Examining Access Barriers to Emergency Domestic Violence Shelter Services for Transgender Identified Survivors of Intimate Partner Violence in New York State

Carla M. Smith
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Examining Access Barriers to Emergency Domestic Violence Shelter Services for Transgender Identified Survivors of Intimate Partner Violence in New York State

Abstract
Emergency domestic violence shelters are considered an important tool in the arsenal of resources against intimate partner violence. Despite the availability of shelters in the state of New York, transgender identified survivors face barriers that affect their ability and willingness to engage with mainstream domestic violence shelters. Given the lack of research in this area, this study was designed to give voice to this marginalized co-cultural group. This dissertation draws on the existing scholarship which demonstrates increasing denial rates for individuals who identify as transgender when seeking access to emergency domestic violence (DV) shelters in New York State. Using a phenomenological approach, nine participants shared their lived experiences and perceptions on access to DV shelter services. Findings revealed that transgender identified survivors face a multitude of barriers which are compounded by their intersecting identities. Three categories of barriers were identified including, social, institutional and intimate partner violence related barriers. Using co-culturally theory as the guiding paradigm, this research suggested that transgender identified survivors employ a multitude of communication strategies which are impacted by these barriers inclusive primarily of fields of experience (n=9, frequency 77) and situational context (n=9, frequency 77). Data also revealed that in spite of participants identifying a need for DV shelter services, the majority (n=8) chose not to engage with mainstream domestic violence shelters as a result of their fields of experience.

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Examining Access Barriers to Emergency Domestic Violence Shelter Services for Transgender Identified Survivors of Intimate Partner Violence in New York State

By

Carla M. Smith

Submitted in partial fulfillment of the requirements for the degree Ed.D. in Executive Leadership

Supervised by

Dr. Janice Kelly

Committee Member

Dr. Patricia Mason

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St. John Fisher College

August 2014
Dedication

I am so thankful for all the people who supported me in the completion of this dissertation. Many thanks for my doctoral chairperson, Dr. Janice Kelly and my committee member, Dr. Patricia Mason for their guidance and commitment to helping me produce this scholarly piece. To Dr. Jerry Willis, my advisor and qualitative guru, thank you for your guidance and responses to my inquisitive mind. My appreciation also extends to Dr. Liza D. Molina, founder of Cambridge Measurement Group, for providing editing support and consultation in the final stages of this research journey.

Thanks and much love to my parents in supporting me through this process and offering words of encouragement along the way. Thanks to my grandmother, Dorotheen Smith, who during her life taught me the value of unconditional love and instilled in me a desire to help others. I honor her by maintaining an open door, and demonstrating my commitment to giving voice to those whose voices have been silenced.

A special thanks to my partner, who introduced me to this doctoral program, stood by me day and night, listening to chapter after chapter, probably more than she wanted to and continued to encourage me to trust my ability throughout the process. Thanks to all the faculty and fellow cohort members, especially Dr. Renee Freeman-Butler, who offered advice and words of encouragement.

Thanks to the Executive Director of the New York City Gay and Lesbian Anti-Violence Project, Sharon Stapel, the Director of Client Services, Catherine Shugrue dos Santos and the many other coworkers who work tirelessly to support lesbian, gay,
bisexual, transgender, queer and HIV-affected survivors of violence. Your efforts continue to motivate me and your expertise during this process was immeasurable.

Last but not least, thanks to the brave voices of those who participated in this research, your courage as survivors in a world that attempts to silence you, inspires me to pull the rope by:

Striving to continuously recognize and celebrate the power of each individual’s identity, and in my role as a leader, facilitate the development of that power among those I am privileged to lead, and to be inspired by a desire to serve those in need in an effort to enhance their access to that very same power (Smith, 2014).
Biographical Sketch

Carla M. Smith is currently employed as the Director of Finance and Administration by the New York City Gay and Lesbian Anti-Violence Project. Prior to her current position, Carla worked as a Deputy Director of Residential Services for a mainstream organization providing services to survivors of domestic violence in New York State. She has over twenty years of professional experience providing residential and social services to survivors of intimate partner violence, persons with HIV/AIDS, and the homeless.

Carla is also the co-founder of Turning Point Community Services (TPCS), a not-for-profit organization centrally located in the state of New Jersey that provides services to homeless individuals and their self-identified family members. Carla served as the organization’s Executive Director for a total of six years and worked to facilitate access for each client who walked through the door.

Over her career, Carla has strived to remain client centered, working with each individual, exactly where they are and supporting individual and collective transitions from victim to survivor. Her social justice journey began with her first teacher, her grandmother, and continues each and every day.
Abstract

Emergency domestic violence shelters are considered an important tool in the arsenal of resources against intimate partner violence. Despite the availability of shelters in the state of New York, transgender identified survivors face barriers that affect their ability and willingness to engage with mainstream domestic violence shelters. Given the lack of research in this area, this study was designed to give voice to this marginalized co-cultural group. This dissertation draws on the existing scholarship which demonstrates increasing denial rates for individuals who identify as transgender when seeking access to emergency domestic violence (DV) shelters in New York State.

Using a phenomenological approach, nine participants shared their lived experiences and perceptions on access to DV shelter services. Findings revealed that transgender identified survivors face a multitude of barriers which are compounded by their intersecting identities. Three categories of barriers were identified including, social, institutional and intimate partner violence related barriers.

Using co-culturally theory as the guiding paradigm, this research suggested that transgender identified survivors employ a multitude of communication strategies which are impacted by these barriers inclusive primarily of fields of experience (n=9, frequency 77) and situational context (n=9, frequency 77). Data also revealed that in spite of participants identifying a need for DV shelter services, the majority (n=8) chose not to engage with mainstream domestic violence shelters as a result of their fields of experience.
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Chapter 1: Introduction

Introduction

This research study examined access barriers to emergency domestic violence shelter services for transgender (Trans) identified survivors of intimate partner violence (IPV) in New York State (NYS). These barriers were explored from the standpoint of transgender identified survivors. The degree to which perceptions and previous experiences influence engagement with and access to mainstream IPV service providers were examined. The study utilized an interpretative phenomenological qualitative design.

The first chapter includes the identification of the problem, a review of the theoretical basis guiding the research, the purpose, proposed research questions, the significance of the study and list of relevant definition of terms. Each chapter concludes with a summary, and provides a preview of subsequent chapters.

Problem Statement

Since the 1970s, advocates have been at the forefront of both identifying need and providing services to victims and survivors of intimate partner violence (Danis & Bhandari, 2009). Traditionally provided by not-for-profit organizations, support service and residential programs provide opportunities that enhance a survivor’s ability to remain safely within or outside of an abusive relationship (Haj-Yahia & Cohen, 2009). The impact of these lifesaving services historically provided to cisgender female survivors of
domestic violence bring to light the importance of access to alternatives to remaining in
an abusive relationship (Itzhaky & Porat, 2005).

According to the National Coalition of Anti-Violence Programs (2012) intimate
partner, or “domestic violence,” is defined as a “pattern of behavior where one intimate
partner coerces, dominates, or isolates another intimate partner to maintain power and
control over the partner and the relationship” (p. 10). Intimate partner violence has been
clearly identified by the Centers of Disease Control and Prevention’s (CDC) as one of the
leading health and social concerns of our time (CDC, 2011). A widespread recognition
of this crisis over the past three decades has resulted in heightened attention by scholars
and advocates (Barner & Carney, 2011). The history of intimate partner violence and its
possible impact on access will be explored further in a review of existing literature.

Murray and Mobley (2009) contend that although there has been significant
research on IPV, most studies have focused on violence within heterosexual
relationships. It is argued that skewed attention is attributable to a traditional
understanding of domestic violence as crime against cisgender women, perpetrated by
cisgender men (Dobash & Dobash, 1979; Esquivel-Santoveña & Dixon, 2012; Murray &
Mobley, 2009; Stith, McCollum, Amanor-Biadu & Smith, 2011; Yllö, 2005).

It is important to note that much of the language used to describe and respond to
IPV has been guided by the perception of patriarchal power and privilege as a causative
factor (Dobash & Dobash, 1979; Esquivel-Santoveña & Dixon, 2012; VanNatta, 2005;
Yllö, 2005). This belief led many in the battered women’s movement to react by
developing services that were initially focused on responding to the specific needs of
middle class, Caucasian, heterosexual, cisgender women (Donnelly, Cook, Van Ausdale & Foley, 2005).

Contrary to the claims of research and advocacy early in the battered women’s movement, recent empirical evidence rejects the assertion that IPV is solely a cisgender male against cisgender female phenomenon (Bornstein, Fawcett, Senturia, Sullivan & Thornton, 2006; Murray & Mobley, 2009). For example, a recent study published by the Center for Disease Control (2011) revealed that while an estimated 32.4 million women were survivors of rape, physical violence and/or stalking by an intimate partner, 11.2 million men reported similar incidents (www.cdc.gov). The CDC (2013) and National Coalition of Anti-Violence Programs (2010; 2011; 2012) have collected research statistics that identified patterns of intimate partner violence that cross traditional gender lines. Significantly less focus has been on outlining prevalence rates among persons who identify as lesbian, gay, bisexual, transgender and/or queer (LGBTQ) (Murray & Mobley, 2009; Kay & Jeffries, 2010).

Scholars Burke and Follingstad (1999) attribute the dearth of research on lesbian, gay, bisexual and transgender (LGBT) intimate partner violence to a number of factors including homophobia and an unwillingness to recognize the extent to which same-sex intimate relationships occur (www.idvs.org). Some argue that the scarcity of domestic violence research in the LGBT population is a result of the perception of lesbian and gay relationships as deviant (Burke & Follingstad, 1999) while others indicate that research focus has been impacted by the “heterosexual paradigm that continues to define domestic violence movement” (Ristock, 2003, p. 364).
For the last 15 years, the National Coalition of Anti-Violence Programs (NCAVP) has functioned as the leading group of constituent organizations committed to challenging the cisgender male against cisgender female paradigm (http://www.avp.org). These efforts have resulted in recognizing that intimate partner violence occurs across cultures, shifting the national conversation from a heteronormative model to one that is LGBTQ inclusive (National Coalition of Anti-Violence Programs, 2012). According to NCAVP these efforts have begun to enable traditionally marginalized lesbian, gay, bisexual, transgender and/or queer survivors to transition from being invisible and silenced in both the intimate partner violence movement and some members within the LGBTQ movement, to being featured stories in national media outlets, and at the center of national political debates about domestic violence services for survivors (National Coalition of Anti-Violence Programs, 2012, p. 5).

Recent efforts also include data collected by the National Intimate Partner and Sexual Violence Survey (NISVS) initiated in 2010 and published in 2013 (www.nzfvc.org). For the first time in history, this report documented prevalence estimates of sexual violence, stalking and intimate partner violence among persons who identified as lesbian, gay or bisexual (LGB) in the United States (Center for Disease Control and Prevention, 2013).

The aforementioned survey results revealed that 43.8% of lesbian and 61.1% of bisexual identified women reported experiencing intimate partner violence at least once in their lifetime (Center for Disease Control and Prevention, 2013). Likewise, 26% of
gay and 37.3% of bisexual men reported experiencing at least one IPV incident in their lifetime (Center for Disease Control & Prevention, 2013).

While more recent studies have begun to shed light on the intersections between intimate partner violence and sexual orientation, the same does not hold true for exploring the relationship between intimate partner violence and gender identity (Testa, Sciacca, Goldblum, Hendricks, Bradford & Bongar, 2012). As a result scholars and advocates have pointed for the need to include those who identify as transgender or gender non-conforming (TGNC) who have been excluded, as a consequence of the comparatively small population size, in future research studies (http://www.avp.org/storage/documents/2013.1.25_ncavp_nsvis_statement_final.pdf).

As is the case among lesbians, gays and bisexuals, intimate partner violence within the transgender community is not a new phenomenon. In fact, research suggests that transgender identified persons are at even greater risk for IPV than non-transgender identified individuals (Stotzer, 2009).

For purposes of this research, transgender is “an umbrella term” used to describe a group of individuals whose gender identity is different than the sex assigned at birth (Goodmark, 2013; National Coalition of Anti-Violence Programs, 2012). Varying in forms of expression, Siragusa (2001) states that persons whom identify as transgender may include cross-dressers, drag queens, drag kings, transsexuals, female-to-male (FTM), male-to-female (MTF), gender non-conforming and gender queers, among others. Others indicate that transgender persons may identify as gender variant (Carroll, 2010). Conversely, non-transgender or cisgender identified individuals are those who gender identity conforms to the sex assigned at birth.
A study conducted by the Survivor Project provides evidence of the increasing incidents of intimate partner violence experienced among transgender identified persons. Over half of the respondents reported enduring physical or sexual assault by an intimate partner (Courvant, 2012). Similar findings have been produced by the National Coalition of Anti-Violence Programs, 2012) whose report demonstrated that threats and intimidation were experienced by significantly more of transgender (61.7%) versus non-transgender (46.4%) respondents. This data represents individuals reporting to organizations located in only half the states across the country and therefore may be an underreporting of the problem (National Coalition of Anti-Violence Programs, 2011; 2012).

While it is clear that intimate partner violence is a significant problem within the lesbian, gay, bisexual, and/or transgender community, transgender identified individuals do not have similar access to services available to the cisgender community (Feldman, & Bockting, 2003). For the purposes of this research, access has been defined as an individual’s ability to gain entry into and navigate support systems which provide “resources, support and services” (National Association of Social Workers, 2013, p.38). According to the National Coalition of Anti-Violence Programs (2010; 2011; 2012) transgender identified persons as well as other members of the lesbian, gay, bisexual, and queer (LGBQ) communities have been turned away from emergency domestic violence shelter facilities and denied access to support services.

In 2009, it was found that 34% of LGBTQ persons seeking emergency domestic violence shelter were denied access to services. Numbers of reported denial of access to emergency domestic violence shelter services has steadily increased to 44.6% denial rate
in 2010, and to 61.6% denial rate reported in 2011. This represents an almost doubling in reports over the three year period (National Coalition of Anti-Violence Programs, 2010; 2011; 2012). This growth may be attributed to increases in reporting, improvements in data collection procedures and/or an increased availability of dedicated lesbian, gay, bisexual, transgender, and/or queer (LGBTQ) service providers.

Denial of emergency domestic violence shelter on part of New York State intimate partner violence providers has in part been attributable to lack of space availability, family size, untreated mental health, and/or substance abuse issues (New York State Office of Children and Family Services, 2011). However, lesbian, gay, bisexual, transgender, and/or queer community members perceive discrimination to be one of the possible reasons for their inability to access services (National Coalition of Anti-Violence Programs, 2011).

Although intimate partner violence organizations are not mandated to serve the needs of every individual, the inability or unwillingness of mainstream providers to respond to the needs transgender identified survivors in a culturally sensitive manner, has been costly (National Coalition of Anti-Violence Programs, 2011). Transgender identified survivors of violence who are turned away, may elect not to communicate with service providers in the event of a future incident, return to their abuser, live on the street, or enter a homeless system less equipped to meet their specific needs (National Coalition of Anti-Violence Programs, 2012).

A host of life-threatening consequences for individuals who are unable to access residential services has been well documented. The National Intimate Partner Violence Annual Report (2012) revealed that transgender identified women comprised 40% of the
victims of intimate partner violence related homicide in the United States (National Coalition of Anti-Violence Programs, 2012). Although there is a lack of evidence-based research directly correlating the relationship between being denied requested shelter and homicide, a significant amount of research clearly demonstrates the life-saving impact of access to residential services (Haj-Yahia & Cohen, 2009).

For this reason, it is critical to explore the possible barriers that impact access to emergency domestic violence shelter services among non-traditional survivors of domestic violence. To date, the voices of transgender identified survivors of intimate partner violence have been largely excluded until recently from legislative and research based conversations. When included in discussions about service delivery, the perspective of transgender identified survivors has been overshadowed by the larger lesbian, gay, and bisexual cultural group (Testa, et al., 2012) and as such fails to account for the specific needs or lived experiences of transgender identified survivors (Goodmark, 2013; Knauer, 2007).

Mainstream providers are acutely aware of their decision making power to admit a client into emergency domestic violence shelter. It is therefore critically important to examine how perceptions impact the decisions of transgender identified survivors to seek services from mainstream IPV providers. This study sought to explore this topic from a unique perspective that can serve to guide recommendations that may involve the modification of outreach efforts, influence the provision of culturally responsive services, and reduce gaps in services for the currently underserved transgender community.
Theoretical Rationale

History has demonstrated that the voices of marginalized individuals have been silenced by those in dominant positions. Over time, researchers have recorded occurrences across a variety of co-cultural groups, or individuals situated in non-dominant positions in society (Orbe, 1998). Lesbian, gay, bisexual, transgender and/or queer identified individuals are among some of the co-cultural groups whose voices have been suppressed by those in positions of power (Burnett, Mattern, Herakova, Kahl, Tobola, & Bornsen, 2009).

Co-cultural groups regardless of racial, ethnic, sexual orientation, and/or gender identity, are traditionally stigmatized by institutions, and sometimes the community shared by the marginalized individual (Singh, Hays, & Watson, 2011). This has resulted in the oppression of an individual’s ability to communicate with those in dominant positions or to demand access the full spectrum of social supports (Cohen & Avanzino, 2010).

Injustices experienced by disenfranchised communities must be rectified. Similar to advocates in the field of social services, scholars believe that marginalized individuals must be freed from oppressive conditions and afforded equal social opportunities (Whitman-Price, 2003). Some suggest that such change requires an examination of the lived and communicative experiences of oppressed groups from their distinctive point of view (Ramirez-Sanchez, 2008). According to Allison and Hibbler (2008), it is only from unique patterns of communication and interaction that access can be provided.

For this reason, co-cultural theory has been selected as the theoretical framework to guide this research. Developed by Mark Orbe (1996), this theory provides a unique
lens to examine the impact of marginalization on an individual’s ability to communicate and engage with those in position of power (Orbe, 1998a).

**Co-cultural theory.** Co-cultural theory falls under the auspices of both critical and feminist theory. As such it is likewise designed to be emancipatory in nature (Creswell, 2013).

**Critical theory.** Critical theory was developed in the 1920s by the Frankfurt School in Germany (Whitman-Price, 2003). At the time, the theory was developed to explore issues of socialism, however as circumstances changed, theorists began to use the theory to examine cultural concerns (Freeman & Vasconcelos, 2010). Emphasizing the goals of emancipation and empowerment, critical theorists propose to uncover oppressive systems that may be barriers for individuals and communities (Whitman-Price, 2003).

Critical theory is premised on as Carspeckan (1996) notes that society is structured into two basic groups, those that are privileged and those that are oppressed. Some suggest that these structures are reinforced by social institutions which themselves are operated with a “top down” decision making mentality. In these cases, social structures can be designed in ways that assist in facilitating societal governed oppression (Kuokkanen & Leino-Kilpi, 2000). For some institutions, oppressive structures have become part of the fabric of their operations. Such may be the case with some mainstream intimate partner violence organizations formed and operated under a feminist construct. This construct by its very nature has the capacity to create oppressive structures that identify who is and who is not a victim of intimate partner violence.

According to those studying critical theory, the resolution to issues created by these inequalities, rest in an ability to reflect and analyze the lived experiences and social
positions of those in marginalized positions (Freeman & Vasconcelos, 2010). This enables researchers to comprehend oppressive experiences from the perspective of the non-dominant group.

Feminist theory. Feminist theory has served as the foundation for the formation of intimate partner violence programs throughout the country. Initiated by the feminist movement, this theory served to define intimate partner violence as a cisgender male against cisgender female phenomenon. The theory was developed a method of analyzing women’s lives as non-dominant groups and to acknowledge the corresponding oppressive environments in which they lived (Grosz, 2010).

Initiated during the late 1960’s and early 1970’s during the feminist movement Brooks (2006) argues that feminist theory was designed to bring attention to the absence of women’s voices in a male dominated culture. This was at the time reflected in classrooms and public policy arenas where cisgender women participating in these institutions recognized that their voices were lacking in the learning models and expressions of social justice. Dorothy Smith (1987) was instrumental in leading the effort to develop innovative ways of thinking about women’s issues from the perspective of cisgender women.

Similar to both critical and feminist theorists, co-cultural theorists believe that communication is both directed and impacted by societal structures, and is based upon muted group and standpoint theories (Orbe, 1998). Muted group theory was initially developed by Edwin and Shirley Ardener (1975) and later influenced by Chris Kramarae (1981) (Orbe,1994). The theory purports that language is developed and maintained by dominant group members and often results in silencing those in marginalized positions
earlier scholars, including Dale (1980), Kramer (1981), and Cameron (1985), were among the first to utilize the theory to examine the silencing of cisgender women’s voices in cisgender male dominated environments (Ardener, 2005).

Standpoint theory, influenced by Sandra Harding, was developed to examine how marginalized members of society viewed the world in which they live (Rolin, 2006). It maintains that marginalized individuals develop unique perspectives or standpoints that are less influenced by bias, permitting a clear reflection on their everyday experiences (Harding, 1991). Although Harding’s assertions have been questioned, this theory has been used to examine the impact of marginalization on communication across a wide range of co-cultural groups (Orbe, 2005).

Researchers using co-cultural theory believe that communication, or “engagement” as defined within this study, is both directed and impacted by societal structures (Orbe, 1996). Allison and Hibbler (2004) contended that these structures can hinder access to institutional services. They further stated that these barriers may be exacerbated by societal attitudes and beliefs that perpetuate the discrimination and oppression experienced by less dominant co-cultural groups (Allison & Hibbler, 2004). Scholars Orbe and Groscurth (2004) and Camera and Orbe (2010) attribute two overall theoretical assumptions to the theory. They are identified as:

1. Although widely diverse, co-cultural group members share a similar positioning that renders them marginalized within society, and;

2. Co-cultural group members adopt certain communication orientations to negotiate oppressive dominant forces and achieve any measure of success in their everyday interactions (Orb & Groscurth, 2004, p.126).
Ramirez-Sanchez (2008) agrees that co-cultural groups employ a variety of engagement strategies when attempting to negotiate within the environments in which they live. Although strategies can change over time, they are influenced by levels of marginalization, preferences in communication style and opportunities for advancement (Camara & Orbe, 2010; Ramirez-Sanchez, 2008).

According to Orbe (2005) six considerations, or communication orientations have been identified as guiding the manner in which co-culture group members communicate/engage and include: (a) preferred outcome, (b) field of experience, (c) situational context, (d) abilities, (e) perceived costs and benefits, and (f) communication approach (Ramirez-Sanchez, 2008). Orientations may vary based on the environment and the individual’s lived experiences (Ramirez-Sanchez, 2008).

In summary, the theory explains that co-cultural group members “adopt certain communication orientations based on their preferred outcomes and communication approaches to fit the circumstances” (Orbe, 1998a, p.129) of particular situational experiences “governed by perceptions of associated costs, and rewards, and ability to engage various communicative practices” (Orbe, 1998a, p.13). For the purposes of this research, fields of experience will be the primary communication orientation explored within this study.

**Field of experience.** Field of experience has been identified as one of the factors considered by marginalized individuals when selecting strategies for communicating or engaging with dominant groups (Orbe, 2005). In this context of this study, strategies and engagement decisions are based on historical experiences with institutions, individuals and social service systems (Ramirez-Sanchez, 2008). As such, transgender identified
survivors who may have previously been rejected by mainstream emergency domestic violence shelters, may elect not to re-engage following another abusive incident. Specifically, historical experiences or knowledge of unsuccessful community member engagement with mainstream emergency domestic violence shelters or other service institutions may influence transgender identified survivors decisions to seek sources of support.

While not specifically the focus of this research, five other identified communication orientations including: (a) perception of costs and benefits, (b) preferred outcome, (c) situational context, (d) ability and (e) communication approach were also considered in describing patterns of engagement under the theoretical context.

Perception of cost and benefits. Perception of cost and benefits involves co-cultural group members considering the possible positive and/or negative outcomes of engagement as a marginalized individual. Orbe’s (1998) research posits that some members may identify barriers due to perceived limits in the number of options they have based on their levels of marginalization. In this case, transgender identified survivors of intimate partner violence may perceive limits in their ability to engage and access mainstream emergency domestic violence shelter services based on their gender identity, sexual orientation or other intersecting identities.

Preferred outcome. Orbe and Spellers (2005) argue that co-cultural group engagement strategies are also influenced by individual assessment of the potential impact each possible strategy will have on their relationships with those in dominant positions. Defined as preferred outcome, Camara and Orbe (2010) identify three types
that influence the selection of a communication strategy as: (a) assimilation, (b) accommodation, and (c) separation.

Assimilation can be described as a co-cultural members “attempt to fit in with the dominant cultural norms, eliminate cultural difference and minimize distinctions within groups” (Camara & Orbe, 2010; Orbe & Roberts, 2012, p.126). Transgender identified survivors may attempt to conform to societal norms due to a fear of being *outed* with respect to their gender identity and/or sexual orientation (National Coalition of Anti-Violence Programs, 2012). As such, assimilation may be correlated with gender non-disclosure and attempts to *pass* within mainstream society. *Passing* is frequently used as shorthand to describe the experience of “having one’s gender identity accepted unquestionably” (Goodmark, 2013, p.59) by those in one’s surroundings.

Furthermore non-disclosure of intimate partner violence to others within the larger lesbian, gay, bisexual (LGB) community may also be considered an assimilative preferred outcome. Perhaps this is due transgender identified survivors concerns with “fitting in” and the possible isolative outcomes of disclosing IPV status within a co-cultural community largely dependent on support within group membership (National Coalition of Anti-Violence Programs, 2012).

Accommodation and separation have been identified as two additional strategies associated with preferred outcomes for co-cultural group members (Camara & Orbe, 2010; Orbe & Roberts, 2012). In this case, transgender identified survivors may elect to accept their gender identity as precluding them from seeking and accessing services from mainstream providers with differing cultural perspectives. As a result, individual engagement decisions with existing mainstream intimate partner violence systems may be
based on accepting differing cultural standpoints (Lapinski & Orbe, 2007; Orbe & Roberts, 2012).

“Co-cultural group members may also elect to create and maintain a group identity distinct from that of the dominant culture (Camara & Orbe, 2010, p. 88). Within this context, transgender identified survivors of intimate partner violence may isolate themselves from mainstream culture and chose to not seek services from mainstream providers. Instead they may elect to seek support solely from those providers who specialize in working with members of the lesbian, gay, bisexual, transgender and/or queer identified community or from other individuals within their own cultural group.

Situational context and ability. Situational context involves strategies employed by marginalized individuals to engage with mainstream providers based upon the circumstances in which they find themselves (Orbe, 2005). Ability on the other hand has been defined as proficiency in using different communication practices to engage (Orbe & Roberts, 2012). Accordingly, these abilities vary between individuals, based on levels of marginalization, and the situation in which they find themselves (Orbe & Roberts, 2012). Within this context, transgender identified survivors of intimate partner violence may base engagement decisions on the particular situation or their perceptions of their capacity to communicate.

Communication approach. Researchers contend that disenfranchised individuals may select one or more of three communication approaches broadly defined as non-assertive, assertive, or aggressive when engaging with dominant group members, systems, or institutions (Cohen & Avanzino, 2010; Orbe & Roberts, 2012). Persons who use non-assertive approaches in communication tend to consider the needs of others
before their own personal needs (Cohen & Avanzino, 2010). In this context, non-assertive persons are considered non-confrontational and amenable (Camara & Orbe, 2010; Orbe & Roberts, 2012).

Individuals whose communication approach is assertive are typically seen as considerate of their own needs and needs of others equally (Camara & Orbe, 2010). By contrast, marginalized individuals whose communication approach is aggressive are branded as confrontational, controlling and self-absorbed (Cohen & Avanzino, 2010). Scholars further state that the aggressive approach often comes across as an attack on the dominant individual, system or institution with who an individual is communicating (Orbe & Spellers, 2010). These approaches may be adopted in one or more combinations when engaging with dominant individuals, institutions, or providers (Orbe & Roberts, 2012).

**Theoretical applications.** To date, co-cultural theory has been used as the framework in which to examine a number of marginalized populations, including people of color, gays, lesbians, bisexuals, and the disabled (Cohen & Avanzino, 2010) and has been instrumental in observing and documenting daily experiences and common connections which are sometimes invisible among marginalized individuals (Smith, 1987). According to Allison and Hibbler (2004) knowledge gained from these perspectives build the capacity to empower silenced communities and promote social change.

Examination of existing studies reveals a lack of previous research using a co-cultural theoretical framework as it relates to transgender identified individuals. For the purposes of this research, co-cultural theory served to reflect the ways in which
transgender identified survivors of intimate partner violence visualize the context in which they live and operate. The theory allowed for the exploration of how individual fields of experience and other factors impact engagement with mainstream emergency domestic violence shelter providers. Specifically, direct responses solicited from transgender identified individuals provided firsthand accounts of their perceptions of the barriers in accessing emergency domestic violence shelter and impact engagement with mainstream intimate partner violence providers.

**Theoretical criticisms and challenges.** Despite frequent use of this theoretical framework in research studies, co-cultural theory is not without controversy. Harding (2004) argues that there are challenges with any theory based on feminist or standpoint theory. According to Harding (2004) standpoints from a marginalized perspective are less biased as compared to standpoints of the non-marginalized. Consistent with this claim, some researchers question whether one’s position limits or contributes to bias (Deutsch, 2004).

Additionally, this theory has been used in projects designed to raise levels of consciousness and promote inclusion. As such, concerns have been raised by those in dominant positions who wish to hold onto their status and position in society (Harding, 2004). Despite its intention to emancipate and include marginalized co-cultural groups in the conversation, the theory has the potential to facilitate greater levels of division and criticism from members with differing political agendas.

Co-cultural theory, similar to critical theory, has been criticized for conducting research that has predetermined outcomes. This is in large part due to researcher desires to explore projects that are emancipatory in nature. Therefore, findings are stated to be
influenced by this desired outcome (Deutch, 2004). Furthermore, studies employing the co-cultural framework typically involve phenomenological research, which can be subject to interpretation (Creswell, 2013).

Despite these challenges, co-cultural theory has been selected as the theoretical framework to guide this research. It is designed to explain a unique perspective and experiences of transgender survivors and to present new ways to provide a voice to a community traditionally silenced by mainstream culture.

**Statement of Purpose**

The purpose of this study was to describe the barriers for accessing emergency domestic violence shelter services from the perspective of transgender identified survivors of intimate partner violence. Data was used to conduct an interpretative phenomenological analysis for gaining insight into the lived experiences of transgender identified survivors. Additionally, face-to-face interviews served to identify the potential impact on decisions to engage and access emergency domestic violence shelter support. In doing so, this study was designed to provide information that will assist in increasing awareness of the barriers and experiences which impacted access and the willingness of transgender identified intimate partner violence survivors to engage with services originally developed to meet the needs of a different demographic.

**Research Questions**

Two questions were examined in this research study.

1. What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?
2. Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?

**Potential Significance of the Study**

Research findings serve to increase our understanding of the barriers that limit access to emergency domestic violence shelter services for transgender survivors of intimate partner violence. It is designed to inform, enhance and develop existing and new strategies that respond to the life threatening gaps in service.

Specifically, findings will be used to (a) add to the literature on transgender identified survivors, (b) give voice to marginalized survivors who have had limited outlets in which to offer their perspective on access (c) provide insight into the fields of experience considered by transgender identified survivors when deciding whether or not to engage with mainstream providers, (d) offer insight to policy makers and funders that determine and fund the provision of services and have the potential to impact the quality of life for transgender survivors of intimate partner violence, and (e) enable providers to take steps toward incorporating culturally responsive services and policies that increase engagement and empower transgender identified individuals seeking to transition from victim to survivor.

**Definitions of Terms**

The following terms have been defined to inform the readers understanding of this research project.
**Cisgender.** “Individuals whose gender identity is consistent with the gender assigned at birth” (Goodmark, 2013; National Coalition of Anti-Violence Programs, 2012, p. 10).

**Cultural competence.** “The process by which individuals and systems respond respectfully and effectively to people of all cultures, languages, classes, races, ethnic backgrounds, religions, and other diversity factors, including but not limited to gender identity, sexual orientation, and family status, in a manner that recognizes, affirms and values the work of individuals, families and communities and protects and preserves the dignity of each” (National Association of Social Workers, 2013, p. 16).

**Intimate partner violence.** “A pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control over the partner and the relationship” (National Coalition of Anti-Violence Programs, 2012, p. 10).

**Gender expression.** “How a person represents or expresses their gender to others, often through behavior, clothing, hairstyles, voice, or body characteristics” (National Coalition of Anti-Violence Programs, 2012, p. 11; http://www.taskforce.org).

**Gender identity.** “How a person identifies their gender, a person’s gender identity may be different than social norms and/or stereotypes of the sex they were assigned at birth” (National Coalition of Anti-Violence Programs, 2012, p. 10).

**Heteronormative.** “A viewpoint that expresses heterosexuality as a given instead of being one of many possibilities for a person’s sexual orientation. Heteronormativity is often expressed subtly where heterosexuality is accepted as the default sexuality” (National Coalition of Anti-Violence Programs, 2012, p. 11).
**Mainstream service provider.** “Intimate partner service providers whose mission is not focused on LGBTQ clients (National Coalition of Anti-Violence Programs, 2012), but cisgender or non-transgender identified women.

**Transgender.** “An umbrella term used to describe a group of individuals whose gender identity and how it is expressed, to varying degrees, are different than the sex assigned at birth, including transsexuals, cross-dressers, androgynous people, gender-queers, and gender non-conforming people” (Goodmark, 2013: National Coalition of Anti-Violence Programs, 2012, p. 10).

**Transgender male (FTM).** “A transgender individual who currently identifies as a man” (National Coalition of Anti-Violence Programs, 2012, p. 10; http://www.taskforce.org).

**Transgender woman (MTF).** “A transgender individual who currently identifies as a woman” (National Coalition of Anti-Violence Programs, 2012, p. 10; http://www.taskforce.org).

**Transsexual.** “People whose gender identity is different from their assigned sex at birth and who may have altered their bodies through hormones or surgery in order to make it match their gender identity” (National Coalition of Anti-Violence Programs, 2012, p. 10).

**Chapter Summary**

Intimate partner violence, traditionally viewed as a crime against cisgender women perpetrated by cisgender men, is a phenomenon which research demonstrates as existing across ethnic, racial, socio-economic, sexual orientation and gender identity lines. Social service agencies established to provide prevention, residential and other
forms of support have historically been designed to respond to heterosexual identified, cisgender women. By contrast, individuals whose gender identity does not conform to traditional definitions continue to experience limited access to these often lifesaving services (National Coalition of Anti-Violence Programs, 2010; 2011; 2012). Transgender identified survivors are among those identified as being denied access to residential services by mainstream providers at disproportionately high rates (National Coalition of Anti-Violence Programs, 2010; 2011; 2012).

As a result transgender identified survivors, as marginalized individuals’, consider several factors when deciding whether or not to pursue services from providers who hold dominant positions within mainstream intimate partner violence organizations. These considerations which may be based upon fields of experience, may impact their decisions to engage with and/or access emergency domestic violence shelter services. As a result they may be at increased risk for re-victimization by an abusive partner, harm, and potentially, premature death.

This chapter provided the introduction, purpose and significance, relevant background information, theoretical framework, and research questions of the proposed study. Chapter 2 presents a review of related literature on the history of intimate partner violence and services, explores possible barriers to access, help-seeking behaviors, and engagement strategies employed by marginalized individuals. Chapter 3 outlines the purpose and significance research methodology used to analyze qualitative (ethnographic) data collected from the perspective of a sample of transgender identified survivors. Chapter 4 provides an overview of the findings and Chapter 5 summarizes the
study, reviews finding implications and outlines recommendations that suggest ways to address the identified problem.
Chapter 2: Review of the Literature

Introduction and Purpose

Intimate partner violence, commonly known as domestic violence, is recognized as a leading cause of injury (Kulwicki, Aswad, Carmona & Ballot, 2010). Messages surrounding this health and social crisis are painted as one a dimensional picture of cisgender men battering cisgender female partners. In reality, domestic violence is complex, affecting a wide range of individuals, and expressed in a variety of ways (Zaligson, 2007). Recent research efforts have improved approaches and incisiveness of IPV as impacting a broad spectrum of individuals across ethnic and racial groups, socio-economic strata, persons of varied sexual orientations and gender identities (Burke & Follingstad, 1999).

Previous studies suggest that transgender identified individuals experience similar rates of intimate partner violence as cisgender or non-transgender identified individuals (Bornstein, Fawcett, Sullivan, Senturia, & Shiu-Thornton, 2006). Several studies and reports have confirmed increases in the rates of reported IPV violence experienced by those who identify as lesbian, gay and/or transgender (Bornstein, et al., 2006; Burke & Follingstad, 1999; Bradford & Ryan, 1994; Brand & Kidd, 1986; Diamond & Wilsnac, 1978; National Coalition of Anti-Violence Programs, 2013; & Renzetti, 1989).

Despite increases in reported violence, the availability of emergency domestic violence shelters serving transgender identified survivors’ remains inadequate. Barriers are further exacerbated by the inability and unwillingness to engage in services provided
by mainstream social service providers (National Coalition of Anti-Violence Programs, 2012). These obstacles faced by an especially vulnerable group, are compounded by the traditional intimate partner violence related barriers known to intrude on every part of an individual’s health and welfare (Kulwicki, et al., 2010).

This chapter provides an empirical examination of the literature on barriers to service engagement among transgender identified survivors. The literature review includes contemporary studies in the following areas:

1. Dynamics of IPV experienced by transgender identified survivors.
2. Institutional and social barriers impacting access to emergency domestic violence shelter for transgender identified survivors.
3. Patterns in help-seeking and engagement behaviors among transgender identified survivors of domestic violence.

All selected studies have been reviewed using a co-cultural theoretical lens as the guiding framework. Thus, review of all studies sought to examine the impact that marginalization has on engagement and access to social services created and controlled by a dominant group structure.

**IPV Experiences and Transgender Identified Individuals**

In order to comprehend the possible barriers to emergency domestic violence shelter faced transgender identified survivors, it is important to understand the unique dynamics experienced within this population group. Intimate partner violence has been broadly defined as “a pattern of behavior where one intimate partner coerces, dominates, or isolates another intimate partner to maintain power and control” (National Coalition of Anti-Violence Programs, 2012, p.10).
Tactics to maintain control can include physical, sexual, economic, psychological, cultural, or emotional forms of abuse (Goodmark, 2013; National Coalition of Anti-Violence Programs (NCAVP), 2012; 2013). Ristock and Timbang (2005) argue that transgender identified survivors are typically subjected to multiple forms of abuse within the context of their relationship.

Several studies have measured the rates in which these experiences among transgender identified survivors have been reported. One such resource on data has been compiled and published by the National Coalition of Anti-Violence Programs. Their reports are believed to contain the most comprehensive data available on intimate partner violence in the LGBTQ and HIV-affected communities in the United States (National Coalition of Anti-Violence Programs, 2013).

The National Coalition of Anti-Violence Programs (NCAVP) identified dramatic increases in reports of intimate partner violence (http://www.avp.org). In 2011, a total of 1437 transgender identified individuals reported incidents of abuse by an intimate partner. This figure increased to 1863 reported cases in 2012 (National Coalition of Anti-Violence Programs, 2012; 2013). This suggests a 29.6% increase over a one-year period (National Coalition of Anti-Violence Programs, 2012; 2013).

To further aggravate the experience, recent data revealed that transgender survivors are also more likely to face threats and intimidation, and harassment by police and the criminal justice system (National Coalition of Anti-Violence Programs, 2013). Transgender identified women of color reported experiencing even higher increases than in previous years (National Coalition of Anti-Violence Programs, 2012; 2013). These annual reports include findings from approximately half the states and therefore may
underestimate the national problem (National Coalition of Anti-Violence Programs, 2012; 2013).

The Survivor Project conducted a national study which found high prevalence of rape and physical assault by an abusive partner (Courvant, 2005). The Survivor Project has estimated a prevalence rate of 50% (Courvant, 2005), while other studies have documented rates ranges between 10 and 69% (Xavier, 2000; Kenegy, 2005a).

A 2009 study conducted in Japan revealed significantly higher levels of intimate partner abuse at 56% for individuals who identified as gay men. By comparison, domestic violence was reported at lower rates by those identified as transgender (15%), lesbian (15%), and bisexual (8%) (Distephano, 2009). The Japanese study revealed physical abuse ranging from slapping, and other life threatening tactics to stabbing (Distephano, 2009).

Despite research limitations such as small sample sizes, findings confirm that transgender identified survivors are subjected to many of the same abusive tactics experienced by cisgender identified survivors. Findings also asserted that transgender identified individuals experience additional forms of abuse specifically tied to their gender identity. According to both Brown (2011) and Ristock (2013) these tactics have been designed to “exploit identity-based vulnerabilities” (Brown, 2011, p.153) and have been reported to include genital mutilation, destruction of personal identity based property, outing, denial of medical care or hormone treatment, gender specific insults and intentional misuse of gender pronouns (Goodmark, 2013).

The NCAVP (2013) has associated some of the aforementioned abusive tactics with transphobia, homophobia, heterosexism, and HIV-related stigma. The coalition
reported that 12.2% of the victims reported that their abusive partners used heterosexist and anti-LGBTQ methods to oppress, while 6.2% used transgender-gender specific insults that degraded them as being neither male nor female and undesirable to others (National Coalition of Anti-Violence Programs, 2013).

Unlike the cisgender population, the identity specific experiences of transgender individuals have resulted in the need to confront a multitude of additional barriers in accessing supportive services (Goodmark, 2013). Within the context of this research, both institutional and social barriers have been examined.

**Institutional Barriers**

For the purpose of this research, a barrier is defined as any participant identified obstacle which impacts an individual’s capacity to engage with and/or access emergency domestic violence shelter services. The literature reveals that several factors influence a survivor’s ability and willingness to seek access to emergency domestic violence shelter services. While some of these factors may be similar for both cisgender and transgender identified survivors, obstacles experienced by transgender identified individuals; barriers are compounded by intersecting identities that play out differently in the everyday experiences of transgender victims (Goodmark, 2013).

Institutional barriers are defined as “policies, procedures or situations that systematically disadvantage certain groups of people” (http://www.ncwit.org, 2009). Given the traditional focus of the battered women’s movement on heterosexual, cisgender relationships, many policies and procedures have led to the exclusion of transgender identified individuals who fall outside the conventional definition of a survivor (VanNatta, 2005). The National Coalition of Anti-Violence Programs (2012) asserts that
the battered women’s movement has shaped our historical understanding of domestic violence, at the price of excluding lesbian, gay, bisexual, transgender, queer and HIV infected communities.

**Historical framework of domestic violence.** It is imperative to understand the history of the domestic violence and the battered women’s movement as a by-product of the feminist movement of the late 1960’s and early 1970’s (VanNatta, 2005; Walker, 1979). These efforts resulted in the development of supportive resources including emergency domestic violence shelters, safe houses, and hotlines in response to the personal traumas experienced by cisgender women at the hands of cisgender men (Danis & Bhandari, 2009; National Coalition of Anti-Violence Programs, 2013). Violence at the time was attributed to the need for cisgender men to demonstrate their power, control, and proprietary rights over cisgender women (VanNatta, 2005; Walker, 1979). This prompted the subject of patriarchal abuse to be brought to the forefront of political and social conversations (Danis & Lockhart, 2004).

Spanning from the 1970’s and until recently, these communicated experiences has been limited to heterosexual, white, middle class cisgender women (VanNatta, 2005). Effective in garnering local and national sympathy and support, conversations on the “universal victim” has led to the marginalization of persons who do not share their identity with the heterosexual or Caucasian population, who, although female are part of the majority culture (Danis & Lockhart, 2004; Duke & Davidson, 2009). Conversations regarding a more expansive picture of the “universal survivor” need to be represented to the field of advocacy (Danis & Lockhart, 2004; Duke & Davidson, 2009).
Early in the movement, there were no studies that focused on intimate partner violence within lesbian, gay, bisexual, transgender, and/or queer communities (Kelly & Warshafsky, 1987). The effort to identify literature for this review confirmed that research on these marginalized co-cultural groups did not begin until the late 1970’s (Bornstein, et al, 2006; Burke & Follingstad, 1999). Subsequent to that period of time, the dramatic increase in IPV survivors who identified as lesbian, gay and/or transgender has begun to gain recognition and response (Bornstein, et al., 2006; Burke & Follingstad, 1999; Bradford & Ryan, 1994; Brand & Kidd, 1986; Diamond & Wilsnac, 1978; Renzetti, 1989).

Review of scholarly literature confirms that intimate partner violence occurs within same-sex relationships as frequently as it does in heterosexual relationships (Barnes, 1998; Island & Letellier, 1991; Renzetti, 1992). Studies also reveal that transgender identified individuals are highly likely to be subjected to multiple forms of violence in their everyday lives (Stotzer, 2009). One study conducted in Massachusetts found that 34.6% of transgender identified participants reported physical abuse by an intimate partner (Landers & Gilsanz, 2009).

Studies on IPV within the lesbian, gay and transgender communities have been replete with limitations regarding reliability and validity of data, inconsistent definitions of intimate partner violence, underreporting, and small sample sizes (Burke & Follingstad, 1999). Each of these limitations has prevented researchers from obtaining accurate prevalence of domestic abuse rates within the lesbian, gay, bisexual and transgender (LGBT) community (Burke & Follingstad, 1999).
Despite these limitations, findings acknowledge intimate partner violence as affecting individuals from a variety of racial, ethnic, sexual orientation and gender identity populations (Burke & Follingstad, 1999). Regardless of small advances, the historical impact of the movement has not yet been fully examined, nor have regulations based on the movement been modified to respond to the experiences of those who fall outside the conventional definition of a victim.

**Responses to intimate partner violence.** The literature reveals that emergency domestic violence shelters were among the first institutional responses for victims of intimate partner violence. Programmatic efforts within the United States date back to the early 1970’s (Clevenger & Roe-Sepowitz, 2009). New York State opened its first domestic violence shelter in 1970 (New York State Office of Children and Family Services, 2012). According to Gottschalk (2009), Kaplan (1996), and Murray (2002), shelters were originally developed and designed to provide safe haven for cisgender women fleeing abusive cisgender men.

Fleming (1979) defined an emergency domestic violence shelter as a safe place where cisgender women can emerge from a life of fear and isolation and find security, safety, love, and support of other cisgender women also struggling to rebuild lives shattered by domestic violence, and have historically served as a place of refuge for thousands of cisgender female identified survivors around the country (Cannon & Sparks, 1989; Ewing, 1987; Lyon, Lane & Menard, 2008; Tutty, Weaver & Rothery, 1998).

The increased number of emergency domestic violence shelters opening and operating within the United States over the past thirty years serves as evidence of their critical role in responding to domestic violence. According to Roberts and Lewis (2000)
there were approximately 1,250 shelters operating in 1995. Almost twice as many were
in operation by the year 2008. According to the National Coalition Against Domestic
Violence, in 2009, there were a total of 2,021 domestic violence shelters located across
the county, providing a total of 37,062 shelter beds (Bennett, Riger, Schewe, Howard &

While some shelter providers claim that they provide services to lesbian, gay,
bisexual, transgender and/or queer identified individuals, they fail to consistently track
information or statistical data to defend their assertions (National Coalition Against
Domestic Violence, 2009). Furthermore, research indicated that neither cisgender male
nor transgender individuals who identified as female are typically offered admission to

Scholars have suggested that services provided within shelters should serve to
prepare survivors for re-entry back into the community (Haj-Yahia & Cohen, 2009). In
2011a total of 16,692 adults and children received residential services from 53 domestic
violence shelters in New York State (Office of Children and Families (OCFS), 2012).
The Annual Domestic Violence Report produced by this office, revealed that the number
of individuals served in New York State has been significant, however, does not reflect
the number of individuals who have requested access to emergency shelter. The OCFS
(2012) reports that a total of 26,676 individuals, including 12,692 adults and 13,984
children were denied access to emergency domestic violence shelter services throughout
the state. Reasons for access denial include facility capacity, family size, health and
safety issues, and a record of non-compliance (OCFS, 2012). Additional reasons for
denied access are required to be reported monthly by each licensed domestic violence
shelter provider. Table 2.1 lists frequencies and reasons for denied access reported by domestic violence shelter providers in New York. In some cases, “more than one denial reason” (OCFS, 2012, p.7) has been reported by a provider for a family unit.

Table 2.1

Reasons for Shelter Denial (New York State)

<table>
<thead>
<tr>
<th>Denial</th>
<th>NYC</th>
<th>Upstate</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility at capacity</td>
<td>3,881</td>
<td>6,399</td>
<td>10,280</td>
</tr>
<tr>
<td>Family too large</td>
<td>455</td>
<td>3,107</td>
<td>3,741</td>
</tr>
<tr>
<td>Substance/alcohol abuse</td>
<td>72</td>
<td>302</td>
<td>374</td>
</tr>
<tr>
<td>Health &amp; safety of others</td>
<td>188</td>
<td>370</td>
<td>558</td>
</tr>
<tr>
<td>Refusal to cooperate w/program</td>
<td>1,518</td>
<td>273</td>
<td>1,791</td>
</tr>
<tr>
<td>Unsafe location</td>
<td>3,736</td>
<td>334</td>
<td>4,070</td>
</tr>
<tr>
<td>Family reached stay limit</td>
<td>40</td>
<td>7</td>
<td>47</td>
</tr>
<tr>
<td>Mental health issues</td>
<td>225</td>
<td>329</td>
<td>554</td>
</tr>
<tr>
<td>Need 24-hour staffed shelter</td>
<td>186</td>
<td>266</td>
<td>452</td>
</tr>
<tr>
<td>Previous noncompliant resident</td>
<td>79</td>
<td>181</td>
<td>260</td>
</tr>
<tr>
<td>Other</td>
<td>3,809</td>
<td>1,016</td>
<td>4,825</td>
</tr>
</tbody>
</table>

Note. Adapted from New York State Office of Children & Family Services, 2012.

Organizations operating intimate partner violence emergency domestic violence shelters are not currently mandated to report the demographic description of individuals who have been denied access (OCFS, 2012). Furthermore, hotline staff members who respond to requests for services do not typically inquire about the gender identity or sexual orientation of a survivor seeking support. Recording of this information is largely based on individual decisions to self-disclose. For this reason, it is difficult to ascertain
the extent to which marginalized individuals from the LGBTQ co-cultural group and other disenfranchised individuals are denied entry.

Researchers commonly rely on self-reported attempts to access emergency domestic violence shelters in order to measure denial rates for specific co-cultural groups. To date, the majority of work for transgender identified survivors has been completed by advocates who operate within this specific community (Goodmark, 2013).

Two national reports have been reviewed for the purposes of measuring these rates. The work of the National Coalition of Anti-Violence Programs (2010; 2011; 2012) revealed that lesbian, gay, bisexual, transgender and/or queer (LGBTQ) identified survivors have been increasingly turned away from emergency domestic violence (DV) shelters and denied support services. In 2011, an estimated 61.6% of LGBTQ survivors seeking emergency shelter services reported being denied access (National Coalition of Anti-Violence Programs, 2012).

In another study conducted by the National Lesbian Task Force (2008), 29% of transgender identified survivors reported being denied access to emergency domestic violence shelter services (Grant, Mottet, & Tanis, 2011). Within this specific report, respondents indicated that they perceived their gender identity as the reason for their denial (Grant, et al., 2011). Advocates in the field accept the possibility that denials may be correlated to homophobia, transphobia, pervasive heterosexism, and belief in the male-female paradigm, although this correlation has not yet been studied using formal methodologies (VanNatta, 2009; National Coalition of Anti-Violence Programs, 2013).

Within the context of co-cultural theory, fields of experience, knowledge, situational context, and perceived costs may impact the decision of transgender identified
survivors to engage or re-engage with mainstream domestic violence shelter providers. Trauma filled memories experienced by marginalized transgender identified survivors may also influence their decisions to request access to services (Orbe, 2005).

Scholars also equate shelter services with access to larger support networks through established collaborative relationships designed to respond to multiple needs (Grossman, Lundy, George & Crabtree-Nelson, 2010; Krishnan, Hilbert, McNeil & Newman, 2004). Few studies have focused attention on the use of shelter services (Grossman et al., 2010).

One such study conducted in Illinois served to reduce this gap in scholarly knowledge (Grossman et al., 2010). Designed to examine service use during and after shelter stay for cisgender identified victims of domestic violence, findings revealed that participants engaged in supportive services such as criminal legal advocacy (24.1%), and educational assistance (83.3%)(Grossman et al., 2010). It is important to note that study participants comprised of persons who gained access to social services and does not reflect the experience of those for whom access has been denied (Grossman et al., 2010).

**Emergency domestic violence shelter regulations.** While the language used in New York State emergency domestic violence shelter regulations may intend to be inclusive, gender assumptions of cisgender male against cisgender female phenomenon persist. Specifically, the New York State Office of Children and Family Services (OCFS) regulations identify adults’ and their children as individuals eligible for domestic violence residential programs. While gender identity is not specified within the guidelines, it may be assumed that cisgender identified women are the primary caretakers of children.
In New York State, residential programs have been defined as “any residential care program approved by the department and operated by a not-for-profit organization for the purpose of providing temporary shelter, emergency services and care to survivors of domestic violence” (New York State Office for Children & Family Services, 2012, p.1). There are reportedly four types of residential programs operating within the state of New York and include:

(1) Congregate residential facilities with a capacity of 10 or more persons, including adults and children. These facilities are organized for the exclusive purpose of providing temporary shelter, emergency services, and care to survivors of domestic violence and any minor children,

(2) Facilities that provide at least 70 percent of their services to survivors of domestic violence and any minor children. The remaining 30 percent of clientele may consist of other persons who are deemed not threatening to the safety and well-being of residents,

(3) Safe home networks are organized networks of private homes offering temporary shelter and emergency services to survivors of domestic violence and any minor children. Such networks must be coordinated by a not-for-profit organization; and

(4) Domestic violence sponsoring agencies are not-for-profit organizations offering temporary shelter at a domestic violence safe dwelling and emergency services to survivors of domestic violence and any minor children (New York State Office for Children & Family Services, 2012, p.2).
There are currently a total of 109 licensed residential programs, providing a total of 3,046 beds to victims of domestic violence in the State of New York (New York State Office for Children & Family Services, 2012). Emergency domestic violence programs are comprised of residential shelters (48.6%), safe dwellings (43.1%) and other domestic violence programs (8.26%) (New York State Office for Children & Family Services, 2012). Table 2.2 provides a breakdown of statewide totals by residential domestic violence programs by type.

Table 2.2

<table>
<thead>
<tr>
<th>Program Type</th>
<th>Programs</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>DV/IVP Program</td>
<td>9</td>
<td>154</td>
</tr>
<tr>
<td>DV/IPV Shelter Services</td>
<td>53</td>
<td>2,253</td>
</tr>
<tr>
<td>Safe Dwelling</td>
<td>47</td>
<td>641</td>
</tr>
<tr>
<td>Total</td>
<td>109</td>
<td>3,046</td>
</tr>
</tbody>
</table>

Note. Adapted from New York State Office of Children & Family Services, 2012.

According to the New York State Social Services Law, state approved residential facilities must afford survivors of intimate partner violence the opportunity to receive emergency domestic violence shelter services (Cornell Law School, 2012). Under this statute and corresponding OCFS regulations, transgender identified survivors are included in the definition of “survivors of intimate partner violence” and are therefore eligible for services (Cornell Law School, 2012).

While the statute is clear, OCFS guidelines leave room for interpretation by shelter providers. In spite of the state law, transgender identified survivors access
emergency domestic violence shelters at a significantly lower rate than cisgender identified survivors (McClennen, 2005) which has been estimated to be approximately one in five, or 20% among the larger LGBTQ community (McClennen, 2005). Those LGBTQ individuals who have been able to access often report that mainstream providers lack the cultural competency needed to provide LGBTQ sensitive services (McClennen, 2005; National Coalition of Anti-Violence Programs, 2010; 2011; 2012; 2013).

A report produced by Cornell Law School (2012) found that shelter regulations indicate that services must be provided to individuals irrespective of their gender identity. Despite this fact, research suggests that residential providers in some cases have resisted providing emergency domestic violence shelter to LGBTQ survivors due to concerns regarding the definition of “universal victim” (Cornell Law School, 2012).

Some emergency domestic violence shelters report a lack of capacity to house transgender identified survivors because shelter facilities are not constructed in a manner that accommodates persons who are not cisgender (Gottschalk, 2009). It has further been revealed that providers often perceived transgender individuals as threatening to the feeling of safety provided by women only spaces (Gottschalk, 2009).

Operating guidelines also maintain that emergency shelters must be available 24-hours per day, provide advocacy, counseling, support groups, follow-up services, transportation, food and nutrition, children’s services, medical, mental health and substance abuse treatment services (New York State Office for Children and Family Services, 2012). Research has also found that providers believe that provision of these types of supportive experiences to transgender identified individuals risk jeopardizing women only spaces established to allow cisgender women to share their stories and
experiences of violence (Gottschalk, 2009). The inclusion of persons who may have previously identified as male may cause confusion for institutions established to address and protect women from unhealthy forms of male dominance.

OCFS regulations (2012) mandate that shelter providers develop and maintain a set of rules for residents. These regulations are explained to potential residents during hotline calls and reiterated upon entry into the program (Gottschalk, 2009). In order to be admitted to the program, survivors must agree to comply with these guidelines and are required to sign an agreement upon admission (Madsen, Blitz, McCorkle, & Panzer, 2003).

In a study of 3,410 shelter residents, over half of the participants reported issues related to shelter policies (Lyon, et al., 2008). Objections have been voiced around shelter requirements in maintaining their location as confidential (New York State Office for Children & Family Services, 2012). Residents of the program are required not disclose the shelter’s location to anyone (Madsen, et al., 2003). Although designed to promote resident safety, these regulations are sometimes perceived to diminish self-determination and the capacity to communicate with individuals in the survivor’s supportive social network. Haaken and Yragui (2003) confirm that confidentiality policies separate survivors from communities. This impacts the capacity to communicate with individuals and systems that may have contributed to their ability to leave an abusive situation. Such barriers may be even more pronounced for individuals who identify as transgender and those who may have a very limited network on which they can rely for support.
Residents of emergency domestic violence shelters are also mandated to attend in-house meetings, shelter support groups, and comply with established curfews (Madsen, et al., 2003). While intended to provide support, develop independent living skills and enhance safety, these rules may be interpreted as a form of power and control (Haaken and Yragui, 2003). Scholars report that cisgender residents of emergency shelters report similar objections to residential policies that not only control free will (Haaken & Yragui, 2003; Macy, Giattina, Parish, & Crosby, 2010), but impact the ability to seek gainful employment (Lyon, et al., 2008).

**Social Barriers**

Transgender people often encounter ignorance, hostility, and transphobic environments while attempting to access social services (Stotzer, et al., 2013). Social stigmatization, manifested by discrimination, violence and barriers to access is a significant concern for transgender identified survivors (Xavier, Bradford, Hendricks & Safford, 2013). Transgender identified individuals frequently report being subjected to discrimination rooted in values and societal norms which reinforce persistent social inequalities (Bauer, Hammond, Travers, Kay, Hohendel & Boyce, 2009).

**Gender identity bias and transphobia.** Transphobia is defined in the literature in a variety of ways, however, the most referenced definition comes from Hill and Willoughby (2005) who define transphobia as an “emotional disgust toward individuals who do not conform to society’s gender expectations” (p. 533). Rooted in part from gender identity bias, access to housing, services, and protection from violence is greatly compromised for persons whose gender identity falls outside traditional binary definitions (Stotzer, Silverschanz, & Wilson, 2013). As such, research has consistently
identified transgender individuals as representing one of the most marginalized groups in current society (Bauer, et al., 2009; Kenagy, 2005, & Namaste, 2000).

A report by the National Coalition of Anti-Violence Coalition identified a total of 2016 incidents of hate motivated violence including 25 homicides against lesbian, gay, bisexual, transgender and queer identified individuals over the 2012 calendar year (National Coalition of Anti-Violence Programs, 2013). While the dynamics of hate and intimate partner violence differ, the report confirms that transgender identified persons face high levels of violence (National Coalition of Anti-Violence Programs, 2013).

Researchers further suggest that transphobia remains an under-explored area (Nagaoshi, Adams, Terell, Hill, Brzuzy & Nagoshi, 2008) and that studies tend to study the transgender population within a larger framework of cisgender gays, lesbians, and bisexuals (Nagaoshi, et al, 2008). In doing so, these studies do not differentiate between issues of sexual orientation and gender identity (Nagaoshi, et al., 2008; Stotzer, et al., 2013).

No studies could be identified which specifically examine access barriers to emergency domestic violence shelter for transgender victims of domestic violence. Among the four studies identified to address service access to transgender population, one study was determined to be closely related to the research intended within this study. It examined the experiences of transgender identified adults when seeking supportive services from social, medical and mental health providers in the state of California (Wang, 2012). This qualitative study reported on the experiences of (n=15) participants through face-to-face interviews using grounded theory as the paradigm to guide the research (Wang, 2012). Findings were “organized into four categories: participant
experience summary, negative experiences, methods of coping, and suggestions for allies and peers (Wang, 2012, p.38). The study reported that “many respondents reported having a general distrust of service providers because of negative reports from peers and negative personal experiences (Wang, 2012, p.39).

This same study revealed concerns relative to cultural competency, specifically indicating that participants perceptions of provider “unwillingness to develop a professional understanding of the needs of transgender individuals” and “that they were reluctant to seek services after a negative experience with a provider (Wang, 2012, p.39).

Another phenomenological based study of N=101 respondents examined barriers to health care and hormone treatment for transgender male-to-female (MTF) individuals in New York City. One in three (32%) respondents identified the lack of provider knowledge as the greatest barrier to access followed by identified cost (29%) and lack of transgender specialists (28%), and language (13%) as affecting their ability to access care (Sanchez & Danoff, 2009a).

Findings were limited in that participants were largely from urban areas and U.S. citizens, and did not represent the racial, ethnic, or regional diversity within the transgender community. Therefore finding may not be generalized to the larger trans-community which includes a considerable number of individuals from a variety of socio-demographic backgrounds including those who reside in rural communities.

A second study examined the development and validation of a nine-item transgender prejudice scale administered among heterosexual undergraduate college students from Arizona State University (Nagaoshi, et al., 2008). A total of 310 students participated in the study. The sample included 153 females and 157 males, average age
of 19.5 years and racial/ethnic identification reported as Caucasian (75%), Hispanic (12%), African American and Other (13%)(Nagaoshi, et al., 2008).

Findings revealed that transphobia scores were higher for cisgender men than for cisgender women, which could be attributed to perceived threats to their masculinity and fear of feminization of the male gender (Nagaoshi, et al., 2008). Because of the chosen location could have heavily influenced bias in sample selection, findings may not be generalized (Nagaoshi, et al., 2008).

**Homophobia.** The definition of homophobia has evolved since its original 1967 definition (Dormer, Smith, & Barton, 2010). Initially defined as an “irrational fear of lesbians and gays” (Weinberg, 1972), the definition now considers negative attitudes towards persons whose sexual orientation, sexual identity, sexual behavior, gender orientation or gender identity fall outside what is considered normal by dominant society (Dormer, et al., 2010).

By contrast, extensive research has been conducted on homophobia and accessibility. In their study, Hernandez, Newsman, Mowery, Acevedo-Polakovich, and Callejas (2009) are careful to define accessibility as an individual’s ability to access and navigate support systems while identifying as homosexual.

The most relevant study of homophobia and accessibility was a qualitative study conducted by Travers and Schneider (1996) which investigated access barriers to drug addiction services experienced by gay and lesbian youth between ages 17 and 24 years of age. The study revealed several barriers to access including marginalization, outing, harassment, early discharge, misinformed staff, and avoidance of sexual identity issues.
Other studies found that individuals in same sex relationships often experience homophobic responses from social service providers and law enforcement personnel when seeking assistance (Cruz, 2003; Merrill & Wolfe, 2000). The criminal justice system has been described as largely unresponsive and sometimes been perceived as perpetrators of abuse (National Coalition of Anti-Violence Programs, 2013; Vickers, 1996). Nearly one out of three (29.7%) LGBTQ persons who report an incident of intimate partner abuse is arrested instead of the said perpetrator (National Coalition of Anti-Violence Programs, 2013). This may in part be due to assigning the blame for an abusive incident to the more masculine partner.

The findings also revealed that LGBTQ IPV survivors frequently experience other forms of police misconduct including verbal abuse (31.3%), physical violence (14.1%), and sexual violence (1.6%) among other forms of police brutality (National Coalition of Anti-Violence Programs, 2013). Increase in reporting of police misconduct in 2011 has resulted in significant decreases in police brutality in subsequent years. These experiences impact decisions to seek criminal justice support, including attempts to seek orders of protection, leave abusive situations and enter shelter situations that rely on police protections (National Coalition of Anti-Violence Programs, 2013).

**Staff perceptions, attitudes, and beliefs.** Attitudes towards and protection of sexual minorities has improved over the last few years. This is evidenced by the recent passage of modifying the Violence Against Women Act (2013) which includes “non-discrimination provisions ensuring that LGBT survivors of violence receive equal services and treatment free from unlawful discrimination” (http://www.avp.org). the
adoption of marriage equality by several states and recent transgender anti-discrimination legislations passed by the federal government.

In light of these state and federal legislative changes, it is of interest to see if future studies will continue to demonstrate if the experiences of lesbian, gay, bisexual, and/or transgender identified individuals attempting to access supportive services will greatly differ from studies conducted by McClennen (2005), Brown & Groscup (2009), and Crisp (2006).

Review of the literature examined the impact of institutional attitudes and beliefs regarding cultural competency in providing services. Crisp (2006) developed a Gay Affirmative Practice 30 item liker scale to assess the beliefs and attitudes of social work practitioners working with lesbian, gay and bisexual individuals. The scale was developed and validated as a rapid assessment instrument to be used by clinical social workers and other clinical service providers to ascertain levels of gay affirmative practice (Crisp, 2006).

Although findings suggested positive attitudes and beliefs with respect to lesbian, gay and bisexual individuals, a low level of cultural competency when working with the population was measured (Crisp, 2006; Logie, Bridge & Bridge, 2007). While Crisp (2006) stated that the scale had successfully been validated, a small sample size was used in the study (Crisp, 2006). This created challenges related to generalizing the findings to the larger population of social workers. Further analysis revealed additional study limitations regarding the reliability of the instrument for use with non-clinicians since a representative sample of non-clinical staff was not used in validating the tool.
Furthermore, tools must be validated to measure beliefs about transgender individuals and those with intersecting identities.

Brown and Groscup (2009) examined crisis center staff perceptions of same sex intimate partner violence. Findings from the study revealed staff tendency to rate same-sex abuse as less life-threatening than opposite–sex abuse. Participants further reported perceiving it easier for survivors of same-sex domestic violence to leave their partners (Brown & Groscup, 2009). Transgender identified survivors were further categorized as being in less danger than heterosexual identified survivors.

**Help-Seeking Behaviors and Engagement**

The literature describes domestic violence shelters as one of the possible resources used by victims seeking to terminate an abusive relationship (Berk, Newton, & Berk, 1986). Yet, in spite being considered an important resource for victims of intimate partner violence, there is surprisingly little empirical research on shelter use (Grossman, Lundy, George, & Crabtree-Nelson, 2010).

Studies reveal that use of domestic violence shelters have been associated with positive outcomes (Davis & Srinivasan, 1995) such as increased self-esteem (Itzhazy & Ben-Porat, 2005), reduced periods of violence (Panchanadeswaran & McCloskey, 2007) and improved help seeking behaviors (Gondolf, Fisher, & McFerron, 1990). While these studies focused on cisgender identified victims, future studies may find similar outcomes for transgender identified victims.

Research also confirms that in spite of the negative outcomes associated with incidents of intimate partner abuse, some survivors chose either not to pursue or elect to suspend requests for assistance (Klevens, 2007; Liang, Goodman, Tummala-Narra, &
Some research also revealed that help seeking behaviors and engagement differ across cultural groups (Macy, Nurius, Kernic, & Holt, 2005). By contrast, some studies have demonstrated that more active help-seeking behaviors are displayed by LGBT individuals (Rizo & Macy, 2011). One such study found that 54% of victims of violence in the LGBT community reported seeking services as a result of an abusive relationship (Turell, 1999).

A study conducted in Texas used a behavioral checklist to measure the help-seeking behaviors of lesbian, gay, bisexual and/or transgender identified individuals (Turell & Cornell-Swanson, 2005). Of the 790 respondents, only nine percent of survivors sought support from residential services (Turell & Cornell-Swanson, 2005). This study found that “heterosexual people were to use” domestic violence shelter services, “as a resource than lesbian women (p=.004), gay women (p=.003), and gay men (p,.001)” (Turell & Cornell-Swanson, 2005, p.81).

Another study suggested that gay men and lesbians were significantly less likely to report seeking police, organizational, or residential service support (Hammond, 1988; Lettellier, 1994; McClennen et al., 2002; Merrill & Wolfe, 2000; Renzetti, 1992, 1996; Sherzer, 1998; Turell, 1999). Informal sources of support, including friends and family were identified as being most important among co-cultural group members (Hammond, 1988; Lettellier, 1994; McClennen et al., 2002; Merrill & Wolfe, 2000; Renzetti, 1992, 1996; Sherzer, 1998; Turell, 1999). National assessments conducted by NCAVP (2012) confirmed that LGBT identified individuals prefer to seek support within their own cultural groups.
A number of studies examining help-seeking behaviors of other co-cultural groups are consistent with assumptions which inform co-cultural theory and state that marginalized individuals from a variety of socio-demographic backgrounds and a diverse set of lived experiences share a similar position (Groscurth & Orbe, 2006; Orbe, 2005). These findings provide additional insight for the population in this study.

A systematic review and meta-analysis of 9 qualitative and 27 quantitative studies utilizing participants from domestic violence programs, shelters and community service providers (Acevedo, 2000; Bauer et al., 2000; Brabeck & Guzmán, 2008; E-Khoury, et al., 2004; Kelly, 2009; Morocco, Hilton, Hodges, & Frasier, 2005; Sorenson, 1996) sought to assess help-seeking behaviors of Hispanic survivors of intimate partner violence (Rizo & Macy, 2011).

Within these studies it was determined that Hispanic survivors are less likely to utilize formal and informal services compared to other racial or ethnic groups (Lipsky, Caetano, Field, & Larkin, 2006). This has been attributed to a fear of deportation (Bauer et al., 2000; Gondolf, et al., 1988) and cultural acceptance of violent behavior (Torres, 1991). Scholars further assert that Hispanic survivors went to great lengths to avoid public disclosure of abuse when the lives of their children were compromised (Kelly, 2009).

A meta-analysis of the 20 quantitative research studies revealed less help-seeking for police protection (Dutton et al., 2004), emergency medical services (Zarza & Adler, 2008) legal representation (Brabeck & Guzmán, 2008; Dutton et al, 2004; Yoshioka et al., 2003), hotlines (Dutton et al., 2004) and social workers (Brabeck & Guzmán, 2008).
The Co-Cultural Lens

Several studies have been conducted in the area of communication and engagement. Some have explored issues of discrimination through a co-cultural theoretical lens. Co-cultural theory has been utilized to examine the diverse groups of marginalized populations including racial and ethnic minorities, LGBT, and the disabled (Cohen & Avanzino, 2010) and has been an important tool in documenting the experience between intersecting levels of marginalization (Orbe & Spellers, 2005).

One of the most relevant studies involved an in depth qualitative examination of the numerous approaches applied by individuals in responding to discriminatory acts “based on race, sex, age, sexual orientation and disability (Camera & Orbe, 2010, p. 83). A total of 1,100 participants identified as female (62.8%), male (36%) and unknown gender identity (1.2%). Racial distribution was reported as 23.3% Hispanic (23.3%), African American (29%) Caucasian (30.4%), Asian (11%), Biracial or Other (6.1%) (Camera & Orbe, 2010). A total of 258 discriminatory incidents and corresponding responses were outlined by the participants (Camera & Orbe, 2010).

The study found that the majority of the cases involved racial (60.4%) and sexual (31%) discrimination. Discrimination reports based on sexual orientation (5%), age (1.9%) and disability (1.6%) were significantly less frequent (Camera & Orbe, 2010). Researchers focused further analysis on the large number of racially motivated discrimination incidents (Camera & Orbe, 2010). Any further information on discrimination incidents based on gender identity and sexual orientation were not reported.
As outlined in Chapter 1, researchers contended that disenfranchised individuals may select one or more of three communication approaches when engaging with dominant group members, systems and or institutions and comprise of “non-assertive, assertive, or aggressive” (Cohen & Avanzino, 2010, p. 277-278) styles (Orbe & Spellers, 2005). These approaches are influenced by the preferred outcome of an individual based on their assessment of relationship with those in the dominant position (Orbe & Spellers, 2010). The three types of outcome goals that influence the selection of a communication strategy include (a) assimilation; (b) accommodation; and (c) separation (Camara & Orbe, 2010).

Camera and Orbe (2012) categorized participant responses to racially motivated discriminatory acts as assertive accommodation (71.2%) and nonassertive assimilation (28.8%). One in three individuals responded assertively by directly identifying discriminatory behavior and confronting the perpetrator, asking about the behavior or disclosing feelings of discomfort with discrimination (Camara & Orbe, 2010). Responses were categorized as nonassertive assimilation demonstrated that participants took time to censor themselves to avoid conflict (Camara & Orbe, 2010).

Researchers highlighted the contributions the study has made to learning through a co-cultural lens. Some limitations were noted including the lack of an analysis on incidents involving homophobia (Camara & Orbe, 2010). A small number experienced homophobic interaction. Use of a randomized sample rather than a convenience sample in future studies may increase subsequent responses and opportunity for corresponding analysis.
An examination of the literature demonstrated that co-cultural theory has been valuable for reviewing the impact of marginalization on non-dominant groups. To date, there have been no studies focused on transgender identified survivors. This presents a strong argument for presenting this study on marginalization and engagement among transgender survivors of domestic violence.

Chapter Summary

This chapter served to review the relevant literature on the topic of intimate partner violence barriers and service engagement. The literature provides some examination of the experiences of the larger LGBT community which have been examined for purposes of this review. A dearth of study specifically of transgender identified survivors of IPV was found. Limited evidence-based research available on access barriers for transgender identified individuals clearly justifies the need for further study on this topic. Chapter 3 describes the research design, methodology, and data collection tools used to conduct the study.
Chapter 3: Research Design Methodology

Introduction

Emergency domestic violence shelters have long been an important tool in the arsenal of resources that respond to intimate partner violence (IPV) (Bennett, Riger, Schewe, Howard, & Wasco, 2004; Grossman, et al., 2010). Historically, female identified survivors have used residential programs as one of the sources of support to escape incidents of domestic violence (Berk, Newton, & Berk, 1986). Studies have found that shelter residents report the function emergency shelters play in facilitating separation from their violent intimate partner (Davis & Srinvansam, 1995; Few, 2005; Haj-Yahia & Cohen, 2008; Tutty, et al., 1999). Research confirms that emergency domestic violence shelter services support the transition from victim to survivor (Davis, & Srinvansam, 1995; Few, 2005; Tutty, et al., 1999).

Given the increasing prevalence rates of intimate partner violence experienced by the transgender population, it is important to explore the barriers experienced by those whose lack of access may have life threatening implications (National Coalition of Anti-Violence Programs, 2012; Stith, et al., 2012). To date, there are no known studies which examine residential access barriers for transgender identified survivors. In fact, transgender identified survivors have historically been left out of the domestic violence conversation, which has been focused on the experiences of self-identified heterosexual cisgender women (Itzhaky & Porat, 2005).
This study was designed to provide an opportunity for transgender survivors of intimate partner violence to communicate the challenges in their ability to engage mainstream intimate partner violence shelters (National Coalition of Anti-Violence Programs, 2011; 2012). As a non-dominant marginalized group, this study offers an opportunity for them to share perceptions about accessing emergency domestic violence shelter services from dominant social structures. The research was influenced by an advocacy and participatory philosophical perspective, and the goal of encouraging access among a group profoundly impacted by discrimination. This chapter details the research design utilized to carry out this study.

Research Context

The goal of this study is to produce one of the first phenomenological studies of its kind to explore the perspectives and validate the stories of transgender identified survivors. According to Creswell (2013) qualitative research designs “empower individuals to share their stories” (p. 48) and further substantiates as appropriate for in depth examination of human behavior and social action (Creswell, 2013; Denzin & Lincoln, 2005; Polkinghorne, 2005). Creswell (2009) further argues that qualitative research is warranted in instances where there is limited evidence based research is available or when exploring a new topic. In this instance, studies on transgender identified individuals are lacking, and the topic is new to scholarship.

Second, Polkinghorne (2005) asserts that the main purpose of “qualitative research is to describe and clarify experience as it is lived” (p. 138). Third, Denzin and Lincoln (2005) suggest that qualitative research is designed “to make sense of, or interpret phenomenon” (p.3). For these reasons, a phenomenological research design was
selected to allow for the collection and examination of data that reflected the unheard voices and lived experiences of transgender identified survivors. Two questions guided the study, informed the selection of methodology, instrument design influenced the data collection process and analysis. The questions included:

1. What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?
2. Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?

Methodology. This study was based on an interpretative phenomenological epistemology. Research indicates that phenomenological approaches are well suited for qualitative studies that desire to examine day to day experiences and determine how these experiences influence choices. In this case, use of a phenomenological approach aided in interpreting perceptions and everyday experiences of access and engagement with domestic violence shelter programs among transgender survivors (Converse, 2012; Flood, 2010; Smith, Flowers, & Osborn, 2009).

The selected approach also supported the examination of this phenomenon through a co-cultural theoretical lens identified as the primary paradigm to guide the study. As suggested in Chapter 1, co-cultural theory proposes that marginalized individuals are silenced by those in dominant positions. They develop unique perspectives or standpoints that allow clear reflection on everyday experiences (Harding, 2004; Orbe, 1996). Selection of this particular methodology was further supported by
several studies using a phenomenological approach to explore communication and engagement issues among the marginalized (Camera, & Orbe, 2010; Orbe, 1996; Orbe & Lapinski, 2007).

Consideration was given to the possible use of quantitative methods to measure barrier perceptions that influenced engagement. Tools, namely the Cultural Theory Scale (C-CTS) revealed a design to measure preferred outcomes in relationship to communication approach (Orbe & Lapinski, 2007). While important when examining the impact of marginalization on communication, an interpretative phenomenological approach provided more opportunity to more meaningfully explore fields of experience and its possible impact on service engagement (Orbe & Lapinski, 2007). To date, no quantitative tool has been developed to include measures which explore factors examined in this study.

**Study site.** This study solicited participants from the New York City Gay and Lesbian Anti-Violence Project (AVP), a not-for-profit organization located and operating within the State of New York. The organization has been in operation for more than thirty years and is one of the only providers dedicated to servicing lesbian, gay, bisexual, transgender, queer and HIV-affected survivors of intimate partner, sexual, as well as hate and HIV related violence (http://www.avp.org).

AVP provides a host of support services, including individual counseling, support groups, advocacy and referrals, to lesbian, gay, bisexual, transgender and/or queer identified survivors of violence in each of the five boroughs of New York City, as well as nationally through its facilitation of the national coalition of anti-violence programs (http://www.avp.org). Permission was sought and granted from AVP’s Executive
Director, Sharon Stapel, to solicit participant involvement. Permission was also granted to use the organization’s main headquarters and community based site as the primary research site locations.

The main headquarters is centrally located in the borough of Manhattan, conveniently located to public transportation and handicap accessible. This prevented the exclusion of any potential participants with transportation or mobility concerns. The community based site is located in the Bronx and provides individual and group counseling to transgender identified survivors of violence.

According to a review of services provided during fiscal year 2013, AVP reported serving a total of 1,430 unduplicated cases, 251 of whom identified within the transgender continuum (http://www.avp.org). Figure 3.1 provides a breakdown of the gender identities of clients served as by the New York City Gay and Lesbian Anti-violence Project during Fiscal Year (FY) 2013.

![Figure 3.1. Gender identity of individuals served. Adapted from New York City Gay and Lesbian Anti-Violence Project Client Database, 2013.](image)

Among those clients, served in FY 2013, a total of 537 individuals received IPV services, 14.14% identified within the spectrum of transgender identities. Figure 3.2
provides a breakdown of the gender identity reported by clients that received intimate partner violence services from the New York City Gay and Lesbian Anti-violence Project during FY 2013.

Figure 3.2. Gender identity of individuals that received IPV services. Adapted from New York City Gay and Lesbian Anti-Violence Project Client Database, 2013.

**Research Participants**

Individuals invited to participate in the study were selected from pool of clients of the New York City Gay and Lesbian Anti-Violence Projects. In general, the study population included persons who identified as transgender survivors of violence. Transgender identified include persons whose gender identity and its expression to varying degrees, are different than the sex assigned at birth” (National Coalition of Anti-Violence Programs, 2012, p. 10). Individuals who identified as cross-dressers, drag queens, drag kings, transsexuals, female–to-male (FTM), male-to-female (MTF), gender non-conforming (TGNC) and/or gender queers, all fall within this spectrum (Siragusa, 2001).
In an effort to seek participant engagement, information and recruitment sessions were held at the study sites to provide an overview of the study to potential participants. Presentations facilitated the exchange of information, explained the scope and purpose of the research, reviewed confidentiality, and sought to obtain informed consent. Participants were informed of their rights to voluntarily terminate research participation at any point in the study and were provided ongoing opportunities to ask questions throughout the course of the study.

While no harm was intended, ethical obligations were taken into consideration such as potential triggering as a result of discussing events that may be upsetting to the participant. Steps were taken to ensure that support was in place during and after the time of the interview. The rationale for conducting the interviews on site at the New York City Gay and Lesbian Anti-Violence Project was based on four considerations: (a) easily accessible location, (b) access to direct support services, (c) availability of on-site clinical support, and (d) willingness of the executive director and staff to solicit client participants in the study. Additionally AVP made clinical back-up support available twenty-four hours per day, seven days a week through a 24-hour hotline operated by the organization. Participants were free to engage experienced certified crisis counselors during office and non-office hours of operation. Safety planning measures were also in place to facilitate participant safety. Participants were fully apprised of any potential risk during the informed consent process.

While the intention was to purposefully sample and pre-screen a total of 30 individuals for participation in the study, only 15 individuals were identified for possible inclusion. Individuals became aware of the study through presentations, referral, and
snowball sampling. According to Creswell (1998), snowball sampling “identifies cases of interest from people who know people who know what cases are information-rich” (p. 119). Given the lack of visibility surrounding the transgender population, this sampling technique allowed existing AVP clients and staff to identify additional transgender identified survivors who were interested in participating in the study.

Research participants selected for this study met a pre-established set of criteria for inclusion. These criteria included (a) at least 18 years of age, (b) resident of New York State, (c) self-report of at least one critical incident of intimate partner abuse within two years prior to the interview, and (d) self-identified within the spectrum of transgender identities.

For purposes of this research, a critical incident was defined as an occurrence in which physical, sexual, and/or psychological harm had been caused by an intimate partner (Center for Disease Control, 2011). The definition of a “critical incident” is further described as a specific event experienced by an individual, which positions them to assess and express the positive or negative impact the event has had on them (Britten, Borgan, & Wiggins, 2012; Norman, Redfern, Tomalin, & Oliver, 1992). Questions asked in the interview (data collection) procedure were limited to a two year time frame to increase the reliability of responses. Consistent with the assertions of Kisely and Kendall (2011), this method allowed for the selection of participants based on “their capacity to provide data relevant to the phenomenon” (p.365) under examination and their willingness to participate in the study. Individuals who did not meet the established criteria were excluded from this study. A total of 10 participants met all criteria for study
participation in the study. Each was provided a $25 gift card for compensation and to assist with travel related expenses.

While larger sample sizes were an option, the decision to select a smaller sample size was based on recommendations noted by Smith, Flowers, and Osborn (2009), who suggest involving smaller samples when using an “interpretative phenomenological approach for the first time” (p.57). Although the selection of three to five study participants was recommended, access to the identified research site facilitated the researcher’s ability to engage and interview a slightly larger group of individuals (Smith, et al., 2007).

**Instruments to be used in Data Collection**

Data collection instruments and procedures were influenced by the identified research questions and methodology selected for the study. When planning to undertake an interpretative phenomenological study, researchers have a choice between conducting structured or semi-structured interviews (Kvale, 1998; Smith, et al., 2009). Semi-structured interviews are well suited in instances when researchers and participants “engage in a dialog where initial questions are modified in light of the participant responses” (Smith, et al., 2009, p. 57).

For this reason, semi-structured individual interviews were conducted with qualified participants meeting selection criteria. Participants completed an informed consent form during the recruitment phase followed by a socio-demographic and critical incident questionnaire (Appendix A).

Face-to-face interviews took place at the New York City Gay and Lesbian Anti-Violence Project’s headquarters or via telephone and were between one and two hours in
duration. Alternate interview sites were offered as an option as needed. Private interview spaces were used to protect confidentiality and to limit interruptions (Smith, et al., 2009).

Semi-structured interviews were conducted using a pre-developed interview schedule based on a review of the literature and proposed research questions (Appendix B). According to Smith, Flowers, and Osborn (2009), use of a predetermined set of questions allows for interviewer flexibility and provides opportunities for the responses to guide the exploration of additional subject matter in an effort to produce richer results. According to McNamara (2009) use of an interview guide ensures that the same general areas of information are collected from each interviewee (Types of Interviews, para. 1).

While the interview schedule served as a flexible guide, it also incorporate ideas about how to best phrase questions and move from general issues to more particular ones (Smith, et al., 2009). Observational field notes were also documented to produce richer contextual data for inclusion in the analysis and for triangulating data findings.

While the reliability and validity requirements differ for quantitative research, the reliability and validity of qualitative research findings can be enhanced “by establishing the trustworthiness of the data” (Kisely & Kendall, 2011, p. 365). Consistent with these assertions, the researcher elicited expert peer review of the interview schedule to ensure that preliminary questions encouraged responses applicable to the research questions under examination (Kisely & Kendall, 2011). This was completed with the feedback generated in a focus group comprised of 6 professional peers. Recommended modifications were made to the schedule based upon the peer review feedback and incorporated into the final data collection guide.
Data Analysis

Data collection instruments were designed with the intention to perform an interpretative phenomenological analysis. Results from the semi-structured interviews were analyzed according to procedures recommended for interpretative phenomenological analysis (IPA). This process included (a) organizing and reviewing the data; (b) transcribing the data; (c) familiarization and initial noting; (d) coding & development of emerging themes; (e) identifying connections across themes; and (f) establishment of inter-coder reliability (Creswell, 2009; Creswell, 2013; Smith, et al., 2009).

Analysis procedures. Consistent with Smith, Flowers, and Osborn (2007), analysis of the data began with “the investigator engaging with an interpretative relationship with the transcript” (p. 66). This process involved organizing and reviewing the data and observational field notes to become familiar with the materials (Smith, et al., 2009). Following completion of these initial reviews, data was transcribed by both the researcher and a research volunteer. The volunteer in conjunction with the researcher transcribed questions, participant responses, and any other communication heard on the audio tape. Field notes were typed for each interview to provide additional observational data. In an effort to enhance the reliability of the transcribed materials, both the volunteer and researcher reviewed and compared the transcriptions and field notes to ensure that information was recorded accurately (Creswell, 2013).

Upon completion of this step, the researcher again reviewed the transcribed materials in order to begin the process of categorizing the responses through textural analysis (Smith, et al., 2009). In this way, the researcher was better positioned to explore
and identify emerging themes (Smith, et al., 2009). Initial theme identification was shared and reviewed with an expert in the field of anti-LGBTQ violence. Following establishment of inter-coder agreement, data was interpreted and expressed through rich descriptive narratives, inclusive of participant quotes to enhance the findings, and to establish inter-coder reliability (Creswell, 2013).

Themes are presented in Chapter 4 in a manner which reflects the barriers and engagement issues perceived by transgender identified survivors of intimate partner violence. Nominal and numerical data collected from the participant have been presented in charts and table format.

**Researcher background.** The researcher is employed as the Director of Finance and Administration by the New York City Gay and Lesbian Anti-Violence Project. In this capacity, the researcher has minimal direct service contact, but offers staff and client support as needed. Prior to her current role, the researcher was employed as a Deputy Director of Residential Services for a mainstream organization providing services to survivors of domestic violence in New York State. The researcher has over 20 years of professional experience providing residential and social services to survivors of intimate partner violence, persons with HIV/AIDS, and the homeless. With this in mind, it is important that the researcher remained aware of the potential impact of bias when in the study design, and analysis of findings. Use of an expert panel of lesbian, gay, bisexual, transgender and/or queer providers assisted throughout all phases of the study, thus facilitating the credibility of interviewing, transcription, coding, and analysis of findings.
Summary

This chapter served to detail the qualitative methods and interpretative phenomenological approach selected for the study. It was designed to explore, document, and analyze the perceptions of access barriers to emergency domestic violence shelter services among transgender identified survivors of intimate partner violence. Findings also served to identify the possible impact of reported fields of experience on participant engagement with mainstream IPV providers. Finally, it is hoped that findings will assist providers, policy makers, and administrators in planning efforts to reduce existing gaps in service.

This chapter outlined a three month long structured process beginning with recruitment, scheduling and completing of semi-structured interviews. The researcher completed the participant interviews which were then transcribed by both a volunteer. Transcribed materials were reviewed upon completion by the researcher and the volunteer to ensure accuracy. Analysis of data was performed following guidelines outlined in IPA provided information that was responsive to the questions posed in the study. Chapter 4 presents the findings of the study.
Chapter 4: Results

Chapter 4 presents the findings of the outlined qualitative phenomenological study. As indicated in Chapter 1, the purpose of this study was to describe the barriers for accessing emergency domestic violence shelter services from the perspective of transgender identified survivors of intimate partner violence. Information gathered from these results has provided insight into the lived experiences of transgender identified survivors. Findings also revealed the impact that these perspectives and identified fields of experiences had on participant decisions to engage with emergency domestic violence shelters.

This chapter reiterates the methods used to collect and analyze participant data and provides a summary of the findings constructed from a review of the completed demographic instrument and face-to-face interviews. Following approval by the Institutional Review Board, the demographic instrument was distributed, participants were selected and semi-structured questions were asked during face-to-face and telephone based interviews. Open ended questions were posed using a flexible interview guide which focused on gathering information that responded to the research questions outlined at the onset of the study. Interview guides were reviewed by six field experts from the New York City Gay and Lesbian Anti-Violence Project in advance to ensure that they would lead to the collection of relevant data.
Research Questions

The following research questions were under examination within the study:

1. What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?

2. Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?

Data Analysis and Findings

As prescribed by Smith, Flowers and Larkin (2009), results from the semi-structured interviews were analyzed according to procedures recommended for studies using interpretative phenomenological analysis (IPA). This process included (a) organizing and reviewing the data; (b) transcribing the data; (c) familiarizing and initial noting; (d) coding & developing emerging themes; (e) identifying connections across themes; and (f) establishing inter-coder reliability (Creswell, 2009; Creswell, 2013; Smith, et al., 2009).

The following describes the efforts undertaken within each of the identified six step process.

Step 1: Organizing and reviewing the data. The first step involved the organization and review of the information collected from responses to the demographic instrument. The intent of this review was to gather baseline information which provided descriptive statistics and participant narrative for the study. Although it was the intention to solicit thirty (30) possible study participants from the pool of transgender identified
clients served by the New York City Gay and Lesbian Anti-Violence Project, determination was made early on in the process by the researcher to reduce this initial pool to fifteen as an appropriate sample size from which to purposefully select. This decision was justified by Smith, Flowers, and Osborn (2009), which recommended smaller samples when using an “interpretative phenomenological approach for the first time” (p. 57).

A total of 13 respondents completed the demographic instrument, representing an 87% response rate. Of those who responded to the questionnaire, 77% were determined eligible to participate in the study based on the pre-established criteria for inclusion. As noted in Chapter 3, eligible study participants included individuals who self-identified within the spectrum of transgender identified survivors of intimate partner violence with at least one critical incident having occurred within two years prior to the interview. Participants were also at least eighteen years of age and residents of New York State.

Twenty-three percent (23%) of the respondents (n=4) did not meet the eligibility criteria and were not selected to participate in the interview process. One interview that was initiated with an eligible participant was terminated early on in the session in order to secure clinical support when it was determined that interview may have caused undue harm.

**Step 2: Data transcription.** Following the analysis of demographic data, review of service profiles and corresponding critical incident narratives, the researcher and a volunteer undertook the process of transcribing the audio tapes. In order to limit researcher bias and promote reliability, copies of audio recorded interviews and transcripts were alternately reviewed by both the volunteer and the researcher.
Upon completion of this phase, transcripts were re-read by the researcher “to ensure that the participant was “the focus of the research” (Smith, Flowers, & Larkin, 2009, p.82). This step allowed the researcher the opportunity to ascertain the need for follow-up questions with any of the participants to clarify responses.

**Step 3: Text familiarization and initial noting.** Upon completion of the transcription phase of the study, the researcher began an active engagement with the review of the data (Smith, et al., 2009). As prescribed by interpretative phenomenological analysis (IPA) procedures, this process included not only an additional review of transcripts but a reexamination of the audio-tapes (Smith, et al., 2009). Analysis included a review of descriptive, linguistic and conceptual comments to explore key words, phrases and language used by the participant. Initial researcher reflections on participant understanding of their experiences were noted on the transcripts (Smith, et al., 2009).

**Step 4: Coding and development of emerging themes.** As noted in Chapter 3, this process involved the exploration and identification of emerging themes through the review and coding of the text (Smith, et al., 2007). The intent of this step was to provide the researcher with the opportunity “to engage in an interpretative relationship with the data” (Smith, et al., p. 66). This was accomplished through review of individual passages within the text. Passages were coded using a both inductive and deductive process. This resulted in the development and expansion of codes and subsequent “themes that reflected not only the participant’s original words and thoughts but also the analysts interpretation” (Smith, et al., 2007, p.92).
Emerging barrier codes. A preliminary code sheet was developed in advance of participant interviews based upon information gathered during a review of literature. A summary of the inductively identified barrier themes has been provided in Table 4.1.

Table 4.1

*Preliminary Barrier Code Sheet*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Historical IPV Framework</td>
<td>Perceptions which pertain to the impact of the history of intimate partner violence and the responses to intimate partner violence</td>
</tr>
<tr>
<td>Emergency Shelter Regulations (Internal)</td>
<td>Perceptions which pertain to shelter regulations/guidelines that exist within mainstream domestic violence shelters</td>
</tr>
<tr>
<td>Emergency Shelter Regulations (External)</td>
<td>Perceptions which pertain to state mandated regulations or perceptions of state mandated regulations</td>
</tr>
<tr>
<td>Transphobia</td>
<td>Perceptions of differing treatment based on perceptions of emotional disgust toward individuals who do not conform to society’s gender expectations</td>
</tr>
<tr>
<td>Gender Bias</td>
<td>Perceptions of organizations giving preferential treatment to cisgender identified women</td>
</tr>
<tr>
<td>Homophobia</td>
<td>Perceptions of an irrational fear of lesbians and gay men or any negative attitude towards persons whose sexual orientation or sexual behavior fall outside what is considered normal</td>
</tr>
<tr>
<td>Staff Attitudes &amp; Perceptions</td>
<td>Perception of differing treatment expressed by IPV providers related to IPV when dealing with transgender identified individuals</td>
</tr>
<tr>
<td>Dynamics of IPV</td>
<td>Barriers that may stem from abusive tactics that may have been employed by an abusive intimate partner that generate challenges for victims when attempting to leave the relationship</td>
</tr>
</tbody>
</table>
The intent of the development of this initial set of codes was to provide a framework for collecting data during the face-to-face interviews that would respond to first question posed in the research study which asked: *What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?*

Table 4.2

**Deductively Identified Barrier Codes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal</td>
<td>Perception of barriers that impact access to services related to legal issues (i.e. issues with identification documentation).</td>
</tr>
<tr>
<td>Stage of Transition</td>
<td>Perceptions of a possible impact of access to services based on the point of physical transition from male to female or female to male for persons who identify as transgender.</td>
</tr>
<tr>
<td>Cultural Competence</td>
<td>Perceptions of whether services or service provider’s offer or provide services that are sensitive to the specific needs of LGBTQ identified individuals and take into consideration gender identity and/or sexual orientation within the context of intimate partner violence.</td>
</tr>
<tr>
<td>Staff Attitudes</td>
<td>Barriers that may stem from a lack of information about the availability of domestic violence shelters</td>
</tr>
<tr>
<td>Resource Knowledge</td>
<td>Decisions to engage which may be influenced by an individual’s perception of their ability to do so.</td>
</tr>
<tr>
<td>Fear of Outing/ Disclosure</td>
<td>Barriers that may stem from a fear of outing or disclosure either related to one’s gender identity, sexual orientation and/or status as a victim of intimate partner violence</td>
</tr>
<tr>
<td>Fear of Loss of Family/Community Support</td>
<td>Barriers which may stem from a fear of losing the support of peers or established community networks and/or family support.</td>
</tr>
</tbody>
</table>
Completion of a line-by-line analysis of individual participant responses to the face-to-face semi-structured interviews resulted in the development of a comprehensive set of barrier codes through a deductive process (Larkin, Watts & Clifton, 2006). Table 4.2 above reflects a total of eight additional codes as well as the assigned definitions based on a review of the findings and review of the literature.

**Emerging help-seeking & engagement codes.** Preliminary code sheets were also developed in advance of participant interviews related to help seeking and engagement. As noted previously, these codes were constructed based on information gathered during the review of literature. Table 4.3 represents a summary of the possible themes related to communication orientations or factors which may influence engagement. Table 4.4 presents a review of the possible communication approaches and Table 4.5 reflect a summary of the possible communication strategies. Combined these tables represent the possible help seeking and engagement behavior codes developed through an inductive process. This coding was largely informed and guided by co-cultural theory as the identified theoretical framework for the study. The intent of the development of this set of codes was to provide a framework for collecting data from the face-to-face interviews that would respond to the second question posed in the research study which asked:

*Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?*
### Table 4.3

**Preliminary Communication Orientations/Factor Codes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Field of Experience</td>
<td>Decisions to engage which may be influenced by previous experiences with institutions, individuals and other social service systems</td>
</tr>
<tr>
<td>Preferred Outcome</td>
<td>Decisions to engage which may be influenced by an individual’s assessment of the potential impact that it will have on their relationships with those in dominant positions</td>
</tr>
<tr>
<td>Perceived Costs and Benefits</td>
<td>Decisions to engage which may be influenced by the perception of possible positive and/or negative and status as a marginalized individual</td>
</tr>
<tr>
<td>Situational Context</td>
<td>Decisions to engage which may be influenced by the circumstances in which an individual finds themselves</td>
</tr>
<tr>
<td>Ability</td>
<td>Decisions to engage which may be influenced by an individual’s perception of their ability to do so.</td>
</tr>
</tbody>
</table>

### Table 4.4

**Preliminary Communication Approach Codes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assimilation</td>
<td>Strategies which may reflect an individual’s attempt to fit in with the dominant cultural norms, eliminate cultural difference and minimize distinctions within groups</td>
</tr>
<tr>
<td>Accommodation</td>
<td>Strategies which may reflect an individual’s decision to either endeavor to transform existing mainstream intimate partner violence systems or recognize the value of differing cultural standpoints</td>
</tr>
<tr>
<td>Separation</td>
<td>Strategies which may reflect an individual’s attempt to create and maintain a group identity distinct from that of the dominant culture.</td>
</tr>
</tbody>
</table>
Table 4.5

Preliminary Communication Strategy Codes

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-assertive</td>
<td>Non-confrontational approaches that may reflect an individual’s decisions or efforts to take the needs of others into consideration above and beyond their own personal needs</td>
</tr>
<tr>
<td>Assertive</td>
<td>Approaches that may reflect an individual who is perceived to have engaged in a manner that equally considers the needs of others as well as their own needs</td>
</tr>
<tr>
<td>Aggressive</td>
<td>Confrontational approach that may reflect an individual who may be seen as self-absorbed and controlling discounting the needs of others before their own</td>
</tr>
</tbody>
</table>

Completion of a line-by-line analysis of individual participant responses to the face-to-face semi-structured interviews also resulted in the development of a comprehensive set of help seeking and engagement codes through a deductive process (Larkin, Watts & Clifton, 2006). Table 4.6 reflects one additional communication strategy code as well as the assigned definition developed through a review of the findings.

Table 4.6

Deductive Communication Strategy Code

<table>
<thead>
<tr>
<th>Theme</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidance</td>
<td>Decision to avoid engagement with mainstream domestic violence service providers</td>
</tr>
</tbody>
</table>

**Step 5: Connecting emerging themes.** According to Smith, Flowers, and Larkin (2009), abstraction can be used as a mechanism through which “to identify patterns
between emergent themes” (p.96). Such was the case in this step of the study, which intended to establish super-ordinate themes, bring together and cluster themes into several overarching categories (Smith, et al., 2009). Once again this step was guided by methods used to conduct interpretative phenomenological analysis. Table 4.7 presents a list of six super-ordinate themes and subsequent definitions as outlined in Chapter 2, the review of literature.

Table 4.7

<table>
<thead>
<tr>
<th>Super-Ordinate Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>Perception of Social Barriers</td>
</tr>
<tr>
<td>Perception of Institutional Barriers</td>
</tr>
<tr>
<td>Perception of IPV Related Barriers</td>
</tr>
<tr>
<td>Communication Orientation</td>
</tr>
<tr>
<td>Communication Strategy</td>
</tr>
<tr>
<td>Communication Approach</td>
</tr>
</tbody>
</table>

In an effort to connect each identified barrier theme to the aforementioned super ordinate themes, the researcher outlined a list of emerging themes and sub-themes to show the relationship in Table 4.8. Overall correlations were derived directly from a review of the literature and an interpretation of participant perceptions.
Table 4.8

*Emerging Barrier Theme Connections*

<table>
<thead>
<tr>
<th>Super-Ordinate Theme</th>
<th>Theme/Sub-Theme*</th>
</tr>
</thead>
</table>
| Perception of Social Barriers | Transphobia  
Homophobia  
Staff Attitudes & Perceptions  
Stage of Transition  
Lack of Cultural Competence  
Staff Attitudes & Perceptions*  
Fear of Outing/Disclosure*  
Fear of Loss of Community Support*  
Fear of Loss of Family Support*  
Preference for Peer Support* |
| Perception of Institutional Barriers | Historical IPV Framework and/or Gender Bias  
Emergency Shelter Regulations (Internal)  
Emergency Shelter Regulations (External)*  
Legal*  
Shelter Location* |
| Perception of IPV Related Barriers | Dynamics of IPV-Abusive Tactics  
Lack of Resource Knowledge |

*Note.* *Represents sub-themes identified by the participants.

In an effort to connect each help seeking and engagement sub-theme to the identified super-ordinate themes, the researcher outlined a list of emerging themes to show the relationship below in Table 4.9. Overall correlations were derived directly from a review of the literature and more specifically, co-cultural theory as the selected theoretical framework which guided the study.
Table 4.9

*Emerging Help Seeking/Engagement Theme Connections*

<table>
<thead>
<tr>
<th>Super-Ordinate Theme</th>
<th>Sub-Theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication Orientation</td>
<td>Field of Experience</td>
</tr>
<tr>
<td></td>
<td>Preferred Outcome</td>
</tr>
<tr>
<td></td>
<td>Perceived Costs and Benefits</td>
</tr>
<tr>
<td></td>
<td>Situational Context</td>
</tr>
<tr>
<td></td>
<td>Ability</td>
</tr>
<tr>
<td>Communication Strategy</td>
<td>Assimilation</td>
</tr>
<tr>
<td></td>
<td>Accommodation</td>
</tr>
<tr>
<td></td>
<td>Separate</td>
</tr>
<tr>
<td>Communication Approach</td>
<td>Non-assertive</td>
</tr>
<tr>
<td></td>
<td>Assertive</td>
</tr>
<tr>
<td></td>
<td>Aggressive</td>
</tr>
<tr>
<td></td>
<td>Avoidance</td>
</tr>
</tbody>
</table>

**Step 6: Establishment of inter-coder reliability.** Prior to the completion of full analysis of the data, the established code sheet was reviewed by and discussed with the alternate coder who was also an expert in the field of lesbian, gay, bisexual, transgender and/or queer (LGBTQ) anti-violence. This step was conducted in an effort to enhance the reliability of the coded text and subsequent findings. Coded transcripts were reviewed, discussed and compared by the researcher and field expert. Agreement was reached and findings have been incorporated into subsequent discussions.

**Participant profile.** This section presents a profile of each study participant, beginning with an examination of lived intimate partner violence (IPV) experiences, review of socio-demographic information and ending with a review of participant history of service engagement. It was designed to provide a baseline context for the study, resulting from responses to questions that asked participants to describe their most recent incident of IPV and overall history of engagement with mainstream service providers.
The intent of these questions were to connect the researcher with each individual participant’s story, ascertain the type of abusive tactics employed by perpetrator, and to ultimately examine the possible impact that these experiences may have had on decisions to engage with or seek services from mainstream domestic violence shelter providers.

**Critical incident reports.** Participants were asked to share their lived experiences by describing their last abusive incident following completion of the demographic survey. This information was confirmed in face-to-face interviews in an effort to gather specific information about the nature of each relationship. The following questions were designed to establish each participant’s experience with and history of intimate partner violence.

1. Can you tell me some more about your most recent incident of intimate partner violence?
2. Have you had previous experiences with intimate partner violence/domestic violence?

The order of the questions and subsequent follow-up questions varied for each participant in an effort to seek clarification of responses and establish baseline information. Numeration was employed by the researcher following establishment of inter-coder agreement as outlined previously in step 6 of the process to measure the frequency of individual responses.

In an effort to protect participant identity, names and less central aspects of the narrative have been modified. The researcher did so with the intention of maintaining the integrity of the narrative, while reducing the possible connections to individual participant identify. This step was determined to be essential given the population, the
Alexandra (IPVS1). Alexandra presented to the interview excited to participate in the process, and expressed an appreciation for the opportunity to be heard. She noted that she hoped this research would lead to changes in how transgender individuals were treated. In describing her most recent incident of intimate partner violence, Alexandra identified her male, heterosexual partner of three years as the primary aggressor. According to research conducted by Henning, Renauer & Holdford (2006), “a primary aggressor has been defined as an individual responsible for the perpetration of coercive violence” (p. 357). While aggression scales have been developed, modified and used by scholars and social workers practicing within the field (Henning, Renauer, & Holdford, 2006), a primary aggressor assessment was not warranted by this study, in that the research was designed to reflect the participants own perspective.

Review of Alexandra’s reported critical incident conveyed an escalation of abusive tactics employed by her partner over a period of years. She stated in her interview that:

The relationship had gotten worse overtime and he was getting more and more violent. I was thinking about leaving but I was scared that he would find me. I didn’t really have anywhere to go because he had all the money. He pretty much controlled what I could and couldn’t do. He gave me just enough to get by and made sure I was coming home.

She further revealed that her partner was initially kind and protective, however that he had become physically violent and progressively controlling. While she indicated
that his behavior, which she initially saw as concern for her wellbeing and the reason she felt special and taken care of, she reported understanding that these behaviors were more about her partner’s desire to control and manipulate her. In describing the last critical incident, Alexandra indicated that it involved a horrific public physical assault in front of witnesses, whereby she was repeatedly kicked, punched and ultimately dragged across the floor. She indicated that bystanders failed to intervene and she was subsequently forced to return home by her partner where she remained for several weeks. In her interview, she stated that

He showed up where I was and beat me in public. People were standing around but no one did anything. I felt helpless and felt like I had no choice but to go back with him. It was horrible. I was all bruised up, my face looked like a monster, I guess he wanted to teach me a lesson about leaving him and told me no one else would want me the way I looked. He was right, my eyes were black and my face was so swollen. I stayed away from everyone, didn’t go to my social services group cause I was embarrassed. I didn’t want anyone to see me like that so I stayed in the house.

Jessica (IPVS2). Jessica, a Latina, transgender identified female survivor of intimate partner and sexual violence, described herself as self-sufficient and resourceful. She indicated that she had identified as transgender for a large portion of her life and had begun the transition process, several years earlier. Jessica revealed that she had been taking hormones for some time, was comfortable in her skin, and had begun to see changes in her appearance. Smiling, she noted that she was happy that her body was
becoming softer and curvier. Similar to all study participants, Jessica was asked to relay
as many of the details of her last critical incident that she was comfortable sharing. She
reported that:

I was in a relationship with someone for about a year. You know how it is
you’re in love with someone, it’s wonderful and then you live together and
get to see who the person really is. It took a while but I got the message
sooner than a lot of the people I know. Anyway he got mad at me for not
calling him and telling him I was out so he was repeatedly calling my
phone yelling and screaming telling me to come home, asking me
questions about where I was and who I was with. I guess he thought I was
with someone else but I wasn’t. Anyway rather than deal with him yelling
I went home.

She went on to further state that:

When I walked in he attacked me full force. He was like an animal
jumping on me, hitting me, biting me. It was coming from all directions.
All I could do was try to cover myself. It seemed like he wouldn’t stop
and I was crying and yelling so loud that I guess the neighbors heard me
and called the police. The next thing I remember was the police coming in
and finding me on the floor. When they asked me what happened I
couldn’t tell them. I was all bloody and hurt pretty bad. They took me to
the hospital and I was there for a while. I ended up with a few broken
bones.
**Jasmine (IPVS3).** Jasmine described herself as an educated, transgender female of Caucasian and Latina decent and recounted a history of victimization throughout her life. When asked to share her memories of her last abusive incident, she did so without hesitation. Jasmine shared that she was in a relationship with her primary aggressor for approximately 1 ½ years. She provided an in depth account of the abusive tactics employed by her partner who she revealed identified as cisgender male. She stated that:

He was physically abusive, beating me to the point that I had to go to the hospital and I was hospitalized. He broke my nose, cut me and forced me to have sex with him. He controlled my money even though he lost his job and I was the one who was working.

As a demonstration of her status as a survivor, Jasmine pulled up her sleeves showed me her scarred arms and went on to state that:

I still have marks on my body from where he cut me.

**Gina (IPVS4).** Gina presented as African-American and identified as gender non-conforming. She conveyed that she had intended to medically transition but was unable to do so for health reasons. She reported that her physician did not think it was an option for her given her situation. When asked about her last abusive incident, Gina appeared relieved that she was able to leave the relationship before it got worse. She recalled the last event stating:

The first time he put his hands on me was horrible. He didn’t hit me, but he pushed me down so I couldn’t get up. So I was trapped. I couldn’t even call for help, couldn’t get my cellphone. He just left me there, yelling as he walked away. Someone else helped me to get up.
Gina also revealed that she has felt like she has had to tolerate previous abusive relationships much more than other people due to health concerns she has had which have led her to depend on others for assistance. She specifically commented that:

It seems like I’ve been stuck in previous situations and have to deal with domestic violence and other issues in ways others don’t. I can’t protect myself in the same way other people do. There is a pressure to do what people tell you.

Keisha (IPVS5). Keisha identified as an African American, transgender female.

She indicated that she had been a resident of New York all her life and had several connections within the community. Keisha recounted her last abusive incident alternately looking down as she spoke. She recalled that:

It was about 10 or 11 months ago. We had gotten into an argument, more like he got into an argument and I just kept my mouth shut. I knew where it was going, meaning I knew what was coming next so I tried to stay quiet and just agree with him to make him feel better. He had been upset for a couple days and was yelling about everything. I wasn’t really sure why he was upset. What I do remember was that he ended up throwing a book at me. He missed which seemed to make him angrier so he hit me. Not in the stomach like usual but in the face this time. I saw stars. It hurt so bad, I knew he had broken my nose.

She shared her perceptions on the severity of previous abusive incidents by stating that He used to hit me, but only in places where you couldn’t see it. Most of the time he targeted the lower parts of my body, like my legs or my
stomach, so other people couldn’t really see it unless I was wearing something revealing which I didn’t do when I was with him. He was controlling about where I went and who I talked to. He also used to yell a lot. He used to insult me quite a bit. Sometimes he would do it front of other people to be mean. He made me feel really insecure and I felt stuck.

Sheila (IPVS6). Sheila identified as an African American transgender identified female and reported an extensive history of abuse as well as feelings of isolation while in previous relationships. She noted that she had difficulty trusting people because of it and preferred to be on her own. When asked to share what she remembered about her last critical incident, Sheila was quite clear and responded by stating that:

It was a painful experience. It was about a year ago. We had not been together for a while because I had been living in another state. When I was about to return, I didn’t really have anywhere to go so I called him. He told me I could come and stay with him but when I got there I realized he was involved in another relationship. I was surprised and thought I should leave, but he told me it was fine and I didn’t need to worry. So I decided to stay. I really didn’t have any other options anyway. Later his new partner came home and I could tell he wasn’t happy. I could see that he didn’t really want me there so I tried to stay out of his way. It was okay for a while but they started drinking and things changed. I decided it was time for me to go and when I grabbed my stuff, he blocked the door. He started yelling at me. My ex was also saying some pretty nasty things to me. While I was use to his insults, I was scared because there were two of
them. Before I knew I was being hit. I was on the floor and they were kicking me, and calling me names. I tried to protect myself as much as I could but I was out numbered. I’m not sure how long it went on and I don’t remember too much more about it. I think I must have blacked out. The next thing I remember is waking up in the hospital with cuts and bruises all over me. They must have used something sharp at some point because I had stitches. The nurses told me I was lucky but I didn’t feel that way.

*Tracey (IPVS7).* Tracey, a Latina transgender identified female, revealed that many of her arguments with her male identified partner took place when he had been drinking. She shared that she had had previous experiences with domestic violence and experienced repeated sexual assaults during the course of her relationship. She specifically indicated that:

He was drunk and it escalated. He was much bigger than me and held me down and forced me to have sex with him. I tried to stop him but I couldn’t. He had done things to me before that I didn’t want him to but I wasn’t ready to leave. When he was finished I had bruises on my wrists and legs from him holding me down and fighting him.

*Sue (IPVS8).* Sue identified as an African American transgender female. She indicated that she had been in a relationship for about two years with her male cisgender identified partner but had not been happy for some time. She reported still being in the relationship but wanting to get out. She said she was working with her
counselor to plan her departure and hoped it would be soon. In recounting her last incident, Sue revealed that:

It was about six months ago. We were fighting about what I was wearing. He didn’t like it. He said it wasn’t appropriate for where we were going and told me to change. When I refused he ripped it off of me. He told me that I wasn’t going with him looking the way I was looking. He always picked my clothes and I let him most of the time. He did have good taste but I wanted to wear this particular dress and he didn’t want me to. He’s a control freak. Most of the time I gave in but I didn’t this time and he wasn’t having it. I started screaming when he ripped it off of me so he slapped me. I sat down and refused to get up. I told him I wasn’t going but he told me I was. He proceeded to drag me through the house and forced me to get dressed. I wanted him to leave me alone, but he wouldn’t. I’ve been trying to get away from him ever since but I haven’t been able to. I’ve been going to counseling because I plan to leave but I’m not there yet. It’s not easy but I will get out.

Stephen (IPVS9). Stephen presented to the interview and identified as a transgender male. He was nervous about disclosure and was re-assured of the researcher’s commitment to maintain his confidentiality. As with all participants, Steven was advised that he could stop the interview at any point. After reaching a level of comfort, Steven revealed that he was not currently living with his abusive partner but that he was still concerned for his safety. Similar to Tracey, Steven reported being involved with someone who occasionally drank too much. He conveyed that it was during these
times that he was most worried about his well-being. Steven indicated that the relationship had not yet escalated to physical incidents of violence but that he was concerned it was coming and reported that the abuse was mostly emotionally. In recalling their last encounter, he revealed abusive tactics that included threats and intimidation, and shared the following:

We have some fights, some arguments, and I begin to realize that every argument is after he is drinking. So when he is drinking we have fight then he would turn into a crazy person, not the same person he is when he is not drinking. He becomes verbally abusive and threatens me. That scares me. In my case we don’t have physical yet but I want to ask for help as early as possible because I know that the physical abuse is coming, especially when I see him getting angry. I don’t want to get involved in the physical and realize I’m stuck in this situation right now.

Steven also revealed a previous exposure to intimate partner violence as a child when he witnessed abusive incidents within his family of origin. He indicated that he was afraid he was going to be living those experiences all over again and stated the following:

When I was young I saw my grandfather and my father have serious arguments after they were drinking. I saw how badly they treated my grandmother and mother after they were drinking and that is like a nightmare to me. I feel like that was my life when I was young and now it’s coming back.
**Demographic data analysis.** The following is designed to provide an overview of the descriptive statistics collected from the demographic instrument attached as Appendix A. Examination of socio-demographic information revealed that each of the participants (n=9) reported being a resident of New York State. While detailed residential information was provided, specific address and borough locations have been excluded from the results in an effort to maintain participant confidentiality.

Participants were also asked to specify their age and date of birth, however these results have been reported as age ranges to enhance participant confidentiality. Analysis of this information revealed that 44% of the participants identified ages that fell within the 30-39 age range, 33% (n=3) reported ages within the range of 25 to 29; and the remaining two participants (n=2), each identified as an age that fell within the ranges of 40-49 (n=1) and 50-59 (n=1).

Findings related to race and ethnicity resulted in three categories of responses. The majority, 56% (n=5), selected Black/African American, while Latina/o and other each were chosen by a total of 22% (n=2). Of those that selected Other as their racial category, one revealed that they identified as Caucasian and Latina, and the other identified as Black and Latina. No study participants identified as Caucasian or Asian/Pacific Islander.

Review of the responses related to gender identity resulted in the identification of three categories of responses. One hundred percent of the participants revealed that they identified within the transgender spectrum of identities. Consistent with Chapter 3, gender identity at the time of survey completion was reported differently than the sex that participants were assigned at birth (National Coalition of Anti-Violence Programs, 2012).
Variances from gender identity assigned at birth were determined by responses to an additional question within the demographic instrument and confirmed during face-to-face follow-up questions. Within the spectrum of selected transgender identities, findings revealed that 78% (n=7) of participants identified as transgender female, 11% (n=1) identified as transgender male and the remaining participant (n=1) selected gender queer/gender non-conforming as their gender identity.

Further analysis revealed four categories of responses related to sexual orientation. Of those, 33% (n=3) identified as heterosexual, while the remaining six participants identified as gay (22%); queer (22%) and questioning/unsure (22%). Neither bisexual nor lesbian were selected by any of the participants.

Respondents to the survey were also asked to indicate whether or not they had experienced an incidence of intimate partner violence within the last two years. One hundred percent (n=9) of the selected participants responded affirmatively to the question relative to incidents of intimate partner violence. Demographics have been outlined below in Table 4.10.
Table 4.10

*Demographic Characteristics of Participants (n=9)*

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>(n)</th>
<th>%</th>
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<td>25-29</td>
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<td>30-39</td>
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<tr>
<td>Latina/o</td>
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<tr>
<td>White/Caucasian</td>
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<td>0</td>
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<tr>
<td>Other</td>
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<td></td>
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<td>0</td>
</tr>
<tr>
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<td>Queer</td>
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<tr>
<td>Questioning/Unsure</td>
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</tr>
<tr>
<td><strong>Critical Incident =/&lt; 2 years</strong></td>
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<td></td>
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Overview of Domestic Violence Emergency Shelter Access Findings

The intent of this section is to provide an overview and analysis of the barriers that impact engagement with mainstream domestic violence shelter from the perspective of the transgender identified survivors. As noted in Chapter 2, a barrier has been defined as any participant identified obstacle which impacts an individual’s capacity to engage with and/or access emergency domestic violence shelter services.

Findings revealed a list of emerging themes and sub-themes that have been categorized by super-ordinate theme as identified below in Table 4.11. Theme and sub-theme frequencies represent the number of participants mentioning each theme throughout the course of their interview.

Table 4.11

Summary of Emerging Social Barrier Theme Frequency

<table>
<thead>
<tr>
<th>Super-Ordinate Barrier Themes: Theme</th>
<th>Number of Participants per Theme</th>
<th>Theme Frequency</th>
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</thead>
<tbody>
<tr>
<td>Perception of Social Barriers</td>
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<td></td>
</tr>
<tr>
<td>• Transphobia/Fear of Transphobia</td>
<td>9</td>
<td>162</td>
</tr>
<tr>
<td>• Stage of Transition</td>
<td>9</td>
<td>51</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Barriers: Sub-Themes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fear of Outing/ Disclosure</td>
<td>6</td>
<td>39</td>
</tr>
<tr>
<td>Fear of Loss of Comm./Family Support</td>
<td>7</td>
<td>28</td>
</tr>
<tr>
<td>Homophobia</td>
<td>8</td>
<td>23</td>
</tr>
<tr>
<td>Staff Attitudes &amp; Perceptions</td>
<td>5</td>
<td>10</td>
</tr>
</tbody>
</table>
Social barrier themes shared between transgender identified survivors of IPV. This section presents analysis of the data and textural descriptions to support the findings highlighted in above in Table 4.11. Descriptions have been categorized by major themes and sub-themes and dictated by the interpretation of the research findings.

Super-ordinate theme: Perceptions of social barriers. Analysis of the data revealed that participating transgender identified survivors reported being subjected to discriminatory behavior which impacted their decisions to engage with mainstream emergency domestic violence shelters. The intent of the questions in this section was to explore the lived experiences and possible shared perceptions of socially related barriers. The following questions produced responses which established participant experiences with transphobia and their perception of its impact on access to shelter.

1. What are your perceptions of how easy it is to access IPV shelter as a transgender identified individual?
2. Can you share with me some specifics on the sources of support you may have used or considered using following an incident of intimate partner violence?
3. Can you share with me some specifics about any sources of support you considered using but decided not to during or after your incident of intimate partner violence?
4. Do you know of anyone else in the transgender community who accessed or tried to access emergency domestic violence shelter after an incident of IPV?

Responses to these questions resulted in the identification of 2 major themes and 4 sub-themes. Frequency determined theme classification. The following narrative and
textural descriptions reflect the major themes and sub-themes shared among study participants.

**Theme 1: transphobia/fear of transphobia.** Analysis of the data revealed that transphobia or fear of transphobia ranked as the most frequently reported social barrier identified by each of the nine (n=9) participants. Throughout the interviews, this barrier was mentioned a total of one hundred and sixty-two times. Textural analysis established that each of the participants (n=9) reported transphobic fields of experience that have impacted their decisions to engage with not only emergency domestic violence shelters but other social service systems as indicated in the service engagement profile.

*Jessica (IPVS2.)* In response to the identified questions, Jessica shared her reflections on discrimination and disparities in treatment that have impacted perceptions of her ability to remain safe within the community. She stated that:

> I think people make all kinds of judgments about people, especially in public. People say things to people like me all the time. They discriminate against us every day and if you dress in a gender that doesn’t fit how you look, you get all kinds of issues, people give you a harder time than other people. It can also be dangerous. You have to be careful so we all walk around worried about who might do something to you just because they don’t like the way you look.

When questioned as to whether she ever considered trying to access a domestic violence shelter following her abusive incident, Jessica responded by saying that:

> No, I didn’t think about it. I really didn’t think that that was an option for me.
*Jasmine (IPVS3).* When asked about her perspective, Jasmine highlighted what she perceived as similarities between transgender identified individuals and those who identify as cisgender. She demonstrated an awareness that societal perceptions differed from her own. She stated:

A lot of women of transgender experience are just looking for love like everyone else, for that person to settle down with. If you think about it we are not that different, but that’s not how most of the world sees us. We are not accepted for the most part in society.

In responding to questions related to how this perception may have impacted her decision to seek domestic violence shelter services, Jasmine indicated that:

I wasn’t aware that domestic violence shelters were available for someone like me. As far as I know they don’t really have LGBT domestic violence shelters or shelters that are willing to accept someone that identifies as transgender. I didn’t think it was possible for me to get in because I was transgender.

*Sheila (IPVS6).* Sheila reported similar perceptions of societal mistreatment of transgender identified individuals. She stated:

People treat transgender people like were diseased, like there’s something wrong with us. There is so much judgment out there about what we do and do not deserve. Like it’s some sort of choice. They don’t get it and they don’t want to.

*Research support: transphobia.* Transphobia has been defined as an “emotional disgust toward individuals who do not conform to society’s gender expectations” (Hill &
Willoughby, 2005, p. 533). As highlighted in Chapter 2, “studies indicate that transgender people often encounter ignorance, hostility, and transphobic environments while attempting to access social services, and these environments can dissuade people from gaining needed care” (Stotzer, et al., 2013, p. 63). Combined with research which revealed that transgender identified individuals represent one of the most marginalized groups in current society (Bauer, et al., 2009; Kenagy, 2005; & Namaste, 2000), this study suggested that these fields of experience led to anticipated discriminatory behavior, and reduced participant willingness and capacity to access domestic violence shelter.

**Theme 2: stage of transition.** Questions related to this section of the interview were designed to obtain information from participants that would reveal their perspective on whether an individual’s stage of transition impact’s their ability to access emergency domestic violence shelter. In an effort to determine the impact of these perceptions, responses were provided to the following question:

1. In terms of a person’s stage of transition, do you think where the person is in the transition process have an impact on their ability to get into domestic violence shelter?

Analysis of participant responses suggested that each of the respondents (n=9) perceived that an individual’s point in the transition process has an impact on their capacity to access domestic violence shelter. This theme was mentioned a total of 51 times throughout all nine interviews. The following textural descriptions highlight these findings.
Alexandra (IPVS1). In responses to this question, Alexandra believed that stage of transition impacts a person’s ability to access support. She indicated as much when she expressed that:

Yes, I think it all depends on how you look. They may not accept me because I haven’t finished. I like the way I look now better than before but I’m not done yet so they may tell me I can only go to a men’s shelter.

Jessica (IPVS2) affirmed these perceptions when she revealed that:

If you look like a woman and can pass you probably can get in easier than someone who looks like me. I can’t pass yet. Since I don’t look like a woman I don’t think they would take me. In other words I wouldn’t be surprised. I’d be more surprised if they did take me. I don’t know of any place that takes men or transgender identified people.

Keisha (IPVS5). Keisha described being fortunate enough to be placed in the same room as another transgender identified individual while she was in residence at a domestic violence shelter. She indicated that she developed a close relationship with her roommate who presented quite feminine which was different than her physical presentation. When asked share her thoughts about how an individual’s stage of transition impacts access and whether or not people are treated differently based on where they are in the process, she responded with a resounding:

Most definitely, my roommate was treated better than me. She looked more feminine. I mean she still identified as transgender but I could see how differently people reacted to her compared to me. I’m not as feminine as she is.
Sue (IPVS8) also agreed with other participant perspectives when she communicated her thoughts on how accessible domestic violence shelters are for individuals who identify as transgender. Specifically, she stated that:

Yes, from what I have heard, not everyone has an easy time getting in. I know there are a lot of people who need a place but probably not a lot of beds. I would think that females would have an easier time than males and transgender identified people have a hard time depending on how you present.

Research support: stage of transition. Research reveals the importance of support for individuals who identify as transgender in that it affects their ability to access services (Pinto, Melendez, & Spector, 2008), however others reports on the scarcity of resources for the population (Budge et al., 2012). Given that decisions to transition lead to challenges for individuals who elect to do so, it is evident that support can play an important role during this process (Budge et al., 2012).

On study conducted with transgender identified individuals in the United Kingdom supports the findings within this study. This research examined the impact of an individual’s stage of transition of engagement (Ellis, McNeil & Bailey, 2014). Findings revealed that individuals that elected to undergo gender reassignment surgery reported effort to avoid engagement with public entities (Ellis, McNeil & Bailey, 2014). Specifically, 37.5% of the participants who were either in the process of transitioning avoided clothing shops (Ellis, McNeil & Bailey, 2014). These decisions may have been influenced by the anticipation of discriminatory responses.
Social barrier sub-themes. Analysis of the findings within this study resulted in the identification of three sub-themes that fell within the sphere of social barriers identified by study participants. These included fear of loss of community or family support, homophobia, and staff attitudes and perceptions. Participant frequency signified that these sub-themes had less of an impact than the identified major theme categories.

Fear of outing/disclosure. Review of the data indicates that six participants mentioned concerns about being outed and a fear of disclosure a total of 39 times during the course of their interviews. This finding was demonstrated in response to questions about whether and individual’s gender identity or sexual orientation impacts their decision to seek shelter support.

In response, Steven (IPVS9) stated that:

Yes because some people are not out to anyone and in the shelter maybe people are afraid to go there because people will see them and find out about their sexual orientation or gender identity and treat them differently in the case where the shelter it not LGBT inclusive. I think that might be one of my biggest concerns because I want to be discrete and I feel a little ashamed to go to a shelter for help so I don’t want people I know to notice that I am there.

Fear of loss of community/family support. Analysis revealed that seven participants mentioned concerns about losing community and/or family support during the course of their interviews. While questions were not specifically asked about this issue, findings were supported through the following statements:
Alexandra (IPVS1) reported a fear of losing familial support when she stated that they didn’t know I was in an abusive relationship. I didn’t want them to know. They didn’t even know that I was transitioning. They knew I was in a relationship with a man but they didn’t know I was taking hormones, they didn’t know I was planning to change my name legally. I didn’t want them to. I didn’t need them to judge me too.

Gina (IPVS4) conveyed concerns about losing the community support and which she perceived would impact her access to support services when she communicated:

It’s a big thing about not being seen as a snitch, of not telling on anyone. And I don’t want to be seen that way when I go for services. I don’t want them denying me services or talking about me because I reported something I should not have.

Homophobia. Homophobia has been defined as “any negative attitude towards persons whose sexual orientation, sexual identity, sexual behavior, gender orientation and gender identity fall outside what is considered normal of typical by dominant society” (Dermer, Smith, & Barto, 2010, p. 325). While a total of eight participants indicated that homophobia was an area of concern, it was only mentioned 23 times throughout the each of the eight interviews. Participants revealed that while their fields of experience included interactions that were perceived to be homophobic, these experiences were less frequent. Reasons for this perception may be equated to increasing acceptance of individuals whom identify as homosexual as demonstrated in recent passage of marriage equality and anti-
discrimination legislation under consideration in the state of New York. The following statement by Tracey (IPVS7) demonstrated this finding.

I think in some cases it can be easier for LGBQ people to get into shelter.

I mean times are changing. People these days seem to be more open to gays and lesbians. But that’s not everyone. Some people are just mean and say homophobic things.

Staff Attitudes and Perceptions. Further analysis of the findings revealed that five participants mentioned negative perceptions of staff attitudes and perceptions as a barrier to access which impact their willingness and ability to engage with mainstream providers. These concerns were mentioned a total of 10 times throughout the five participant interviews.

Alexandra (IPVS1) noted that shelter staff might discriminate against individuals whom identify as transgender when she stated that:

I think they discriminate, I think the staff is not used to working with trans people and that we are stigmatized and discriminated against even in the shelter. I don’t think they respect transgender people, at least that’s what I’ve heard from people who have been in.

In spite of these negative perceptions, Alexandra (IPVS1) also conveyed that she didn’t believe that all staff maintained the same level of discomfort when she reported that:

I’m sure not everyone is like that there. I know there are some people who probably are more comfortable with people like me. I am sure there are some people out there who are willing to help.
Other participants indicated positive perceptions of about shelter staff and sympathized with the challenges of working with victims. This was demonstrated by Jessica (IPVS2) when she revealed that:

I guess they are okay. I have not heard anything bad about them from any of my friends. Then again no one I know has ever been in a shelter. I would think that they are there to help people get out of a bad situation. It seems like it wouldn’t be an easy job to have. All those people coming banged up. I don’t think I would want to work in that type of place having to see that all the time. I mean I remember how I looked, it was awful. If I had to see that every day I think it would bother me.

*Research support: social barrier sub-themes.* Previous research demonstrated that individuals in same sex relationships often experience homophobic responses from social service providers and law enforcement personnel when seeking assistance (Cruz, 2003; Merrill & Wolfe, 2000). While participant narratives revealed perceptions of homophobia, they also acknowledged increasing support related to sexual orientation.

As noted in the review of literature these findings may suggest improved attitudes toward and protection of sexual minorities due to the recent passage of modifying the Violence Against Women Act which includes “non-discrimination provisions ensuring that LGBT survivors of violence receive equal services and treatment free from unlawful discrimination” (http://www.avp.org), the adoption of marriage equality in New York State (2013) and new policies allowing gays in the military (2013).

While progress has been noted in this areas due to in part of federal legislative support, this study suggest that the experiences of transgender identified survivors
attempting to access supportive services has not yet seen improvements. These perceptions have been compounded by fears of loss of community support, outing and disclosure.

One study conducted in the United Kingdom (UK) (2014) confirms the assertions made by study participants who reported a need to pass as cisgender or non-transgender in order to receive societal acceptance. This UK study further reported that 51.5% of transgender identified participants conveyed a fear of being *outed* and harassed.

**Institutional Barrier Themes Shared Between Transgender Identified Survivors**

This section presents analysis of the data and textural descriptions to support the findings highlighted below in Table 4.12. Descriptions have been categorized as super-ordinate themes and sub-themes and dictated by the interpretation of the research findings.

**Super-ordinate theme: Perceptions of institutional barriers.** In addition to the social barriers presented by the analysis of the data, participants also reported four barrier themes which were categorized as institutional barriers by the researcher. Two additional sub-themes were identified within this category where the reported frequency among participants was determined to have less of an impact from the perspective of the transgender identified survivor. For the purpose of this study, institutional barriers were defined as “policies, procedures or situations that systematically disadvantage certain groups of people” (http://www.ncwit.org, 2013).
Table 4.12

Summary of Emerging Institutional Barrier Theme Frequency

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<tr>
<th>Super-Ordinate Barrier Themes: Theme</th>
<th>Number of Participants per Theme</th>
<th>Theme Frequency</th>
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<tr>
<td>Perception of Institutional Barriers</td>
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</tr>
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<td>• Historical Framework/Gender Bias</td>
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<td>Legal</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Emergency Shelter Regulations (External)</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Theme 1: historical framework/gender bias. In an effort to determine the impact of perceptions of the historical framework of domestic violence and gender bias on a participant’s ability or willingness to access domestic violence shelter, responses were generated to the following question:

1. Have you ever considered going into a domestic violence shelter?
2. Do you know of anyone else in the transgender community who accessed or tried to access emergency domestic violence shelter after an incident of IPV?
3. What are your perceptions of domestic violence shelters?

Analysis of the data revealed that each of the nine participants equated domestic violence shelters with cisgender identified women. This sub-theme was mentioned a
total of 101 times over the course of the participant interviews. Specifically, transgender identified survivors of intimate partner violence perceived that the domestic violence shelters in the state of New York serve the needs of cisgender identified women and not individuals whom identify as transgender.

Jessica (IPVS2) shared these perspectives when she stated in response to questions about whether she considered going into a domestic violence shelter following the abusive incident,

I really didn’t think that that was an option for me. It’s not like I look like a woman. DV shelters as far as I know are for women. I think it’s probably the same for gay men as it is for transgender people who look more masculine. It might be easier for lesbians than for anyone else because their women even if they look more masculine.

She further indicated that

I think all dv shelters are for women. I don’t think they are for people who are different than that, that mean if you weren’t born a woman they are not for you.

Jasmine (IPVS3). In responding the question, do you know of anyone else in the transgender community who accessed or tried to access emergency domestic violence shelter after an incident of IPV, Jasmine responded by stating that:

No, and the reasons, why, I mean is I have not heard of any women of transgender experience going into DV shelters and that’s because of the two spirited life that we come from and that’s because you are born one
thing and you take on something else in terms of gender as you come up.

While I see it as the best of both worlds, others don’t see if that way.

*Tracey (IPVS7)* shared similar perspectives to the other participants within the study, when she indicated that:

I would say that they are for women. I don’t know of any men who have been in DV shelters, not even gay men who may have been in a bad situation.

*Sue (IPVS8)* reported fields of experience based on her knowledge of other community member’s attempts to access shelter. She shared that:

I know people who have tried and not gotten in. They have been told there was no space but thought they got rejected because they’re transgender.

**Research support: historical framework/gender bias.** As noted in Chapter 2, initial responses to domestic violence largely stemmed from those involved in the feminist movement in the late 1960’s and early 1970’s (VanNatta, 2005; Walker, 1979). These efforts resulted in the development of supportive resources including emergency domestic violence shelters for cisgender women who shared their violent fields of experience at the hands of their abusive husband (Danis & Bhandari, 2009; National Coalition of Anti-Violence Programs, 2013). While these responses created a historical framework for intimate partner violence, and as such provided support for cisgender women, the same did not hold true for individuals whose identity fell outside of this traditional definition of a victim (National Coalition of Anti-Violence Programs, 2013).
Overall findings in this area suggested that perceptions about gender bias and historical framework had an impact on decisions to engage. Evidence of this connection is supported by the previous textural descriptions and findings outlined in the service engagement profile, where only two out of eight participants who identified a need for domestic violence shelter support, sought services, while the remaining six individuals chose not to engage.

**Theme 2: lack of cultural competency.** Questions posed within this section of the interview were designed to obtain information from participants that conveyed their perspective on the levels of cultural competency of shelter staff and the possible impact that these perceptions had on their ability and willingness to access or engage with emergency domestic violence shelters. Responses were provided to the following question:

1. What are your perceptions of the staff who work in emergency domestic violence shelters?

Findings from the data highlighted in Table 4.12 signified that seven of the nine participants (77%) cited cultural competency concerns a total of 53 times during the course of their interviews. At the same time respondents indicated a preference for LGBTQ specific shelter space and the need for training of mainstream domestic violence shelter staff to make existing shelters more accessible. The following provide textural descriptions in support of these findings.

*Gina (IPVS4).* In response to the above identified question, Gina
questioned the capacity of mainstream providers to provide services that are responsive to the specific needs of transgender identified survivors. She did so when she stated:

If it’s not a transgender shelter, I think it would be very biased because they would have to go through the trainings. I don’t know if they all do that. They would need to be able to understand the needs of transgender people, their physical and emotional needs. It’s different and we have different needs. I don’t think a shelter that isn’t transgender specific could provide services to a trans person. They are bound to say something inappropriate maybe not on purpose but just because they haven’t learned the proper way to talk to a trans person.

*Keisha (IPVS5)* reported that she had firsthand knowledge of staff levels of cultural competency as the only participant reporting gaining access to domestic violence shelter. While she indicated some positive perceptions of staff who she described as nice and helpful, she noted that her observations included the manner in which she saw staff treat cisgender, heterosexual identified women. In her interview she stated that:

I was only there about three weeks. I would have stayed longer but I didn’t like it. The shelter was nice enough but they didn’t really know how to deal with me. I spent more time talking to my worker here to get her to talk to them than actually talking to them. Some of the staff were nice and seemed helpful but more toward the other women there. I mean they were friendly enough they just didn’t seems to know what they were
doing when it came to us. I don’t think they have housed a lot of transgender people before and probably need some training.

She further indicated that staff seemed unaware of how to address concerns that she and another transgender identified survivor raised about how they were being treated by other residents. She described them as unresponsive and emphasized that by stating:

We complained together about how we were being treated by the other residents and they seemed to brush it off, telling us they couldn’t control how other people felt. They told us to just ignore them.

*Research support: lack of cultural competency.* As highlighted in Chapter 2, studies demonstrated that many lesbian, gay, bisexual and/or transgender identified individuals do not feel that supportive services are readily accessible (McClennen, 2005). Responses within this study demonstrated that participants perceived a lack of cultural competency with respect to the services offered by mainstream domestic violence shelters. Findings revealed an identified need to training in an effort to provide services that would be responsive to the specific needs of transgender identified survivors. This statement has also been supported by research conducted by Sanchez and Danoff (2009a) which reported that 32% of the respondents identified a lack of provider knowledge as the greatest barrier to access. Findings reveal that these perceptions may impact participant decisions to engage
**Theme 3: fear/uncertainty of shelter environment.** Analysis of the findings within this study revealed that 66% of the participants (n=6) mentioned concerns relative to fear or uncertainty of the shelter environment a total of 32 times during the course of their interviews. These findings were reported by the following textural descriptions.

*Steven (IPVS9)* stated:

I don’t know what a domestic violence shelter would look like. I do want to have some things like privacy, personal space. I am afraid that the shelter is like jail. It’s like a big open space and I would not to have to live in something like that because that makes me feel like I’m in jail. I really like to interact with people but most of the time I want to have my own personal space. I don’t think that shelters are like resorts or hotel so you may not have your own room. I think that would be a concern for me. I don’t mind sharing space for a short time, like two weeks, but I would prefer my own space because I am a private person and don’t want people on top of me.

*Research support: fear or uncertainty of shelter environment.* Previous studies support participant concerns raised within study relative to uncertainty about domestic violence shelter environments. As noted in these findings some of these concerns stem from perceptions of a loss of autonomy and have been interpreted as a form of power and control used by shelter staff that makes them not only feel confined but also impacts their capacity to seek gainful employment (Lyon, et al., 2008), and establish independence.

**Theme 4: emergency shelter regulations (internal).** Analysis of the findings
within this study revealed that while a total of 55% of the participants (n=5) outlined concerns about internal shelter policies and procedures, these concerns were mentioned a total of 29 times throughout the course of the interviews mentioned concerns relative to emergency shelter regulations a total of 29 times during the course of their interviews. In response to questions about her perception of the shelter environment

*Alexandra (IPVS1)* reported the following statement:

I heard that you’re really not allowed to be independent when you’re in there, that they have lots of rules. Now don’t get me wrong I don’t mind rules, but I like being independent, but if I wanted to be controlled I would have just stayed with my partner.

*Steven (IPVS9)* also reported concerns about a loss of autonomy when he stated that:

I think once in a while its fine because I like to interact with people but not too much or not too often. So I think once in a while if there is some group or social event I don’t mind going there but I don’t want to have to do it. I want to keep to myself and focus on myself and have my clear head and can think about things.

*Research support: emergency shelter regulations (internal)*. Current study findings are supported by a study identified in Chapter 2 which revealed that of the 3,410 participating shelter residents, over half of the participants reported issues related to shelter policies (Lyon, et al., 2008). Further review substantiates these findings noting that participating residents perceived shelter confidentiality mandates, which state that residents are required not disclose the shelter’s location to anyone (Madsen, et al., 2003), separate survivors from supportive networks which may have contributed to their ability
to leave an abusive situation (Haaken & Yragui, 2003). These perceptions may be even more pronounced for individuals who identify as transgender and those who may have a very limited network on which they can rely for support.

**Sub-themes: perceptions of institutional barriers.** As noted two subthemes were identified as institutional barriers reported by study participants. These included shelter location and legal concerns related to identification documents.

*Shelter location.* Analysis of the findings within this study revealed that two participants mentioned concerns relative to shelter location a total of seven times during the course of their interviews.

*Steven (IPVS9)* demonstrated this concern when he indicated that:

I would worry about the location and whether I would have a hard time to get to and from appointments, medical, legal appointments I might have.

It might affect my feelings about wanting to be in the shelter.

*Legal concerns.* Analysis of the findings within this study revealed that two participants mentioned legal concerns a total of six times during the course of their interviews. Review of the data reveals that participants specifically identified concerns relative to legal forms of identification.

*Jessica (IPVS2)* stated that:

I think that transgender people experience more problems if they haven’t been able to change their identification. It makes it harder when your identification doesn’t match the way you present yourself. People look at you like, huh, like they don’t understand and like you’re trying to get over.

*Emergency shelter regulations (external).* None of the participants
reported perceptions of external shelter regulations impacting their decisions
domestic violence shelter. This may in part be due to a lack of knowledge of
existing regulations and whether or not they include protections for transgender
identified survivors. Additional research is warranted in this area.

**Super-Ordinate theme: perceptions of IPV related barriers.** As noted below
in Table 4.13, two major categories of themes were identified through the course of
analysis of the data presented by participating transgender identified survivors of intimate
partner violence. The following section serves to identify the major themes shared
between study participants based on their lived experiences as it related to their
perceptions of IPV related barriers. For the purposes of this research intimate partner
violence related barriers have been associated with abusive tactics used to maintain
control which as noted in Chapter 2 can include physical, sexual, economic,
psychological, cultural, or emotional forms of abuse (Goodmark, 2013; National
Coalition of Anti-Violence Programs, 2012; 2013).

**IPV related barrier theme 1: abusive tactics.** Analysis of participant critical
incidents enhanced the researcher’s understanding of each participant’s history of
intimate partner violence. Review of the previous critical incident narrative revealed a
variety of abusive tactics employed by the each identified primary aggressor. While
tactics varied within each relationship, cross-sectional analysis demonstrated similarities
across participants with psychological abuse, physical abuse and isolation/restricting
movement being mentioned by all 9 participants. These three tactics were mentioned a
total of 212 times throughout the course of their interviews.
Table 4.13

*Summary of Emerging Intimate Partner Violence Barrier Theme Frequency*

<table>
<thead>
<tr>
<th>Super-Ordinate Barrier Themes: Theme</th>
<th>Number of Participants per Theme</th>
<th>Theme Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Perception of IPV Related Barriers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Abusive Tactics</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Psychological/Emotional Abuse</td>
<td>9</td>
<td>79</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>9</td>
<td>75</td>
</tr>
<tr>
<td>Isolation/Restricting Movement</td>
<td>9</td>
<td>58</td>
</tr>
<tr>
<td>Trans Specific Tactics</td>
<td>7</td>
<td>33</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>5</td>
<td>23</td>
</tr>
<tr>
<td>Financial/Economic Abuse</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>• Mitigating Factors</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Safety Concerns</td>
<td>9</td>
<td>65</td>
</tr>
<tr>
<td>Lack of Resource Knowledge</td>
<td>9</td>
<td>54</td>
</tr>
<tr>
<td>Positive Perceptions of Relationship</td>
<td>7</td>
<td>34</td>
</tr>
<tr>
<td>Self-Blame</td>
<td>5</td>
<td>12</td>
</tr>
<tr>
<td>Fear of Not Being Loved/Loss of Love</td>
<td>3</td>
<td>5</td>
</tr>
</tbody>
</table>

As indicated, seven participants (78%) also reported being subjected to transgender specific tactics by their abusive partner on 33 separate occasions during the course of their interviews. Analysis of gender identity specific tactics revealed that participants were subjected to attempts to control access to hormone treatment, made gender based insults and attempted to control clothing selection.
Gina (IPVS2) provided evidence of her partner’s use of transgender specific tactics when she stated that:

I used to think comments about what I was wearing and suggestions to change my clothes were because he just wanted to make sure I looked good. I learned overtime that it was his way of attempting to control me, to control what I wore and were really about him not accepting me as a woman. He was embarrassed but I didn’t know it at the time.

Tracey (IPVS8) also reported the use of similar specific tactics when she indicated her partners attempt to control her use of hormones. She specifically noted that:

The last time we started arguing about me taking hormones. He had always known that I identified as transgender and I also identified as gay but he didn’t and that created a lot of tension because he thought of himself as heterosexual. Anyway I was getting ready to take my hormones and he made a face. He didn’t like that I was taking them and decided to try and stop me by grabbing them from me. When I went to get them back he punched me. He was drunk and it escalated. He was much bigger than me and held me down and forced me to have sex with him. I tried to stop him but I couldn’t. When he was finished I had bruises on my wrists and legs.

Sexual abuse was reported within the context of participant (n=5) relationships on more than one occasion. This tactic was mentioned a total of 23 times during each of the five interviews.
Alexandra (IPVS1) shared that she had come to understand that sexual abuse was in fact related to intimate partner violence. She indicated that she had not previously understood this to be the case, but through counseling she had come to the realization that it was one of the tactics her partner used to control her. She stated that:

To be honest I never used to think about sexual abuse and domestic violence but I do now. I guess I always thought of it as something different but I have learned by participating in my group that even though my partner was sexually assaulting me it was part of our relationship that we were in and therefore was one of the ways he used to try to control me and he was successful for a long time. I was always afraid that if I didn’t do what he wanted sexually when he asked, he would get angry and beat me so I gave in. It was easier and less painful them the beatings I would get when I said no.

Financial/economic abuse was also mentioned as an abusive tactic used within two relationships representing 22% of all participants. While frequencies in this area were reported at lower rates than other tactics employed by the primary aggressor, this tactics was mentioned on eight different occasions.

Research support: IPV tactics. Findings within this study are consistent with research conducted by scholars, researchers and advocacy groups, including the National Coalition of Anti-Violence Programs (2102) which found that “LGBTQ and HIV-affected abusive partners use a variety of tactics to assert power and control within intimate relationships, ranging from threats to homicide (p.38); the Survivor Project which reported that more than half of the respondents endured physical or sexual assault
by an intimate partner (Courvant, 2012); and Brown (2011) and Goodmark (2013), who concluded that transgender identified individuals experience additional forms of abuse that are designed to “exploit identity-based vulnerabilities” (p. 62).

Consistent with this data and existing research, findings suggest that the use of abusive tactics create barriers for transgender identified survivors who report varying levels of readiness to leave their abusive relationship. These assertions were supported by the following textural descriptions.

_Gina (IPVS4)_ stated that:

We were together for two years and it took me a long time to get away from him. I think I got my strength from people in my support group who kept asking me why I stayed, why I thought I deserved to be treated the way he was treating me. I think I felt like I owed him something because he wasn’t bad all the time and did take care of me sometimes.

_Sheila (IPVS6)_ reported that:

Sometimes one person in the relationship has the upper hand and the other doesn’t. I mean one person has power, they control everything, they make their partner feel like they have no control and they use the control they have to make the other person feel like their stuck in the situation, like they can’t survive without them. I felt so bad about myself when I was with him. He used to make me feel useless like I couldn’t do anything right.

**IPV related barrier theme 2: mitigating factors.** Further analysis of the aforementioned data revealed four additional mitigating factors which suggest a possible
impact on participant engagement in emergency shelter services. These were reported as safety concerns, positive perceptions of the relationship, self-blaming, and fear of not being loved/loss. Among the nine interviews conducted, safety concerns were reported by all nine participants who mentioned these concerns on a total of 65 separate occasions.

Safety concerns. Safety concerns were among the highest mitigating factor mentioned by participants suggesting a possible impact on their ability and decision to leave an abusive relationship and seek domestic violence shelter support. This theme was mentioned by each of the participants (n=9) for a total of 65 times throughout the course of their interviews. This may suggest that individual perceptions of safety play a role in decisions to leave an abusive relationship and access domestic violence shelter. While the study did not reveal evidence of a direct correlation between safety concerns and ability to access domestic violence shelter, these perceptions combined with other findings may impact barriers to access.

Alexandra (IPV1). Alexandra mentioned safety concerns on eleven separate occasions during the course of her interview. Findings show that this represented slightly more than 41% of her responses in the area of IPV related barriers and 17% of the overall frequency of safety concerns mentioned by all participants. She indicated that

He stayed with me most of the time but once in a while he left me. I think he thought I was too scared to leave and I was. At the time I was too scared. I was afraid he would find me when I left.

Gina (IPV4). Similar to Alexandra, Gina mentioned safety concerns 17 times
throughout the course of her interview. This represented 81% of her responses in this area and suggests a significant concern relative to leaving her existing residence for domestic violence shelter. She stated:

I didn’t really want to leave my transitional housing program because I was doing so good but I was concerned about my safety because I didn’t know if my partner would come back.

She went on further to state that:

I think it’s hard for anyone in this situation, because you’re afraid of getting hurt, and that he will find you

Sue (IPVS8). Sue shared similar safety concerns on a community wide level when she stated that:

We worry about our safety every day and depending on where we go, what we look like and who we are with, we can be attacked at any time.

Positive perceptions of relationship. Seventy-eight percent of the participants (n=7) shared that they had positive perceptions of their relationship at varying times throughout the time that spent with their partner. These perceptions were mentioned a total of 34 times during the course of the seven interviews.

Gina (IPVS4). Recounting positive perceptions of her relationship with her partner, she revealed that:

I think I felt like I owed him something because he wasn’t bad all the time and did take care of me sometimes.

Keisha (IPVS5). In sharing positive perceptions of her relationship, Keisha stated that:
Sometimes he was so good to me. It seemed like he couldn’t get enough of me, wanting to hold my hand but when I think about it.

_Self-blame._ Self-blame was demonstrated by 56% of the participants, suggesting a possible correlation between self-blame and engagement with mainstream emergency shelter providers. Throughout the course of the interviews, this theme was mentioned a total of 12 times.

_Alexandra (IPV1)._ Self-blame made a total of four statements during the course of her interview that fell within this category. Findings showed that this represented 33% of the overall responses in this area among all participants. She indicated that:

I haven’t figured out why I keep picking these people maybe I have some sort of magnet on me saying here I am. But I also didn’t realize how controlling he was until later. If I think about the last incident with him, I could say I should have seen it coming.

_Jasmine (IPV3)_ questioned her decision making relative to moving in prematurely when she stated that:

I was in a relationship with someone for about a year and we lived together not too long after we met. Probably about five months and we moved in together, probably too soon, but I did it anyway.

_Fear of not being loved or losing love._ This was the least reported mitigating factor which impacted participant decisions to engage with domestic violence providers. This sub-theme was mentioned by three of the respondents on five separate occasions. While this demonstrates a concern for transgender identified survivors who may have been previously rejected by family members,
availability of and engagement in peer support may contribute to the limited frequencies.

**Lack of resource knowledge.** Analysis of the data indicated that each of the participants (n=9) reported a lack of knowledge related to available resources. This theme was mentioned a total of 54 times throughout the course of all participant interviews.

*Alexandra (IPVS1)* stated that:

I really didn’t consider using anything else. I really didn’t think I had any other options. No one seemed to know where to go other than my friends who offered for me to stay with them as long as I needed to.

*Jasmine (IPV3)* revealed these perceptions when she stated that:

I think that the fact that I have not always known that I could get in has impacted my decision to engage and how I have been treated by systems that were supposed to protect me like the police. I think being treated badly, not supported and not knowing what services were available impacted my ability and desire to reach out to anyone, not just shelter.

**Research support: mitigating factors.** Within the context of this study mitigating factors have been defined as situations or circumstances which influence decisions to remain within an abusive relationship rather than seek services from mainstream domestic violence shelters. While all barriers may be able to be categorized as a mitigating factor, those factors classified as such in this case, were reported less frequently than the major themes identified by the participants.
Safety concerns, self-blame and positive perceptions of the relationship may be supported by research which outlines the multitude of tactics employed by an abusive partner to maintain power and control within the relationship. Advocates are acutely aware that victims of intimate partner violence express a variety of safety concern with respect to leaving a relationship. As demonstrated in this study, fear of retaliation and of the potential of a primary aggressor locating the participant was raised as a potential barrier to accessing domestic violence shelter.

Additional tactics inclusive of psychological, or emotional forms of abuse (Goodmark, 2013; National Coalition of Anti-Violence Programs, 2012; 2013) that are designed to further isolate a victim and impact an individual’s self-esteem, may also lead to fears of not being loved as reported by the participants within this study.

Overview of Help Seeking and Engagement Data

The intent of this section is to provide both an overview of the history of engagement as well as an analysis of the emerging themes as presented by transgender identified survivors of intimate partner violence and their perspective of factors that influence engagement with mainstream domestic violence shelters and other service providers. Analysis also provides participant perspective on the communication strategies and approaches they employ in light of these factors.

Service engagement findings. In order to develop an understanding of the possible impact that history of intimate partner violence and reported fields of experience, participants were asked to report on their history of engagement with and access to services. Specifically, participants were asked to provide responses to questions
which outlined, (a) their perception of service needs, (b) identification of services they sought, (c) the services they accessed, and (d) the services they were unable to access. Figure 4.1 presents the total number of intimate partner violence survivors mentioning each service area within the identified categories.

![Figure 4.1. Qualitative Interviews Conducted with Transgender Survivors of IPV (2014).](image)

**Domestic violence shelter engagement.** With respect to domestic violence shelter service needs, data displayed in Figure 4.1 indicated that while 89% (n=8) of transgender identified survivors of intimate partner violence reported that they perceived a need for domestic violence shelter services, only 22% (n=2) requested access. Of those (n=2) that requested access, one participant reported that she was accepted to shelter, while the other reported being denied. The remaining 75% of transgender identified survivors indicated that they elected not to seek domestic violence shelter support.

Findings within this service category suggest possible barriers to accessing to domestic violence shelter as reported by the respondents. These results are consistent statistics reported by the NCAVP (2012) which revealed that 61.6% of lesbian, gay, bisexual, transgender and/or queer (LGBTQ) identified survivors, reported being denied.
access to emergency DV shelters in 2011. These results may also be attributed to a study that concluded that “transgender survivors face pervasive institutionalized discrimination and transphobia when seeking support from health care agencies and domestic violence shelters” (National Coalition of Anti-Violence Programs, 2012, p.15). Findings also suggest a possible correlation between the knowledge of or experience with failed attempts to access domestic violence shelters and decisions not to seek shelter services.

*Sheila (IPV6).* In her interview, Sheila’s response to questions related to whether she ever considered going into domestic violence shelter following her abusive incident, she stated:

> You’re kidding, right. Where? No, for what? They wouldn’t let me in. They don’t house trans people no matter whether you’re a victim or not. I couldn’t ever imagine trying to get into a DV shelter. Do they even house trans people? I don’t know of any places that do that.

**Medical service engagement.** Similar findings were presented in responses to research questions related to the perception of the need for medical services. While 67% (n=6) indicated that they perceived a need for medical services, only half (n=3) of those reported attempting to access medical intervention. These findings, highlighted in Figure 4.1 have also been substantiated by the National Coalition of Anti-Violence Programs (2012) which publicized that while 53% of transgender identified survivors of intimate partner violence reported being injured as a result of IPV incidents, only 24% of LGBTQ and HIV-affected survivors “actually sought medical attention: (p. 43).

**Police engagement.** Service area findings also revealed low engagement rates with the police with 44% (n=4) of the participants reporting a perceived need for police
intervention and only 11% (n=1) reported electing to engage with the authorities following an abusive incident. The remaining 33% (n=3) indicated that they decided not to engage the police due to negative fields of experience whereby previous engagement were not perceived as positive.

Alexandra (IPVS1) also reported similar hesitancy and chose not to engage with the authorities following her abusive incident when she stated that

I never went to the police. I didn’t think they would do much considering who I was.

She specifically expressed fears of engaging with the police as she had had previous experiences and believed that her history would preclude her from receiving intervention services that were responsive to her needs. These fears may be have been magnified by knowledge of other community members experiences with the police as outlined in statistics that revealed that “in nearly one-third of the LGBTQ-specific IPV cases reported to the police (29.7%), the survivor was arrested instead of the abusive partner” (National Coalition of Anti-Violence Programs, 2012, p.22).

Alexandra (IPVS1) further demonstrated this during her interview when she stated that:

I had been arrested before so my name was already in the system. I felt like they would just blame me anyway.

While Jessica (IPVS2) reported that police intervention assisted her in escaping her abusive situation when they were contacted by a neighbor, she revealed that she would not have initiated the engagement on her own. In her interview, she stated that:
The police helped me by getting me out of there but I didn’t call them. I don’t think I would have called them. I hadn’t known them to be helpful in the past.

Other participants echoed Jessica’s concerns when they indicated that they were hesitant to engage with the police due to the fact that they had heard from others within their community that the police were unresponsive to transgender identified individuals. In her interview, *Jasmine (IPVS3)* specifically stated that:

Initially I called the police for help because I did not know what else to do after he beat me the first time. What I found was that it was not a very supportive experience. The police were asking me for identification, they were talking to each other and laughing. It made me feel like they were blaming me for the incident and like it was my fault that I got myself into that situation.

She further stated that:

During my particular incident, I heard the murmurs between the police, the people I was asking help from, like they were not taking the situation seriously as opposed to a pregnant women going to the police and saying hey I have just been battered by my child’s father. It’s totally different. The police are looking at you like you probably deserved it or you are always going to be around that.

*Sue (IPVS8)* confirmed these assertions when she noted that:
I thought about calling the police at certain points but they don’t really do much. I’ve heard from friends that they aren’t really that responsive so I am handling things myself for now.

Preference for peer support. Analysis of the data revealed findings that participants preferred to seek peer support rather than attempt to access domestic violence shelter services from mainstream providers. One hundred percent (n=9) of the participants reported this preference mentioning it a total of 62 times during the course of their interviews. The following textural descriptions support this analysis.

Alexandra (IPVS1) stated that
The only people I felt comfortable with were the ones in my group. They listened to me and didn’t judge me even though they tried to warn me about him. They just comforted me and tried to tell me where to go for help.

Jessica (IPVS2) reported that:
The only other support I used were my friends, they helped me. Someone must have told them what happened. Our circle is pretty tight. I don’t think I thought about going anywhere else for help. I didn’t really have to with my friends offering to support me and I am thankful for that.

She further revealed that:
I mean friends in my community are like family and we help each other. We pool resources, share our money, do what we have to. Sometimes one person has money, sometimes someone else does. It’s really about supporting each other. We depend on each other for help. All of the people
I know talk to their chosen families, not their birth family but their trans family. I know people who have been in abusive relationships and we help each other out, we don’t usually go outside our own friends and chosen family.

**Research support: service engagement.** These fields of experience have been reinforced by findings from the National Coalition of Anti-Violence Programs (NCAVP) (2012) which revealed that transgender identified individuals reported having had negative interactions with police. In fact, NCAVP’s report (2012) revealed that “LGBTQ IPV survivors experienced forms of police misconduct including non-specific negative experiences (12.5%), verbal abuse (31.3%), slurs or bias language (10.9%), physical violence (14.1%), and sexual violence (1.6%)” (p.22). Furthermore, NCAVP (2012) reports suggested that:

Transgender survivors were two times as likely (2.0) to face threats/intimidation, 1.8 times more likely to experience harassment, and over four times (4.4) more likely to face police violence than people who did not identify as transgender. Moreover, transgender people of color and transgender women experienced this violence at even higher rates were more likely to face the above abuses as part of IPV (p.9).

Given these fields of experience and reported close ties maintained within the community, the findings suggest a possible impact on decisions to engage with the police. This is most notably outlined in an interview conducted with Gina (IPVS4), who in discussing her decisions not to engage with the police after she was physically abused by her partner, revealed concerns about how she would be perceived within the
community and the impact of that perception on her ability to access services in the future. She did so by explaining that:

I didn’t seek any police assistance or legal assistance because where I’m from and in particular at the organization where I get services there’s a big thing about not being seen as a snitch, of not telling on anyone. And I don’t want to be seen that way when I go there, where most of the people who get services I know and I don’t want them denying me services or talking about me because I reported something I should not have. I would not be able to go back there so I was trying to avoid having to report anything to the police.

Contrary to previously identified perceptions resulting from negative fields of experience, analysis of the data reveals positive engagement rates for counseling and safety planning services, which were significantly higher with 78% of participants both reporting that that had requested and received counseling and similarly 83% reported requesting and receiving safety planning support. It was however noted that engagement in these services involved organizations accustomed to working with the population according to participant reports.

This research also revealed confirmed previous findings which indicated that informal sources of support, including friends and family, as being most sought by the identified co-cultural group (Hammond, 1988; Lettellier, 1994; McClennen et al., 2002; Merrill & Wolfe, 2000; Renzetti, 1992, 1996; Turell, 1999). National assessments conducted by the National Coalition of Anti-Violence Programs (2012) supported this
finding indicating that transgender identified individuals prefer to seek support within their own cultural groups

**Examination of Engagement Through Co-Cultural Lens**

In an effort to ascertain the impact of each identified barrier had on identified strategies and approaches, participants were asked to respond to the following questions:

1. Do you think your perceptions of domestic violence shelters have impacted your engagement with or access to them? If so, how?
2. If you ever found yourself in a domestic violence situation again, would try to or consider accessing domestic violence shelter given your perceptions or what you know about them today?
3. How would you respond if you were denied access to shelter and felt that the denial was based on your gender identity?

Analysis of these findings as reflected in Table 4.14 demonstrated the identified shared themes as well as the number of participants mentioning each theme reported as frequency.
**Table 4.14**

*List of Emerging Help Seeking Engagement Theme Frequency*

<table>
<thead>
<tr>
<th>Super-Ordinate Theme/Themes</th>
<th>Number of Participants per Theme</th>
<th>Theme Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Communication Orientation</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Field of Experience</td>
<td>9</td>
<td>77</td>
</tr>
<tr>
<td>• Situational Context</td>
<td>9</td>
<td>20</td>
</tr>
<tr>
<td>• Perceived Costs and Benefits</td>
<td>5</td>
<td>33</td>
</tr>
<tr>
<td>• Preferred Outcome</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>• Ability</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Communication Strategy</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Separation</td>
<td>9</td>
<td>16</td>
</tr>
<tr>
<td>• Assimilation</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>• Accommodation</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Communication Approach</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Avoidance</td>
<td>6</td>
<td>15</td>
</tr>
<tr>
<td>• Non-assertive</td>
<td>6</td>
<td>12</td>
</tr>
<tr>
<td>• Assertive</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>• Aggressive</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

*Super-ordinate theme: communication orientation.* According to Orbe (2005) six considerations, or communication orientations guide the manner in which marginalized individuals engage and include (a) preferred outcome, (b) field of experience, (c) situational context, (d) abilities, (e) perceived costs and benefits and (f)
communication approach (Ramirez-Sanchez, 2008). Research confirmed that orientations may vary based on the environment and the individual’s lived experiences (Ramirez-Sanchez, 2008). While the purpose of this research focused on the impact of fields of experience on decisions to engage with mainstream providers, findings revealed that both situational context and perceived costs and benefits were also factors considered when making engagement decisions. Themes have been outlined in order of frequency with the highest frequency themes reported first.

**Fields of experience findings.** For the purposes of this research, fields of experience were defined as historical experiences with institutions, individuals and social service systems (Ramirez-Sanchez, 2008). Analysis of the data revealed that each of the participants (n=9) reported negative fields of experience or knowledge of negative fields of experience which impacted their decisions to engage with mainstream domestic violence providers. These factors were mentioned a total of 77 times throughout the course of the interviews. These fields of experience have been highlighted throughout the course of this chapter.

Findings of this study suggested that transgender identified survivors who have either previously been rejected by mainstream domestic violence shelters, had knowledge of unsuccessful community member attempts to engage, or perceived negative fields of experience with other social service systems, elected not to engage or re-engage with mainstream shelter providers.

While not specifically the focus of this research, five other identified communication orientations as identified above included: (a) perception of costs and benefits, (b) preferred outcome, (c) situational context, (d) ability and (e) communication
approach were also considered as possible patterns of engagement within a theoretical context.

**Situational context.** Findings revealed varying levels of perceived impact on decisions to engage. As reported by the participants, situational context was identified as the second factor which determined and would determine whether or attempts were made or would be made to access domestic violence shelters. This theme was reported by each of the participants (n=9) a total of 20 times during the course of their interviews. Situational context was highlighted as a factor in response to the following question: If you ever found yourself in a domestic violence situation again, would try to or consider accessing domestic violence shelter given your perceptions or what you know about them today?

While participant textural responses varied, a total of 89% of the participants indicated that they would attempt to engage with mainstream domestic violence providers in the event a future abusive incident. In this case findings suggest that situational context outweighed reported fields of experience. The following textural descriptions highlighted this finding:

If it happened again I would consider it. I’ve been through it so many times but I don’t want to experience it again. I would hopefully never get myself in that situation again.

*Steven (IPVS9)* stated that

As I said I have never requested access to shelter and have not felt the need but I might in the future it depends on whether I feel safe in my apartment.
In other cases, findings suggested preference for shelters which served transgender identified individuals. This may suggest ongoing concerns related to cultural competency barriers previously identified within this chapter.

In her interview *Gina (IPVS4)* stated that:

> If I were in a situation and I needed to go into a dv shelter I think I would definitely go if it served trans people. I might go if it served LGB people if they let me in. at least in that case they might treat me better than an organization that doesn’t understand me or agree with how I identify

Contrary to these findings, the one participant who previously reported success in accessing domestic violence shelter indicated that she would not attempt to re-engage in the event of future incident.

*Keisha (IPVS5)* did so when she stated that:

> I don’t think I would go in again if I needed to.

In this participant’s case, reported fields of experience impacted her decision to re-engage with mainstream domestic violence providers. This may suggest that previous negative fields of experience as a former resident of a NY based domestic violence shelter are barriers to re-engagement.

*Perceived costs and benefits.* Analysis of the findings also revealed that perceived costs and benefits were factors taken into consideration when deciding whether or not to engage with mainstream domestic violence shelters. As indicated in Chapter 1, perception of cost and benefits involves the consideration of possible positive and/or negative outcomes of engagement due to perceived limits in the number of options they have based on their levels of marginalization (Orbe, 1998). These factors were reported
by a total of five (n=5) participants, a total of 33 times during the course of the five interviews. In this case, findings revealed that participants perceived a negative outcome associated with requesting access to domestic violence shelters. These perceptions of inaccessibility impacted participant decisions to engage and have been highlighted throughout the course of this chapter.

**Preferred outcome.** Preferred outcome has been defined as engagement strategies that have been influenced by an assessment of the potential impact that each strategy will have on a marginalized individual’s relationship with those in dominant positions (Orbe & Speller, 2005). Findings within this study suggest that while a concern for 22% of the participants, this factor considered when making engagement decisions and was mentioned only three times during the two interviews.

**Super-ordinate theme: communication strategy.** Research revealed that marginalized individuals employ a variety of engagement strategies when attempting to negotiate within the environments in which they live (Ramirez-Sanchez, 2008). Although strategies can change over time, they are influenced by levels of marginalization, preferences in communication style and opportunities for advancement (Camara & Orbe, 2010; Ramirez-Sanchez, 2008). Findings are presented in order of frequency.

**Separation.** Analysis of participant responses demonstrated that separation was the preferred communication strategy selected by all nine participants. This strategy was mentioned sixteen times during the course of all nine interviews.

For the purposes of this research, separation was defined as an individual’s decision to create and maintain a group identity distinct from that of the dominant culture (Camara & Orbe, 2010, p. 88). Findings revealed that the majority of participants who
identified a need for domestic violence shelter services (n=8), 75% chose not to seek services from mainstream providers (n=6). Analysis further indicated, that consistent with previous research findings (Camera & Orbe, 2010), participants instead preferred to seek peer support and support from providers who specialized in working with members of the lesbian, gay, bisexual, transgender, and/or queer identified community. Decisions to separate rather than engage with mainstream providers have been previously highlighted throughout the course of this chapter.

**Assimilation.** Communication strategies that involved attempts to assimilate, defined as a participants “attempt to fit in with the dominant cultural norms, and eliminate cultural difference and minimize distinctions within groups” (Camara & Orbe, 2010; Orbe & Roberts, 2012, p.126) were identified by one participant on two separate occasions during the course of the interview. While findings reveal this participant’s attempt to pass which has been defined as “having one’s gender identity accepted unquestionably” by those in one’s surroundings (Goodmark, 2013, p.59), responses indicated that these attempts stemmed from the participant’s fear of being “outed” with respect to his gender identity and/or sexual orientation. This is consistent with findings outlined within the Annual IPV Report conducted by the National Coalition of Anti-Violence Programs (2012).

**Accommodation.** Accommodation was defined in previous research studies as a communication strategies that involved the acceptance of differing cultural perspective and attempts to engage with mainstream domestic violence shelters while recognizing the value of differing cultural standpoints (Lapinski & Orbe, 2007; Orbe & Roberts, 2012). These strategies were not selected by any of the participants which reflect participant’s
decision not to engage with domestic violence shelters and is further supported by the communication approach findings identified below.

**Super-ordinate theme: communication approach.** Previous researcher suggests that marginalized individuals may select one or more communication approaches when engaging with dominant group members, systems, or institutions (Cohen & Avanzino, 2010; Orbe & Roberts, 2012). Within the context of this study, domestic violence shelters were positioned a dominant institutions with the power to make decisions about who does and does not access shelter services.

Persons who use non-assertive approaches in communication tend to consider the needs of others before their own personal needs (Cohen & Avanzino, 2010). In this context, non-assertive persons are considered non-confrontational and amenable (Camara & Orbe, 2010; Orbe & Roberts, 2012). These communication approaches have been broadly classified as *non-assertive, assertive, or aggressive* (Cohen & Avanzino, 2010; Orbe & Roberts, 2012). Findings are presented in order of frequency of reports.

**Avoidance.** Analysis of participant data revealed that 67% of the respondents (n=6), reported avoiding communicating with domestic violence shelters, electing not to seek services and instead seek peer and LGBTQ provider support. Frequency of these approaches were mentioned a total of 15 times throughout the course of the (n=6) interviews. This approach has been highlighted within the service engagement section and supported by textural descriptions outlined earlier in this chapter.

**Non-assertive approach.** Non-assertive approaches were defined as individuals who tend to consider the needs of others before their own personal needs (Cohen & Avanzino, 2010). Consistent with previous research studies, non-assertive persons in this
study were considered non-confrontational and amenable (Camara & Orbe, 2010; Orbe & Roberts, 2012).

Analysis of the findings revealed that while (n=6) participants reported engaging in non-assertive approaches, these methods were selected based on the situational context in which they found themselves. Evidence of this finding is supported by the following textural description.

*Alexandra (IPVS1)* provided evidence if this finding when she stated:

Sometimes I say something. more now than I used to. I used to be the type of person to just walk away but it gets tiring after a while and you have to say something otherwise people think it is okay to treat you however they want to. I don’t do it in a way that’s rude, I just let them know what they are saying is wrong.

**Assertive approach.** Findings within this study suggest that two participants made statements on two occasions which fell within this category. Consistent with the research, this suggests that these individuals take into consideration the needs of others and themselves equally (Camara & Orbe, 2010).

**Aggressive approach.** Analysis of participant data revealed that assumption of an aggressive approach was least reported by participants during the course of their interviews. Findings demonstrated that 22% (n=2) of all participants reported engaging in approaches that were perceived to be aggressive. For the purposes of this study, an aggressive approach is one that is perceived to be confrontational, controlling and self-absorbed (Cohen & Avanzino, 2010). Furthermore scholars asserted in previous studies that an aggressive approach often comes across as an attack on the dominant individual,
system or institution with who an individual is communicating (Orbe & Spellers, 2010). While this may be the case in these reported interactions, provider perceptions of engagement were not included in this study. In responding to questions about how the participant would respond to shelter providers who indicate that services were being denied due to gender identity.

Sue’s (IPVS8) response supported these findings when she stated

I think I would get mad, if the person was nasty about it I would probably tell them off.

Summary of Results

Consistent with the literature, this study revealed that several factors influenced both a survivor’s willingness and ability to access to emergency domestic violence shelter services. As indicated in Chapter 2, while some of these barriers were similar for cisgender and transgender identified survivors, namely IPV related barriers, this study suggests that barriers experienced by transgender identified individuals are compounded by intersecting identities that play out differently in the everyday experiences of transgender survivors (Goodmark, 2013).

Among the obstacles identified by transgender identified survivors of domestic violence, participants rated transphobia as having the greatest influence on their decisions to engage with mainstream providers, stage of transition and lack of cultural competence were also reported as social barriers that influenced their decisions to engage.

Findings also revealed several institutional barriers that impacted engagement. These included the historical framework of intimate partner violence, fear or uncertainty of the shelter environment and perceptions of internal shelter regulations.
Similar to studies involving cisgender identified women, IPV related barriers involved primary aggressor use of multiple tactics to maintain control which included physical, sexual, economic, psychological, and emotional forms of abuse (Goodmark, 2013; National Coalition of Anti-Violence Programs, 2012; 2013). Findings also suggested that transgender identified individuals experience additional forms of abuse specifically tied to their gender identity destruction of personal identity based property, outing, denial of medical care or hormone treatment, gender specific insults and intentional misuse of gender pronouns (Goodmark, 2013).

Findings further suggest that these experiences were compounded by negative fields of experience with other social service systems including the policy and medical institutions designed to protect and respond to individuals from abusive incidents. Largely based on perceived negative fields of experience and situational context, transgender identified survivors chose not to engage with mainstream domestic violence providers and indicated a preference for seeking informal sources of support from peers and organizations with a history of working with individuals from their cultural group.

The examination of findings through a co-cultural theoretical lens suggested that fields of experience and situational context are the factors which most influence both the identified communication strategy and selected approach. Findings suggested that separation and avoidance were the strategies and approaches selected by the majority of participants. While negative fields of experience were reported to have influenced previous decisions to engage, leading participants to separate and avoid communication with mainstream providers, participants remained open to the possibility of engagement in the event of a future incident.
Chapter 4 presented the findings of this study while Chapter 5 summarizes the research, findings and reviews the implications and limitations of the study. Finally the chapter will conclude with a discussion of direct service and policy recommendations designed to address the identified problem.
Chapter 5: Discussion

Introduction

The purpose of this study was to examine barriers to accessing emergency domestic violence shelter services from the perspective of transgender identified survivors of intimate partner violence. Findings provide information that assist in increasing awareness of identified barriers and fields of experience which impact both access and willingness of this population to engage with mainstream emergency domestic violence shelters in New York State.

Two questions were examined from the perspective of trans-gender survivors of intimate violence:

1. What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?

2. Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?

Research questions were developed in response to previous studies and reports that revealed: (a) increasing rates of intimate partner violence (IPV) among those who identify as lesbian, gay and/or transgender (Bornstein, et al., 2006; Burke & Follingstad, 1999; Bradford & Ryan, 1994; Brand & Kidd, 1986; Diamond & Wilsnac, 1978; Renzetti, 1989; & National Coalition of Anti-Violence Programs, 2013); (b) escalating
reports of denials to emergency domestic violence shelters for transgender identified survivors of IPV (National Coalition of Anti-Violence Programs, 2012); and (c) a dearth of qualitative research on the barriers to shelter access experienced by transgender survivors of intimate partner violence.

Previous research involving transgender identified individuals has traditionally been reported as part of a larger lesbian, gay, bisexual, and/or queer context. Data collected and analyzed within this interpretive phenomenological approach provides a unique and focused insight into the lived experiences of transgender identified survivors separate from the larger LGBQ co-cultural group. Therefore, this study (a) adds to the literature and data on transgender identified survivors, (b) gives voice to marginalized survivors who have had limited outlets in which to offer their perspectives on access (c) provides insight into the fields of experience when deciding whether or not to engage with mainstream providers, (d) offers insight to policy makers and funders who influence the provision of services for transgender survivors of intimate partner violence, and (e) provides information when for designing culturally responsive services and policies for engaging transgender victims.

Use of a co-cultural theoretical framework further illuminates participant experiences in providing opportunities for individuals traditionally silenced by mainstream society. It also illuminates the impact aspects of marginalization on the capacity and willingness to engage with dominant emergency domestic violence shelter providers. In doing so, this study highlights the need for the development of additional tools and research to examine barriers from the perspective of those whose voices have been traditionally unheard. It further emphasizes the demand for modifications of
institutional systems designed to meet the needs of the “universal victim” as a changing demographic.

The intent of this chapter is to provide an overview of the research findings through a review of the core themes, theoretical framework and a discussion of the implications for professional practice, and policy development. Chapter 5 will also include a review of the study limitations, a discussion of recommendations and reflections on possible future research.

Implications of Findings

This section provides a summary of the core themes shared by the research participants as well as the implications of these findings on professional practice and policy development. As noted in Chapter 3 and Chapter 4, this study involved a qualitative approach and interpretative phenomenological analysis of the findings.

Review of core themes. A total of nine transgender identified survivors of intimate partner violence were interviewed for this study. Participants were asked questions about their perception of the access barriers to mainstream domestic violence (DV) shelters in the state of New York, their fields of experience and the impact that these perceptions and experiences have on their decisions and/or willingness to engage with mainstream DV shelter providers.

Barrier themes. Following content analysis, a total of eight major and six sub-themes were identified as barriers to domestic violence emergency shelter access. These themes responded to the first of two questions posed by the research:
1. What factors from the perspective of the transgender identified survivor of intimate partner violence, affect access to emergency domestic violence shelter services in New York State?

Themes were organized into three categories and classified under the context of super-ordinate themes, including (a) perceptions of social barriers, (b) perceptions of institutional barriers, and (c) perceptions of intimate partner violence related barriers.

**Super-ordinate barrier theme one: Perception of social barriers.** As noted in Table 4.11, two major themes were identified as social barriers which impacted participant access and engagement with mainstream domestic violence emergency shelter providers. These were identified as (a) transphobia or fear of transphobia, and (b) stage of transition.

All (100%) of the study participants identified transphobia or a fear of transphobia as the most frequently reported social barrier. This particular barrier was mentioned a total of 162 times throughout the course of their interviews. Textural analysis established that each of the participants (n=9) also reported transphobic fields of experience that have impacted their decisions to engage with not only emergency domestic violence shelters but other social service systems as indicated in the service profile analysis in Figure 4.1.

Stage of transition was mentioned as a barrier a total of 51 times during the course of nine participant interviews. While mentioned less frequently than transphobia or a fear of transphobia, participants perceived that an individual’s stage of transition was also critical factor in impacting their capacity or willingness to access and engage with mainstream domestic violence emergency shelters.
A total of six participants reported that a fear of outing or disclosure of their gender identity or status as a domestic violence victim was a barrier to domestic violence emergency shelter access. This barrier was mentioned a total of 39 times during the course of the interviews.

Socially related sub-themes identified by the participants included (a) fear of loss of community or family support, (b) homophobia, (c) fear of outing/disclosure and (d) staff attitudes and perceptions. These themes were categorized as sub-themes based on frequency. Despite being mentioned for a combined total of 61 times during the course of the interviews, participants perceived that these sub-themes had a lesser impact on their engagement with mainstream domestic violence emergency shelters than the other three aforementioned barriers.

Findings related to social barriers are consistent with previous research that reports that transgender identified individuals often encounter ignorance, hostility, and transphobic environments while attempting to access social services (Stotzer, Silverschanz & Wilson, 2013). Participant in this study reported that limits in their willingness and capacity to engage with mainstream domestic violence shelters were rooted in their fields of experience involving discrimination, negative societal norms, and persistent social inequalities (Bauer, et al., 2009).

Super-ordinate barrier theme two: Perception of institutional barriers. For the purposes of this study, institutional barriers are defined as “policies, procedures or situations that systematically disadvantage certain groups of people” (ncwit.org, year). As noted in Table 4.12, four major themes were identified as institutional barriers including,
(a) historical framework/gender bias, (b) fear or uncertainty of shelter environment, (c) internal shelter regulations, and (d) lack of cultural competency.

Analysis of the data revealed that each of the nine participants’ equated services offered through domestic violence shelters with cisgender identified women. This theme was mentioned a total of 101 times during the course of the participant interviews. Specifically, transgender identified survivors of intimate partner violence perceived that the domestic violence shelters in the state of New York serve the needs of cisgender identified women and not individuals who identify as transgender. These perceptions stem from first and secondhand knowledge of discriminatory fields of experience and previous attempts to engage with mainstream domestic violence shelters resulting in low engagement rates reported by the participants. More specifically, while eight (89%) of the respondents perceived a need for domestic violence shelter services, only two (22%) ever requested access.

Of those two who requested access, only one participant reported being accepted to shelter. The experience of trans-phobic interactions with staff and other residents caused her to exit the shelter early and revealed an unwillingness to re-engage with the mainstream dominant shelter system to even in the event of a future incident of intimate partner violence. A second participant reported that she had requested access but was denied services based on her gender identity. The remaining 78% of the respondents never attempted to seek domestic violence emergency shelter services.

These results are in part consistent with statistics reported by the NCAVP (2012) which revealed that 61.6% of lesbian, gay, bisexual, transgender and/or queer (LGBTQ) identified survivors, reported being denied access to emergency DV shelters in 2011.
Findings are consistent with earlier perceptions of institutionalized discrimination and transphobia when seeking support from health care agencies and domestic violence shelters (National Coalition of Anti-Violence Programs, 2012, p.15).

Lack of cultural competency was highlighted by seven of the nine participants (77%) a total of 53 times during the course of the interviews. At the same time respondents indicated a preference for LGBTQ specific shelter space and the need for training of mainstream domestic violence shelter staff to make existing shelters more accessible.

Fear or uncertainty of shelter environment was reported by 67% of the participants who mentioned this concern as total of 32 times during the course of the interviews. Although perceived to be largely based on assumptions about domestic violence shelter environments, internal shelter regulations were cited 29 times by five participants. While these themes were mentioned less frequently than perceptions of historical framework or gender bias, participants revealed that the two aforementioned barriers impacted their decisions to engage with mainstream domestic violence emergency shelter providers.

Findings further reveal that two additional sub-themes were mentioned on a total of 13 occasions during the course of two participant interviews. These included shelter location and legal issues. Participants in this case relayed concerns about being cut off from existing support networks due to the possible location of the shelter facilities as well as concerns about legal documentation not corresponding to current gender identity when attempting to access domestic violence shelter. External shelter regulations were not mentioned by any of the participants. While suggestive of not impacting participant
willingness or capacity to engage, further exploration of perceptions regarding external
shelter regulations may be warranted within future studies.

**Super-ordinate barrier theme three: Perception of IPV related barriers.** As reported
in Table 4.13, participating transgender identified survivors of domestic violence reported
use of varying forms of abusive tactics employed by their identified primary aggressor as
having an influence on their capacity to leave an abusive relationship and engage with
mainstream domestic violence emergency shelter providers.

While tactics varied within each relationship, a cross-sectional analysis
demonstrated similarities across participants with respect to psychological and physical
abuse, as well as attempts to isolate and restrict survivor movement. These tactics were
mentioned by all nine participants a total of 212 times throughout the course of the
interviews.

Seven participants (78%) also reported being subjected to transgender specific
tactics by their abusive partner on 33 separate occasions during the course of their
interviews. Analysis of gender identity specific tactics revealed that participants were
subjected to gender based insults, attempts to control access to hormone treatment as well
as attempts to control clothing selection.

Sexual abuse was reported by a total of five participants a total of 23 times during
the course of the interviews. These findings confirm the use of sexual abuse as one of the
primary aggressor tactics. This experience is supported by the national study conducted
by the Survivor Project, which reported high prevalence rates of rape by an abusive
partner (Courvant, 2005). While consistent with other studies, additional research may be
warranted in order to examine the frequency and severity of use of sexual abuse as a control tactic.

Contrary to previous research findings, financial abuse was reported less frequently as an abusive tactic used by the primary aggressor (National Coalition of Anti-Violence Programs, 2011; 2012; 2013). While only two participants reported utilization of this tactic, other reports indicated higher levels of attempts to control finances within the context of an intimate partner violence relationship (National Coalition of Anti-Violence Programs, 2011; 2012; 2013).

Analysis of the data also reveals several mitigating factors, including, (a) safety concerns, (b) lack of resource knowledge, (c) positive perceptions of the relationship, (d) self-blame, and (e) fear of not being loved or loss of love as impacting participant capacity to leave an abusive relationship and engage with mainstream domestic violence emergency shelter providers. Of these mitigating factors, safety concerns and lack of resource knowledge were most frequently reported by all nine participants.

Engagement themes. Following content analysis, a total of eight major and two sub-themes were identified related to engagement with mainstream domestic violence shelter providers. These themes responded to the second question posed by the research:

2. Given their fields of experience, how do transgender identified survivors perceive their engagement with and access to emergency domestic violence shelter services in New York State has been impacted?

Engagement themes were examined through use of a co-cultural theoretical framework, organized into three categories and classified within the context of super-
ordinate themes, including (a) communication orientation, (b) communication strategies, and (c) communication approach.

**Super-ordinate engagement theme one: communication orientation.** Partially consistent with previous research conducted by Orbe (2005), findings suggest that there are five not six considerations, or communication orientations that guide the manner in which marginalized individuals engage and include (1) field of experience, (2) situational context, (3) perceived costs and benefits, and (4) preferred outcome (Ramirez-Sanchez, 2008). The final orientation communication approach, is discussed later within this chapter (Ramirez-Sanchez, 2008). The sixth consideration identified as ability in Orbe’s (2005) research was not identified by any of the participants.

**Fields of experience.** For the purposes of this research, fields of experience were defined as historical experiences with institutions, individuals and social service systems (Ramirez-Sanchez, 2008). All nine participants reported negative fields of experience which impacted their decisions to engage with mainstream domestic violence providers.

Findings suggest that respondents elected not to engage or re-engage with mainstream shelter providers if they had previously been rejected by mainstream domestic violence shelters, had knowledge of unsuccessful community member attempts to engage, or perceived negative fields of experience with other social service systems,

**Situational context.** As defined by Orbe (2005), situational context involves strategies employed by marginalized individuals to engage with mainstream providers based upon the circumstances in which they find themselves (Orbe, 2005). This study support Orbe’s assertion revealing that situational context was the second most important factor in determining whether or not attempts were made to access mainstream domestic
violence shelters. This theme was reported by all nine participants a total of 20 times during the course of their interviews. While participant textural responses varied, 89% of the participants indicated that they would attempt to engage with mainstream domestic violence providers in the event a future abusive incident. For most of this sample, findings suggest that situational context outweighed reported fields of experience.

In other cases, participants conveyed a preference for engaging with shelters accustomed to serving transgender identified individuals. Others indicated a clear preference for consulting with peers for support. The one participant who reported success in accessing domestic violence shelter indicated she would not attempt to re-engage the mainstream system in the event of future incident. All of these responses enforce the importance of cultural competency in service delivery and highlight fields of experience as outweighing the situational context. Additional research is warranted in this area to examine possible variances between those who have and have not accessed mainstream emergency domestic violence shelters.

*Perceived costs and benefits.* Findings also revealed that perceived costs and benefits were factors taken into consideration when deciding whether or not to engage with mainstream emergency domestic violence shelters. As indicated in Chapter 1, perception of cost and benefits involves the consideration of possible positive and/or negative outcomes of engagement due to perceived limits in the number of options they have based on their levels of marginalization (Orbe, 1998). Factors involving costs and benefits of access were reported by a total of five participants, 33 times during the course of the five interviews. Participant ability and decisions to engage in shelter access have been highlighted throughout Chapter 4.
Preferred outcome. Preferred outcome has been defined as outcomes based on strategies for engagement used to influence a marginalized individual’s relationship with those in dominant positions (Orbe & Speller, 2005). Findings within this study suggest that this concern was mentioned a total of three times by only two participants within the study. Low mention of this item may be correlated to high levels of reliance, preference for peer support, limited previous engagement or reliance on mainstream institutions. Findings generally suggest a lacked concern of a preferred outcome due to a lack of existing relationships with those in dominant positions.

Super-ordinate engagement theme two: Communication approach. Previous research suggests that marginalized individuals may select one or more communication approaches when engaging with dominant group members, systems, or institutions (Cohen & Avanzino, 2010; Orbe & Roberts, 2012). These communication approaches have been broadly classified as “non-assertive, assertive, or aggressive” (Cohen & Avanzino, 2010; Orbe & Roberts, 2012). One additional approach, categorized by the researcher as “avoidance”, was identified as during the course of analyzing the data. Findings have been reported in order of frequency of mention by the participants.

Avoidance. Review of the findings suggest that the majority of participants (67%) reported avoiding communicating with mainstream emergency domestic violence shelters, electing not to seek services and instead seek peer and LGBTQ provider support. Frequency of this approaches were mentioned a total of 15 times throughout the course of the six interviews. While not reflective of communication approaches identified by Orbe in previous studies, findings within this research were categorized within this theme
based on participant perceptions. This assertion is supported and highlighted by Figure 4.1, which demonstrates history of service engagement.

*Non-assertive approach.* Non-assertive approaches are defined as individuals who tend to consider the needs of others before their own personal needs (Cohen & Avanzino, 2010). Consistent with previous research studies, non-assertive persons in this study are considered non-confrontational and amenable (Camara & Orbe, 2010; Orbe & Roberts, 2012). Analysis of the data reveals that while six participants reported engaging in non-assertive approaches, these methods were contingent upon situational context and not selected to advocate for access but instead pointing out perceptions of discriminatory behavior.

*Assertive approach.* Findings suggest that two participants made statements on two occasions which fell within the category of an assertive approach. Consistent with the research, this suggests that these individuals take into consideration the needs of others and themselves equally (Camara & Orbe, 2010).

*Aggressive approach.* Aggressive approaches were least reported by participants during the course of their interviews. Findings found that two participants reported aggressive approaches in communication. For purposes of this study, an aggressive approach is perceived as confrontational, controlling and self-absorbed (Cohen & Avanzino, 2010) and can come across as an attack on the dominant individual, system or institution with who an individual is communicating (Orbe & Spellers, 2010). Note that categories were made based on the respondents report of interactions and not on provider perceptions of engagement.
Super-ordinate engagement theme three: Communication strategy. Previous research reveals that marginalized individuals employ a variety of engagement strategies when attempting to negotiate within the environments in which they live (Ramirez-Sanchez, 2008). Although research suggests that strategies can change over time, they are influenced by levels of marginalization, preferences in communication style and opportunities for advancement (Camara & Orbe, 2010; Ramirez-Sanchez, 2008). Within the context of co-cultural theory, Camara & Orbe (2010) identify three factors that influence the selection of a communication strategy. They are: (1) separation; (2) assimilation; and (3) accommodation.

Separation. Analysis of participant responses suggested that separation was the preferred communication strategy selected by all nine participants. Treated as an individual’s decision to create and maintain a group identity distinct from that of the dominant culture (Camara & Orbe, 2010, p. 88), this strategy was mentioned 16 times during the course of all nine interviews. Findings revealed that among the eight participants who identified a need for domestic violence shelter services, 75% (n=6) chose not to seek services from mainstream providers. Instead, participants preferred to seek peer support and support from providers who specialized in working with members of the lesbian, gay, bisexual, transgender and/or queer identified community.

Assimilation. Communication strategies that involved attempts to assimilate have been defined as a participant’s “attempt to fit in with the dominant cultural norms, and eliminate cultural difference and minimize distinctions within groups” (Camara & Orbe, 2010; Orbe & Roberts, 2012, p.126). This particular strategy was identified by only one participant during the course of the interview. Findings reveal this participant’s attempt
to “pass” as “having one’s gender identity accepted unquestionably” by those in one’s surroundings (Goodmark, 2013, p. 59). Responses indicated that these attempts stemmed from the fear of being “outed” with respect to his gender identity and/or sexual orientation. This is consistent with findings outlined within the Annual IPV Report conducted by the National Coalition of Anti-Violence Programs (2012). The majority of participants did not reveal responses indicative of assimilation as a communication strategy.

**Accommodation.** Accommodation has been defined in previous research studies as a communication strategy that involve the acceptance of differing cultural perspective and attempts to engage with mainstream domestic violence shelters while recognizing the value of differing cultural standpoints (Lapinski & Orbe, 2007; Orbe & Roberts, 2012). This strategy was not selected by any of the participants, which is consistent with the decision not to engage with mainstream emergency domestic violence shelters.

**Significance of Findings**

Results from this study have several professional practice and policy related implications. In responding to the research questions, participants provide insights to mainstream providers and practitioners that reveal several factors which influence a survivor’s ability and decision to seek access to mainstream emergency domestic violence shelter services. While some of these factors may be similar for both cisgender and transgender identified survivors, this study demonstrates that a host of obstacles experienced by transgender identified individuals are compounded by intersecting identities that play out differently in their everyday experiences (Goodmark, 2013).
**Professional practice implications.** Given the increasing number of non-traditional victims of intimate partner violence, and changing regulations, it is clear that domestic violence providers will at some point be mandated to provide services to and encounter individuals who identify within the spectrum of transgender identities (Wang, 2012). Given these possibilities, results from this study may be useful to mainstream providers who want to be better prepared for and responsive to the specific needs of these changing demographics.

**Domestic violence shelter implications.** It is clear from a review of the literature that since the 1970’s emergency domestic violence shelters have served as one the first responders to victims of intimate partner violence (Clevenger & Roe-Sepowitz, 2009). Since that time, advocates within the movement have been at the forefront of both identifying need and providing services to victims and survivors of intimate partner violence (Danis & Bhandari, 2009). It is evident that residential programs have provided opportunities that enhance a survivor’s ability to leave an abusive relationship (Haj-Yahia & Cohen, 2009). This study however confirms assertions made by the National Coalition of Anti-Violence Programs (2010; 2011; 2013), which demonstrate that transgender identified survivors as of domestic violence have been consistently denied the same degree of access to services. Furthermore, this study confirms that trans-gender survivors equally perceive limits to mainstream emergency domestic violence shelter access and other lifesaving services.

This study demonstrates that perceptions of discrimination based on negative firsthand experiences or knowledge of negative experiences with shelter providers and other social service systems limit not only direct access, but impact the willingness to
engage. Many outreach efforts and services are offered by not-for profit organizations supported by public tax-revenues and should be consistently subject to non-discriminatory practices.

**Cultural competency implications.** Currently, a host of providers have begun to prepare to extend domestic violence shelter services to transgender identified victims of domestic violence. This study confirms the need for increasing dialog, training, and education among shelter staff and service providers. This suggestion is based on perceptions of limitations of shelter staff in their ability to offer services specific to the needs of transgender identified victims. This could be achieved by training and sensitizing shelter staff, shelter hotlines, etc. on the negative fields of experiences of this highly marginalized population. Failure to educate first responders to domestic violence victims in the transgender identified community members is critical for changing patterns of access denial to shelter and support services.

**Policy and funding implications.** Findings from this research also reveal the need to consider policy implications that may influence access to or a willingness to engage with emergency domestic violence shelters for transgender identified survivors of intimate partner violence. These implications are particularly important to consider given re-authorization of the Violence Against Women Act (VAWA), first initiated in 1994. This act which according to the National Coalition of Anti-Violence Programs (2013) is “the nation’s premiere response to intimate partner violence, sexual violence, dating violence, and stalking” that provides “funding for critical life-saving services to survivors of intimate partner and sexual violence across the country” (http://www.avp.org).

Provisions under VAWA now include protections for lesbian, gay, bisexual, transgender,
and/or queer (LGBTQ) survivors of violence (http://www.avp.org). Findings from this study therefore support the adoption of similar policy protections within the state of New York.

While this legislation will affect organizations that receive VAWA sponsored funding, the same requirement is not currently mandated by some other funding streams. These discrepancies may have implications for transgender identified survivors who without statewide protections, may continue to experience barriers to accessing domestic violence shelters.

Findings also reveal the need for increased funding designed to respond to the growing number of LGBTQ individuals experiencing domestic violence. While the number of domestic violence shelters and other residential programs has been increasing in the state of New York, there is no evidence of services specifically earmarked to serve the transgender community. This is important given that findings from this study suggest that participants prefer to seek support from providers accustomed to working with for lesbian, gay, bisexual, transgender, and/or queer identified individuals. The lack of designated funding to organizations specializing in providing services to this population may also impact future engagement.

**Implications for executive leadership.** These findings also have implications for executive leaders committed to issues of social justice. While individuals within the domestic violence movement have been influenced by the cisgender male-cisgender female paradigm, changing demographics and findings demonstrated by this study support the need to create and modify institutional understanding of intimate partner
violence as well as perceptions and willingness to engage of transgender identified survivors.

Leaders of intimate partner violence organizations throughout New York State and nationally, must first understand that oppression may often be perpetuated by the very institutions they lead. There must be an acknowledgement that cultural and institutional oppression both supports and perpetuates the existence of intimate partner violence (IPV). This is achieved by using institutional biases to further isolate and control. “In order to end IPV, we must challenge and the broader culture of oppression and abuses of power” (National Coalition of Anti-Violence Programs, 2013., p. 67). This study supports the assertion that failure to consider the oppression of transgender identified victims of domestic violence as part of the work in the anti-violence movement perpetuates marginalization and access limitations (National Coalition of Anti-Violence Programs, 2013).

Theoretical implications. To date, co-cultural theory has been used as the framework in which to examine a number of marginalized populations, including people of color, gays, lesbians, bisexuals, and the disabled (Cohen & Avanzino, 2010) and has been instrumental in observing and documenting daily experiences and common connections which are sometimes invisible among marginalized individuals (Smith, 1987). According to Allison and Hibbler (2004) knowledge gained from these perspectives builds the capacity to empower silenced communities and promote social change. To date co-cultural theory has been utilized to examine the diverse groups of marginalized populations including racial and ethnic minorities, LGBT, and the disabled (Cohen & Avanzino, 2010). This theory has served as an important tool in documenting
the experience between intersecting levels of marginalization for groups (Orbe & Spellers, 2005) such as female Hispanic survivors of intimate partner violence who reported lower utilization of formal, shelter support services compared to dominant cultural groups (Lipsky, Caetano, Field, & Larkin, 2006). Despite the existence of previous studies, there remains a need to examine how transgender identification affects marginalization.

Findings also support conclusions drawn by Camera and Orbe (2010) and Orbe and Groscurth (2004) that:

1. Although widely diverse, co-cultural group members share a similar positioning that renders them marginalized within society, and;

2. Co-cultural group members adopt certain communication orientations to negotiate oppressive dominant forces and achieve any measure of success in their everyday interactions (p. 126).

Limitations

The following limitations have been identified within the context of the study.

Study participant limitations. The sample size was small and limited to residents of the five boroughs of New York City. Therefore, results may not reflect experiences of transgender identified survivors who reside outside of the New York City Metropolitan area; Secondly, since 89% of the study participants identified as transgender female and gender nonconforming, the findings may not be generalizable to individuals who identify as transgender males. Additional research with this co-cultural group is warranted in each of these cases.
Third, due to the fact that this was a qualitative study with convenience sampling of nine participants, results may not be generalizable to the perceptions of the larger co-cultural group. Further research using a larger sample size is warranted to explore possible variances within the findings.

Finally, utilization of an interpretative phenomenological approach leaves room for researcher bias. While efforts to minimize researcher bias were employed throughout the study, inclusive of use of field experts, transcription services and an alternate coder, bias cannot be totally eliminated. The researcher has a long professional history in domestic violence shelter and service administration, which can potentially impact personal biases and beliefs.

**Theoretical limitations.** Co-cultural theory has been criticized for conducting research that has predetermined outcomes. This study while informed by existing research was initiated in an effort to illuminate access barriers, possible issues of discrimination and its impact on access to needed services. These goals were in large part due to researcher desires to explore projects that are emancipatory in nature. Therefore, findings may be seen to be influenced by a desired outcome (Deutch, 2004). Furthermore, studies employing the co-cultural framework typically involve phenomenological research, which are subject to interpretation and therefore can be limited by the researcher’s interpretation of the findings (Creswell, 2013). In this case, as noted in Chapter 3, the researcher attempted to limit these influences and validate the findings through alternate coder review.
Recommendations

Based on the findings for this and earlier studies conducted with transgender identified survivors of intimate partner violence, a series of recommendations are made which may enhance access to mainstream emergency domestic violence shelter services for this population. These recommendations include the following:

1. Reviewing domestic violence shelter regulations, administrative directives and the adoption of anti-discrimination provisions
2. Instituting formalized monitoring and evaluation systems within the state and as recommended by the National Coalition of Anti-Violence Programs (2013),
3. Dedicating of funding to support shelter services for transgender identified survivors,
4. Prioritizing of participation in training and technical assistance, standardization of domestic violence emergency shelter screening tools inclusive of gender identity and sexual orientation, and
5. Incorporating anti-oppression framework into anti-violence work.

In addition to highlighting these specific recommendations, this section will identify possible considerations for enhancement of existing measurement tools used within the co-cultural theoretical framework, and call for the development of barrier assessment scale that may assist in furthering research in this area.

**OCFS and domestic violence shelter providers.** As highlighted in Chapter 2, the Office for Children and Family Services is the governing body in the New York State that authorizes domestic violence shelter licenses and provides oversight of corresponding shelter regulations. While emergency domestic violence shelter
regulations may have intended to be inclusive, gender assumptions of male against female phenomenon persist. Specifically, the New York State Office of Children and Family Services (OCFS) regulations identify adults’ and their children as individuals eligible for domestic violence residential programs. While gender identity is not specified within the guidelines, it is often assumed that cisgender identified women are the primary caretakers of children.

Given findings from this study and other nationally based reports (National Coalition of Anti-Violence Programs, 2010; 2011; 2012), changing federal regulations, including the re-authorization of the violence against women act (VAWA) which now includes protections for lesbian, gay, bisexual, transgender and/or queer identified individuals, and the recently signed anti-discrimination legislation inclusive of gender identity signed by President Obama in July of 2014, it is imperative that OCFS under the guidance of New York State continue to provide direction to licensed emergency domestic violence shelters operating in the state.

Consistent with this recommendation, “Governor Andrew Cuomo announced New York State’s commitment to undertaking “a coordinated, multi-agency effort to address LGBT disparities” (http://ocfs.ny.gov/main.view_article.asp?ID=833). Within this context, OCFS along with other state agencies have begun to review its systems and directives (http://ocfs.ny.gov/main.view_article.asp?ID=833). While still in the early stages of development, this review might include consideration clarifying nondiscrimination provision for licensed shelter providers which lead to prohibiting discrimination based upon sexual orientation and gender identity.
While this is an important step aimed at enhancing access for marginalized individuals which now includes transgender identified survivors of intimate partner violence, additional action may be warranted. This could include a review of OCFS domestic violence shelter regulations in an effort to determine the additional need to make them explicit and inclusive in terms of language pertaining to gender identity and requirements for open access in order to be a licensed provider. This may be even more important depending on whether the gender expression non-discrimination act is passed or not in New York State. This bill makes discrimination based on gender identity or expression illegal (www.prideagenda.org/igniting-equality/current-legislation/gender-expression-non-discrimination-act).

**Institution of formalized monitoring and evaluation systems.** Within New York State, the Office for Children and Family Services (OCFS) share a role in issuing emergency domestic violence shelter licenses and monitoring performance. Findings of study reveal that transgender identified individuals are increasingly denied access to domestic violence shelters (National Coalition of Anti-Violence Programs, 2010; 2011; 2012). In light of these increasing denial rates, OCFS should consider the need to institute formal evaluation tools as accountability metrics which expand shelter service provider reporting requirements. This would allow the state to track domestic violence shelter utilization and denial rates. To date, shelter providers are only required to report denial reasons and not the demographic information for individuals who have been denied access to services.

Mandating inclusion of this information in monthly reports for all licensed shelter providers would allow the state of New York to continue to track not only the reasons for
denial as currently required but to incorporate corresponding demographic information inclusive of gender identity and sexual orientation using the recommended standardized screening and assessment tools identified below. This action would be consistent with Governor Cuomo’s announcement to strengthen data collection efforts with respect to lesbian, gay, bisexual and/or transgender identified individuals within the state (http://ocfs.ny.gov/main/view_article.asp?ID=833) and could enhance New York State’s capacity to monitor performance, determine service patterns and address possible issues of discrimination with respect to who is and is not permitted to access shelter.

**Dedication of funding.** There are currently 53 licensed domestic violence shelters operating in the state of New York providing 2,229 beds for victims of domestic violence. Between 5 and 10 beds are designated for individuals who identify as transgender at any given time. While domestic violence emergency shelter providers that are part of the Domestic Violence Network have indicated a growing commitment to providing services to the population, additional work remains to be done. This should include policymakers, funders and private foundations which need to be called on to dedicate funding to support the development of additional shelter beds that also support the provision of services to transgender identified survivors of domestic violence.

**Prioritization of participation in training and technical assistance.** Consistent with previous findings, this study reveals that transgender identified survivors experience barriers to accessing mainstream domestic violence shelters as a result of perceptions of a lack of cultural competence. Due to this fact not-for-profit executive leaders and funders should prioritize the incorporation of transgender specific training of for shelter staff to
enhance their capacity to provide services that meet the needs of transgender identified survivors as recommended by the National Coalition of Anti-Violence Programs (2013)

NCAVP’s (2013) recommendation goes even further to state that funders should also support LGBTQ organizations in the provision of technical assistance to mainstream domestic violence organizations to enhance mainstream provider cultural competency. The aforementioned is also consistent with earlier studies by Danis and Lockhart (2003) which purports that staff professionally trained as social workers should be trained with the practical skills to conduct assessments and interventions when working with victims of domestic violence. While not all staff working with domestic violence are professional social workers, all shelter staff could benefit from the receipt of formalized training.

**Standardization of domestic violence emergency shelter screening tools.** In an effort to facilitate and enhance cultural competency as well as assist in the provision of support services that are responsive to the needs of transgender identified survivors of intimate partner violence, policymakers and funders should support the development and incorporation of standardized screening tools for all licensed domestic violence providers as recommended by the National Coalition of Anti-Violence Program (2011; 2012; 2013). This action would facilitate the implementation of consistent intake policies and procedures throughout the state and allow for the incorporation of the previously mentioned accountability metrics.

**Incorporation of anti-oppression framework.** Incorporation of an anti-oppression framework into the design and delivery of residential and other support services would allow transgender identified survivors of intimate partner violence and
others who have been marginalized, oppressed and underserved by institutions to have greater access to culturally competent professionals. Consistent with the recommendations of the National Coalition of Anti-Violence Programs (2013), barrier findings within this study confirm the need for “anti-violence organizations to adopt and utilize an anti-oppression framework” (NCAVP, 2012, p.67). The aforementioned report specifically highlights that:

“community-based organizations and anti-violence programs should incorporate anti-oppression analyses, practices, and trainings into their ongoing work in order to challenge a culture that sanctions and condones oppression and abuses of power. Incorporating an anti-oppression framework can include developing an understanding of multiple forms of oppression and working to challenge oppressive behavior within anti-violence organizations, as well as participating in social movements to end oppression throughout the broader society” (National Coalition of Anti-Violence Programs, 2013, p.67).

NCAVP further states that:

“Using an anti-oppression framework can also ensure that an organization is being accountable to the diversity of their communities by targeting outreach and service to traditionally marginalized and underserved communities including LGBTQ and HIV-affected people of color, transgender and gender non-conforming communities, non-English speaking and immigrant LGBTQ and HIV-affected communities, LGBTQ and HIV-affected youth, LGBTQ and HIV-affected people with
disabilities, and other communities” (National Coalition of Anti-Violence Programs, 2013, p.67).

**Theory based recommendations-Enhancement of CTC-scale.** Consideration was given to the possible use of quantitative methods to measure the degree to which barrier perceptions that influenced participant engagement with mainstream emergency domestic violence shelter providers. Existing tools, namely the Cultural Theory Scale (C-CTS) measured preferred outcomes in relationship to communication approach (Orbe & Lapinksi, 2007). Enhancement and modification of this quantitative tool included culturally specific measures in which to examine situation context, fields of experience and ability. Therefore, completion of a comprehensive study using the theory as a framework for the identified population was permissible.

**Development of barrier assessment scale.** This study initiated an examination of the barriers to emergency domestic violence shelter access for transgender identified survivors of intimate partner violence; however, further examination in this area is warranted. Findings suggest that the relative scope of these barriers might be further investigated through the development of a barrier assessment liker scale to quantitatively research participant perceptions of barriers as compared to one another. This scale used in conjunction with the aforementioned enhanced co-cultural theory scale might allow one to ascertain the degree to which individual barriers impact engagement.

**Conclusion**

While this study reflected the experiences of a small sample of New York City residents, findings were able to provide a description of the multiple forms of violence, social challenges, and feeling of exclusion experienced in the everyday lives of
transgender survivors of intimate violence. Barriers have been found to not only interfere with immediate access to domestic violence emergency shelter services, contribute to chronic exposure, and decrease the capacity to leave an abusive relationship. Findings were able to provide a powerful compliment to the existing literature and personal professional experience serving transgender victims of partner violence.

This study clearly demonstrates the extent to which perception of these barriers impact access and decisions that demonstrate a preference in seeking support from peers or lesbian, gay, bisexual, and transgender specialists. Furthermore, the decision not to seek emergency domestic violence shelter services when the prevalence of domestic violence among transgender victims is rising, gives pause for great concern.

Finally, this phenomenological examination calls for demanding that executive leaders, social service providers, policy makers, and funders involved with the domestic violence movement increase their commitment to increasing equitable access while also reframing the meaning of “universal victim”.

References


Appendix A
Demographic Survey Assessment

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<tr>
<th>Demographic Survey</th>
<th>Name: ____________________________________________</th>
<th>Date: <em><strong><strong>/</strong></strong></em>/______</th>
<th>Assigned Participant Identification #________</th>
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Address of Residence: ____________________________________________
Phone: _________________________________________________________
Email: _________________________________________________________

Are you currently residing in a domestic violence shelter? ☐ Yes ☐ No
Prefers contact via: ☐ Phone ☐ Email
OK to leave message? ☐ Yes ☐ No ☐ Unk.
OK to email? ☐ Yes ☐ No ☐ Unk.

AGE: ☐ 18-24 ☐ 40-49
☐ 25-29 ☐ 50-59
☐ 30-39 ☐ > 60

CURRENT GENDER ID (check all that apply):
☐ Man
☐ Woman
☐ Non-Transgender
☐ Transgender Male
☐ Transgender Female
☐ Gender Queer/Gender Non-Conforming
☐ Self-Identified/Other (specify):

INTERSEX:
☐ Yes ☐ No ☐ Not disclosed

RACE/ETHNICITY (check all that apply):
☐ Asian/Pacific Islander
☐ Black/African American/ African Descent
☐ Latina/o
☐ Caucasian/White
☐ Other (specify):

SEXUAL ORIENTATION:
☐ Bisexual
☐ Gay
☐ Heterosexual
☐ Lesbian
☐ Queer
☐ Questioning/Unsure
☐ Other (specify):

IMMIGRATION STATUS:
☐ U.S. citizen
☐ Permanent resident
☐ Undocumented

GENDER ID History: Have you ever identified in any of the following ways? (check all that apply):
☐ Man
☐ Woman
☐ Non-Transgender
☐ Transgender Male
☐ Transgender Female
☐ Gender Queer/Gender Non-Conforming
☐ Self-Identified/Other (specify):

INTERSEX:
☐ Yes ☐ No ☐ Not disclosed

Intimate Partner Violence History Information

Have you experience an incident of intimate partner violence within the last two years? ☐ Yes ☐ No

Have you requested access to domestic violence shelter in New York? ☐ Yes ☐ No
If so, when? (month and year) ____________________________ - ______

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Please describe the incident of intimate partner violence, please make sure that you give the scenario of the violence, including the use of weapons, the specific anti-LGBTQ words used (if any), and extent of injuries.

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<th>Services Accessed</th>
<th>Services Denials</th>
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<td>Have you ever tried to access any of the following services? (check all types that apply)</td>
<td>If you have sought services, which of any of the following services have you been able to access? (check all types that apply):</td>
<td>If you have sought services, which of any of the following services have you been unable to access? (check all that apply):</td>
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Appendix B

Qualitative Interview Guide

Research Question #1:
What are the barriers that affect access to emergency domestic violence shelter services from the perspective of the transgender identified victims of intimate partner violence in New York State?

A. History of IPV/DV

a. What does the term intimate partner, or domestic, violence mean to you?

b. Based on a review of your questionnaire, you indicated that you have had an incident of intimate partner violence within the last two years. Is there anything else you would like to share with me about that experience?

c. Can you share with me some specifics on the sources of support you may have used or considered using as a result of this experience?

d. Can you share with me some specifics about any sources of support you considered using but decided not to during or after this experience?

e. Can you share with me what your reasons were for deciding to or not to seek support from the previously identified sources?

f. As a result of your experiences, have you ever considered using emergency domestic violence shelter as a source of support?

g. If not, can you share what factors contributed to your decision to not seek domestic violence shelter services?

B. Shelter Perceptions & Access

a. What are your perceptions of IPV shelters?
   i. If you had to describe what emergency domestic violence shelters were like, what would you say?

b. What are your perceptions of the staff who work in emergency domestic violence shelters?

c. If you were accepted to domestic violence shelter, can you describe your experience?
i. How long did you stay? (What county)

ii. What are your perceptions of the facility

iii. What are your perceptions of the staff

iv. were you asked intake questions relative to your gender identity?

v. How did you identify?

d. Do you know of anyone else in the transgender community who accessed or tried to access emergency domestic violence shelter after an incident of IPV

i. If so, how many and do you know if they were accepted to the program

ii. If so, did they share what their experience was like

e. What are your perceptions of how easy it is to access IPV shelter as a transgender identified individual?

i. Do you think this is true for LBGQ identified persons as well?

f. Do you think that there are barriers to accessing domestic violence shelter and if so, would you please describe?

g. Do you think this is true of all domestic violence shelters?

Research Question #2:
Given their fields of experience, how do transgender identified survivors perceive that the identified barriers have impacted their engagement with and/or access to emergency domestic violence shelter services in New York State?

a. Do you think your perceptions of domestic violence shelters have impacted your engagement with or access to them? If so, how?

b. If you were asked to rank the order of these barriers from those that have most influenced your engagement with providers to those with the least influence, how would you rank them?
Appendix C

Letter of Introduction to Participants

Dear Participant:

My name is Carla Smith. I am a doctoral candidate at Saint John Fisher College in department of education. You are invited to participate in a research project entitled: Examining Access Barriers to Emergency Domestic Violence Shelter for Transgender Identified Survivors of Intimate Partner Violence. The purpose of this study is to explore the perceptions of the barriers to accessing emergency domestic violence shelter services and the degree to which these perceptions may or may not influence engagement with and/or access to intimate partner violence services. This study has been approved by Saint John Fisher’s Institutional Review Board.

This research will involve completion of a short demographic survey which should take no more than 15-20 minutes to complete. Upon selection for the study, participants will be asked to participate in a face-to-face interview which is completely confidential. Participation is voluntary and you may refuse to participate without consequence. Interviews will take approximately 1-2 hours to complete. You will receive $25 for participating in the interview. Responses will be recorded in a manner that protects the identity of each participant. All participants will receive information about their rights as a research participant and be asked to sign an informed consent.

Further information regarding this research can be obtained from the principal researcher, Carla Smith, cms08622@sjfc.edu or my faculty advisor, Dr. Janice Kelly, jkelly@sjfc.edu. If you would like to know the results of this research, contact Carla Smith at cms08622@sjfc.edu. Thank you for your consideration. Your help is greatly appreciated.

Sincerely,

Carla Smith
Appendix D

Informed Consent Form

**Title of Study:** Examining Access Barriers to Emergency Domestic Violence Shelter Services for Transgender Identified Survivors of Intimate Partner Violence in New York State

**Name(s) of researcher(s):** Carla M. Smith, cms08622@sjfc.edu

**Faculty Supervisor:** Dr. Janice Kelly, jkelly@sjfc.edu

**Background:** You are being invited to take part in a research study. Before you decide to participate in this study, it is important that you understand why the research is being done and what it will involve. Please take the time to read the following information carefully. Please ask the researcher if there is anything that is not clear or if you need more information.

**Purpose of study:** The purpose of the study is to explore from the standpoint of transgender identified survivors of intimate partner violence, the perceptions of barriers to accessing emergency domestic violence shelter services and the degree to which these perceptions may or may not influence engagement with and/or access to mainstream intimate partner violence service providers.

**Study Procedures:** This study will involve the completion of a demographic survey which should take no more than 15-20 minutes. Upon selection for the study, participants who have volunteered will be asked to participate in a 1-2 hour face-to-face interview with the researcher.

**Approval of study:** This study has been reviewed and approved by the St. John Fisher College Institutional Review Board (IRB).

**Place of study:** The study will take place on-site at the New York City Gay and Lesbian Anti-Violence Project unless otherwise arranged with the researcher.

**Risks and benefits:** The expected risks and benefits of participation in this study are explained below: The risks of this study are minimal. The topics in the study may upset some respondents. You may decline to answer any or all questions and you may terminate your involvement at any time if you choose. There will be no direct benefit to you for your participation in this study. However, we hope that the information obtained from this study may provide information to mainstream domestic violence shelter providers that will increase access to services for transgender-identified individuals.
Method for protecting confidentiality/privacy:
For the purposes of this research project your comments will not be anonymous unless you request that they be. You may request that all or part of your responses be kept anonymous at any time. Every effort will be made by the researcher to preserve your confidentiality including the following:

- Assigning code names/numbers for participants that will be used on all researcher notes and documents.
- Notes, interview transcriptions, and transcribed notes and any other identifying participant information will be kept in a locked file cabinet in the personal possession of the researcher. When no longer necessary for research, all materials will be destroyed.
- The researcher and the members of the researcher’s committee will review the researcher’s collected data. Information from this research will be used solely for the purpose of this study and any publications that may result from this study. Any final publication will not contain the names of the individuals that have consented to participate in this study.
- Each participant has the opportunity to obtain a transcribed copy of their interview.
- Participants should tell the researcher if a copy of the interview is desired.
- Participant data will be kept confidential except in cases where the researcher is legally obligated to report specific incidents. These incidents include, but may not be limited to, incidents of abuse and suicide risk.

Compensation:
In an effort to provide compensation for your participation in the study, each selected participant for the 1-2 hour interview will be compensated with presentation of a $25 visa gift card.

Your rights:
Your participation in this study is voluntary. It is up to you to decide whether or not to take part in this study. If you do decide to take part in this study, you will be asked to sign a consent form.

If you decide to take part in this study, you are still free to withdraw at any time and without giving a reason. You are free to not answer any question or questions if you choose. This will not affect the relationship you have with the researcher.

As a research participant, you have the right to:
1. Have the purpose of the study, and the expected risks and benefits fully explained to you before you choose to participate.
2. Withdraw from participation at any time without penalty.
3. Refuse to answer a particular question without penalty.
4. Be informed of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to you.
5. Be informed of the results of the study.
By signing this consent form, I confirm that I have read and understood the information and have had the opportunity to ask questions. I understand that my participation is voluntary and that I am free to withdraw at any time, without giving a reason and without cost. I understand that I will be given a copy of this consent form. I voluntarily agree to take part in this study.

_________________________________________ _________________________
Print name (Participant) Signature     Date

_________________________________________ _________________________
Print name (Investigator) Signature     Date

If you have any further questions regarding this study, please contact the researcher at cms08622@sjfc.edu or 212-714-1184 x25.
Appendix E

Research Flyer

RESEARCH STUDY
EXPLORING THE POTENTIAL BARRIERS TO DOMESTIC VIOLENCE SHELTER SERVICES IN NY STATE

Do you have 1-2 hours?
In this research study, you will be asked to take part in an interview that will take from 1-2 hours. In a face-to-face interview, you will be asked about your perceptions of the barriers that may exist in accessing domestic violence shelter and engaging with domestic violence shelter providers in NY State.

All of your answers are confidential and no information will be recorded in a way that can identify you. Participating in this study will not affect the services you receive from the New York City Gay and Lesbian Anti-Violence Project. You will be paid $25 for completing the interview.

You may be eligible if you
• Are at least 18 years of age
• Identify as transgender
• Are a survivor of domestic violence/intimate partner violence
• Have experienced an incident of domestic violence within the last two years

To find out more information, call Carla Smith at (212) 714-1184 x25 or email csmith@avp.org

This research study has been approved by the Institutional Review Board of St. John Fisher College and the New York City Gay and Lesbian Anti-Violence Project

St. John Fisher College IRB Approved
December 5, 2013