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Leighann Shields
Portland State University

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A Queer and Trans-Inclusive Response to Intimate Partner Violence

by

Leighann Shields

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Gita Mehrotra

Portland State University

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Introduction

“Holding the most targeted and vulnerable people at the center of our work and analysis would give us the greatest chance to transform the root causes of violence and oppression...” (Chen, Dulani, & Lakshmi Piepzna-Samarasinha, 2016). This statement articulates the crux and purpose of this study, in which I aimed to center the experiences of queer and trans survivors of intimate partner violence (IPV)¹. Such an examination on this subject is crucial, as queer and trans survivors have been historically excluded from conversations addressing intimate partner violence, even in feminist and anti-violence activist circles. This discursive, social, and institutional marginalization is still very present in our contemporary understanding of IPV as well.

The overarching lens that guides our understanding of intimate partner violence arose during the early 1960’s and 70’s, in what is commonly referred to as second-wave feminism. Prior to this era, domestic violence (DV) was considered a private family matter. It wasn’t until activists from the “Battered Women’s Movement”, specifically feminists and survivors of intimate partner violence, called enough attention to the issue of DV, that it became a social and political concern. Stemming from this work came the development of hundreds of community domestic violence shelters, often termed “battered women’s shelters,” community and legal advocacy programs, and legislative efforts aimed at criminalizing DV. These laws were often referred to as “wife battering” laws and were focused on holding abusers accountable through criminal justice system intervention. Thus, while this movement can be credited with starting the much-needed discussion about sexual and domestic violence, the dialogue conceptualized IPV as an epidemic of male violence against women. Partner violence was attributed primarily to

1. The terms, “intimate partner violence” (IPV) and, “domestic violence” (DV) will be used interchangeably in this study. This is because there is no consistent term used throughout the literature, and because direct service providers regularly use these terms interchangeable as well.

patriarchy, only heteronormative relationships were represented, and the language used to discuss this topic was fraught with gender essentialist rhetoric. Unsurprisingly, this male-female dichotomy and heteronormative paradigm failed to include any relationships that fell outside of the straight, cisgender binary.

In response to the restrictive, exclusionary nature of this form of feminism, many activists and scholars began to work to destabilize these rigid constructs of identity and opted for a more intersectional, less universal understanding of experience, acknowledging that the white cisgender heteropatriarchal lens falls short in accounting for the complexities of people's realities. This ideology came to be known as third wave feminism, and it is from here where much of the underpinnings of queer theory emanated. Queer theory's understanding of power and gender as fluid, performative constructs enables the inclusion of those who fall outside of the gender binary.

Though the aforementioned theoretical perspective is becoming more popular in academic settings, the majority of our directly applied DV services continue to operate under the deep-seated philosophies of second-wave feminism, resulting in services and systems that are best equipped to meet the needs of cisgender, heterosexual women, and upholding a system where the more vulnerable and targeted, such as women of color, immigrant women, and queer and trans survivors, have limited access to IPV resources. There is also a wealth of literature that depicts the limitations of applying a heteronormative, "one size fits all" approach to queer and trans communities, further supporting the necessity of developing LGBTQ-specific services.

Literature Review

Prevalence

This scarcity of LGBTQ-inclusive resources becomes even more disconcerting upon a review of the statistics regarding IPV within this population. Though the number of existing studies is limited, nearly all of them consistently report that rates of queer and trans IPV are comparable to, or greater than, their heteronormative counterparts. The Center for Disease Control's (CDC) National Intimate Partner and Sexual Violence Survey, for example, provides a comprehensive list of statistics indicating the prevalence of queer IPV compared to rates of heterosexual IPV. It states, "44 percent of lesbians and 61 percent of bisexual women experience rape, physical violence, or stalking by an intimate partner, compared to 35 percent of heterosexual women," and continues, "26 percent of gay men and 37 percent of bisexual men experience rape, physical violence, or stalking by an intimate partner, compared to 29 percent of heterosexual men" (2013).

Rates of intimate partner violence experienced by transgender individuals are harder to come by, as this demographic is often overlooked or grouped together with LGBQ survivors, even within queer literature. The above mentioned CDC survey excludes gender identity, as does the survey by the National Resource Center on Domestic Violence (NRCDV), reporting that, "too few had clientele that identified as transgender to garner any information" (2007). However, one study does offer a broad statistic on transgender IPV rates, reporting that the lifetime prevalence of IPV in this population ranges from 31.1%, to as high as 50% (Brown & Herman, 2015). Meanwhile, the National Coalition of Anti-Violence Programs (NCAVP) suggested that "70.5% of transgender survivors who reported to NCAVP reported facing threats or intimidation from abusive partners" (2013).

Despite the pervasiveness of this issue in queer and trans communities, the NCAVP's survey of 648 domestic violence agencies, sexual assault centers, prosecutors' offices, law

enforcement agencies, and child victim services, recorded that up to 94% of organizations said that they do not serve LGBTQ survivors of IPV (2013). The NCAVP also reported that, of the 10 million adults in the U.S. who identify as LGBTQ, only 16.5% of LGBTQ individuals who had experienced IPV interacted with police (2013). It is important to note that many LGBTQ folks intentionally choose not to involve police, due to the historical maltreatment of LGBTQ communities at the hands of law enforcement. Moreover, these rates of IPV may in fact be higher, as not all individuals are comfortable disclosing intimate partner violence, and many queer and trans folks do not self-identify as survivors. For instance, the Survivor Project's (1998) study reported that only 62% of those raped or assaulted by a romantic partner identified themselves as survivors of domestic violence when explicitly asked.

Dynamics of Domestic Violence

Our society typically defines domestic violence as occurring between a married cisman and ciswoman, in which the male is always the perpetrator, and the female is always the victim. DV is also most often understood to be a manifestation of gender inequality and gender roles. The power dynamics in a relationship, then, are distributed according to gender (Guadalupe-Diaz, 2013). Though this dominant framework may be applicable to the majority of instances of heteronormative domestic violence, it does not account for the existence of violence in relationships that are not a cisman and ciswoman dyad (Patterson & Gossett, 2016). The following paragraphs outline the effects of this inadequate framework, as well as the unique dynamics of LGBTQ domestic violence.

One such effect of our gendered understanding of relationships and domestic violence is the tendency for queer and trans people to not identify one's experience as intimate partner violence. This is largely due to the underrepresentation that LGBTQ folks face regularly in the

world and in the realm of DV discourse. Mainstream depictions of non-heteronormative relationships are nearly non-existent, meaning queer and trans individuals receive few, if any, depictions of healthy relationship models. This makes it difficult for an individual to distinguish when a relationship is unhealthy, and even more difficult for them to label what is happening to them as abuse. This state of marginalization is one of the many factors that contributes to the added contextual forms of abuse that queer and trans people endure (Bornstein et al., 2006).

Much of the literature suggests that the very status of holding a marginalized identity has the potential to make one more susceptible to intimate partner abuse (Munson & Cook Daniels, 2003). This is because queer and trans individuals have received a myriad of negative, prejudicial messages about their identity conveyed to them throughout their lifetime and the larger context of homophobia, transphobia, and other forms of oppression can contribute to dynamics of abuse as well as ability to access support (Guadalupe-Diaz, 2013). Such societal and cultural messages can give way to a greater incidence of low self-esteem and low self-worth, making some feel less deserving of loving and respectful interpersonal relationships (Courvant & Cook-Daniels, 2003).

Abusers may leverage this sociocultural oppression against their partners. This is typically done through attacks on identity, often via biphobia and transphobia (Bornstein et al., 2006). Invalidation of one's gender or sexuality serves to further belittle, emotionally wound, and increase feelings of unworthiness, shame, and inferiority which are already so prevalent in those who endure abuse. Bornstein et al (2006) provide numerous examples of what these invalidations look like. For example, the way that biphobia may be used as a tactic of abuse wherein a survivor is accused of infidelity or of flirting with the opposite sex (Bornstein et al., 2006). And, as articulated by Guadalupe-Diaz (2013), transphobia can involve numerous

methods of invalidation, including addressing one's partner with the wrong pronouns, referring to their partner as "it," making comments about one's ability to "pass," or ridiculing a partner's body.

Transgender survivors may also suffer from their perpetrators attempt to control their transition processes and gender expression, for example, by "destroying tools used to communicate gender (i.e. breast binders or breast enhancers)" (Munson & Cook Daniels, 2003). Many trans survivors are also subjected to medical abuse, in which their partners interfere in personal medical decisions, or where their abusers control or withhold access to their transition processes, such as hormone therapy and/or surgeries (Guadalupe-Diaz, 2013). Exacerbating these trans-specific forms of abuse, many trans survivors must endure transphobia from their own LGBTQ communities as well (Weiss, 2011).

Abusers also utilize homophobia or transphobia to control and manipulate their victims via "outing", or threats of "outing." Janice Ristock (2005) elaborates on this, explaining that "outing" can include revealing a partner's sexuality and/or gender identity. "Outing" can serve to further isolate a victim from family and friends who may be intolerant of their gender or sexual identity. Perpetrators also put their victim's independence at risk, as outing can result in loss of employment and financial independence (Center for American Progress, 2011). Furthermore, a victim's safety is also jeopardized, as disclosure of a queer or trans identity increases the risk of violence and hate crimes. Thus, even threats of outing alone are often an effective method of coercion (Roch et al, 2010).

And, because most LGBTQ communities are so tightly-knit, the effects of isolation as a tactic of control is amplified. Oftentimes a survivor and their perpetrator share numerous mutual friends and tend to frequent the same locations due to a lack of social options (Bornstein et al.,

2006). This can make attempts to distance oneself from an abuser difficult. Allegations of abuse can also polarize a community, or worse, an entire community may side with the perpetrator (Bornstein et al., 2006). Many perpetrators are aware that their abuse will likely go unchecked and may consequently take advantage of the smaller support networks and limited institutional resources available to their partner (Brown, 2011).

Institutional Barriers to Seeking Help and Support

The existing literature on queer and trans IPV also focuses on the various institutional barriers that deter survivors from seeking help. A predominant trend behind such barriers is social service providers' general lack of understanding and education about LGBTQ relationships. In many instances, failures in response are a result of the gendered model our justice system operates under (Guadalupe-Diaz & Jasinski, 2016). This is particularly common in law enforcement. Police officers may have trouble identifying IPV, and may mistakenly assume instances of same-sex violence to be a one-time friend or roommate altercation (Center for American Progress, 2011). In instances where one or more of the partners fall outside of the gender binary, officers will often try to identify the abuser according to their genderist assumptions, concluding that the more masculine-appearing partner is the perpetrator, and the more feminine-presenting partner is the victim, or basing the victim-perpetrator identification on physical size (Center for American Progress, 2011).

In addition many queer and trans individuals may hold mistrust of law enforcement given the well-documented history of mistreatment of LGBTQ communities by the police. This may be particularly true for queer and trans people of color, immigrants, sex workers and others who live at the intersections of multiple marginalized identities. Many survivors have had past experiences of discriminatory encounters with police, and many more have heard shared

accounts of discrimination from others in their LGBTQ community (Nadal, Quintanilla, Goswick, & Sriken, 2015). Nadal et al. (2015) describe in their study how “butch” women and “effeminate” gay men reported being treated more aggressively by law enforcement and more frequently subjected to slurs and microaggressions. Trans women in particular have endured historical abuse by police. For example, “Many trans women, especially trans women of color, are profiled as sex workers and picked up for ‘walking while trans’ in moral sweeps by the police” (Greenberg, 2012). Thus, it is no mystery why the idea of relying on the policing institution for help is implausible for many queer and trans individuals experiencing DV.

Discrimination in the court system is also major barrier for survivors seeking legal aid. Many state laws are written using non-inclusive language for LGBTQ people, leaving the decision up to the local courts’ discretion, and consequently open to prejudicial bias (Calton, Cattaneo, & Gebhard, 2015). In terms of civil cases, protective orders may be difficult to obtain because of the lack of legitimacy of non-heteronormative relationships within the legal system. Survivors seeking a protective order can be forced to prove cohabitation to receive one, depending on state laws. These are not the standards for heterosexual survivors, most are granted protection irrespective of cohabitation (Calton et al., 2015). Queer and trans survivors, particularly trans survivors with a cisgender partner, also face resistance from the courts when attempting to maintain or gain custody over their children. Transphobic and homophobic judges are likely to grant custody to the cisgender partner, even if this partner is abusive (Calton et al., 2015). An abusive partner may have knowledge of this prejudicial leverage and threaten their victim’s custody rights as a means to prevent them from seeking justice (Courvant & Cook-Daniels, 2003).

Another barrier highlighted in the literature is the inaccessibility of domestic violence shelters. The majority of DV shelters are segregated by gender, making emergency housing challenging. This is because many shelters base admittance on a trans individual's medical or legal status, or on their ability to "pass" (Guadalupe-Diaz & Jasinski, 2016). For gay male survivors, the scarcity of men's shelters makes access to safe housing very difficult. And for lesbian and bisexual women in same-sex relationships, many have reported fears that their abusive partner will also be able to access the shelter and find them (Center for American Progress, 2011).

Finally, even community based social services and DV programs can be inaccessible for queer and trans people. Oftentimes community-based programs use only heterosexist and/or gender-binary-based language or images to describe their programs and/or to define dynamics of domestic violence. Ristock (2005) writes that, "this creates an impression that these services are for heterosexuals only." LGBTQ survivors also fear that organizations lack queer and trans staff members, and subsequently education about LGBTQ-specific partner violence. This lack of representation in service providers can make discussing an already intimate topic even more uncomfortable and daunting if survivors are worried about being met with insensitivity or a lack of understanding (Brown & Herman, 2015).

Given the aforementioned specific dynamics and issues facing queer and trans survivors, to guide my thesis and research, in this study I pose the question: *How can our existing community resources be improved to adequately meet the needs of queer and trans survivors of intimate partner violence? In particular, what works, what doesn't work, and why?* My exploration of this question is locally based on the experiences of survivors and services located in Oregon, primarily in the Portland metro area and Eugene, OR.

Methods

Methodology

Feminist and queer methodologies were the guiding principles behind my research methods. Such methodologies place an emphasis on acknowledging the position of the researcher, and subsequently rejecting typical positivist methods (England, 1994). The positivist detached nature of the researcher, and the objectification of the subjects, are not the most prudent approaches when it comes to working with marginalized populations and discussing sensitive topics such as intimate partner violence. Further, central to these philosophies is the notion of “writing about one’s own,” considering not only the identity of the subject, but also the identity of the researcher (Lewis, Mansvelt, Collins, Cullen, & Borovnik, 2017). In my case, I am a queer survivor and direct service provider, and am thus researching my own community. And, because many advocates at queer and trans-specific organizations tend to be queer or trans themselves, this study is positioning them not only as a subject, but also as a collaborator in generating solutions. This focus on collaboration with subjects embodies feminist and queer thought (Feliciantonio & Gadelha, 2016).

Design

Given the research question, this study was qualitative in nature and aimed at thoroughly examining and extracting descriptive, rich data on the topic of queer and trans IPV from the perspective of community advocates and service providers. Data was collected in the form of semi-structured, in-depth, 60 to 90-minute interviews. Following Institutional Review Board (IRB) approval, and upon obtaining participants’ informed consent, I conducted in-person, one-on-one interviews utilizing open-ended questions. Questions were centered around current

approaches to queer and trans IPV response, with emphasis placed on the most effective and ineffective approaches. Also, questions sought to answer how ineffective services could be modified, and what providers envisioned for the future of queer and trans-inclusive resources. Respondents were reminded that they had the ability to skip a question or end the interview at any time. All interviews were audio recorded, with the participants' permission, and then transcribed verbatim for analysis. Institutional Review Board approval was obtained for this study.

Recruitment

Study recruitment was focused on community-based domestic violence advocates who specifically work within queer and trans communities. Participants who qualified for recruitment had to hold a position, or have recently held a position, as a direct service provider- meaning, a social work, or advocacy-related job that regularly involves direct contact with, and support of, queer and trans survivors of interpersonal violence. These service providers had to also work at an organization that provides resources specifically intended to meet the needs of queer and trans survivors. This study emphasized recruiting either local, Portland-based providers, or providers within the state of Oregon. Potential participants were identified and contacted directly via email and a recruitment announcement was sent out on an email list of the Queer Caucus of the statewide domestic violence coalition. From there, potential participants had the option to forward the email to other professionals within their networks.

Sample

A total of 4 participants were interviewed for this research. All study participants self-identified as either queer and/or trans, with one trans provider, and three cisgender providers. The providers were also relatively young, all were under the age of 30. All providers were white

and based in either the Portland metro area or Eugene, OR, though their work was often across counties in the area.

Data Analysis

Given the small sample and exploratory nature of this research, the primary goal of this qualitative analysis was to derive a comprehensive interpretation of each of the provider's responses from the interviews. This was done in order to gain deeper insight into queer and trans IPV, and to ultimately recommend possible strategies for improving services and systems for LGBTQ survivors. To accomplish this, the analysis was guided by the research question and tacit knowledge I have through my own experience as a direct service provider for IPV survivors. I began by taking preliminary notes immediately following each interview and outlining key themes and ideas about what initially stood out to me as significant statements and meanings. From there, I examined the hard copies of each transcript and coded them manually, taking notes line-by-line, and identifying the key words, phrases, and patterns as my codes. What constituted as a code was guided predominantly by my interview questions, themes in the literature, and my research questions. Similar codes were combined to form broader categories, which then became the main themes that make up the findings section of this study. The determined codes and themes were also reviewed by my advisor, with the intent of ensuring trustworthiness and rigor in the analysis.

Findings

Through analysis of the data, four key themes emerged. These themes centered the topics of identity, community, existing services, and recommendations. Taken together, these themes provide valuable insight into the unique experience of queer and trans DV survivors. They also elucidate various ways to better meet the needs of the communities.

Identity: Marginalization Complicates Trauma and Healing

Across the board, every provider cited holding a queer or trans identity as a factor that compounded survivors' experiences of intimate partner violence. Multiple participants discussed how the very state of marginalization impacts survivors' self-concept, and subsequently how they perceive and make sense of their victimization. Providers discussed how, even prior to abuse, many queer or trans individuals already hold a shame-filled self-perception as a result of homophobia, transphobia, and other forms of oppression. Provider #3 explained the parallels between being queer or trans and being an IPV survivor:

You're already this person who people look at you, or they see that piece of your identity, and imagine your sexual life. 'Cause it's weird, and it's different, it's different than what they have seen, and maybe they think there's something wrong with it, with being a survivor, or being queer, or trans. And so I think that, that really impacts the amount of shame that people feel, and the amount of guilt, and responsibility for their own victimization. I feel like it can compound all those things.

Another provider, Provider #2, discussed how queer and trans survivors are, "already starting at a deficit" in terms of familial and societal support. LGBTQ folks often feel isolated and othered due to their identity, and the intersection of trauma, as one provider stated, "just adds to that feeling of profound isolation and loneliness." While a feeling of isolation is endemic to all demographics of DV survivors, many participants explained that queer and trans survivors, in particular, feel less able to confide in friends or family compared to cisgender heterosexual survivors.

The majority of providers attributed these exacerbated feelings of isolation and shame to the many misconceptions that accompany survivors who are queer and trans. For instance, Provider #3 explained:

A lot of times things can be conflated, like, you must be queer because of your sexual trauma, or the other way around, you must be targeted for sexual violence because you're queer... And when someone's being told that, it makes it really confusing and difficult to own your own identity. Especially, I feel like trauma makes you question everything, in itself, and then being queer too, it adds to the way trauma makes you feel like a bad person or something.

This conflation between identity and IPV experience can lead to a survivor blaming their sexuality or gender identity for their abuse, rather than assigning the blame to the perpetrator. Subsequently, one's LGBTQ identity, which is already so difficult to proudly own, becomes associated with the often shame-inducing experience of IPV.

Providers also discussed how misconceptions related to identity, as communicated by dominant culture, can affect service providers and LGBTQ community members alike, resulting in survivors' stories not being believed. As one interviewee articulated, "Most sexual assault is a cisman to a ciswoman situation, and that's the idea that people have in their heads." Numerous respondents shared this sentiment- if a survivor's story doesn't fit the heteronormative narrative of male violence against women, then their experience is likely to be further invalidated.

All advocates interviewed noted that the LGBTQ people of color whom they serve report that they face added challenges due to their multiple intersecting marginalized identities. In fact, Provider #1 explained that, in Portland, "Folks end up running into more issues based on their race than on their gender or sexuality, not to say that those intersecting identities are separable."

Other providers echoed this remark, and many also stated that survivors of color have to endure racist attacks on their identity from within the LGBTQ community. Providers also noted discrimination within the queer community aimed at transgender survivors. One participant offered this example:

If you're a black transwoman, and you identify as a lesbian, and you wanna go join this say, gay women's support group, even if you're surrounded by other lesbians, you still have to worry about not being accepted as "woman enough" because you're trans, and then also feeling like your experiences don't reflect the other folks' experiences in the group, because they're all white women.

As portrayed in the above quote, survivors can face marginalization even within LGBTQ communities. This segues nicely into the next salient theme, which continues on the topic of the LGBTQ community and how it impacts the experiences of queer and trans survivors.

Community: Protective and Tight-Knit

When referring to the LGBTQ community, a theme that all providers mentioned was the notion of protectiveness. Namely, protectiveness towards the reputations of individuals within the community, and protectiveness of the reputation of the LGBTQ community as a whole. This protectiveness stems from the oppression and stigmatization the LGBTQ community endures from the larger heteronormative culture- in response, the community functions as a safe space within the context of dominant culture norms of gender and sexuality. The existence of IPV threatens this communal sense of safety. In addition, it may feel to some queer and trans people that to acknowledge IPV will fuel homophobia and transphobia from the dominant culture, and this may be seen as undermining the chance for the LGBTQ community to be accepted within mainstream society.

Several participants speculated that many queer and trans folks may simply be unaware that IPV within their community exists, consequently explaining the community's silence on the subject. One respondent shared a personal story of sexual harassment that took place in a local lesbian group, and the response she received from the community upon reporting it. Her account highlights some of the misconceptions many LGBTQ folks hold:

I reported all this to the [organization's] board, and they were like, "We are completely unprepared for this, because this has never happened in the choir before, in all of the 35 years, and we never thought that it would, because we're all women here," or like, "We're all lesbians," or like, "We're all friends."

The provider continues, touching on the gendered assumption that only heterosexual couples experience domestic violence:

We can't create this false idea that queer people are good, and straight people are bad, so nothing bad can ever happen to us from ourselves... We are experiencing this same societal challenge that mainstream society faces as well. We're not some kind of perfect paradise utopia, and people need to understand that.

Provider #2 also uses the term "paradise" to refer to the common misconception that a non-heteronormative society is violence-free. As the participants' feedback indicates, this notion of paradise is a myth. All respondents concurred that IPV occurs in all communities. As stated by Provider #4, "Pick a way in which you wanna classify humans, domestic violence exists. It cuts across people of all different types of identities. "

The above explanations proposed by providers indicate that the community's silence on the subject is ostensibly due to sheer unawareness about the existence of IPV in queer and trans

relationships, but the majority of those same providers reported that many survivors, upon disclosure of abuse, or upon outing their abuser, were met with disbelief and denial from their community. This unwillingness to acknowledge a less-than- perfect community image was described by Provider #2:

If their abuser is really popular, or someone who has really good social standing, or who does some kind of good work in the community, people don't wanna believe them, they don't wanna believe that, they don't wanna hear that, and they just want the person to stop talking. And they want the person to stop speaking out about their abuse.

This quote reveals that community silence on IPV is not always simply due to unawareness, it can often be deliberate, with the intent of protecting the façade of a violence-free “paradise.”

All participants suggested that this protectiveness of community image was largely due to external pressure as well. Many cited concern over losing the support of heterosexuals and the community-at-large given the realities of homophobia and transphobia. As Participant #1 put it, “No one's gonna wanna give the queers their rights, if they beat each other.” Another individual, Provider #4, stated, “What we hear most from folks is that they don't wanna talk about violence because it's taken so long to even fight for the recognition within broader society.” Further, many providers listed anti-LGBTQ agendas as a source of the community's protectiveness. This is articulated by Provider #4:

If we did start talking about it, then it does provide the ammunition for bigoted humans to be like, “Oh look at this, their relationships don't work. This is why they need to go to Hell, and this is why their relationships should not be.” And all of that garbage, and I think so, that is a potential challenge. You know, just kind of politically trying to figure

out how to navigate that space without also giving people who have bigoted ideas to use this as a bargaining chip.

The tightly-knit nature of LGBTQ communities is another prevailing theme that emerged from participants' responses. By denying a survivor's disclosure, community members end up siding with the abuser. Providers explained that this results in a greater sense of isolation for the survivor, as there are limited social spaces for queer and trans folks. For example, Participant # 3 described, "Say there's like one LGBTQ-specific writing group, if writing's your passion, and your abuser is better at it, you're gonna get pushed out of that space, and you're not gonna have any community." Another respondent, Provider #1, listed this scarcity of LGBTQ spaces as a safety concern for queer and trans survivors:

If they flee from out of state, and they come to Portland, and they're a trans person, they're gonna have to access Q Center at some point, or Brave Space, or some other LGBTQ-specific space, and so if their abuser comes to Portland, right, like camping out in front of Q Center is gonna be a pretty solid bet. So there's not a lot of safety for queer and trans folks who are fleeing.

A major finding was that, despite some of its drawbacks, this tight-knit aspect also functions as a community strength when addressing IPV. The small size and interconnectedness is a unique advantage that can't be found in the broader heterosexual society. For example, this strength is particularly relevant if the abuser is considered an outsider. Provider #3 said, "We are fiercely protective of our own." and continued, "If someone in the community is assaulted or abused by someone outside, then there will be this community support." Additionally, participants shared that the small size of the community was an advantage in terms of utilizing

networks to assist survivors in a way that hetero-centric systems have failed. Participant #1 reported:

I would say there is a lot more knowledge distributing across, along non-professional lines, where you know, a queer sent you here, and your uncle actually works at the county doing data administration or whatever. So there's just like a lot of different networking that's happening, that's not happening under these formal, formal means.

He continued with an example of how he's circumnavigated heteronormative systems, "Okay, you are not gonna get in a lease anywhere in Portland, let's look on the queer housing groups and see if we can find you a sublet." As expressed by this provider, accessing existing services is a challenge for many queer and trans survivors. This inaccessibility of formalized systems was frequently cited by study participants as a significant barrier for queer and trans survivors.

Limits of Existing DV Systems that are built on Gendered and Heteronormative

Assumptions

All providers, on numerous occasions, drew attention to the many systemic barriers LGBTQ survivors face, such as interactions with law enforcement, support groups, and shelters. Additionally, each participant attributed these barriers to the gendered and heteronormative assumptions that pervade the DV services and existing systems that queer and trans survivors often attempt to access.

First and foremost, issues with the police and legal systems overwhelmingly dominated participants' accounts of unsuccessful approaches to queer and trans intimate partner violence. Most providers ascribed law enforcement's mishandling of LGBTQ domestic violence incidents to attempts to respond to queer and trans relationships within a heteronormative framework that

assumes the men are perpetrators and women are survivors. One provider described this as, “A lot of systemic misunderstanding of what queer and trans relationships look like.” Provider #4 explained how officers try to assess the DV situation in the absence of the gender-based dynamic which assumes cis-men as the perpetrator of violence and cis-women as victims:

They’re trying to use the same gender cues of who’s bigger, who seems to be more masculine, who seems to be making the most sense, and so more often than not, the data shows, that for queer and trans survivors, the rates of dual arrest, or no arrest, are so much higher than hetero couples.

As described by the above provider, law enforcement often lacks the knowledge and tools to adequately assess and respond to DV situations that include queer and trans people. Given the heteronormative and gendered understandings of DV, police are likely to use inaccurate gender assumptions when responding to queer and trans DV. As such, the consequences of these gendered assumptions often punish the survivor. Provider #1 offered a similar critique, “Mandatory arrest laws for domestic violence lead to survivors getting arrested, overwhelmingly queer survivors, because of that failure on police and law enforcement to be able to distinguish.”

A number of providers recounted their frustrations and unsuccessful past attempts to communicate with law enforcement about adopting a less gender-based response to IPV.

Participant #4 recalls:

I asked the question of, “Okay, so, how are you identifying the primary aggressor in queer and trans survivors?” And all of the officers in the room were like, “Oh, well, you know, it’s just like anything else.” And like, totally, probably about five officers kind of jumped down my throat about like, “Why would you even ask that? It’s the same thing.”

The provider did indicate that he believed the officers' responses were not intentionally queer or trans-exclusionary, but rather a misguided attempt at equality. He explained:

That was definitely where it was coming from, "Humans are all the same, and dah-dah-dah-dah-dah, we don't need to use anything different." So it wasn't, it certainly wasn't coming from a place of overt bigotry, but it was certainly more subtle of erasing different cultures and difference.

Additionally, Provider #3 described how it is difficult to interrupt the gender-based practices of law enforcement, in particular. She stated:

It's tricky because you don't wanna come off as insulting someone's professional expertise, ever. Because then they get so, especially law enforcement, they get extra sensitive, and then they don't wanna talk to you anymore, and you've lost your partnership, and you've lost a huge chunk of resources for survivors, so you gotta watch it.

Beyond law enforcement, numerous participants also named support groups as a highly gendered service LGBTQ survivors encountered. Providers described how most support groups label themselves as either for men or for women. One provider raised the issue this creates, "What about everyone else who doesn't fit into those groups?" As evidenced, transgender and gender-queer/non-binary survivors may question if they are welcome. Another provider, Provider #4, called for the removal of gender from support groups altogether. He explains how this gender essentialism is unnecessary and exclusionary:

I think by removing that [gendered] language it really helps access to services...there's this idea that people of only one gender can be in a shelter, and people of only one gender

can be in support groups, because if there's a masculine-identified person then it's gonna ruin everything, and cause terror, and fear, and all these types of things, and the data just points to that really not being true.

Respondent #2 critiqued this reliance on the male-female dichotomy within her own organization, explaining that, "LGBTQ people don't wanna talk about their sexually violent experiences with straight people around."

Similar to support groups, domestic violence shelters were also cited by respondents as highly gender-segregated, and thus, precarious territory for queer and trans survivors to navigate. In particular, providers discussed the preponderance of women's shelters, and the fact that they were specifically unwelcoming to transwomen. Provider #1 described this:

But really, these spaces are designed for cis-het white women. They're not designed to meet the needs of other folks. Or the organization says, "Yeah, we're accepting," "We work with folks of all genders," but there are still people that, you know, an on-call advocate that works three shifts a month at the shelter, that doesn't know what to do when a person's child looks up a transfemme's skirt.

The same provider continues with another instance to illustrate how basing shelters off the gender binary inhibits transwomen's safety and healing:

I had a situation a couple of weeks ago, and I was working with a transfemme survivor, and she's staying at a shelter and she asked her shelter advocate, who is a cis-het woman, for lube. And the advocate asked, "what for?" Like, what the lube was for, because the shelter has like a celibacy policy, you know, and the survivor was like, "well, I need it for dilating," and the advocate was like, "what's that?" And then there's this huge moment of

vulnerability, where this transfemme person is having to explain her body to this cis-het advocate.

In addition to troubles with staff, queer and trans survivors accessing the shelter system experience discrimination from other survivors as well. Many participants suggested that shifting from one large shelter to multiple, separately located apartments/rooms would mitigate homophobic and transphobic experiences. Provider #4 elaborated on the challenges of housing LGBTQ folks with cisgender heterosexual people:

I mean, getting ten people who aren't in crisis in a single house, and trying to get them to get along, like, to expect that's gonna work, is silly. So then trying to put ten people who are in crisis because of trauma, to try and make it work in all of their cases, it just isn't gonna work. If it's like an apartment complex, then we can have ten apartments, and people can have their own space, they can live how they wanna live, be comfortable...And I think that's particularly helpful for queer and trans survivors, because it really gets rid of a lot of the anxiety that a lot of them report when considering shelter. "What if one of the people that is in this house is a bigot? How am I supposed to deal with that? What if they're going to misgender me?" You know, all of these types of things. And this just really gets rid of all of that.

Such a shift would especially benefit the transwomen and male-identified survivors whom providers listed as the most impacted by the gender-based shelter system. In addition to suggesting this shift, throughout the interviews, providers recommended numerous solutions aimed at benefiting queer and trans survivors.

Recommendations

Throughout the interviews, participants offered numerous ideas of how to improve both informal and formal supports for queer and trans IPV survivors. Most notably, providers emphasized creating more effective community responses, such as acknowledging abuse, and holding abusers accountable, along with potential approaches aimed at making formalized systems more accessible for LGBTQ survivors. Providers spent a lot of time problem-solving following each critique they raised. Moreover, a majority of the participants generated the same recommendations to improve the safety and support available to queer and trans survivors.

On an informal, intracommunity level, all providers discussed a need to shift from denying and minimizing abuse, to acknowledging intimate partner violence. Participants critiqued the fact that many LGBTQ folks discount survivors' accounts of abuse, often using victim-blaming rhetoric. By writing off survivors' experiences, the community is discouraging them from speaking out, further perpetuating the culture of silence on the subject. As Respondent #4 explains, "I think being more open and not doing the victim-blaming is something that, as a group of people, can make it easier for survivors to come forward." Every provider interviewed agreed that the simple act of acknowledging the existence of IPV within queer and trans communities is immensely helpful for survivors.

In a similar vein, many participants insisted on greater accountability for abusers. Providers discussed how believing a survivor's story, but continuing to invite their abuser to community events, was an ineffective and unsupportive community response. Respondents described how choosing to include abusers in community events strongly hinders survivors' healing, as it forces them to either risk running into their abuser, or to exclude themselves from the event. This need for accountability is well articulated by Provider #4:

And I think as a queer and trans community we have a responsibility to hold each other accountable. “That is unacceptable behavior, and until you figure your shit out, you don’t get to hang with us.” And lots of people have different opinions about how it’s not good to, you know, shame and isolate the abuser, because they themselves are also humans who need some assistance, and healing, and all of these things. But I personally come from the perspective that, while those are all true, not at the expense of the survivor who’s actually been harmed. Until you can do whatever soul searching, counseling, whatever, to stop and realize, and take accountability, you don’t get to be part of our crowd. Because you’re just harming people and that’s not what we’re about.

In addition to improving community responses, participants called for more preventative approaches aimed at decreasing the prevalence of IPV. Several providers named The Northwest Network (based in Seattle, WA) as the leading organization engaging in proactive approaches to queer and trans intimate partner violence. Participant #2 offered this description of The Northwest Network’s efforts:

They are now investing all those resources into young people and the local high schools, creating GSA’s... And then also through that, rather than reacting to crisis, doing some prevention and some healthy relationships skills, which is I think is extremely exciting, and extremely helpful, because one of the things that is a potential issue for any survivor is isolation, from their family, and friends, and community, but I think that’s particularly relevant for queer and trans people.

Learning healthy relationship skills is especially critical for queer and trans people, as their underrepresentation in heteronormative society leaves them with very few depictions of LGBTQ relationships, and even fewer depictions of healthy LGBTQ relationships. Furthermore, holding

these classes enables queer and trans youth to come together and make social connections, limiting the experience of isolation. These combined efforts serve the purpose of giving the community the tools and knowledge to address future instances of IPV.

Regarding formal systems, all respondents advocated for better education for all institutional employees who regularly interact with LGBTQ survivors, this includes employees in the legal, criminal, and medical systems, as well as staff members at DV organizations. Particularly, providers suggested that service providers adopt gender-neutral language when discussing IPV. Participant #4 explained the importance of removing gendered language altogether from any conversations around DV, including trainings, resources, materials, etc.:

So I think, for me at least, the really small thing of making sure there's no gendered language in any of our resources, and when we're talking about, or giving presentations, oftentimes people, I've noticed people have began using the shortcut, "Well I know not all survivors are women, and not all abusers are men, for ease I'm going to use he and she pronouns." And you know what, I think it's important that we're interrupting that and stopping that.

According to many participants, the most effective way to accomplish abandoning gendered terminology is through establishing trainings on LGBTQ survivor-specific challenges, even, and especially, in non-queer and trans-specific agencies, as these agencies may still interact with queer and trans survivors.

Additionally, every participant stressed that these trainings need to occur more frequently, largely due to the high turnover rates and the lack of institutional memory that is common in the social services sector. Provider #1 explains this issue:

I think that the training that we do is very important, and I also question how effective it is at times, especially if we're looking at larger burnout rates of DV/SA advocates and DV/SA direct service providers in general. Like, there's such high turnover and burnout rates that we may train a full staff in November, and by the time April and May roll around, there might not be anyone that has that knowledge, that has been through that training, or even if they have been through that training, what do they remember?

Further, participants felt that it is crucial to assure that those who implement these frequently updated trainings are equally dividing the labor. This means that the task of facilitating LGBTQ IPV trainings should not rest solely on the few LGBTQ-specific providers in the area. Participants suggested that organizations should take the initiative and self-educate. As one of the few queer and trans-specific providers in his county, Participant #1 explained his frustrations:

So basically, if there's a queer or trans survivor who engages in services in [county in urban area], [advocate name] and I are gonna see them. Y'know, they're gonna come across our desk, because we're the only queer and trans DV providers in the county- and [advocate name]. So that's been the solution, instead of making sure that all advocates are trained in how to best work with folks.

The above concept nicely introduces the final theme, which is arguably more efficacious than repeatedly educating cisgender, heterosexual staff. As an alternative, all participants strongly proposed hiring more LGBTQ providers, particularly LGBTQ providers of color. The value of having queer and trans-identified staff serve queer and trans survivors is explained by Participant #1:

I would love for there to be more of an emphasis, as a DV-SA continuum, on hiring queer and trans folks, specifically queer trans people of color, Because there are some things that no matter how much training a cis-het person goes through, there's just still gonna be something that's missing, right? Like, you could be the bet cis-het ally, and- you know there's just moments like that that happen constantly, that no matter how well-intentioned, that is an experience that would not happen with a cis-het advocate, no matter how much training they've gone through.

More diverse staffing also involves the benefit of increasing the likelihood that services will be accessed by folks who hold marginalized identities. Participant #3 addresses this advantage:

Well I think that hiring volunteers from, who identify in specific communities, helps to build that trust with those communities, and to build a presence in those communities, so that people feel like, "Oh, so this is something accessible to me, that exists, that I can access, and get help from," and then, "Oh look, here's this familiar face, so I feel comfortable going there." I feel like that's what's made our LGBTQ group successful, is that me being a part of that community.

Finally, Participants #3 and #4 both contended that hiring queer and trans direct service providers is meaningless if an organization's policy-makers are still predominantly cisgender and heterosexual white people. Participant #4 explained:

I think it's having queer and trans people of color in positions to make decisions. Because even if we have a lot of advocates or direct service workers who are matching the identities of the communities, if the leadership is just a bunch of older white people, then

that's not going to be reflective of, that's not going to be particularly helpful on a policy, organizational, or systemic level to make sure that the way in which we're providing our services is really supportive and inclusive.

Discussion

This study's inquiry focused around exploring the unique barriers facing queer and trans survivors of domestic violence, it also set out to formulate suggestions for creating more LGBTQ-inclusive DV services. Upon interviewing LGBTQ-specific providers on these issues, several key themes emerged. Providers spent the most time, and placed the greatest emphasis, on the issues of identity, community, challenges with existing domestic violence services, and recommendations for addressing DV in LGBTQ communities.

The convergence of a queer or trans identity with a survivor identity was regularly discussed as an important factor affecting a person's self-concept and strength of support networks, both before, during, and after experiencing intimate partner violence. Additionally, all of the providers raised the topic of community as a barrier, namely the LGBTQ community's protective and tightly-knit nature. Providers also noted that while these community dynamics can be challenging in DV situations, these community characteristics also have the potential to be a positive force in a survivor's healing. Structurally, gendered language and assumptions undergirding DV services and systems were deemed the greatest barrier to queer and trans individuals seeking services. Consequences of the gender binary paradigm and heterosexist frameworks for understanding DV were revealed to be most pervasive in law enforcement, support groups, and shelters/housing. Lastly, throughout all interviews, providers shifted the dialogue from listing barriers facing survivors to brainstorming recommended solutions to these barriers.

In examining the key ideas that emerged from the interviews, the most noteworthy consistent theme was the LGBTQ community's silence regarding the subject of IPV, as well as the community's tendency to dismiss survivors' accounts of abuse. As has been noted by other scholars, this study's findings attributed the pressure to appear as palatable as possible to heteronormative culture as strong incentive for keeping IPV swept under the rug. Further, this study reiterates that the small, tightly-knit aspect of the LGBTQ community exacerbates survivors' isolation (Bornstein et al., 2006; Brown, 2011; Guadalupe-Diaz & Jasinski, 2016). While this study's inquiry was centered around systemic barriers, responses focused on the LGBTQ community as a major barrier, often even more so than formalized services. The fact that community silence about IPV is a recurring theme among studies conducted across the nation and over time, speaks to the vast and powerful role that an unaccepting heteronormative culture plays in the lives of queer and trans survivors and non-survivors alike.

It is significant that this study, consistent with previous research, found that law enforcement, support groups, and shelter/housing among the greatest barriers to LGBTQ survivors accessing adequate support (Bornstein et al., 2006; Courvant & Cook-Daniels, 2003; Guadalupe-Diaz & Jasinski, 2016). The participants' responses, along with the literature on LGBTQ DV, reveal the deeply-ingrained male violence against women conceptualization of DV. These findings highlight the need to usurp the rhetoric of the gender binary, which most of our contemporary DV services organize around, with a more gender-neutral, inclusive approach. Thus, these findings add to the recommendations made by other researchers who advocate for a reconceptualization of assumptions around gender and IPV (Brown & Herman, 2015; Center for American Progress, 2011; Guadalupe-Diaz & Jasinski, 2016).

Study participants provided a number of important recommendations for how to improve access to services and safety for survivors both in the community and within services and systems. The most prominent recommendations present in both the literature and this paper were calls for community acknowledgment of IPV, more frequent LGBTQ-specific trainings for advocacy organizations, and an emphasis in hiring queer and trans staff at advocacy organizations (Calton et al., 2015; Greenberg, 2012; Guadalupe-Diaz, 2013). This study then, functions as evidence to strengthen the arguments for the necessity of these interventions in the field.

Building on previous literature focused on LGBTQ DV, this study used the expertise of direct service providers to expand on, and redirect, the knowledge of previous work. While many scholars have discussed the marginalization that accompanies a queer/trans identity and the marginalization that accompanies a survivor identity, (Bornstein et al., 2006; Guadalupe-Diaz & Jasinski, 2016; Nadal et al., 2015), these identities are typically examined separately, and little attention is paid to how they intersect. Providers interviewed in this study, however, delved into how both of these identities compound each other, further impeding survivors' healing processes. Parallels were drawn between the stigmas associated with being queer/trans, and being a survivor, as both identities often communicate a sense of shame, or of being "bad" or "wrong." These findings are relevant as they indicate queer and trans survivors are already encumbered by negative self-perceptions and minimal social support, prior to the experience of IPV. These interlaced marginalized identities likely further impede attempts to seek support, both from family, community, and formal services.

On a more positive note, in addition to addressing challenges and barriers, participants importantly spoke to the strengths of the LGBTQ community when it comes to addressing IPV.

As articulated above, the focus is overwhelmingly on the community's disadvantages and the silencing and isolating of survivors. No previous research has focused on strengths-based factors that the community possesses. This study demonstrates that there is potential for survivors to benefit from the tightly-knit and protective aspects of the LGBTQ community. Respondents discussed how this protectiveness can motivate the community to come together and organize around the survivor. Further, the closely-knit connectedness of community members enables individuals to productively utilize networks to access resources for survivors. This has significant implications as it allows for LGBTQ folks to circumvent potentially inhospitable services and creates the option for survivors to find safety and support without having to navigate formalized systems.

Finally, this study expands on recommendations made in the existing research literature on this topic. Providers in this study made suggestions for improving the response to queer and trans IPV and also offered suggestions for just and effective implementation of these recommendations. For example, while many studies on LGBTQ DV recommend increased trainings for non-LGBTQ-specific organizations, (Bornstein et., al, 2006; Brown & Herman, 2015; Guadalupe-Diaz & Jasinski, 2016), none of this work has mentioned the problems with enacting more frequent trainings. Importantly, while participants did recommend trainings, the providers in this study addressed the burdensome increase in labor this implementation places on providers at LGBTQ-specific agencies, as well as how to alleviate it. Furthermore, another common recommendation the literature advocates for is the hiring of more queer and trans providers (Calton et al., 2015; Greenberg, 2012; Guadalupe-Diaz, 2013). Again, most scholars simply make this recommendation and leave the question of placing too much labor on the queer and trans staff members unaddressed. Providers in this study go a step further by offering ideas

on how to mitigate these issues. The implications section will delve further into these recommendations.

Implications

This discussion of research findings from this study have implications for how to better address DV in LGBTQ communities. Perspectives from study participants can inform recommendations both on how to improve informal, community-based responses, as well as on how to modify systems-based direct practice to meet the needs of queer and trans survivors of intimate partner violence. One recommendation, of the utmost importance, is aimed at simply starting the conversation around IPV in the LGBTQ community through preventative efforts and community engagement. Holding healthy relationship classes and bystander intervention workshops can familiarize LGBTQ individuals with the concept of IPV. If community members learn how to identify and respond to it, they are likely to be more comfortable engaging in dialogue on the topic, consequently creating an atmosphere where survivors feel welcome and safe to come forward. Further, multiple providers noted that outreach to LGBTQ youth is especially important, as it is an investment in the future and helps young people learn positive values and practices for queer and trans relationships.

Beyond the LGBTQ community, it is crucial that formalized social service providers implement comprehensive trainings on queer and trans IPV for their staff. Additionally, the high turnover rates common to social service agencies necessitates regularly updated trainings. The key findings of this research indicate that the facilitation of these regularly occurring trainings often falls on the staff at queer and trans-specific organizations. Expecting LGBTQ-specific staff to regularly update all agencies in a county is an unreasonable expectation of labor. Instead, a better approach would be to train the most permanently-held, senior staff positions at an agency,

and then leave it up to that agency to facilitate the continual trainings. Of course, this leads to the next recommendation- that non-LGBTQ-specific organizations need to put in the effort and take the initiative to educate themselves, as they should be prepared to have the capacity to serve survivors with varying demographics.

Another recommendation related to improving the inclusivity of formalized systems is that agencies hire more queer and trans providers. While this idea is certainly beneficial, agencies need to be careful to avoid assigning too much responsibility to these queer and trans providers. Oftentimes organizations only have a single, token LGBTQ provider and expect this individual to support all LGBTQ survivors and facilitate all trainings. A solution to this would be to hire multiple queer and trans providers, to manageably distribute the labor. And finally, placing queer and trans individuals in leadership and policymaking positions is the most failsafe solution to ensuring an organization embodies queer and trans inclusivity.

Future Research

While these recommendations are valuable, research on LGBTQ DV is still quite limited, thus it is essential to invest in future research. The findings and discussion present numerous directions for further research. For one, the notion of identity was a theme in particular that was not frequently seen in other publications. This study's findings on identity only serve as a starting point. Exploratory studies specifically dedicated to this topic have the potential to deepen our understanding of LGBTQ identity's role in queer and trans survivors' experiences of IPV, specifically in terms of a survivor's self-concept before and after IPV, as well as the meanings survivors attach to their narratives.

Similarly, because this study examined both queer and trans identities, follow up research that focuses solely on trans survivors would be beneficial. This approach would ensure transgender survivors are not overlooked, and because trans survivors often endure more and/or unique forms of oppression, both from within the LGBTQ community, and within formalized systems, it is important to engage in more trans-specific research. More research is needed on all intersecting identities that queer and trans survivors hold and how these identities impact experiences of abuse and needs in regards to support and advocacy. The complex experiences of queer and trans survivors of color also warrants more research. Because this study only involved white participants, it is essential to conduct future research that includes the voices of providers and queer and trans survivors of color, as their responses can offer unique perspectives on issues of race and intersectionality.

Limitations

This lack of demographic representation in providers is among several of this study's limitations. In particular, the most notable limitation is that none of the providers interviewed were people of color. Though recruitment did not seek to exclude people based on race, the fact that all respondents were white is iterative of the broader issue in social services systems, that is, the consistently white professionalization of the field. Also, worth noting is that all of the participants were in their twenties, this lack of an age range may fail to account for generational differences in perspective, as a much older provider may have more insight into how the DV field has changed over time for LGBTQ survivors. This study's small sample size also limits generalizability. And while the sample size was sufficient for an exploratory study, a larger sample would allow for more extensive implications and eliminate the risks of leaving out possibly relevant data. Finally, this study only interviewed providers regarding issues that

survivors face. This serves both as a limitation and a potential strength. Including survivors' voices directly would have been the best way to ensure their experiences and narratives were communicated accurately, without risking the misinterpretation of providers. However, providers possess a more well-rounded, knowledgeable understanding of formalized systems, and because all providers in this study identified as queer or trans, they were qualified to speak on informal community dynamics as well.

Conclusion

Overall, the vast majority of existing literature in the field of queer and trans domestic violence indicates that queer and trans survivors face similar rates of DV to that of cisgender heterosexual survivors; however, the dynamics of queer and trans DV relationships differ from that of cis-heteronormative relationships, and the myriad of institutional barriers only hinder a survivor's ability to recover from abuse. This study's findings further support the need for improved resources for the LGBTQ population by identifying themes derived from interviews with providers. Providers consistently expressed that holding a marginalized identity compounds the experience of IPV, that the LGBTQ community fails to support survivors in their community, and that LGBTQ survivors are also failed by the formalized systems which operate under gendered and heteronormative assumptions.

In response to these issues, this study recommends a multifaceted approach to better meet the needs of queer and trans survivors of domestic violence. This entails initiating the conversation about IPV within the LGBTQ community, specifically through community education and prevention. This conversation needs to continue within the context of formalized systems, where it is suggested that organizations implement comprehensive updated trainings and strive to hire more LGBTQ providers, preferably into leadership and policymaking positions.

It is imperative that we conceptualize and address queer and trans IPV with the same levels of concern and gravity that our society places on heteronormative IPV. It is equally important that we tailor our approaches to meet the unique needs of queer and trans DV, as there are devastating repercussions of attempting to universally approach this topic. We owe this specialized care and attention to queer and trans folks, as they have been historically disregarded and targeted, both socially and institutionally. This paper is just one step in the right direction on the long road towards adequate and just responses for not only queer and trans survivors, but for all who live at the intersections of multiple marginalized identities.

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