if TGNC BIPOC services are provided but not accessed or discontinued, this is an indication that the services are potentially inadequate or deficient in some way. Ava also mentioned the lack of BIPOC staff to support clients with multiple marginalized identities. For instance, if a client was looking for a Black therapist, Ava’s organization would not have one for them.

However, Ava mentioned the organization’s peer group program, which she regards as one segment of their programs that effectively assists BIPOC groups:

> It’s a really special program, because it's people coming to us from the community. Saying, ‘Hey, I need this group. I've been looking for this group, and this is my identity, and this is what I'm looking for.' And so then we helped them, maybe find somebody else do the group with them. We help publicize it, we give them the space, like now it's on

> Zoom... So what I think is really special about the peer group program is people finding ways to create safe spaces and getting the support to do that…

The organization has several peer groups for BIPOC groups of different sexual orientations, gender identities, abilities, etc.

Quinn commented on BIPOC clients saying, “not everyone really feels like this is a place that will help them. I think that's so huge.” Quinn also later stated:

> I would say we are having an issue with inclusion... A lot of the LGBTQIA+ organizations are embedded in white supremacy, and so is our organization, and so I'm part of a DEI [diversity, equity, and inclusion] committee to try to dismantle that, so I would say that white people generally receive what they're looking for at the [organization]. But we're really taking a hard look and hopefully restructuring the board so that it looks more like the community we serve.

Ava commented on elderly groups who are often left out of LGBTQ+ programming. Ava said:

> We ask, why are you interested [in joining a LGBTQ+ older adult group]? 'Well, I was widowed recently, I've been really lonely... I don't know where to meet people. I kind of feel too old when I'm around groups that are like 40 and under. I feel like there’s subject matter that I wanna be able to talk about like mortality, you know?’... So what's exciting is, I think, some older adults are really getting what they're looking for.

Theme 3: Physical Health Support

Ava and Naomi discussed physical health challenges for TGNC victims of IPV. Ava specifically acknowledged the physical effects of being part of a marginalized community.

“LGBTQIA+ people have double the rates of dementia... We have cardiovascular problems... drug and alcohol [use] is a lot higher. I guess we have some obesity issues... We have other health disparities.”

Naomi argued for institutional changes that include ensuring survivors have resources such as medical and sexual health services, as many providers do not know how to serve TGNC people. Even well intentioned providers either do not know what the client needs or they do not know how to properly communicate with a TGNC client when it comes to questions of anatomy, especially involving sexual organs.

Ava reported that physical health care can be challenging even in a LGBTQ+ organization with staff trained on how to speak with clients. For instance, Ava mentioned that it can be difficult to be affirming in a medical setting when insurance forms often deadname the clients. “I think that intersection, like a queer organization, and then you have insurance and medical model, and it just clashes.” The two may not fit together as the medical model may be described as sterile and impersonal while the queer organization may try to acknowledge a client’s individuality while bringing them into a community.

Theme 4: Mental Health Support

Katie and Joe both argued for trauma-informed care. Joe believes every service provider working with survivors of IPV should use trauma-informed care. Katie stated:

> There might be things that [the provider] might not ever understand about why [the clients] feel the way they feel. But that might be coming from a past history of trauma, and so [providers should focus on] just… providing as much space as needed for people to, like, talk about what can make them comfortable.

Ava argued that once a victim has accessed mental health services, it is important to create safety plans meant to outline safety tactics before, after, or during abuse:

> In the past... when I had clients who were in violent relationships, it was always like, if we could come up with a plan and they could leave with a plan, that they knew they had a plan in their head. They could feel better, even though they were going back to the shitty situation. It's all about, kind of like, preparing. At least, that's what I saw on some of my clients, even if they never came back.

The most frequently mentioned informal form of mental health support was providing community. Each participant discussed community and most participants mentioned it several times throughout the interview. Katie and Ava mentioned their facilities have many TGNC clients, so these people are able to find community among themselves. Katie described the community her organization cultivates:

> I think a lot of times we feel like a lot of our mission is just to provide community to, like, let young people in [the state] know that they are not alone, and so I think we do a really fantastic job providing community.

Katie spoke about the way her organization created a safe space. For example, her center aims to help people feel like part of a community. “So you, like, get to see that you're not alone in [the state]... There’s so many people all there that care about you.”

Ava stated she was proud of how far the organization had come while continuing to maintain its community focused, grassroots style. Clients can enter the community space without providing anything more than their lived name. Another way Ava’s organization creates a community is through the organization’s building itself:

> It's in an old house, so it's really homey. So that's I think that's been a real positive. People will come, and they used to sit on the back deck, even if they didn't have an appointment... You could give them tea, or like a you know, if we had some snacks.

However, the organization is about to be pushed out of its building by a rent increase.

Theme 5: Support from Housing Services

Naomi and Quinn stated housing services in general need substantial reform. Naomi specifically wants to see affordable short-term housing that is private rather than communal as it creates a greater sense of independence and bypasses issues of housing based on sex. Quinn reported a client's experience at their organization:

> I've been through an experience where a trans person was trying to get support. They were also a youth, and they were trying to get in a domestic violence shelter locally here… called a safe shelter, and they were not welcome. They were ridiculed, and I was, you know… present [during] the phone call and they were not even wanting to hear, even though this person fit exactly who they serve, word for word. They really mocked this person and did not, they did not receive any services, and so that actually sparked a whole conversation.

Quinn and Naomi argued that housing services need to actively provide TGNC friendly actions instead of simply stating that they do.

Theme 6: Employees' Calls to Action

Each participant expressed, at some point in the interview, a belief that the organization was doing important work. Joe and Katie specifically mentioned their excitement to work with the population their organization serves. Joe said, "after a year of waiting for the position to open

up, the position opened up so now I can provide mental health there to individuals of the community that I identify with." Katie mentioned, "I think [wanting to work at the organization] was a combination of being really excited about the job and then also excited about the population." Joe and Ava began their work in the organization as volunteers, and Quinn is currently a volunteer. Ava used her facility's services as a teenager:

> I went there when I was first figuring out my sexuality... I moved back to the area… and I was looking for a lesbian therapist and, you know, it's not like now that you could literally type [into a computer to find] lesbian therapists and, like, see list of professional people who are putting it out there that they're lesbians... and I needed it to be some low-cost. But they found me somebody through [the organization], so it's pretty wild [that the organization is] kind of woven into my life.

Theme 7: TGNC Specific Spaces/Services

As mentioned above, Ava stated her organization's peer group program contains many TGNC specific groups. This allows for people with similar identities to meet without fear of others infringing on their space and privacy.

Joe argued that TGNC survivors need services tailored to them. For instance, he mentioned the Power and Control Wheel, which is a model detailing strategies that abusive intimate partners may use to control their victims (Pence & Paymar, 1993). The model originally used she/her pronouns for the victim and he/him pronouns for the perpetrator. Various groups have created new versions of the model to reflect the different tactics abusers use against specific groups. For example, there is now the Power and Control Wheel for LGBT Relationships which does not assume pronouns and uses LGBTQ+ specific abuse strategies such as threatening to out

a person (Roe & Jagodinsky, n.d.). Joe believes this is the kind of tailored service providers should use, as it acknowledges the specificities of the TGNC population.

Joe believes a strength of his organization is that it employs service providers with identities similar to its clients. Joe himself has sought services from heteronormative agencies and found them "uncomfortable" as they did not share LGBTQ+ identities or lacked affirming practices. He argued that the power dynamic is not as stark when clinicians and clients share identities.

Quinn mentioned her center's TGNC specific list of referrals to businesses and other organizations that would support TGNC identities rather than deny them:

> It's kind of a community-driven word-of-mouth referral list. We have one that's for medical. We have a separate one for mental health. We have a lot of like non-insured, low-cost options. And we have a trans/non-binary resource guide I put together that has, like, where you can get affirming haircuts and [other services.]

Theme 8: Organization Size

Joe, Katie, and Naomi discussed the sizes of their organizations. Joe and Naomi came from large LGBTQ+ organizations and described the advantage of providing clients with access to multiple services from one agency. Joe stated, "we do a really good job of meeting our clients where they're at and helping them receive the services all within the same building." Additionally, Naomi mentioned that if a client has received affirming services from one section of her organization, the client likely would feel comfortable accessing other sections as they should also be affirming and knowledgeable about their needs. Naomi also stated their

organization is able to collaborate with other organizations and therefore can reach many people within the LGBTQ+ community throughout the state.

Conversely, Katie stated a small organization has its advantages. She stated that because her community center consists of only three staff members, “it's a very like personal experience” and therefore a strong community.

Theme 9: Training

Naomi stressed the need for non-LGBTQ+ organizations to seek out training on affirming practices. Naomi argued that TGNC people “need access to spaces and to know they have access.” In other words, Naomi believes TGNC survivors need affirming and knowledgeable services and to know that they exist. For example, Naomi maintained that service providers must be careful with their language. Naomi has heard people speak about spaces who say they are meant for cisgender women and AFAB people who will use statements such as “the *women* who come into this office…” Statements like these are, at best, forgetting their AFAB clients and, at worst, denying their clients’ identities.

Katie and Ava would both like to see both LGBTQ+ specific and non-LGBTQ+ specific service providers educated on IPV. Katie stressed the idea that providers need to understand how to work with a client even if the client is doing things the provider does not want them to do. Katie stated it "might be hard and frustrating" for the provider to see someone they care about make poor choices, but the provider has to meet the client “where they’re at, whatever that looks like.”

Ava wanted training on IPV for all staff at every organization. “Maybe if everybody in the agency is required to have a certain kind of training to watch for [signs of IPV], because, like, you can have a front desk volunteer who's gonna notice something.”

Theme 10: Communication

Katie, Quinn, and Ava discussed starting a conversation on IPV with community members and clients as it can invite victims to better understand their situations and possibly seek aid. Each argued organizations like theirs should educate people on healthy relationships and the warning signs of unhealthy relationships, but they should also be there to provide aid to their clients if they are already in unhealthy relationships.

Quinn stated that a speaker could come into the organization and start the conversation around IPV. The speaker should describe the different forms of abuse, particularly the more subtle ones such as financial abuse, to help clients recognize potential problems in their own relationships. However, after such difficult conversations, the organization should be prepared to provide clients with referrals to mental health and safety resources at their own organization or from other service providers.

Ava argued the organizations could begin the education and discussion in a more wide-spread way. For example, she recommended posters in bathroom stalls with information on how to access help from her’s or other LGBTQ+ organizations.

Discussion

The goal of the current study was to understand the positives and negatives of TGNC survivors of IPV seeking aid from LGBTQ+ organizations. The study found numerous examples of these factors, some of which are consistent with previous research and some of which are not.

As demonstrated in the literature review, previous research demonstrated similar themes to the current study, specifically, stigma, intersecting identities, physical health support, mental health support, support from housing services, and TGNC specific spaces/services. However, most current participants presented their organization as better than others in terms of supporting TGNC survivors of IPV, especially those who are further marginalized by other factors.

Stigma against TGNC survivors of IPV occurs even in LGBTQ+ spaces (Simmons et al., 2011; Calton et al., 2016). Each participant acknowledged this is a problem but three out of the five denied it was a problem in their facility. Previous research has commented on intersecting identities such as race, poverty, and ability. The current study's participants mainly focused on BIPOC TGNC people. Two out of the five mentioned a person's race negatively affected their experience at their specific organizations. This low number is surprising as previous research reveals race is often a factor in how people are treated by organizations (Kurdyla, 2021). One participant, Ava, mentioned age as another intersectional identity. LGBTQ+ older adults experience high rates of poverty and physical and mental health issues (American Psychological Association, 2013). Yet, this group is often left out of programming and fails to receive care (American Psychological Association, 2013). These beliefs that their organizations are above average may be due to a personal bias or social-desirability bias in which a person desires to be viewed favorably. Organizations that require outside funding may be particularly motivated to appear to be above average as this may increase their resources. In addition, the study participants volunteered, i.e. self-selected, to represent their organizations, and therefore may be more motivated to promote the benefits of their organizations. However, these particular

organizations could also be truly above average and better than most other LGBTQ+ organizations.

Most participants also did not discuss in detail TGNC IPV survivors' possible internalized transphobia or interactions with the criminal justice system. Previous research has demonstrated these factors are likely to deeply affect whether survivors seek aid (NCAVP, 2013; Guadalupe-Diaz & Jasinski, 2017; Langenderfer-Magruder et al., 2016; Kurdyla, 2021; McKenry et al., 2006; Harden et al., 2022). Quinn stated that clients themselves may have internalized gender roles to some degree:

> I think that there are, you know, a lot of nuances, especially with things sexually abused by a woman or a fem presenting person and comparison to a man. I personally have been violated by both [a man and a woman] and I felt like I really excused and downplayed the female and did the exact opposite with the male. [I] did a lot of work [with the female], which I did not do with the male experience, and I did not have time or want to... But I thought I felt myself fighting those stereotypes myself.

This was the only mention of internalized gender roles. Yet, it is not internalized transphobia.

Naomi mentioned there are issues with organizations acting by immediately calling police when survivors need aid. However, discussions around interactions with law enforcement or the criminal justice system did not appear as a pattern during the interviews.

The current study revealed ideas that are not often mentioned in previous literature. For instance, most participants felt a calling to work at an LGBTQ+ organization and felt it was important work. This was true despite the various sizes of each organization. Both Quinn and Katie stated their organizations were one of the only LGBTQ+ organizations in their state.

However, Katie, Joe, Naomi, and Ava gave several reasons why they wanted to work at their specific centers besides the organizations being available. Further ideas came in the form of recommendations.

Limitations. The current study was limited in several ways. First, while the data provided valuable information, it is not representative of the entire population of LGBTQ+ organizations and their employees. The sample group was small in size, consisted of a majority of white and cisgender participants, and located primarily in the West and Southeast of the United States. The study would have benefited from a larger group of TGNC, BIPOC, and diversely located participants especially given the understanding of the importance of intersecting identities. Therefore, readers should not generalize the results to all LGBTQ+ organizations and their employees. Second, each interview and subsequent data analysis were conducted by the primary researcher. The researcher may have blindspots and/or insights based on intersectional identities and upbringing. The primary researcher is a white and Latina, 25-year-old, queer, cisgender female who grew up in Southern California. While she has Mexican ancestry, she was never exposed to the culture and, as a light-skinned person, never experienced racism firsthand. Her family of origin also has a history of severe familial violence, although she never experienced it firsthand. The current study would have benefited from using multiple people to interview participants and analyze data as a single researcher could introduce their own biases, although she tried to account for her biases by analyzing the data with an open mind. However, her insights based on her identities may have aided the research.

Recommendations and Future Research. Recommendations specific to clinicians with TGNC survivors of IPV as clients include, providing trauma-informed care and creating safety

plans with the survivors. These assertions are supported by prior research. Scheer & Poteat's (2021) study with a sample of LGBTQ+ survivors of IPV found that those who perceived they received a greater level of trauma-informed care demonstrated higher levels of empowerment and emotion regulation and lower levels of social withdrawal and shame (Scheer & Poteat, 2021).

Safety planning involves thinking of strategies that increase an IPV victim's safety (Sabri et al., 2021). The National Domestic Violence Hotline (n.d.) provides examples of planning, which include identifying emergency housing, finding childcare and/or pet care, purchasing a pay-as-you-go phone, etc. (*Emergency Housing for Domestic Violence Victims,* n.d.; *Pet Safety,* n.d.). Sabri et al. (2021) reviewed 17 studies of marginalized women (i.e., BIPOC women, immigrant women, and women with low socioeconomic statuses). 14 of the 17 studies found that safety planning significantly reduced episodes of at least one form of IPV (Sabri et al., 2021).

Individual LGBTQ+ organizations must ensure several factors. First, organizations should create a safe community for their clients by ensuring staff are affirming, listening to clients' needs, and accepting that the client may be imperfect. LGBTQ+ organizations should train their staff to be affirming to all clients, no matter their race, age, gender, sexual orientation, immigration status, etc. If a staff member fails to do so, they should receive training or be let go if they fail to perform properly. LGBTQ+ organizations must also listen to those they wish to serve. If clients come to the organization with a need for change, the organization should do everything in its power to enact the change. Staff should understand that IPV survivors are not perfect. People often have an image of what a victim should be; however, this is rarely the reality (Bryden & Lengnick, 1997). A sex-crimes prosecutor stated:

> Good Victims have jobs (like stockbroker or accountant) or impeccable status…are well-educated and articulate, and are, above all, presentable to a jury: attractive, demure— but not pushovers. They should be upset— but in good taste— not so upset that they become hysterical. (Bryden & Lengnick, 1997, p. 1247)

It is nearly impossible to meet this standard. Service providers may find their clients frustrating or confusing, but they must maintain empathy.

Second, organizations should ensure TGNC survivors have services tailored to their specific needs by understanding the populations they serve, training their staff, starting conversations around IPV, and having resources ready to support the survivors. LGBTQ+ organizations can better understand the populations they serve by educating themselves on different cultures, gender identities, sexual orientations, etc. Staff should also understand that TGNC survivors of IPV potentially face both external and internalized homophobia, transphobia, racism, and more. Organizations should help their clients work through these conflicting feelings. LGBTQ+ organizations must train everyone on their staff on TGNC and IPV issues. Any member of the organization, from a CEO to a receptionist to a custodian, could make an impact on a client with either an affirming or rejecting comment. LGBTQ+ organizations need to begin the conversation around IPV. Organizations can provide education on warning signs, forms of violence, and tactics to leave abusive relationships. This could encourage a victim of IPV to seek support. Therefore, it is important to have resources to aid them or known referrals to send the victims to.

Finally, LGBTQ+ organizations must be aware of power dynamics. Marginalized groups within the LGBTQ+ community will not seek aid from organizations if they feel they are not

respected or won't be properly cared for. LGBTQ+ organizations need to make changes to ensure BIPOC TGNC clients feel at home by bringing in more BIPOC and TGNC staff, putting BIPOC and TGNC people in positions of power, and asking BIPOC and TGNC community members what would make them more comfortable. LGBTQ+ organizations have a tendency to be white-led. The 2022 LGBT Community Center Survey Report analyzed 208 LGBTQ+ community centers within the United States and found that while the majority of LGBTQ+ centers' staff and senior staff are BIPOC, the majority of executive directors and board members are white. Additionally, only 16% of board members are transgender and 8% are nonbinary (Movement Advancement Project & CenterLink, 2022). However, the number of BIPOC people in power in LGBTQ+ organizations is on the rise (Movement Advancement Project & CenterLink, 2022). Organizations must continue this trend and do what they can to encourage it.

On a national level, the United States needs more LGBTQ+ organizations, especially in states where only one or two exist. TGNC survivors of IPV need organizations they know will affirm them while providing them with safety, mental health resources, and/or community. The organizations that do exist need to communicate with one another. We do not need every organization to be the same, especially as they may tailor their services to their state's population or culture; however, organizations can share knowledge and resources. Every LGBTQ+ organization should work together towards their common goal of uplifting the LGBTQ+ community as a whole.

The United States also needs more LGBTQ+ organizations with medical and sexual health services. Safer et al. (2016) found the biggest barriers to transgender people seeking medical care are providers' lack of knowledge on transgender issues, financial issues, and discrimination.

According to Macapagal et al. (2016), 33% of transgender people and 48% of transgender men deplored healthcare or preventive measures such as pelvic exams or sexually transmitted infection screenings because they feared discrimination. BIPOC transgender youth face higher rates of transphobia from medical services (Gridley et al., 2016). Youth also have a more difficult time accessing services because they often rely on their parents' insurance coverage (Lunde et al., 2021). If medical staff cannot or will not provide basic services, they most likely cannot provide emergency services after violent victimization.

To bypass the issues surrounding shelters, organizations should provide private housing options for TGNC survivors of IPV. With a private home or apartment, survivors would not need to worry that the shelter was sex-segregated, allowed children or pets, or safe from strangers. It may also create a greater sense of independence.

Future research should focus on not repeating the limitations of the current study and instead collect data from BIPOC and TGNC service providers. Additionally, future research should hear from the TGNC survivors of IPV themselves and how they view their experiences receiving services from LGBTQ+ organizations. Future studies could benefit from analyzing different intersecting identities along with TGNC such as undocumented people, older adults, or unhoused people.

LGBTQ+ organizations have the potential to greatly change the lives of TGNC survivors of IPV. Organizations must assess how their services are lacking and if their services are truly beneficial to everyone in the LGBTQ+ community.

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THE CITY UNIVERSITY OF NEW YORK
John Jay College of Criminal Justice
Department of Psychology

CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Title of Research Study: Transgender and Gender Nonconforming Individuals and Intimate Partners Violence Resources in LGBTQ+ Organizations

Principal Investigator: Claire Herr
Graduate Student

Faculty Advisor: Kevin Nadal, Ph.D.
Distinguished Professor

You are being asked to participate in a research study because you are at least 18 years old and have worked at least one LGBTQ+ organization providing safety or mental health resources to transgender, genderqueer, or nonbinary survivors of intimate partner violence within the past 5 years.

Purpose:
The purpose of this research study is to understand the benefits and shortcomings of LGBTQ+ organizations for transgender and gender nonconforming survivors of intimate partner violence in hopes such organizations can further their positive actions and understand and address their limitations.

Key Information:

- Participation is **voluntary** and the interview can be stopped at any time
- Each Zoom interview has a separate link which is given to only one participant
- The interviews will be transcribed through Zoom
- All electronic forms (i.e. transcripts) that could be used to identify a participant will be kept on a password protected laptop in password protected documents
- Pseudonyms will be utilized to protect anonymity
- Each interview will take a maximum of 40 minutes to complete
- This study may cause discomfort due to the subject matter

- Research may provide LGBTQ+ organizations with helpful changes that could benefit future survivors

Procedures:
If you volunteer to participate in this research study, we will ask you to do the following:

- Fill out a short questionnaire on your demographics including race, sexual orientation, gender, and age.
- Answer nine questions on your experience providing support in an LGBTQ+ organization
    - Questions include:
        - Why did you choose that particular LGBTQ+ facility to work at?
        - What specific services did you provide there?
        - Do you believe individuals generally receive what they are looking for from the LGBTQ+ organization?

Audio Recording and Transcripts:
To ensure the accuracy of our findings, transcript generators will be utilized for later review by the researcher. You cannot participate in this study if you do not consent to a transcript generator. No videos or audio will be recorded.

Time Commitment:
Your participation in this research study is expected to last for a total of 40 minutes.

Potential Risks or Discomforts:
Recounting painful experiences may cause emotional distress. Each participant can withdraw from the study at any time. If a participant withdraws, their information will be fully deleted from the computer. None of their information will be used in the study.

Potential Benefits:
Research may provide LGBTQ+ organizations with helpful changes that could benefit future survivors.

Compensation:
You will not receive any payment for participating in this research study.

New Information:
You will be notified about any new information regarding this study that may affect your willingness to participate in a timely manner.

Confidentiality:

We will make our best efforts to maintain confidentiality of any information that is collected during this research study, and that can identify you. We will disclose this information only with your permission or as required by law.

We will protect your confidentiality by conducting each interview in a private setting. Each Zoom interview will have a separate link which will be given to only one participant. All electronic forms will be kept on a password protected laptop in password protected documents. Pseudonyms will be utilized to protect anonymity.

The research team, authorized CUNY staff, and government agencies that oversee this type of research may have access to research data and records in order to monitor the research. Research records provided to authorized, non-CUNY individuals will not contain identifiable information about you. Publications and/or presentations that result from this study will not identify you by name.

The information we collect from you as part of this study will not be used or distributed for future research.

Participants' Rights:

- Your participation in this research study is entirely **voluntary**. If you decide not to participate, there will be no penalty to you, and you will not lose any benefits to which you are otherwise entitled.
- You can decide to withdraw your consent and stop participating in the research at any time, without any penalty.

Questions, Comments or Concerns:

If you have any questions, comments or concerns about the research, you can talk to one of the following researchers:

- Claire Herr at claire.herr@jjay.cuny.edu
- Kevin Nadal, Ph.D. at knadal@jjay.cuny.edu

If you have questions about your rights as a research participant, or you have comments or concerns that you would like to discuss with someone other than the researchers, please call the CUNY Research Compliance Administrator at 646-664-8918 or email HRPP@cuny.edu. Alternatively, you may write to:

CUNY Office of the Vice Chancellor for Research
Attn: Research Compliance Administrator
205 East 42nd Street
New York, NY 10017

Table 1

	Ava	Joe	Katie	Naomi	Quinn
Race	White	White	White	White	White
Age	61 years old	34 years old	25 years old	28 years old	44 years old
Gender	Cisgender woman	Cisgender man	Cisgender woman	Genderqueer	Genderfluid
Sexual Orientation	Gay/ Lesbian	Queer	Gay/ Lesbian	Bisexual	Queer
Pronouns	She/her	He/him	She/her	She/they	She/they
Organization Location	West	Midwest	Southeast	West	Southeast
Position	Therapist and Coordinator	Clinician	Social Worker	Program Manager	Resources Coordinator and Front Desk Volunteer