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Woman Enough?: Transgender Women and Intimate Partner Violence Shelters

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WOMAN ENOUGH?: TRANSGENDER WOMEN AND INTIMATE PARTNER VIOLENCE

SHELTERS

A Thesis
Presented in partial fulfillment of requirements
for the degree of Master of Arts
in the Department of Sociology and Anthropology
The University of Mississippi

by

PARKER R. SMITH

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ABSTRACT

This research drawing from analysis of a Qualtrics, pre-interview survey and in-depth, semi-structured interviews with seven intimate partner violence shelter leaders across the united states examines service provision for transgender women and how these shelters rationalized inclusion or exclusion for these services. Analysis revealed that despite speaking negatively and against cisnormative public narratives of intimate partner violence that shelter leaders and their organizations actively displayed cisnormative imagery throughout their websites and did not utilize large scale outreach to transgender women to also build relationships past how transgender women might see these shelters as. Shelter leaders also discussed how their allocation of resources relies on transgender women to disclose their status ignoring societal barriers and hesitance transgender women have due to past trauma accessing social services as outlined in previous literature. This expectation of disclosure is combined with the concept of *transgender outsourcing* which is exhibited as shelters refer transgender women's needs out as "specialized services" othering them in the process. Shelters also exhibited cisgendered organizational processes as they interacted with transgender women survivors through their reproduction of cisnormativity within those spaces. These processes are also exhibited through the production of *diversity regimes* (Thomas 2018) where diversity initiative rely on the condensation of diversity language on websites and discussion of board of directors, decentralization of organizational diversity work, and staging difference by utilizing LGBTQ+ shelter workers.

DEDICATION

For all survivors.

ACKNOWLEDGMENTS

I would first like to thank my thesis advisor, Dr. Willa Johnson. Your guidance throughout this process has been nothing more than a testament to patience and has been completely invaluable. You believed in this project and my work even in times when I did not and spent, from what I can imagine, countless hours helping me mold this into a project worth standing behind. I am eternally grateful. Also, thank you to my committee members, Dr. Kirsten Dellinger and Dr. Amy McDowell for all the support and encouragement throughout this process. Covid-19 created a year filled with various roadblocks and stresses; I am happy to have had the support behind me to persist through it. To the department of Sociology and Anthropology at the University of Mississippi, thank you for creating a supportive environment to allow for the foundation of my academic career to be molded. To everyone who listened to me complain, proofread my writings, provided advice or feedback, and offered all other forms of support, thank you. To my family and friends, thank you for the unconditional support and reassurance that my dreams are valid throughout this process.

I would also like to thank the participants of this study whose day-to-day work in these organizations and shelters is so important and undervalued by many. Your commitment to survivors is unwavering, and I hope to embody that in my own work both academically and in the community. Thank you for taking the time to be open and share your experiences and world with me. Without your participation, this study would not have been possible.

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I. INTRODUCTION

The goal of the thesis project is to investigate how Intimate Partner Violence (IPV) or Domestic Violence (DV) shelters rationalize inclusion or exclusion of transgender women who have been victimized by intimate partner violence. While transgender women can speak directly to their experiences in IPV shelters, I am investigating the underlying reasons for why shelters designated for victims of violence might accept or turn away some populations of women.

Intimate partner violence is situated within a long history of the battered wives and domestic violence movement. Beginning in the early 70s, feminist groups began organizing under the name of the "battered women's movement" to address violence against women with events such as "Take Back the Night" in 1975 and the Wisconsin Conference on Battered Women in 1976. Additionally, feminist scholars such as Dobash and Dobash (1979), Susan Brownmiller (1975), and Del Martin (1976) published their works detailing the gendered based asymmetry in this violence empirically. These groundbreaking studies and subsequent others detailing violence against women paved the way for the increase in social services and enactment of legislation such as the Violence Against Women Act (VAWA) being originally passed in 1994 and reauthorized in 2000, 2005, and 2013. This scholarship and movement have since developed to consider violence against women, and others, outside of the domestic sphere and acknowledged the various contexts and types of abuse that can occur including within same-sex relationships and other marginalized communities. This study is situated within this history and would not be possible without the scholarship and activism of those that came before it.

Experiencing violence and seeing friends harmed by violence in relationships, specifically same-sex relationships allowed me to recognize that IPV is not purely a physical phenomenon that is easily identified. It is much more than what one sees on crime or T.V. dramas. While these friends and I were lucky not to experience high levels of violence that required resources such as shelters, our experiences have caused for me to think critically about the necessity of those types of resources, how those resources work to help people, and for whom these resources exist. Where could gay men victimized by IPV go for help in the south? This question intersected with my concern about the violence that transgender people face. As an undergraduate, I was alarmed to see yearly increased statistics reported by various LGBTQ+ advocacy groups about the murder and violence impacting transgender people, specifically transgender women. The number of transgender people murdered surpassed the number reported in 2019, and at the time of writing, at least 13 transgender people have been murdered in 2021. Transgender victims face the violence of dead-naming and the erasure of trans-identity by family, police, and medical professionals. This combined with personal experiences inform my research questions. Using the privileges that I have as a graduate student, I wanted to use my research project to not only discover something about the social world but also to impact it. My research questions and related hypotheses are:

RQ1: How does perceived gender or gender performance of transgender women affect their accessibility to help and resources in shelters for intimate partner violence.

H1a: Shelters and programs will provide services and resources only to those that they consider "real" women.

H1b: Shelters and programs will base victimhood around normative ideas of gender and womanhood.

RQ2: How are resources or services allocated to transgender women?

H2: There will be a lack of services offered to transgender women that would specifically deal with their status as a transgender woman, if any at all.

RQ3: How are allocation of resources affected by one's transgender status?

H3: Transgender women will be offered less holistic services based on their trans-status.

RQ4: How does gendered perceptions of transgender women impact if they are helped?

H4: Negative perceptions of transgender women and distrust of their womanhood will negatively impact transgender women's ability to receive help while positive perceptions will allow transgender women better access to help.

II. LITERATURE REVIEW

The literature review which prioritizes the histories if IPV and transgender persons is separated into four segments. The four segments demonstrate how the study of intimate partner violence has grown to include transgender persons but only in recent decades. Recent literature has brought more attention to transgender victims' experiences of IPV and how transgender individuals have experienced barriers to accessing assistance as a result of IPV. (Greenberg 2012; Guadalupe-Diaz 2015; Guadalupe-Diaz and Jasinski 2016; Henry et al. 2018; Kurdyla 2015; Seelman 2015; Tesch 2020). Much scholarship of service providers focuses on what advocates and professionals know about transpersons or how services can be improved but not why shelters are denying or accepting transpersons refuge in shelters. (Barret and Sheridan 2017; Furman et al. 2017; Jordan et al. 2019). This study will fill the gap in literature that has left out the question of why transgender women are turned away from DV and IPV services and the role that the organization plays in this exclusion.

Cisgender, Heterosexual IPV

Before the 1960s and '70s, violence against women was hidden from public view and treated as a private family problem. It was not until activists, academics, and survivors under the banner of the "Battered Women's Movement" came forth that issues of IPV came into public consciousness. Perpetrators of violence were attributed primarily to patriarchal power systems, and the violence perpetrated against women was seen as a form of social control from husbands (Dobash and Dobash 1979) as means to dominate and regulate women's behavior (Dobash and

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Dobash 1979; Dobash et al. 1992; Dutton 1994; Yllo 1993). Feminists positioned IPV as an issue that (cisgender) women in (heterosexual) relationships, specifically wives, were the sole victims. Challenges to the patriarchal framework of IPV occurred and were met with backlash from feminist scholars (Felson 2006; Gelles and Straus 1979; Steinmatz 1977). These arguments over gender symmetry allowed for what Michael P. Johnson considers his "typology of intimate partner violence" (Johnson 1995, 2006). Johnson's approach mapped methodological differences that allowed feminists and other scholars to display different outcomes of gender symmetry in IPV. Johnson's typology solidified feminist scholarship on the subject by detailing how feminists' theoretical critiques were looking at a different type of IPV that was still caused by patriarchal systems of power. It raised the idea of context, such as when and how IPV occurs (Anderson 1997, 2007). Similarly, Kimberlé Crenshaw (1991) and Michele Bograd (1999) utilized intersectionality to critique the one size fits all DV or IPV model that centered white, middle-class, heterosexual women as primary IPV victims. By introducing an intersectional approach, Crenshaw and Bograd better reflected the different systems of oppression that impact how women of color, women from different socioeconomic backgrounds, and other women's experiences with DV or IPV. As Crenshaw states, "Because of their intersectional identity as both women and of color within discourses that are shaped to respond to one or the other, women of color are marginalized within both" (1991: 1244). Without this intersectional approach, women who belonged to marginalized groups were actively erased from conversations about violence. This more inclusive approach has also been used to discuss how service providers' social positions influence the services available to a broader range of victims including same-sex and transgender persons who experience IPV (Chang et al. 2003; Fauci and Goodman 2019; Few 2005; Nnawulezi and Sullivan 2013).

Same-sex IPV

Early IPV scholarship appears to have ignored IPV in same-sex relationships. This exclusion of same sex lived experiences was due to the heterosexual, gendered narrative that framed the problem of IPV as one with a feminine female victim and a masculine male perpetrator. Same-sex individuals were only considered to be able to perpetuate IPV if they imitated heterosexual roles with one party acting as the "male" and the other "female" (Martin 1976). Since many same-sex relationships do not actively reflect those heteronormative gender roles, these relationships have not been viewed traditionally as candidates for IPV.

A significant discussion within same-sex IPV literature relies on the concept of heterosexism (Island and Letellier 1991, Merrill 1996; Renzetti 1996; Brown and Groscup 2008). Heterosexism refers to the normative ideas of sexuality and the institutional system of oppression that treats all sexualities other than heterosexuality as abnormal. The erasure of gay and lesbian people from traditional renderings of IPV combined with the enforcement of normative gender roles has led to lesbian women and gay men being refused victim status. These refusals were supplemented by service provisions that widely ignored same-sex victims' unique experiences or did not consider same-sex IPV a legitimate problem that deserves consideration on its own merits (Renzetti 1996; Brown and Groscup 2008). Despite the similarities in the erasure of victim status and lack of resources accessible, transgender victims have unique IPV experiences.

Transgender IPV

Transgender victims of IPV have especially been alienated from and ignored by traditional and same-sex discussions of IPV. There has been a recent uptick in research that identifies transgender experiences of IPV including significant surveys. Based on the 2015 U.S.

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Transgender Survey conducted by the National Center for Transgender Equality (NCTE), 54 percent of respondents reported having experienced some form of intimate partner violence in their lifetime (James et al. 2016). For all respondents to that survey, the types of violence experienced were directly related to transgender persons' social identity, such as personal attacks relating directly to their presentation of self, threats of "outing" transgender persons' status to others, and forceful restrictions to hormones and medications (James et al. 2016). Despite these statistics, transpersons' experiences have been lumped together in IPV research about same-sex persons rather than devoted to their unique experiences with intimate partner violence (Colten et al. 2015). The methodological approaches used with studies with same-sex persons had little relevance for transgender persons because they represented a relatively small of persons surveyed in the samples (Colten et al. 2015). Additionally, the theoretical approaches failed to consider the circumstances particular to transgender people who experience IPV (Colten et al. 2015). Importantly, recent literature has pointed out how transgender and other non-gender conforming victims have had their experiences either erased, universalized, or both (Guadalupe-Diaz 2013; Rogers 2019,2020; Shields 2018).

Scholarship on service provision for transgender victims has primarily focused on how formal avenues of help-seeking have affected the victimization of transgender women and have been locations of discrimination (Greenberg 2012; Guadalupe-Diaz and Jasinski 2016). A prominent theme throughout this literature is what Guadalupe-Diaz and Jasinski (2016) call "walking the gender tightrope" (2016:11). This concept refers to how normalized gendered conceptions of victimhood have caused those who do not meet those criteria to feel alienated from shelters. In some cases, these women experience discrimination from shelters. (Bermea

2019; Greenberg 2012; Guadalupe-Diaz and Jasinski 2016; James et al. 2016; Jordan et al. 2016; Seelman 2015; Shields 2018).

Reified gender norms from earlier years of IPV advocacy have succeeded in marginalizing transgender women. Specifically, Greenberg (2012) elaborates on the fear among shelter workers and managers that abusive men will dress as women and attempt to harm victims. These anxieties reflect the misgendering of transgender women. It also suggests that transgender women are sexual deviants rather than victims of violence. This gatekeeping of a protected women's space relies on womanhood's subjective determination(s) by shelter workers (Greenberg 2012). These types of subjective determinations of womanhood revictimize transgender women and leave them vulnerable to being denied service(s) with no legitimate cause, especially those who either have not fully transitioned or do not present as hyperfeminine (Greenberg 2012; Guadalupe-Diaz and Jasinski 2016).

Other scholarship outlines the abysmal resources available to transgender victims even if accepted in shelters (Ford et al. 2013; Furman et al. 2017: Jordan, Mehrotra, and Fujikawa 2020). Moreover, many shelter employees do not have the proper training to offer resources to transgender victims and lack the skill and knowledge about how to interact with transgender persons respectfully. These problems for shelter are visible on the websites and other resources that potential victims use to find help. Resources use gendered language and focus on cisgender persons. Thus, transgender persons get the message that such places are not for them. Non-inclusive language, for example, gives a message that transwomen are not welcomed. Furman et al. (2017) and Jordan et al. (2020) argue that these victims do not reach out for help out of fear of rejection. Jordan et al. (2020) argue that transgender advocates perceive cisgender IPV shelters as inaccessible to transgender women. Instead, they think those shelters prefer IPV against

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transgender persons to be handled within LGBTQ+ communities. In other words, they appear to advocate for a kind of de facto segregation of IPV victims. Even when shelters do show interests in creating space for transgender survivors, they are not able to identify active methods of creating proper channels to address the unique needs of or outreach to transgender survivors (Munson and Cook-Daniel 2020; Tesch 2020).

Theoretical Frameworks

There are five major theoretical frameworks used in this study: Goffman's impression management, Y. Gavriel Ansara and Peter Hegarty's (2012) cisgenderism, Joan Acker's (1990, 2006) gendered organization and inequality regimes, Thomas' (2019) Diversity Regimes, and Julia Serano's (2007) transmisogyny. Goffman's theory of impression management informs how shelter workers assess transgender women's performance of womanhood. Goffman's theory of impression management in view of West and Zimmerman's (1987) theory of *doing gender* and Connell's (2010) discussion of *doing transgender* is useful for this study. West and Zimmerman (1987) appear to follow Goffman's theory of impression management by discussing how men and women are at risk of "gender assessment" during the act of *doing gender*. Elsewhere, Raewyn Connell (2010) builds on the idea of *doing gender*. By defining what it means to *do transgender*. Connell describes *doing transgender* as, "transpeople's unique management of situated conduct as they, with others, attempt to make gendered sense of their discordance between sex and sex category" (2010: 50). Drawing a distinction between *doing gender* and *doing transgender*, Connell (2010) highlights a more trans-centered approach to understanding the uniqueness of transgender persons' experiences. When transgender women contact shelters, they perform womanhood and victimhood in order to gain access to services. Additionally,

shelter workers serve as gatekeepers to services by acting as the audience assessing these gender performances in the process. Impression management with the concepts *doing gender*, and *doing transgender* allow me to focus on how shelter workers decide and rationalize their responses to transgender women's performances. Significantly, I can better grasp how subjective determination of womanhood or gender plays a role in these rationalizations and shelter worker's experiences with transgender women.

Y. Gavriel Ansara and Peter Hegarty's (2012) term *cisgenderism* is important here because it moves the discussion from individual attitudes that the word transphobia suggests to an analysis of structural inequality experienced by transgender people. *Cisgenderism* depicts a hierarchal ideological system where those outside of the normative gender binary are punished and stigmatized by the dominant group, in this case, cisgender peoples. This ideological system reifies cisnormativity where the lived experience of cisgender people is treated as the base assumption. For example, transgender peoples consistently fall victim to institutional discrimination across various social services (Ansara 2015; Ansara and Hegarty 2012; Bauer et al. 2009; Blumer, Ansara, and Watson 2013; Rodgers 2019,2020). These social services are created and run under the assumption that those accessing them are cisgender and presenting within cisnormative roles. Additionally, focusing on cisgenderism allows for analysis of how (cis)gendered or cisnormative understandings of IPV are used and reproduced by shelters in their policies on transgender women. As a result, cisgenderism highlights how violence affecting transgender women may be treated as a problem for the LGBTQ+ community rather than one that involves society as a whole.

Transmisogyny is unique to transgender women as they face the double-bind of being seen as inferior to men and being seen as inferior to cisgender women who view their

womanhood as fake. Transmisogyny was chosen as a theoretical lens because it extends the

notion of cisgenderism cisnormativity to focus specifically on the unique structural

discrimination that transgender women experience because of their transness. Additionally,

transmisogyny allows for discussing how women reproduce misogynistic rhetoric against

transgender women to exert power and distance themselves from them. Because women

primarily run IPV advocacy and shelters that market themselves as safe spaces for women,

transmisogyny provides a unique lens to understand how these spaces might reproduce violence

through transmisogyny.

 (Cis)gendered organizations. Joan Acker's (1990) theory of gendered organizations

situates gender as fundamental in the ongoing processes within hierarchal organizations rather

than organizations functioning as a gender-neutral space. While Acker does not use the term

"cisgender" in her analysis, her description of gendered organizations can be used to describe a

cisgendered organization as well. Acker's theory may be extended to analyze how gender

functions as an interactional process that goes beyond the individual to the structural roots of the

organization. This is important for examining how IPV shelters function and may reproduce

systems of inequality relevant to transgender women. More recent scholarship (Connell 2010;

Yavorsky 2016) extends this concept focusing on how Acker's theory can apply to the

cisgendered processes that inform transgender and gender non-conforming peoples experiences

in organizations and the workplace. Focusing on the trans-centered conception of cisgendered

organizations, I use this theory to focus on how IPV shelters and their overarching organizational

structures operate as cisgendered organizations that promote cisgenderist social structures

through its ongoing processes. Furthermore, by focusing on IPV organizations' place as

cisgendered organizations, I am able to focus on how this specific type of advocacy

organization's cisgendered processes impacts treatment of transgender women that have been victimized.

Inequality and diversity regimes. Drawing from another of Joan Acker's (2006) theories, inequality regimes, that focuses on the organizational practices, such as pay disparities or hiring practices, that maintain various social inequalities, I focus primarily on the inequality regimes in IPV organizations and shelters that center white, cisgender individuals in positions of power. This extends to not only those running the shelter but the board of directors and others in formal decision-making positions. Inequality regimes inform my research by centering my focus on how the larger system of inequality embodies cisgenderism through the policies and actions taken by IPV organizations. Focusing on positions of leadership and influence in IPV organizations will also help build on the previous discussion of cisgendered organizations to discuss the unique inequality regimes within them.

In contrast to inequality regimes, James Thomas' (2019) discussion of diversity regimes centers on institutionalized practices and meanings that display a "commitment" to diversity, inclusion, or equity but instead reproduce existing inequalities. If IPV organizations express commitment to diversity and inclusion, it is important to acknowledge the extent to which these commitments actually go to create inclusive spaces that actively resist cisgenderist systems of oppression. By identifying the ways in which IPV organizations create these diversity regimes, I can better understand how these policies, if any, actively continue, if not exacerbate, the exclusion of transgender women from services.

III. DATA AND METHODS

After receiving IRB approval, I used a mixed-method approach to collect demographic data about shelter managers and the missions of the shelters they managed; and I conducted seven in-depth, semi-structured interviews with individuals currently working in IPV or DV shelters across the United States between February 2021 and March 2021. Interviews were guided by a prepared interview script (See Appendix B). I analyzed these interviews by using a grounded theory approach (Charmaz 2006; Glaser and Strauss 1967), allowing various concepts to emerge from the data naturally.

For this study, I chose to operationalize both the terms "services" and "welcoming." For "services," I define this as any type of resources that organizations have in their control to offer survivors to benefit them. Additionally, to further expand this definition, I split between general services like shelter and necessities such as hygiene products, and non-generalized services like legal counseling and healthcare. I define shelters' behaviors as "welcoming" through their promotion of policies and actions to maintain and develop a safe, affirming, and accepting environment for transgender women. For shelters to be "welcoming" they had to embody this definition in some form through their actions.

Recruitment

I applied a multi-pronged approach to recruit participants who were over the age of 18 and currently working in intimate partner violence or domestic violence shelters. It was necessary that, participants be currently working in these spaces to ensure their cultural

knowledge about shelters and DV advocacy was fresh in their mind (Spradley 1979). Through online searches on the website domesticshelters.org, a list of intimate partner violence or domestic violence shelters located mainly in metropolitan areas across the U.S. was created. I targeted these urban areas because I assumed that these shelters would have more experience with transgender women than shelters in rural areas. After I created a list, each shelter listed was then directly contacted through email utilizing a prepared recruitment script (see Appendix A). The recruitment script included a brief description of the study, estimated time commitment required of participants, incentives for participants, and contact information for further questions. I also reached out to personal contacts, including departmental faculty and university staff to serve as possible networkers to connect me with intimate partner violence or domestic violence shelters that possibly would be willing to participate in the study. I emailed a similar script to these contacts with a brief description of the project and a request for their assistance (See Appendix D). If personal contacts had references at shelters, I contacted the references with the same recruitment script used for shelters. Cold-calls to shelters from the list that I devised proved to be the most effective method for recruitment.

Data Collection Methods

Prior to conducting in-depth semi-structured interviews, I asked participants to complete a Qualtrics survey. This I hoped would provide insight into the shelter managers and their organizations.

Qualtrics survey. Before distributing the pre-interview survey, a general release form was sent directly to the individual participant by email to review and sign (See Appendix B). Once the individual participant returned the general release form, I distributed pre-interview surveys

through an email containing a link for the participant to access and complete the Qualtrics survey anonymously. Each survey began with the consent form (See Appendix B) that participants had to review and provide their informed consent before moving on to the remainder of the survey. The survey consisted of 14 questions, with the first seven questions focusing on the participant's demographic information. I included these demographic questions to identify who was in positions of power in these organizations. The remaining seven questions focused on topics relating to the participant's organizations, including regional location, whether the shelter had a religious affiliation, and queries about how the organization received its funding general funding (See Appendix C).

In-depth interviews. After participants notified me that they had completed the survey, I scheduled semi-structured interviews held over Zoom or phone call to preserve safety during the COVID-19 pandemic and due to my travel limitations. Before each interview, I took time to read and examine the organization's website. This helped to facilitate the interview. On average, the interviews lasted around 60 minutes each. I separated my interview script into four sections: warm-up and general information, types of services and funding, what do victims look like for these services, and transgender women and services (See Appendix C). After I completed each interview, I wrote a short paragraph describing the interview flow and making notes on which questions were the most useful in sparking descriptive responses from participants. Using this previous interview description as a guide, I worked to modify the order in which I asked questions and paid closer attention to which questions typically required more follow-up questions than others. Some questions, specifically ones using the term "victim" or "victimhood," were eventually excluded or altered in most interviews as those terms typically resulted in a negative response due to the negative connotation of the terms in DV advocacy work.

During the first round of analysis, I decided to send additional follow-up questions to participants. Sending these follow-up questions ensured I was attempting to portray participants' thoughts accurately rather than assume meaning in statements. Each participant received three or four individualized questions over email asking for clarification for both statements made during the interview and on ideas on relationships with LGBTQ+ organizations, feelings about diversity and inclusion, and other feelings towards providing services to transgender women. Six out of seven participants responded to these follow-up emails.

Confidentiality

Due to the nature of the topic and those involved in helping persons who experience IPV, I took several steps to ensure that all participants and their organizations were protected during their participation in this study. When participants completed the consent and general release forms, I immediately assigned pseudonyms dissimilar to the participant's actual name. I deleted all email correspondence between the participant and me as each section of the study ended, and all other materials associated with the study, such as recordings of interviews and a list of participants, were stored in encrypted folders in cloud storage. As the primary investigator, only I had access to these materials, and these files were not removed from encrypted spaces unless in use. All files were returned immediately after use. Although the survey data collected was anonymous, interviews did contain identifying information; therefore, I transcribed them within three day of completing each interview. Until I finished transcription, I stored all voice recordings in encrypted files on the cloud. All identifying information such as location and organization names were either renamed or wholly removed from the transcript during the transcription process. Once transcribed, I destroyed all interview recordings and corresponding

participant information. During the coding process, I created an encrypted Excel workbook that

I held in cloud storage. Due to the coding method, I held onto all transcribed interviews until I

completed the final coding. Once completed, all transcribed interviews were disposed of

properly. All final data that was not necessary to the study was also adequately disposed of at the

end of the study.

Coding Analysis

I printed out a copy of each transcribed interview after all interviews were completed.

First I went through each interview to systematically identify initial codes. While I did this, I

wrote one to two word descriptions for codes that pertained to overarching themes and patterns

that I identified in each interview. These initial code descriptions included: services, trans-

centered service, inclusive language, imagery, negative or positive experience, policy, and

discrimination. Whenever I identified a new code description, I returned to all previous

interviews to code for that theme ensuring that I was coding consistently across all interviews.

Simultaneously, I began to build an Excel workbook that contained a list of these descriptions

with corresponding quotes from the interview. After I distributed follow-up questions to

participants, I completed another full round of coding to ensure that the follow-up questions were

integrated into the coding scheme. I also added more codes to the framework based on

participant responses to follow-up questions. These include: diversity initiative, outsourcing,

outreach, and diversity and inclusion meaning.

During the second round of coding, I collapsed the extensive list of code descriptions into

more prominent coding labels accompanied by memos to justify how combining similar minor

coding descriptions into larger labels was accurate. Here, I used specific examples from the

interviews and follow-up questions. This process allowed me to record my perceptions of how various codes were related and connected and construct how these patterns were exhibiting across the interview data. For example, I condensed several of my initial codes like inclusive language, representation, and diversity into the label of "diversity and inclusion" because all of these codes focused on some form of understanding of or enaction of policy focused on diversity and inclusion. I updated the Excel workbook to reflect these changes. Each coding label was given a separate sheet with quotes from interviews and follow-up responses.

In the last round of coding, I translated these coding labels into final conceptual codes. For this section of my coding process, I focused on attaching the coded labels to significant theoretical ideas. Like my method during the second round, I focused on constructing memos that justified how I connected these coding labels to the theories I outlined in my literature review. I made sure to conceptualize how these theories presented themselves in the data and how the data offered areas to expand these theories. Once I finished the conceptual coding, I properly disposed of all coding materials that were unnecessary to writing out my findings.

IV. FINDINGS

The following are the four research questions that form the backbone of this study:

RQ1: How does perceived gender or gender performance of transgender women affect their accessibility to help and resources in shelters for intimate partner violence.

RQ2: How are resources/services allocated to transgender women?

RQ3: How are allocation of resources affected by one's transgender status?

RQ4: How does gendered perceptions of transgender women impact if they are helped?

I recruited seven shelter workers from seven cities in the U.S. from these regions: South (N=3), Northeast (N=1), Midwest (N=1), and West (N=2). I have refrained from providing the city names to protect the locations of the shelters and the people who seek protection in them and work in them.

All respondents completed the Qualtrics Survey in Appendix E. Among the respondents N=6 identified as women and N=1 as a man. The research participants were all anonymized with the following assigned pseudonyms: Cathy, Minnie, Stacy, Anthony, Emily, Kim, and Maddie. The participants' racial makeup was about 86 percent (N=6) White and 14 percent (N=1) Black. While some participants (N=3) identified with the LGBTQ+ community, no participants identified as transgender. All participants had completed at least a bachelor's degree with the majority (N=6) holding master's degrees. All participants had some form of experience in advocacy work both inside and outside of domestic violence or intimate partner violence shelters. Their experiences as advocates ranged from working with survivors of sex trafficking and serving in homeless shelters to doing youth advocacy.

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At the time of this study, all participants in the study held leadership positions in shelters with titles including Safe Housing Program Manager, Executive Director, Assistant Program Director, Director of Crisis Shelter Services, Shelter and Housing Services Manager, and Program Services Manager.

None of the shelters that participants worked for were sex specific. As a result, all gender identities could reach out for services at these locales. Additionally, none of the shelters currently maintain-a religious affiliation, although some of the organizations have a history that ties them to religious institutions. One of the shelters focused specifically on disabled survivors of IPV or DV while the remaining shelters did not have a specific clientele. Six out of seven shelters were funded through public and private partnerships while the remaining shelter was funded solely through public funding. Public funding refers to federal, state, and local governments' funding while private funding can refer to funding from grants and money offered from various foundations and corporations. Emily's case was different. She lived in an area that was home to large business headquarters which functioned as a substantial funding stream to her organization.

Because organizations have different funding streams, limits on stay, and different organizational structures, the array of services that would be offered to both cisgender and transgender women varied. Shelters, like Maddie's, had less access to resources as her services were stretched across nine counties in her state while Emily's shelter maintained access to a highly resourced variety of services because of the heavy funding streams her organizations had. All shelters represented in the study offered the following services: a 24/7 crisis line, access to shelter if needed, access to basic hygiene items and food, and access to a trained advocate. Additionally, all shelters maintained some degree of mental health and legal counseling available

for clients both on-site and in partnership with professional counseling and legal services. The levels these services differed across shelters depending on funding. Many organizations also offered a variety of general life-skill classes and enrichment activities for both residents in and outside of the shelter.

Providing Services

Related to my first research question, there were two expected findings: (1) that shelters and programs would only provide services to those they considered "real" women and (2) that shelters and programs would base victimhood off of normative ideas of gender and womanhood. Unexpectedly, all participants and their shelters expressed a willingness and openness to providing services to transgender women citing their status as a survivor of violence as the main justification for their willingness to provide services to transgender women. This "welcoming" persona was apparent across all shelters as they claimed to want to be a space where to provide refuge to survivors. When discussing services, all participants referenced the list of services. All participants cited past experiences with transgender clients both men and women. For example, Maddie stated,

> But as far as who we serve, I will say that they are all, and I push this with staff
> that we are mandated by these grants to serve anybody no matter what, no matter
> what they bring with them, any person, any type of person, no matter what.

As expected, all participants expressed that there were certainly normative ideas about IPV that were prevalent throughout different forms of advocacy work. These normative ideas were usually expressed both by shelters' policies and in the imagery that they used on their websites, pamphlets, and other types of media.

All shelters' websites held a variety of information concerning their organizational structure, services, and goals. Consistently across all shelters but one, the homepage displayed women and children at the forefront with brief information about the shelter. All homepages varied with what was displayed including but not limited to: individuals' stories, the number of individuals, families, and children helped, links to various events, and ways to donate or get involved. All shelters had separate sections outlining their history as an organization, their mission or vision statements, staff and board of directors, and financial reports. Within these sections, all shelters included at least one statement that addressed inclusivity usually stating that all are welcome regardless of age, gender, race, sexual orientation, or disability. Only one shelter had a separate page dedicated to diversity and inclusion. Additionally, shelters had pages that outlined their array of services offered to survivors. These services included those both in the shelter and offered by the organization to those not in the shelter. Shelter websites included educational materials giving definitions of domestic violence or intimate partner violence.

When discussing these public narratives surrounding IPV, one interviewee, Minnie, mentioned the power of views held by supporters of her shelter. Minnie noted,

> So, they have the purse drive. I'm looking at purses right now, and literally like this year, we got 500 personal hygiene products inside (the purses). Like, if every person in the city who has a period had a period right now, I would still have a room full of tampons and pads. It's nuts. You know if you're going to send us the hygiene products like you don't have to send us the purse, but there's something about this. There's a narrative out there that women need purses with tampons and hand sanitizers and gum in it, but we don't say no because all we do is deconstruct the entire thing and create a hygiene box and put the purses out if the people want them. We almost always end up taking them to the thrift store.

Also, all participants made a point to distance themselves from these normative ideas of womanhood by expressing the ways in which they were actively trying to counteract this larger

public narrative through inclusive practices like adding statements to their websites to show that they welcome transgender and other non-gender conforming people. Some respondents mentioned bringing in organizations or individuals to critique some of their practices so that they could become more inclusive.

Allocation of Resources or Services

Both research questions two and three both focused on allocation of services or resources for transgender women. I expected to find that services would not be individualized to fit transgender women's unique needs or as holistic as services offered to cisgender women. Unexpectedly, I was met with similar responses from all participants that all services were individualized to fit the needs of each survivor seeking refuge. This meant that transgender women could receive services that were centered around their transness, but to receive these services would require transgender women to out themselves to service providers and possibly shelter residents at large. One interviewee, Emily, spoke openly about her perspective with allocating specific services for transgender women. She stated,

> We ask their gender, and they can name that however they choose to name it. So, if anybody came in as a transgender person and just said "nope, I'm female," we would just write that down and move forward . . ., I can only offer to you what I know is appropriate to you based on what you shared with me. So, if you haven't shared with me that you are LGBTQIA or that you're trans or whatever, I'm probably not making a referral to [local LGBTQ+ organization].

This issue with disclosing one's transgender status in order to receive certain services was unexpected and offered a way in which, despite the willingness and openness to providing services for transgender women, shelters might exclude them by ignoring valid reasons why

transgender women may feel apprehensive or chose not to disclose their status as transgender. Furthermore, expectedly, I found that shelters do provide less holistic services to transgender women compared to their cisgender counterparts, but the way this lack of provision existed for transgender women was unexpected. While generalized services existed for all transgender women, services that focused on transgender women's unique needs typically required referrals or working with what some participants called "culturally specific organizations". For transgender women, these referrals were typically to LGBTQ+ centered or solely trans-centered non-profits and organizations. Building on Adia Harvey Wingfield's (2019) concept *racial outsourcing*, I call relying on LGBTQ+ staff persons to serve as resources simply because they are parts of that community; and the act of referring transgender women to LGBTQ+ organizations to have their unique need(s) for specific services *transgender outsourcing*. In the case of outsourcing services to these LGBTQ+ and trans organizations, only one out of seven participants identified having a formal working relationship with these organizations for services. Other participants, Cathy, Kim, and Emily did describe ongoing relationships centering training and education for their shelters but not services unless they had transgender clientele. Cathy explicitly outlined this phenomenon in her response to my follow-up question. She wrote,

> We definitely work with individual advocacy needs as they arise. We have no formal partnerships with LGBTQ+ organizations, but we have utilized them from training staff, we did a big collaborative process where a LGBTQ program coordinator and member of our DV/SA (sexual assault) coalition staff did a series of trainings for staff, on site, before we became gender inclusive.

Here, we see how partnering with these organizations to implement a more inclusive environment and knowledgeable staff might be trumping the need to partner with these organizations to help provide wholistic services to transgender women. This allows the

organization to benefit from this degree of separation by positioning as gender-inclusive which may allow for greater access to grants and other funding streams.

Experiences with Transgender Women

For the remaining research question, I addressed two specific findings: (1) negative perceptions of transgender women would keep them from accessing services or create hostile environments if services were accessed and (2) positive perceptions of transgender women would provide a gender-affirming, supportive safe space for them to access services. As expected, participants outlined their own experiences where both positive and negative perceptions of transgender women determined transgender women's experiences in the shelter. One interviewee, Kim, spoke openly about an experience where the shelter handled a transgender woman seeking help poorly. She described the experience stating,

> Staff was not prepared to handle that (a transgender woman resident), and neither were the residents. They responded really, really negatively as well. This poor woman felt ostracized from the moment she got there. . . the shelter supervisor had to call me and be like "look this has exploded. We need something to happen right now". So, she called a staff meeting. I got over there and called a resident meeting, but ultimately, the poor woman had to leave like she chose to leave our shelter because she felt so terrible, and I don't blame her.

 Kim qualified this experience by saying that she was not in a position of power at the time. The training was not her responsibility. She placed the onus of challenging negative perceptions and setting up an inclusive and safe environment for transgender women on persons who were in positions of power. Another interviewee, Maddie, also pointed out how poor leadership impacted these experiences. Similarly, as expected, positive perceptions held by both those in power and workers created environments within the shelters where transgender women felt validated and

safe. An interviewee, Minnie, discussed her experience with one transgender woman who was openly shocked by the shelter's support of her. She stated,

> It's often surprising to our trans clients. A young lady, which was really a very sad story, but who just sort of every time she was at the door asking: why are you being so nice to me? We were like, define nice? She was used to being misgendered and talked to crazy and turned down, and you know, just being treated poorly, but, you know, we understand that they've been treated poorly in other agencies and misgendered or just treated like shit. We get it.

Here, Minnie expresses how knowledge of other organizations' negative treatment of transgender women informs her shelters' commitment to providing a safe, supportive place for transgender women survivors. Once again, Minnie, being in position of power, helps curate this type of shelter culture that challenges and disrupts the negative perceptions. This focus on positions of power exemplifies ways that organizations, not just individuals in them, impact the experiences of transgender women seeking help.

V. DISCUSSION

Challenging Cisnormative Public Narratives.

   "I want people to stop watching Lifetime" - Minnie

Participants consistently spoke about what could be drawn back to the public narratives surrounding IPV (Donovan and Hester 2014; Rogers 2019). These cisnormative public narratives of what IPV is, who is affected by IPV, and who is welcomed at IPV or DV shelters are informed by the larger issue of cisgenderism (Ansara and Hegarty 2012). As outlined in Guadalupe-Diaz and Jasinski (2016) and Munson and Cook-Daniels (2020), cisnormative narratives negatively impact help-seeking for transgender survivors often derailing them from even seeking help from these services or visualizing themselves as a victim. All participants expressed the desire to counteract how their shelters might reproduce cisnormative narratives. An interviewee, Cathy, spoke critically about representation when responding to a question about public narratives. She claimed ,

> This a conversation I love having with other shelter providers who say like, well, they just don't come here. It's not that we don't serve them. They just don't seem to come here, and I'm like you have to make people feel included and welcome. If they come to your website and they just see cisgender, hetero, white people and they don't identify that way, they think this space is not for me, and sometimes they think the space is not safe for me. So that can happen. I mean discrimination can happen even when the best of intentions.

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Here, Cathy outlines the way in which directly challenging these normative public narratives, specifically representation, works to create avenues for transgender women to possibly feel like they can be supported and recognized as survivors. Similarly, Kim discussed her own experience seeing billboards advertising IPV advocacy groups in her state. She commented,

> It's playing into those stereotypes, and those those tropes of like what an abuser looks like an what a victim looks like, and the kids are all really cute and, you know, the women are all like soccer moms, just waiting. Instead, you know the folks that we're dealing with are hard as nails and they're just they're superstars, and I kind of think putting that mask of like what a good victim looks like. It just takes so much credit away from how strong and powerful and just amazing our folks are.

Kim outlines the way in which this public narrative's representation not only might affect help-seeking but creates the *ideal victim*. This can in many ways harm survivors' efforts to be seen as victims if they do not present as the white middle-class soccer mom. These ideas outlined by Cathy and Kim are in line with Jordan et al.'s (2020) description of how, despite program's desire and claims to be inclusive, shelters' own exclusion of inclusive imagery and language causes transgender survivors to "anticipate additional scrutiny, judgement, or rejection" (2020: 541) from shelters and services. While Anthony did agree that greater inclusive imagery would promote easier help-seeking for transgender women and others, Anthony expressed skepticism. Anthony explained,

> I think that the risk in terms of accessing shelter may be lower than some of the other services, because of the point when somebody is homeless or facing the risk of homelessness, they may be inclined to overlook that lack of representation on the website and say, like, well, I'm going to give it a try because I'm desperate. And that's probably true. Also, just the services that typically are more like crisis oriented. I think that it may be less of a barrier for the ones who are there with kind of different options and that have more time.

Anthony expresses doubt that help-seeking is always affected due to this lack of representation considering immediate need would always trump personal feelings about one's identity. This response from Anthony a cisgender, straight, white, man appears to reflect an inability to fully recognize the power that a lack of representation of transwomen could have in help-seeking practices. None of the remaining participants expressed doubt about how representation could affect these practices. Acknowledging how one's positionality matters, Cathy stated,

> So really talking to advocates as well about our own power and privilege in that role and really, you know, being mindful of those things because power and control in an abusive relationship or it can emulate in a shelter service provider relationship.

Cathy's claims incorporate her own position as a white woman into how she does advocacy work and she asks her workers to do the same. By being mindful of their positionality, Cathy believes advocates can build stronger relationships with clients and challenge those types of cisgender public narratives. While it may be true that individuals overlook representation, 44% of transgender respondents to the National Transgender Survey who had stayed in a shelter left because of poor treatment or unsafe conditions despite having nowhere to go (James et al. 2015). Additionally, Munson and Cook-Daniels (2020) speak critically about a variety of barriers transgender survivors identified when reaching out to shelters including worry about shelter's knowledge about transgender issues, concern over shelter's reputation with transgender people, and fear of rejection or hostility. This illustrates how transgender people are more than willing to avoid service or leave a service despite being in need in order to avoid revictimization.

Participants in the study gave examples of the ways that they were attempting to update their websites or materials to provide a more inclusive image to those who attempt to access their services. These examples typically focused on removing gendered pictures from websites, adding symbols to websites, and adding designated statements that express that services are open for all including transgender women. Stacy and Maddie remarked

> We promote inclusivity on our website and pamphlet by noting that we "welcome all members of the LGBTQ community, and last year I made a short video to us go our social [media] about DV and LGBTQ relationships. A couple of years ago we had a blog post about violence in LGBTQ relationships (which survivors sometimes find when they're searching online for LGBT and domestic violence). We haven't done any specific outreach in regard to trans women, however. (Stacy)

> We work really hard to provide varied types of images on our brochures and even on some of our brochures. We don't have pictures of people we have like sunsets or water or something like that... So, we work really hard to try to make, though, like even, you know, symbols and things like that that can show that we are accepting of any type of person that comes. (Maddie)

While Stacy outlined these practices to display a more inclusive image of IPV advocacy with hopes of depicting her shelter as welcoming to transgender women, she acknowledged that there was no active outreach to transgender women. Yet these actions described mimic many other participants' attempts to counter this larger public narrative. While Maddie told me that she and her community director "work really hard" to provide varied imagery, the website for her organization had several pictures of only women and children. These photos reinforce the cisnormative narrative of IPV. In fact, all seven organizations' websites contained pictures of only women and children. There is therefore a disconnect between what the shelter leaders claimed and what the websites do to challenge this cisnormative narrative. If transgender women only see women and children represented on websites, even if there is some sort of diversity

statement, transwomen may be hesitant to reach out. In this way, failing to show consistency between diversity statements and website representations make shelters appear exclusionary.

When other participants spoke about their own outreach, many pointed out local LGBTQ+ organizations as spaces where they have expressed their inclusiveness to challenge the idea that they are gender-specific, but not as a space where they have regularly gotten involved to reach out to transgender women specifically. In once situation, Emily outlined how she wasn't sure a transgender woman client would have come to her shelter if not for the local LGBTQ+ organization knowing about and recommending the shelter. When pressed for why, Emily stated,

> Having someone like a [local LBGTQ+ organization] case manager vouch for us
> as a space that is welcoming and safe speaks volumes to someone who is in crisis
> and trying to make difficult decisions about their safety.

This exemplifies Munson and Cooke-Daniels' (2020) discussion that transgender communities care about reputation of social services and will use what they hear from other transgender people or reputable LGBTQ+ organizations as reasons for avoiding or attempting to access shelter services. Emily's example builds on the idea that there needs to be consistent outreach by IPV shelters to both reputable LGBTQ+ organizations and the transgender community itself.

Besides shelter leader's supposed commitment to expressing their inclusivity to LGBTQ+ organization, shelter leaders did not, when considering shelter websites, consistently demonstrate a clear commitment to disrupting these public cisgender narratives.

Othering Through Inclusion: Disclosure and Outsourcing of Transgender Women's Services

All participants throughout the study expressed an openness and prior experience to serving transgender women in their shelter. This openness and then acts of serving run counter to

many transgender survivors' experiences and the scholarship on transgender survivors' experiences in shelters (Greenberg 2012; James et al. 2016; Jordan et al. 2020; Seelman 2015). This openness may display a recent change in how IPV or DV advocacy functions. In these cases, gender inclusivity has become more normalized throughout organizations. Despite this openness to serve transgender women, shelters actively othered transgender women survivors by expecting transwomen to disclose their status as transgender in order to access services that would be directly beneficial. Disclosure seemed to be linked to how individualized services are provided. Once identified as transgender, services that focused on unique needs for transgender women were then outsourced to local LGBTQ+ organizations; however, there are alternative methods of service provision that would not require disclosure including offering all services to clients upfront.

As referenced in the findings section, Emily operated under the assumption that unless a survivor explicitly identified as transgender to her or someone in the shelter, she would not attempt to gain access to trans-centered services for them. Similar views were stated by Minnie,

> If you're willing to be frank with us, we're willing to be frank with you and let us know. We constantly say tell us what you need, so that we can help you with that thing. Don't sit on it and think that we're not going to help just because it feels peculiar or exotic or unique. Trust me, we've heard every version of every story there is. So, yeah, we just try to drill down into that person's life. That does not matter to us how you're presenting, you know, you're no more unique because you are a trans woman than, you know, if you're a cis woman, it's just what do you need and what do we try to get you? Where are we trying to get you to go?

While Emily and Minnie's statements underline that their shelters do want to provide services and care for transgender women regardless of presentation, the expectation of disclosure by transgender women undermines the constant danger and attacks that transgender women face and does not fully consider the fact that many transgender women may not feel comfortable or safe

disclosing their transness due to past experiences being discriminated against in social services (Ansara and Hegarty 2012; Blumer et al. 2013). In James et al (2016), 25% of respondents who had stayed in shelters chose to dress or present as the wrong gender to feel safe. This exemplifies the lengths that transgender people have gone to feel safe when accessing care. The expectation of transgender women to disclose their trans status when accessing services is problematic as it ignores the experiences of transgender women who have experienced violence, discrimination, and rejection due to their transness in prior shelters or social services. Therefore, transgender people with these experiences may feel hesitant to disclose. (Greenberg 2012; Guadalupe-Diaz and Jasinski; Seelman 2015).

The expectation of disclosure is further problematized by the outsourcing of services that deal directly with needs for transgender women. For example, Anthony, when asked about services for transgender women stated,

> I think, to like to connect somebody to that needed more specific support or referrals or things like that, and we would if we can get the information to just share it, we might do it that way, or if it makes sense to make that direct contact. So, there's a couple of organizations I think, that we would draw on if we felt like it was beyond what we were able to provide.

Also, when asked about residential living Anthony spoke about gender inclusivity in the shelter and the option to put individuals in hotels stating,

> Also, it will just when we start talking about gender nonconforming folks as well, it'll just make it easier to kind of short circuit some of those conversations about where you feel most comfortable. So, yeah. So, the hotel has been an option for anybody that, like because of gender identity, didn't feel comfortable moving into a space that we had identified as for women

Instead of including transgender women or others that are gender non-conforming, Anthony openly utilizes his ability to place them in hotels to get around the problem of possible backlash from residents. While this is a safe option for transgender women who may not feel safe in a communal living space, his reasoning for placing them in hotels ignores the larger problem; the shelter may have a non-inclusive environment. Similarly, Stacy spoke about the limitations to services that they are able to provide. She remarked, "We have reached out to refer a client to more specialized support services." Additionally, both Cathy and Maddie expressed an awareness of the way in which their services could only go so far before specialized providers are required. The unique needs and care of transgender women typically fell under the "specialized" label for most shelters examined in this study. Shelters were not highly resourced and did not have onsite health centers like Emily's did, but even Emily mentioned healthcare for transgender clients as specialized,

> Absolutely. Of course, it would. it would have to be something that's prescribed. We would need to find doctors that might already know them or have experience with that type of client.

. Furman (2017) comments on how care for transgender persons is dichotomized. Furman writes,

> Participants recognized the potential harm of dichotomizing survivors into constraints of mainstream or specialized services based on their identities, and how this may reinforce their minority statuses while failing to provide them with choice in how they would like to be served (2017: 369)

By treating transgender women's needs as a type "specialized care" that needs to be outsourced, shelters reproduce the cisgenderist concept of transgender women accessing social services as an anomaly (Bauer et al. 2009). Transgender women are not treated as "normal" survivors but

survivors whose transgender status comes first. Additionally, Jordan et al's (2020) discussion of

LGBTQ+ advocates frustration with DV and IPV organizations is relevant stating,

> all expressed frustration in receiving referrals from more well-resourced agencies
> to work with trans survivors, particularly those who needed services that their
> programs did not have the resources to provide, such as shelter and legal support
> (2020:546).

For example, Emily detailed her experience living in an area that saw DV and IPV as a "trendy

place to put money." Also, Emily's overall organization's unique structure has divisions that

function as "economic engines" funding large parts of Emily's shelter creating an extremely

well-resourced position. Emily spoke repeatedly of leveraging resources from more specialized

organizations during our interview, citing her shelter not being "culturally specific" as

justification despite her high level of resources. When asked about why she used the term

"culturally specific," Emily Stated,

> The phrase "culturally specific program" is a defined type of program here in
> [State] – it simply means that they have a client population that shares a specific
> identity. It is something our government funders ask. [Organization Name] is not
> one of those organizations.

While there is a collective identity of being transgender, the notion that client population of

transgender people are not equally diverse is problematic, and by not claiming cultural

specificity Emily can maintain greater funding because her shelter is offering a more

generalizable service. Jordan et al. (2020) spoke of the impact of this constant piling of referrals

from well-resourced on under-resourced organizations stating,

Advocates working in LGBTQ organizations described how the pattern of referrals to less resourced organizations can reproduce unequal benefits for trans survivors and create silos of social and political responsibility for addressing violence against trans people. (2020:546)

Despite the desire and claim to be inclusive, shelters' *transgender outsourcing* of the unique needs of transgender women to LGBTQ+ organizations prioritize cisgender survivors in the shelter and create a cisnormative method of providing services that places the onus of addressing the needs of transgender survivors on these culturally specific organizations. By unique needs of transgender women, I mean that there is a certain knowledge set of transness and transgender IPV required of service providers that would allow providers to account for circumstances not limited to gender dysphoria experienced by transgender women, societal barriers in healthcare or employment, and post-traumatic stress that transgender women may have from past experiences attempting to access social services (White and Goldberg 2006). For example, a shelter may offer help in getting employment for a transgender woman, but to offer this service effectively, the shelter must actively acknowledge that transgender peoples as a whole experience high underemployment compared to cisgender peoples and work to rectify that as they provide this service. Transmisogyny plays a role in these unique needs as transgender women experience gendered violence, yet because of their trans status experience increased barriers to having that violence acknowledged. Another example is through shelter's counseling services or case management. No shelter leaders I interviewed detailed having case managers with specific knowledge or insight about LGBTQ+ issues. When answering a follow-up question, Cathy did state that, "we have a funding request in to hire a DV Recovery Mentor that is LGBTQ+ specific, we hope we get it!". By hiring a mentor that is specifically geared towards addressing LGBT+ issues, Cathy is creating a scenario where she does not have to outsource that type of support to

LGBTQ+ organizations. Rather, she can keep transgender women and others onsite and cater to their needs in unique ways within the shelter. This adds to the existing literature by showing that these perceptions outlined by LGBTQ advocates and other workers in the IPV field (Furman 2017; Jordan et al. 2020) are being actively produced in shelters across the country despite these shelters viewing themselves as actively building inclusive spaces. It is important that shelters actively address and consider how categorizing certain types of care as outside their organization rather than attempting to bring those types of services into the shelter itself can be harmful to transgender women survivors.

(Cis)gendered Organization and Diversity Regimes

Shelters as cisgendered organizations. Positive and negative perception of transgender women impacted care and access to services throughout several of the participant's shelter experiences. Several spoke of their own position of power within the shelter. For example, Cathy spoke directly to her own influence stating,

> What's been exciting in my role recently is I get to influence policy and decisions around the shelter. . . The heart of the work for me is just the relationships with the advocates and with the participants because we really can't get anything else done without that baseline of just like rapport and understanding and trust, which takes a while because you know, there's a lot of systems trauma and we are a system.

Cathy's acknowledgement of how her organization operates as a system and its effect on those that access its services represents an attempt to understand how her own organizational structure can impact the advocacy she wants to achieve. That advocacy is directly impacted by her own power in the organization as well as, the board of directors, and other positions of power. In Joan

Acker's (1990; 2006) description of gendered organizations and inequality regimes, those in these positions of power can actively impact and create gendered processes that allow for inequality to flourish. Unlike many workplace environments, six out of the seven participants that I interviewed were cisgender women in leadership positions in the shelter. Acker's theory of gendered organizations can be extended onto the organizations represented in this study by examining the way that they reproduce or attempt to dismantle cisgendered processes or inequality regimes that work to actively disadvantage transgender women that may attempt to access the services provided by them.

For an example of reproduction, in Emily's shelter, a transgender woman who she states, "was very easy to misgender her. I'll say that because of just how she was managing her transition" ran into problems where Emily was required to exit two cisgender clients due to their discriminatory actions towards the transgender woman. Emily utilized this exiting as "making a statement" meant to function as an organizational process of setting precedents of inclusive behavior but felt conflicted when the transgender woman began using the male-assigned restroom rather than the female-assigned one stating that it was undermining the message she was trying to send to other residents of the shelter. When pressed for what that "message" was, she stated,

> I find it easier to work with transgender women that are consistent using/choosing the female option when given a binary choice. . .The message I am trying to send is that if an individual tells me, she is a woman, she is, period, end of discussion. Just as someone's pronouns are whatever they tell me they are and I will work to ensure that I, my staff, and our residents honor that. It matters because I am not going to argue someone's gender with them or anyone else. So, when I say, "she is a woman who needs safety" and the next question is "then why does she want to use the male bathroom?" it diverts from the fact I'm asking them to recognize she is a woman that is the problem.

In this scenario, Emily shows active consideration and desire to protect and reify transgender women's status as women, but in her discussion of this message centers it within a cisnormative understanding of binary gender norms. While Emily did acknowledge this focus on the binary as a problem that may not matter if those spaces were redefined as gender-neutral, she still participated in actively making that space less protecting of transgender women by not only expecting them to adhere to cisgender norms (using a specific bathroom) making her job of explaining to other residents easier but reinforced normative ideas of what it means to be transgender (adhering to a binary gender performance), specifically a transgender woman reproducing transmisogyny in the process. Additionally, Maddie expressed issues with past experiences before she was in a position of leadership speaking of an experience where she was criticized for allowing a transgender woman into the shelter. In this scenario, Maddie being reprimanded for allowing a wrong type of survivor into the shelter is an example of how inequality regimes function through leadership with Maddie's executive director at the time being discriminatory. Maddie expressed this stating,

> The director then was not accepting whatsoever, she kind of felt like domestic violence victims were women and children, and that was it [….] If you have someone in leadership that doesn't value all humans in general, then I think you can get a in a mess with providing services and really closing yourself off as far as how you provide services and to who you provide services.

Maddie had since then moved into the same executive director role that once reprimanded her. She reflected on this experience stating,

> So, I think in my role now, I've "practiced what I preach", and that's really made the difference with the ideology. I feel like we're not 100% there with being fully open and accepting of those in the LGBTQ+/Trans community because we do

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have staff who let their personal beliefs affect the way they provide services. However, I do believe that my stance in saying we will accept anyone, and actually accepting anyone has helped staff understand the type of agency culture I am trying to create.

Here, Maddie exemplifies how she has made it a point to actively work to dismantle the previous leadership and organizational ideology of her predecessor. In this case, Maddie is actively wanting and attempting to do the work to challenge the cisnormative organizational processes and inequality regimes that were obviously a major part of her shelter and organization previously. While Maddie and other participants were still beginning this process or had not made major policy changes, others, like Minnie and Cathy, expressed many ways in which they were attempting to produce diversity, inclusion, and equity in their organizations. Minnie, for example, spoke heavily of the type of organization that she represented as, "a feminist, pro-choice, you know, yes, this like all the wokeness in the world these days". When pressed to further explain what that meant for her organization and how they treat services for transgender women Minnie Stated,

> I think we are seen as disruptors in our community. We push other agencies and institutions to change policies and reduce barriers to meet our clients where they are. We prioritize system reform in a rapidly gentrifying city that doesn't appear to be prioritizing our clients. Within our organization we look for ways to say "yes". We know that DV looks different for everyone and what we did to address the needs in one case is not necessarily going to fit another. . . We actively align ourselves with LGBTQ+ organizations in advocacy and partnerships and letting them know our services are inclusive and open. Working on panels, special projects, and system reform issues.

Minnie positions her organization as disruptive to the cisnormative processes that appear across DV advocacy and is actively detailing ways in which her shelter is attempting to accomplish that through tangible material goals that will help transgender women in the organization. While

Cathy's organization did not have formal relationships with LGBTQ+ organizations as stated

earlier, she also detailed ways, although admitting to possibly needing to do more, in which

under her own leadership that she has worked heavily to produce an inclusive space rather than

produce policies that would exclude transgender women stating,

> We definitely update all our communications and materials to be inclusive, we
> highlight the percentage of our staff that identify as LGBTQ, pronouns on email
> signatures and business cards, and we just message it constantly that we are
> gender inclusive and work to dispel any myths the community might have. We
> have gender neutral bathrooms and signs stating such on the doors, provide
> ongoing training to staff, and more. We encourage LGBTQ advocates that we are
> a space to refer folks to and are happy to talk to survivors who just want
> information from us, to feel us out.

Similarly, to Minnie, Cathy outlines here an extensive attempt to challenge cisnormative

processes that appear in other forms of advocacy by actively implementing inclusive policies

across all aspects of the shelter. Even going as far as to create gender neutral bathrooms creates

an environment that is actively trying to dismantle these gendered and cisgendered norms that

create inequality in their spaces. Because of constraints on the study, I cannot speak to how

effective the policies and changes both Minnie and Cathy have made are to the overall

inclusiveness, but both were the most extensive in their ability to speak to their organizations

dedication to inclusivity.

Diversity Regimes. Talking diversity and doing diversity may be different despite best intentions.

The point is not to diminish but to point to discrepancies in how shelters perceive themselves and

how transgender women and other may view them. All websites did include at least one

statement of diversity on their websites that detailed that they were accepting to a variety of

identities. Thomas (2018) outlines *diversity regimes* as,

a set of meanings and practices that works to institutionalize a benign
commitment to diversity, and in doing so obscures, entrenches, and even
intensifies existing racial inequality by failing to make fundamental changes in
how power, resources, and opportunities are distributed (2018: 6).

While Thomas's discussion is focused on racial inequality, his analysis of diversity regimes can

be applied to the practices outlined by shelters in this study by exemplifying ways these shelters

displayed this commitment to diversity without changing the larger cisgendered organizational

processes. Thomas (2018) outlines a diversity regime of consisting of condensation,

decentralization, and staging difference. *Condensation* refers to, "the process whereby a variety

of seemingly unrelated phenomena, or signifiers, are *condensed* under the sign, 'diversity'"

(2018: 6). Many shelter leaders' understandings and discussions of diversity in their shelter

reflected this process. When asked what diversity and inclusion meant for her organization, Kim

commented,

> Diversity and inclusion for us means meeting people where they are. We believe
> our survivors are the experts of their own lives.

While this is a sentiment that does engage somewhat in the idea that different identities need

different service approaches, Kim's meaning behind diversity is clearly condensed to include any

type of difference that may arise in her shelter. When asked about her own feelings about

diversity and inclusion in her organization, Maddie explained,

> Diversity and inclusion is the MOST important thing we do. It has to affect every
> piece of the puzzle from the time someone walks in the door to the time they
> leave. Now, this can be difficult because we (staff) continually have to check
> ourselves and make sure we're living into our values.

Maddie also never fully clarifies what she means by "diversity and inclusion" condensing difference into this concept to be used. Importantly, Maddie makes the point of having to constantly "check" herself and staff to stay in line with these values, however Maddie never clearly outlined these specific values during our interview. When pressed for these values, Maddie pointed to her shelter's website where the values, safety and confidentiality, integrity, empowerment and collaboration, and responsibility, were included. These values were not expanded upon nor included discussions of diversity or inclusion. One website had the diversity statement that,

> Domestic violence is a phenomenon that primarily occurs between intimate partners, and although most victims are women, our clients also include men; adults and adolescents; queer men and women, and transgendered persons.

This diversity statement completely undermines itself because it isolates transgender persons from cisgender people. So, while the website does claim inclusivity, its statement of inclusiveness differentiates between cisgender and transgender persons. An example from another website provides a more formalized statement,

> [IPV Organization] complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

While this statement is meant to be inclusive, it utilizes the work "sex" rather than gender or gender identity. By using language from a law that omits protections to evoke inclusion, the statement is unintentionally exclusionary. Cathy's website was the only website to have more

than a one sentence diversity statement. It dedicated a whole page to diversity and inclusion. A

brief excerpt states,

> We believe the foundation of domestic violence work begins with creating a more
> equitable and equal society – through not only being aware of cultural differences,
> but actively working to dismantle the belief systems that allow inequality to exist

Despite this, the page only describes a commitment to various communities. It does not actually

outline any specific methods for creating an inclusive environment other than the formation of a

committee within the organization. Thus, shelter's supposed commitment to inclusivity and

diversity is derailed as their words, websites, and actions such as outsourcing do not always

correspond.

One way shelter leaders discussed achieving diversity was through their boards of

directors. One interviewee, Minnie, mentioned this, diversity stating,

> So, the board is recruited. We have a board president. We have board members.
> They each hold offices appropriate for the board. So, there's generally recruiting
> all year long. We try to include survivors on the board, folks in the corporate
> world, and folks from NGOs. Just all across all sorts of walks of life so that we
> have diversity on the board.

Similarly, Maddie and Anthony, described their shelter's outlook explaining,

> We have above me a board of trustees, and that is made up of 15 members of the
> community, and we try to reflect the community that we serve on our board. So,
> we try to contact people on that board that are diverse, but they volunteer, strictly
> volunteer and try to get people from all different counties that we serve, as well as
> different parts of life in the community. (Maddie)

> There's like a demographic profile that we're looking to complete to make sure that we feel like the roles that we need, the expertise that we need to be on the board, as well as, in theory, matching the populations that we're trying to serve as well. (Anthony)

Here, in both Minnie, Maddie, and Anthony's answers they use the term "diversity" and "diverse" or draw on representing "the community." In line with the process of condensation, these references to diversity condense various types of differences into one. There is no clear definition of what this means for their boards and how that diversity would benefit those that they serve. Emily was the only participant to directly describe how they were trying to diversify their board. She stated,

> We're specifically working on diversifying the board from a racial and ethnic perspective. That has been, you know, successful so far. We've gotten recently a new black board member in the last year or so. So, that's been good and really helping to make our board look more like [city] as a whole does. . . I don't think our board is interested in; I shouldn't say interested. They're not at the space where they're saying, why doesn't the board look like our clientele, which is a whole different level of work for an organization.

While Emily offers a clear idea of what diversity means to her organizations, at least at this present time, she also points that her board might not be willing to diversify in a meaningful way. Diversifying to "look like the clientele" would require a calculated and substantive break away from demographics that typically frequent boards; therefore, what does it mean to "diversify" the board if it is only going to be diversified up to a point? Additionally, after looking at Emily's board on her organization's website, Emily's board of directors only had two black people on the entire board. This ran in contrast to this idea of "diversifying the board from a racial and ethnic perspective" unless only two black board members qualifies as "diverse." Similarly, shelters that displayed pictures of their board of directors, like Minnie's and Cathy's,

was also primarily white. This represents that these commitments to diversity are not reaching completely through the organization limiting real organizational change. This provides an example of the second part of diversity regimes, decentralization. Thomas (2018) describes *decentralization* around the loose coupling resulting in a variety of leadership practices that typically results in lack of coordination or inability across the organization. Across all shelters in the study, different policies attempting to produce diversity, inclusion, and equity were apparent. While shelter organizations could be more tightly coupled than the university setting outlined in Thomas's (2018) study due to the variety of organizational sizes in my sample, shelters were usually only one part of their overarching organization meaning that their attempts at diversity work was only one piece of the larger puzzle. Maddie, depicted this in her discussion of community outreach stating, "we have a director of community engagement and two victim advocates who are supposed to be out and about in the communities." While Maddie is the executive director, she is relying on another set of people to encapsulate community engagement and what that looks like. Participants also spoke about how board of directors impacted their decision making. All participants spoke that their day-to-day decisions were left alone, while larger decisions about their missions or goals had to be presented to the board and those above them. Because high-level diversity worked requires a larger change than the day-to-day changes, this can be met with frustration although most participants cited funding as their main barrier to these larger changes. Lastly, Thomas (2018) outlines *staging difference* as the final component of *diversity regimes*. Thomas (2018) defines *staging difference* as, "the performance of racial inclusiveness for the sake of institutional impression management, rather than for producing a racially equitable campus climate" (2018: 11). For this study, I will use staging difference to represents how shelter leaders tokenized their LGBTQ+ workers to depict themselves as diverse

and inclusive. For example, both Cathy, Minnie, and Emily, made a point to tell me they had

LGBTQ+ or transgender workers specifically stating,

> We highlight the percentage of our staff that identify as LGBTQ (very high! Can't recall off the top of my head!) (Cathy)

> I will say that we have a transgender woman on our staff, although I am not sure that all our staff is aware of that. (Emily)

> "Like there's a huge chunk of our staff who is gay, a huge chunk of our staff that is this, who do this, like, yeah." (Minnie)

Here, Cathy, Minnie, and Emily staged difference by focusing attention on their inclusion of

LGBTQ+ and specifically transgender workers at their shelters. This is reiterated on Cathy's

organizational website. It notes that one in three of the workers identifies as LGBTQ+.

Interviewees' mentions of using LGBTQ+ personnel as a substitute for challenging

cisnormativity is an example of *transgender outsourcing*. IPV shelters, like universities,

institutionalize diversity regimes in their organizations creating an empty commitment to

diversity that can only be meaningfully changed by addressing key aspects of diversity through

race consciousness or in the framing of this study by addressing cisnormative understandings in

the organization.

VI. LIMITATIONS AND ETHICAL CONSIDERATIONS

The most significant limitation to this research project is the lack of transgender women's voices. In the beginning stages of the project, I intended to recruit and interview transgender women about their own experiences at shelters contrasting that with the interpretation that shelter leaders had of transgender women's experiences and access to services. Due to lack of personal or professional connections to transgender communities and organizations both locally and nationally, and lack of time that was compounded by the nature of the Covid-19 pandemic, I was unable to find a successful method of recruitment for this population. This left me with just recruiting only cisgender shelter leaders. Transgender women's voices are crucial to providing a comprehensive picture of the disconnect between shelter leader's perceptions of inclusivity and the actual experiences of transgender women in shelters; therefore, while my study does add to existing literature from the perspective of the service providers, it is limited in scope in addressing issues with service provision as seen by transgender survivors.

Another set of limitation to this research exists in my small sample size because of challenges with recruitment. I sought out the chance to recruit through a variety of methods including social media. After consideration of the possible risks to participants, I decided recruiting through social media was placing possible participants and their shelters at a greater chance of risk than I could allow or justify. This limited my recruitment to contacting shelters directly through email and contacting personal contacts for referrals. Because personal contacts did not derive any participants, I was fully reliant on shelters contacting me back. Additionally, I did not receive IRB approval until late December.

This severely limited my recruitment timeframe to that of only one to two months. This lack of time forced me to cut my recruitment period off early limiting the size of my sample to only seven shelter leaders in gender-inclusive, secular shelters that was not generalizable to the full range of IPV organizations. My sample did not include LGBTQ+ centered shelters, shelters with religious affiliations, sex-specific shelters, non-leadership shelter workers, or rural shelters. Organization qualities like religious affiliation, ruralness, and sex-specific qualifications would all contribute to understanding how cisgendered organizational processes dictate how or if transgender women are served. Even though shelters were regionally different, this small sample size did not allow much comparison across the regions of the United States in terms of service provision. Additionally, contrasting the different missions across these different shelters would have provided a larger understanding of how these factors impact a shelters' resources for and approach to serving transgender women. Furthermore, those in positions of power are tasked with representing their organization, it is possible shelter workers not in leadership positions held differing perceptions and understandings of what it meant to provide services to transgender women than the shelter leaders I interviewed leading to further decentralization within the organizations. By expanding this sample, I would have been able to better provide a more diversified analysis of these IPV organizations and their treatment of transgender women survivors.

Lastly, the Covid-19 pandemic played a major role in the overall direction of this study. Because of Covid-19, all communication that occurred between the participants and I were through email, Zoom, or phone call. This vastly limited my ability to create a personal connection with my participants as we were being forced to talk through a screen rather than traditional face-to-face interaction where it is easier to build rapport by reading off each other's

body language or how they positioned themselves in a space. Many of my participants spoke

openly of the "new normal" expressing that it made things difficult for their own work trying to

meet and relate to people over Zoom as well. Covid-19 also impacted the timeframe I had to

complete my study with the University of Mississippi shortening both semesters due to the

pandemic. This shorter semester left me with less time to conduct interviews, analyze my data,

and write the final analysis. If I had more time, it is possible that I would have been able to

recruit more participants and build greater nuance through follow-up interviews with

participants.

VII. CONCLUSION

This study reveals the organizational perceptions and processes that produce or tear down barriers to inclusion for transgender women survivors accessing services for IPV. All shelter managers considered Cisnormative public narratives as a reason for transgender women's feelings of exclusion for services. Shelter managers mentioned several ways they attempted to challenge this narrative through representation, but after viewing shelters' websites, many reinforced these public narratives through pictures of only women and children and stories centering only women and children. Moving forward, shelters need to commit to providing ongoing outreach to transgender women in their community. Changing their websites and other public media to avoid centering only on women and children is a start to fixing the problem, but ongoing outreach will allow for a greater chance to grow relational ties with the transgender community leading to greater trust of shelters and other IPV organizations.

Shelter leaders mentioned through their discussion of allocations of services their expectation of disclosure by transgender women and highlighted their habit of *transgender outsourcing* through referring some needs of transgender women centered on transness as "specialized" care to LGBTQ+ organizations and by highlighting LGBTQ+ staff in their organization. The expectation of disclosure ignores not only the personal hesitance and stress transgender women may feel because of past rejection, but it can revictimize transgender women as they are forced to contemplate if they should

disclose their status. Also, the expectation indicates cisnormative organizational

processes as the shelter is not actively engaging with knowledge and understanding of

how to address methods of service provision for transgender women.

Additionally, siloing the needs of transgender women back onto the LGBTQ+

community, which may not have as well-resourced organizations to address the needs of

transgender women, reinforces the cisnormative process of service provision by treating

LBGTQ+ needs as culturally specific despite shelters being able to make necessary

changes to address many of those needs themselves. Shelters should address this issue by

attempting to address how individualizing services for what is disclosed can alienate

transgender women and other transgender people. Developing a service recommendation

system that allows transgender women not to feel forced to disclose would help this

problem. Additionally, shelters need to form formal working relationships with LGBTQ+

organizations that they are constantly using for outsourcing. These formal relationships

can address this othering of transgender women and allow a constant mirror to service

provision. Shelters should also work to incorporate services they would typically

outsource into their organization. This incorporation would eliminate the framing of

transgender services as "culturally specific," allowing for transgender women to feel

included in the shelter environment and not an anomaly. Furthermore, shelter leaders

should focus on being more knowledgeable and aware about how to provide services to

transgender women while considering the more extensive societal barriers that affect

these women. This focus would allow shelter leaders to form services around transgender

women's experiences effectively.

Shelter leaders also spoke heavily of the impact of leadership and organizational culture on transgender women's experiences. Shelters were representative of gendered organizations (Acker 1990) with the trans-centered approach allowing this theory to be extended to cisgendered organizations. Shelter's leadership and hierarchal structure reproduce and create organizational processes that reify cisnormative interactions and organizational policy. When this is unchallenged, cisgendered organizational processes in shelters reproduce inequitable conditions for transgender women in shelters that continue to marginalize them. On the other hand, when challenged, as in the case with Cathy and Minnie, cisgendered organizational processes can be deconstructed to create greater equality among those in the organization and the clients they serve. Shelters need to continue to address and challenge cisgendered organizational processes by addressing cisnormative biases, creating equitable hiring practices that place transgender people in positions of power, and creating systems that actively hold the shelter accountable, specifically in how they serve the transgender community.

Lastly, shelters in this study represented institutionalized *diversity regimes* (Thomas 2018) throughout their discussions of diversity and inclusion. Shelters condensed the term diversity in a one-size-fits-all narrative that did not accurately or consistently depict their attempts to diversify. This created an organizational process where diversity was important, but there was no transparent system to identify differences or needs. Instead, promoting "diversity" as a term became the most critical aspect of the issue. Even when shelters did claim specific types of diversification, like Emily, further research showed that these diversity measures were shallow at best. Furthermore, while shelters represented more tightly coupled organizations, their system

of addressing diversity remained somewhat decentralized as different parts of the

overarching organization committed different means to address diversity and inclusion,

creating a mismatch across the organization. Shelter managers also tokenized their

LGBTQ+ workers in their discussion of transgender women clients to express this level

of diversity and inclusivity, reinforcing *transgender outsourcing*. To address

these *diversity regimes* (Thomas 2018)*,* shelters need to work to determine what diversity

means addressing racial, gendered, and cisgendered inequity directly in their policies

both in service provision and on the administrative level. Once that is addressed, shelters

need to centralize a process within their organization where the enforcement of these

policies is held accountable and does not fall on workers in marginalized communities

like the LGBTQ+ community to enforce solely. Finally, rather than stage differences in

their organization, these organizations and shelters should work actively to ensure that

the organizational processes do not other their workers in marginalized communities and

uplift their voices and concerns.

Future Research

This study began to formulate how IPV or DV shelters rationalized inclusion or

exclusion of transgender women. While I was able to outline how these shelters served as

sites of cisnormativity despite accepting transgender women through their outsourcing of

trans-centered services, usage of diversity regimes, and organizational structure, further

research can work to expand the sample size in order to identify if these themes emerge

elsewhere and to understand why this disconnect between shelter leaders understanding

of inclusivity and transgender women's experiences occurs.

By adding a collection of transgender women's voices, future research can compare the experiences outlined by shelter leaders and transgender women. Centering transgender women's voices, both those that access services and perform advocacy work, can also provide insight into how transgender women's actions of "doing transgender" (Connell 2010) can impact organizational processes and policies both as workers and clients. Additionally, it would be essential to note the differences in how shelter leaders or workers frame their organizations as welcoming and if transgender women would agree with that framing, and if not, why?

My sample did not consist of any shelters that had proclaimed religious affiliations. Religion has played a significant role in the backlash to transgender civil rights, and further research would benefit significantly from comparing differences in how secular versus religious shelters rationalize inclusion versus exclusion in service provision. Also, identifying how religiously affiliated shelters cisgendered processes differ from that of secular shelters would provide an exciting insight into how different types cisgendered organizations impact the experiences of transgender women. Furthermore, all participants were located in metropolitan areas. It would be beneficial to address the differences in urban and rural shelters and how these differences impact care given to transgender women in these geographic places.

Lastly, further research can focus on doing ethnographic fieldwork within domestic violence or intimate partner violence shelters. While my research relied on shelter leaders' perceptions of their role in serving transgender women, observation and immersion in the day-to-day advocacy work would allow for a greater understanding of

how cisnormative narratives and cisgendered processes are being reproduced or disrupted

within shelter environments by shelter workers, residents, and others.

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LIST OF APPENDICES

APPENDIX A: LIST OF IPV/DV TERMS

Advocate: a trained professional or volunteer working for a non-profit or government-based domestic violence or victim-witness advocate program. (

Intimate Partner Violence (IPV)): Intimate partner violence includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner) (Breiding et al. 2015).

Intimate Partner: An intimate partner is a person with whom one has a close personal relationship that may be characterized by the partners' emotional connectedness, regular contact, ongoing physical contact and sexual behavior, identity as a couple, and familiarity and knowledge about each other's lives. The relationship need not involve all of these dimensions. (Breiding et al. 2015).

Violence Against Women Act (VAWA): The Violence Against Women Act (VAWA) creates and supports comprehensive, cost-effective responses to domestic violence, sexual assault, dating violence and stalking**.** The original bill was passed in 1994, and it has since been reauthorized in 200, 2005, and 2013. It is currently waiting to be reauthorized in 2021, but has yet to be.

Trauma Informed Care: an approach involved in social services that assumes that an individual is more likely than not to have a history of trauma.

Lethality Assessment: an analysis done by an advocate or law enforcement officer to determine the level of risk of homicide for a victim of domestic violence based on recent and changing behaviors of the batterer.

Emergency/Crisis Shelter: immediate, confidential, and safe housing for victims of domestic violence who are fleeing abuse.

Transitional Housing/Shelter: shelter for victims of domestic violence and their children that typically lasts up to two years, between receiving emergency services and finding permanent housing.

Survivor: a person who was or is being abused or harmed by another person.

Perpetrator or Respondent: Person who inflicts the IPV.

APPENDIX B: INFORMED CONSENT FORM

Informed consent to participate in research project

Purpose of the study: The purpose of this study will be to investigate the factors that impact whether intimate partner violence or domestic violence shelters provide assistance to transgender women and to determine what types of assistance are available to them.

What you will do for the study: You will do a pre-interview survey to provide basic information about your shelter that will take about 12 to 15 minutes to complete. The semi-structured interviews via Zoom or phone call will require between 45 to 60 minutes. All interviews will be audio recorded. The purpose for the recording is to gather interviewee responses accurately.

If you have questions or problems related to the study, please contact Parker Smith (University of Mississippi, Department of Sociology and Anthropology) at: psmith11@go.olemiss.edu. Thank you for your assistance!

Who can participate in this study: By law you must be 18 years of age or older to participate in this study.

Risks and Benefits: Because you work with a jeopardized population, the potential for risk exists if confidentiality is breached. Please see the below section regarding confidentiality.

Incentives to participate: Participants, *who complete both parts of the study*, will receive a $25 Visa Gift Card. At the conclusion of the interview, I will email a gift card to you.

Your rights: You have the right to ask and receive answers to questions related to this study. You have the right to confidentiality and to withdraw from this study at any time.

Right to confidentiality: Aware of potential vulnerability to victims of violence and the people who work to protect them, I will do everything that I can to protect your privacy.
I will change and assign pseudonyms to all participants' names, locations, and other identifying information immediately following the interview.

I will separate any identifying information from your Qualtric survey.
Recorded interviews will be uploaded to an encrypted cloud file until they are transcribed. Once transcribed, the interview recording will be destroyed.
I will store in all transcribed materials in an encrypted cloud file except when being analyzed and will immediately returned materials to that file when not in active use.
Right to withdraw: You have the right to withdraw from this study at any time and to refuse to answer any particular question on the survey or during the interview.

Institutional Review Board (IRB) Approval: This study has been reviewed by The University of Mississippi's Institutional Review Board (IRB). The IRB has determined that this study fulfills the human research subject protections obligations required by state and federal law and

University policies. If you have any questions or concerns about your rights as a research participant, please contact the IRB at (662) 915-7482 or irb@olemiss.edu.

Statement of Consent: I have read the above information.
I am 18 years of age or older.
I have had a chance to ask questions and have received answers.
I have been given an unsigned copy of this form.
I understand my right to withdraw.
I understand my rights to confidentiality.
I understand that by providing my email address and completing my name in the space provided below that I am giving informed consent to participate in this research project.

Name: _____ Email Address: _____
Date: _____

APPENDIX C: GENERAL RELEASE FORM

THE UNIVERSITY OF MISSISSIPPI

RELEASE

For valuable consideration, I do hereby authorize The University of Mississippi, its assignees, agents, employees, designees, and those acting pursuant to its authority ("UM") to:

a. Record my participation and appearance on video tape, audio tape, film, photograph or any other medium ("Recordings").
b. Use my name, likeness, voice and biographical material in connection with these recordings.
c. Exhibit, copy, reproduce, perform, display or distribute such Recordings (and to create derivative works from them) in whole or in part without restrictions or limitation in any format or medium for any purpose which The University of Mississippi, and those acting pursuant to its authority, deem appropriate.
d. I release UM from any and all claims and demands arising out of or in connection with the use of such Recordings including any claims for defamation, invasion of privacy, rights of publicity, or copyright.

Name: _____

Address:_____

Phone No.:_____

Signature:_____

APPENDIX D: RECRUITMENT SCRIPTS

For Shelters, Phone and e-mail:
Hello, my name is Parker Smith. I am a graduate student at The University of Mississippi in the Sociology and Anthropology Department. I am conducting research on the factors that impact whether intimate partner violence or domestic violence shelters provide assistance to transgender women and to determine what types of assistance are available to them, and I am inviting you to participate.

Participation in this research includes taking a pre-interview survey about demographic characteristics of your shelter, which will take approximately 12-15 minutes. Next, a follow-up interview will be conducted regarding shelter services to trans women, that will take approximately 45-60 minutes. If you participate in both the survey and the interview, your total time commitment will be between 57-75 minutes.

Participants, *who complete both parts of the study*, will receive a $25 Visa Gift Card. At the conclusion of the interview, I will email a gift card to you

If you have any questions or would like to participate in the research, I can be reached at *256-431-8052* or psmith11@go.olemiss.edu.

For personal contacts, E-mail:
Hi _____,

My name is Parker Smith. I am a M.A. student in the Department of Sociology and Anthropology at the University of Mississippi. Dr. Willa Johnson and Dr. Kirk Johnson suggested that I write to see if you might be willing to introduce me to or connect me with community partners or persons who work in or with domestic violence or intimate violence shelters. My M.A. thesis project investigates the factors that impact whether intimate partner violence or domestic violence shelters provide assistance to transgender women and what types of assistance, if any, may be available to transgender women who experience violence at the hands of a partner.

If you know anyone in the U.S. who might work with domestic or intimate partner violence shelters, I would very much appreciate an introduction. I understand that working in a community among persons who have been victimized by violence requires a great deal of circumspection. For that reason, we are taking every precaution in recruiting shelter managers and will ensure that every protection is afforded to these shelters and the people who govern them.

I look forward to hearing from you at your earliest convenience. Thank you for your willingness to assist me in this important work.

Best wishes,
Parker Smith

APPENDIX E: INTERVIEW QUESTIONS TEMPLATE

1. How did you come to work in intimate partner or domestic violence shelter?

2. How long have you been working in shelters?

3. What are your duties and responsibilities at the shelter?

4. How many persons can your shelter accommodate at any one time? Follow-up: How much privacy does your shelter allow for residents? Follow-up: Are there any exceptions to guarantee privacy?

5. How would you describe the training that you received to work in the shelter? Follow up: How would you describe you and your staff's participation in continuing education class to remain updated on the latest concerns and trends in services to victims of IPV? Follow-up: Has any of this training included dealing with LGBTQ+ persons? Follow-up: Would you be willing to provide me with copies or links to the training you participated in?

6. How would you describe your shelter's mission? Follow-up: Is there a Board of Directors? Follow-up: How is this Board of Directors chosen?

7. How are major decisions made about how the shelter is run?

8. Could you guide me through a normal intake at the shelter? Follow-up: Could you give me blank copies of the forms that a person is required to complete.

Types of Services/Funding

1. How would you describe the organizational structure of your shelter? Follow up: Do you have an organizational flow chart that you can share with me?

2. How would you describe the policies for admittance? Follow-up: You have discussed the formal policies, are there any informal policies or guidelines that you follow? Follow -up: how much discretion do you have enforcing polices?

3. How would you describe the range of services that your shelter offers?

4. How does funding impact the services that are provided?

5. How does your shelter decide what services to offer to victims? Follow up: Are there any stipulations that your shelter must follow in order to maintain its funding? Follow-up: What are these stipulations?

6. What feedback have you received from staff members about the services that your shelter provides?

7. In what ways does funding play a role in the policies and services offered at the shelter?

8. If your shelter had unlimited funding, how would that impact the services that you would offer and the population of victims that you would serve?

9. How does your shelter handle persons for whom you cannot offer the services? Follow-up: can I see a list of the references you would give someone?

What do victims look like for these services?

1. How does the shelter define victimhood?

2. I have seen a lot of shelter websites that typically show off a very feminine, petite woman or a woman and children, do you feel that is representative of the type of woman admitted to your shelter or that seeks your services?

3. How would you describe an average woman admitted to your shelter?

4. How do you ensure a safe environment for people admitted to the shelter?

Trans-Women and Services
1. Has the shelter ever been approached by a transgender woman? Follow-up: If yes, how has the shelter responded? If no, would your shelter be willing to accept transgender women of IPV?

2. If a lesbian or transgender woman experiences violence, having received no help, support, or guidance at the local police station then remembers that your shelter handles women victims of intimate partner violence and decides to call you, how would what services could you offer this person?

3. Given there are/are not stipulations about whom your shelter serves, does or would your shelter provide trans women access to the same array of services as that other victims of intimate partner violence receive?   Follow-up: How many years has your establishment provided such services? Please explain your response.

4. How aware are you and your staff about the amount of violence experienced by transgender women? Follow-up: Have you or your staff read the WHO's study on violence against transgender persons? Follow-up: Would you like for me to send you the link or a copy of the report?

5. How does the shelter or program attempt to combat possible discrimination among residents within the shelter? Follow up: How would this program be enacted for trans-women?

The researcher maintains the right to ask other questions not listed that may come up due to the normal progression of conversation that arises from these questions

APPENDIX F: QUALTRICS PRE-INTERVIEW SURVEY

Q1 Please read the following and answer below before you continue: <u>Informed consent form</u>

○ I am 18 years of age or older and I consent to participate.

○ I do not consent.

Q2 What is your age?

○ 18 - 24

○ 25 - 34

○ 35 - 44

○ 45 - 54

○ 55 - 64

○ 65 - 74

○ 75 - 84

○ 85 or older

○ Prefer not to say

Q3 What is your race?

○ White

○ Black or African American

○ American Indian or Alaska Native

○ Chinese

○ Filipino

○ Asian Indian

○ Vietnamese

○ Native Hawaiian or Pacific Islander

○ Korean

○ Native Hawaiian

○ Japanese

○ Samoan

○ Chamorro

○ Other race, please specify _____

○ Prefer not to say

Q3 What is your biological sex?

○ Male

○ Female

○ Prefer not to say

Q4 What is your gender?

○ Man

○ Woman

○ Transgender Man

○ Transgender Woman

○ Non-binary

○ Other, please specify _____

○ Prefer not to say

Q5 What is your sexual orientation?

○ Heterosexual

○ Homosexual

○ Bisexual

○ Other, please specify _____

○ Prefer not to say

Q6 What is your highest completed level of education?

○ G.E.D

○ Associates Degree

○ Bachelor's Degree

○ Master's Degree

○ PHD or equivalent (M.D, J.D)

○ Prefer not to say

Q7 What region of the country is your shelter located?

○ East South Central (Examples: AL, MS, TN, KY)

○ West South Central (Examples: LA, TX, OK)

○ New England (Examples: VT, ME, MA)

○ Middle Atlantic (Examples: NY, NJ, PA)

○ East North Central (Examples: OH, IL, MI, IN, WI)

○ West North Central (Examples: ND, SD, ND, IA)

○ South Atlantic (Examples: GA, FL, NC, VA)

○ Pacific (Examples: WA, OR, CA, AK)

○ Mountain (Examples: NM, AZ, CO, NV, UT)

Q8 Is your shelter or program sex-specific (Example: providing services for only women)?

○ Yes

○ No

Q9 Does your shelter or program have a religious affiliation?

○ Yes

○ No

Q10 How many beds are available at any given time at the shelter?

○ 1-10

○ 11-20

○ 21-30

○ 31-40

○ 41-50

○ >50

Q11 How is your shelter/program funded?

○ 100% Publicly Funded

○ 100% Privately Funded

○ Public and Private Partnership

○ Other Please Specify _____

Q12 What are some of the limits on funding for your shelter, if any?

_____
_____
_____

Q13 Please include any other information that you feel is important that you would not feel comfortable including in an interview setting. (please do not include any identifying information)

_____

_____

_____

Parker R. Smith
The University of Mississippi
Department of Sociology and Anthropology

RESEARCH INTERESTS

Gender and Sexuality, Intimate Partner Violence, Sex Work, Fat Black Disabled Studies, Qualitative Research Methods, Queer Theory and Research Methods, Racial and Sexual Identity, Intersectionality, Feminist Studies, Sociology of the Body

EDUCATION

MISSISSIPPI STATE UNIVERSITY, Starkville, MS

B.A., Sociology, May 2018

WORKS IN PROGRESS

Under Review   **Cafer, Anne**, Parker Smith*, Meagen Rosenthal, Monika Salkar*, Kaustuv Bhattacharya*, Yiran Rong*. *Current Diabetes Reports*.

RESEARCH EXPERIENCE

Spring 2021:   Graduate Research Assistant. Department of Sociology and Anthropology. University of Mississippi. Performed literature collection for various projects. PI: Dr. James Thomas.

Fall 2019- Spring 2020:   Graduate Research Assistant. Department of Sociology and Anthropology. University of Mississippi. Collected and wrote portions of the literature review. Aided in coding for the project as well. PI: Dr. Anne Cafer

TEACHING ASSISTANT EXPERIENCE

Fall 2020:   Intro to Sociology (SOC 101). Graded all assignments. PI: Dr. Willa Johnson.

Fall 2019: Intro to Sociology (SOC 101). Attended all class meetings. Graded all assignments. Wrote several exams. Held weekly office hours. PI: Dr. Kirk Johnson.

Guest Lecture. "Socialization" (Soc 101).

Guest Lecture. "Race and Ethnicity" (Soc 101).

PROFESSIONAL MEMBERSHIPS

American Sociological Association
Sociologists for Women in Society