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“If you feel your options are limited, you'll endure even more”: characterizing experiences and normalization of intimate partner violence among transgender women

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Cornell University
2019

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An abstract of
A thesis submitted to the Faculty of the
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Abstract

"If you feel your options are limited, you'll endure even more": characterizing experiences and normalization of intimate partner violence among transgender women

By Preethi Ravi

Transgender women experience disproportionately high rates of intimate partner violence (IPV), in addition to enduring a high burden of violence generally. The ways in which these experiences of IPV are normalized is important to understand as they may yield additional insight into the persistently high rates of violence among this population, in addition to specific ways IPV-related programming may be able to provide more effective, targeted services to survivors. In this study, we conducted secondary analysis of data from six focus groups, three with transgender women and three with health care and social service providers who work closely with transgender women, originally undertaken to understand transgender women's experiences of IPV and the relationship between IPV and HIV risk. Based on these results, we offer a framework showing a longitudinal cascade of IPV in the relationship experiences of transgender women, beginning with formative experiences in early life, followed by specific experiences as transgender women enter intimate partner relationships, stay in relationships, and end (or re-enter) abusive relationships. This conceptual framework highlights the ways in which expectations of relationship violence are formed and bolstered throughout the lifespan. Further study is necessary to understand if and how intervention at specific points along this cascade, beginning in childhood, may be useful to address IPV among transgender women.

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I would like to thank Don Operario for his time, guidance, and generosity throughout this process. I have learned an immense amount about what it means to engage in thoughtful, rigorous research, especially when centering marginalized members of our communities. It has been incredibly affirming to work on this project as I conceptualize how my career might unfold, especially given this particular moment in history. Thank you.

Thank you to Amy Zeidan for your continued support in medicine, public health, and life. I appreciate what a fierce advocate you have been for my learning and well-being, as well as for countless others.

Thank you to the team at Brown, including Dr. Operario, who conceptualized this important project and allowed me to use the data for this thesis. I lastly wish to express my sincere gratitude to all of the study participants. I have gained so much personally and professionally from your stories. I hope they continue to impact others— they have shaped how I hope to approach my future medical and public health practice in an undeniable way.

Table of Contents

Chapter 1: Introduction

Intimate partner violence (IPV) is a significant issue among transgender women, with estimates of lifetime rates of IPV ranging from 31.1 to 50% (Brown and Herman, 2015). IPV encompasses physical, sexual, and psychological abuse perpetrated by a current or former partner, however, IPV also manifests in unique trans-specific ways, typically characterized by specific transphobic elements targeting individuals' gender identity (Basile et al., 2011; King et al., 2021; Yerke and DeFeo, 2016). This may include outing or threats to out an individual (i.e., disclose their gender identity without their consent); restricting access to gender-affirming medications, surgery, or expressive items; or otherwise targeting specific aspects of an individual's body or identity related to their gender (White and Goldberg, 2006). Violence, including IPV, experienced by transgender people also contributes to the high burden of mental health disorders and substance use among this population, and has additionally been linked to "toxic stress" (i.e., stress related to exposure to trauma that an individual does not have the resources to cope with) which has been associated with multiple chronic diseases in the general population (e.g., metabolic syndrome, cardiovascular disease, autoimmune diseases) (Bucci et al., 2016; Newcomb et al., 2020; Ramos and Marr, 2023; Rich et al., 2020; Testa et al., 2012).

Normalization of violence, by which violence is accepted as a normal part of relationships, likely contributes to the perpetuation of IPV, however, this process has been poorly characterized among transgender women. It has been studied more extensively among cisgender women in heterosexual relationships, elucidating how patriarchal and heteronormative social structures reinforce dominant cultural narratives around men's dominance and women's submissiveness, justifying violence perpetrated by men as a normative behavior (Hlavka, 2014). Despite the lack of research characterizing normalization of IPV among transgender women,

experiences of IPV among transgender women are informed by similar societal forces (e.g., patriarchy and heteronormativity), in addition to others including transphobia-related stigma and discrimination. Transgender women also experience identity-related rejection and abuse in early life, which further highlights the need for a lifespan approach in understanding the normalization process in this population (Rood et al., 2016).

Despite the unique, yet pervasive nature of IPV experienced by transgender people, it remains an understudied and underprioritized public health issue (Fletcher and Todd, 2024; Yerke and DeFeo, 2016). Moreover, despite increasing investments in health care and social services for transgender women, violence and discrimination remain alarmingly prevalent, with certain measures describing continued increases in both, including persistently high rates of IPV (Brown and Herman, 2015; Arayasirikul et al., 2022). It is also important to consider the current social and political climate in the United States, where the Trump administration has been systematically invalidating and disenfranchising transgender people (in addition to other gender and sexual minorities, and other minority populations generally) via calculated policymaking and inflammatory rhetoric (The Lancet, 2025). It is of critical importance to continue advancing efforts related to equity and justice for gender diverse people, including in the realm of IPV, despite the current context in which we live and work.

Describing how IPV is normalized among transgender women is an essential part of understanding individuals' experiences navigating abusive relationships and has implications related to future research and/or interventions that aim to address ongoing IPV or engage in primary prevention. Thus, this study aims to describe transgender women's lived experiences of IPV, in addition to experiences of abuse across the lifespan (i.e., ranging from childhood abuse to IPV) and the broader context in which these experiences are situated (e.g., stigma,

discrimination, other forms of societal/structural marginalization) that contribute to the normalization of IPV among transgender women.

Chapter 2: Literature Review

Violence experienced by transgender people

Discrimination and violence experienced by transgender people in the United States and worldwide is a pervasive, yet understudied public health issue that affects individuals across all age groups and many different contexts. According to the 2010 National Transgender Discrimination Survey, 26% of transgender and gender nonconforming individuals surveyed reported experiencing physical assault and 10% reported experiencing sexual violence related to their gender identity in at least one of the following contexts: educational settings, work, interactions with police, shelters, while accessing public accommodations, and in jails or prisons (Grant et al., 2011). This notably does not include violence experienced in the home setting, including domestic and intimate partner violence. Both rates of violence and rates of violence-related mortality of transgender people are not well characterized, though transgender individuals have been found to have elevated overall and external cause (i.e., suicide, homicide, and accidental poisoning)-related mortality relative to cisgender women (Jackson et al., 2023; Westbrook, 2022).

National databases for violence and injury reporting typically utilize sex or gender binaries when recording demographic information, failing to capture if individuals are transgender or otherwise gender diverse, and highlighting a general lack of data collection centering these populations (Fletcher and Todd, 2024). Through open-source data collection methods, Lantz et al. identified 305 instances of homicide against transgender individuals between 2020 and 2021, finding that 64.3% of victims were Black women and 14.8% were Hispanic women (2024). The number of homicides increased significantly in 2020 and 2021, possibly due to a combination of increased violence and increased public attention. Risk of

violence is also greater for Black transgender women engaged in sex work (Hwahng and Nuttbrock, 2007). Rates of violence among transgender women engaged in sex work have been poorly described however, despite evidence demonstrating greater likelihood that transgender women engage in sex work relative to cisgender women— due in part to discrimination and difficulty finding employment— alongside evidence illustrating the high burden of violence that people participating in sex work are subjected to generally (Nadal et al., 2014; Weitzer, 2009; Westbrook, 2022).

Effects of violence on transgender people

As a result of increased exposure to violence, transgender people also experience a disproportionately high burden of short-term and long-term violence-related health outcomes. Violence experienced by transgender people, perpetrated by both known individuals (including family members and intimate partners) and strangers, is associated with a range of mental health disorders including depression, anxiety, and PTSD (Newcomb et al., 2020; Ramos and Marr, 2023; Testa et al., 2012). Additionally, associations between physical and/or sexual violence and suicidal ideation, suicide attempts, and substance use have also been demonstrated (Testa et al., 2012). There is dearth of literature documenting the prevalence of non-HIV chronic disease among transgender populations, including chronic disease occurring as a result of exposure to ongoing violence (Rich et al., 2020). Higher rates of social stigma and discrimination experienced by transgender individuals have been linked to higher rates of chronic pain among this population, when compared to their cisgender counterparts (Stocking et al., 2024).

Transgender youth experience high levels of "toxic stress," or "stress that overwhelms an individual's support systems, buffering relationships, and coping strategies," related to

interpersonal trauma; rejection by family members, peers, and communities; and stigma, discrimination, and further marginalization on a societal level (Ramos and Marr, 2023). Though the downstream effects of toxic stress have not been well characterized in transgender populations, toxic stress has been linked to a variety of chronic disorders including metabolic syndrome, cardiovascular disease, inflammatory and autoimmune diseases, and cognitive and mental health-related conditions (Bucci et al., 2016).

IPV experiences among transgender populations

Intimate partner violence (IPV) is a specific form of violence that encompasses physical, sexual, and psychological abuse perpetrated by a current or former partner (Basile et al., 2011). In addition to violence generally, transgender people also experience alarmingly high rates of IPV. Brown and Herman report that lifetime rates of IPV among transgender people obtained from purposive studies range from 31.1 to 50% (2015). Similarly, a meta-analysis of studies published before 2019 found that transgender individuals were 1.7 times more likely to experience IPV than cisgender individuals (Peitzmeier et al., 2020). Both transgender men and women are also more likely to have experienced IPV (based on both lifetime and past-year measures) than cisgender women (Peitzmeier et al., 2020; Closson et al., 2024).

In addition to forms of IPV common to both cisgender and transgender people, IPV also manifests in ways that are specific to transgender individuals, typically characterized by specific transphobic elements (King et al., 2021; White and Goldberg, 2006; Yerke and DeFeo, 2016). For example, an individual may make threats related to outing a transgender person (i.e., disclosing a transgender person's gender identity without their consent) to friends, family members, employers, etc. to whom they may not have disclosed their identity prior (White and

Goldberg, 2006). Perpetrators of IPV may also withhold specific materials related to a transgender person's gender expression (e.g., clothing, makeup, chest binders), withhold gender-affirming medications (e.g., hormone therapy), or restrict access to other gender-affirming medical care (e.g., surgery) through control of finances (Hillman, 2020; White and Goldberg, 2006). Physical, sexual, and/or emotional abuse may also be targeted at certain aspects of a transgender person's body or identity related to their gender (e.g., genitals, chest, hair) (White and Goldberg, 2006).

A study of transgender adults aged 50 or older revealed not only that 57% of the individuals surveyed had experienced IPV, but also that 41% had experienced trans-specific IPV, which emerged as the most common form of IPV over physical, psychological, and sexual abuse (Hillman, 2022). An association between lifetime experiences of IPV and poor health-related outcomes was also demonstrated, with transgender individuals having experienced IPV being more likely to engage in substance use (i.e., smoking, binge drinking, drug use), have poor mental health (i.e., experience severe mental distress, attempt suicide) and poor general health (i.e., poor self-ratings of general health, higher rates of disability).

Normalization of violence against transgender people

Normalization of IPV is the process by which individuals accept abuse as a normal part of relationships. Normalization of violence has been studied primarily among cisgender women in heterosexual relationships, and is not well characterized among transgender or gender diverse populations (Hawkey et al., 2021; Hlavka, 2014). Young people socialized in the context of patriarchy and heteronormativity are presented with cultural narratives that reinforce the idea of women as passive and submissive, in relation to men as powerful and aggressive (Hlavka, 2014).

Violence perpetrated by men and endured by women, therefore, is in line with these dominant cultural narratives and represents attempts by men "to maintain their hold on hegemonic forms of masculinity" (Boonzaier, 2008). Transgender women are beholden to similar structural forces (e.g., patriarchy) that maintain the gender hierarchy and enable the perpetration of violence (Hawkey et al., 2021). As described above, normalization of IPV has not been extensively studied among transgender women, however, transphobic hate crimes, for example, "serve to perpetuate a hegemonic form of masculinity around which norms of gender and sexual desire are organized and differentiated" in a similar fashion (Perry and Dyck, 2014).

Normalization enables continued perpetuation and likely escalation of IPV, though this, again, has primarily been studied among cisgender women. By constructing narratives around men's dominance and women's subordination, violence is rendered tolerable and women justify staying in violent relationships (Wood, 2001). In addition to serving as a risk factor for IPV, internalizing normalization leads to self-blame, self-doubt, shame, and fear of social repercussions, serving as a barrier to seeking help and engaging with mental health-related or other resources, and has also been linked to PTSD among cisgender women (Mughal et al., 2024; Sinko and Saint Arnault, 2020). Internalized normalization of violence likely also affects transgender women, compounding existing societal forces (e.g., stigma, discrimination) and barriers to trans-sensitive IPV-related resources (Calton et al., 2016; Hawkey et al., 2021; Leat et al., 2023).

Kearney additionally describes specific phases of "enduring love" in violent relationships, defining "enduring love" as a dynamic process by which women redefine IPV as "temporary, survivable, or reasonable by adhering to values of commitment and self-sacrifice in the relationship" (2001). According to Kearney's middle-range theory of enduring love,

cisgender women's experiences of violence in heterosexual relationships are comprised of four phases characterized by evolving appraisals of and responses to abuse. Ongoing abuse— representing incongruity between partners' claims of love and acts of violence— was accepted by women, their partners, families, acquaintances, and communities as normal. Normalization of IPV, in turn, contributed to women's feelings of emotional demoralization, immobilization, shame, loss of selfhood, and fear of injury, further rooting them in violent relationships.

Normalization of violence likely bears significant implications related to the continually high rates of violence, including IPV, experienced by transgender women; however, the specific dynamics that influence the trajectory of violence perpetration and the normalization of IPV have not been extensively studied among this population. This is an important topic given the high prevalence of IPV among transgender women and the general lack of IPV-related research extending beyond the gender binary (Yerke and DeFeo, 2016). Childhood abuse and minority stressors (i.e., distinct stressors experienced by individuals belonging to minority groups that compound general stressors experienced by all people) are also more prevalent among transgender populations, and transgender women specifically (Garthe et al., 2018). Transgender and gender nonconforming people describe experiencing pervasive interpersonal and societal rejection, contributing to feelings of depression and self-blame related to their identity (Rood et al., 2016). These early experiences of abuse and rejection portend increased risk of future IPV, and further highlight the need for a multi-dimensional and longitudinal understanding of how IPV manifests among transgender populations.

This study aims to characterize experiences of IPV among transgender women, including the role of normalization in shaping individuals' lived experiences. As described, normalization of IPV has largely been studied among cisgender women in the context of heterosexual

relationships, through which its role in engendering and perpetuating abuse has been elucidated. The need to understand this process among transgender women is of extreme importance due to the sustained high prevalence and unique manifestations of IPV in this population. Despite increasing, albeit still limited, investments in health care and social services for transgender women, measurements of violence and discrimination continue to increase, likely due to the pervasive and deeply rooted nature of anti-trans stigma, discrimination, and violence (Arayasirikul et al., 2022).

Akande et al. explored transgender women's lived experiences of IPV, in addition to the relationship between IPV and HIV risk via focus groups with transgender women, and health care and social service providers who work closely with transgender women, uncovering themes related to chronic violence and normalization of violence across the lifespan (2023). Through secondary analysis of this data, these concepts will be explored in greater depth to characterize the process by which IPV is experienced and normalization occurs. In further describing the normalization of IPV experienced by transgender women, this study aims to identify potential points of intervention that may be leveraged to design impactful programming and call for increased investment to meaningfully affect the lives of transgender women experiencing or at risk of experiencing IPV.

Chapter 3: Manuscript

“If you feel your options are limited, you'll endure even more”: characterizing experiences and normalization of intimate partner violence among transgender women

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Contribution of Student

I am the primary author of this paper. This study involved secondary analysis of existing data, and I was not involved in the initial data collection process. In collaboration with my thesis advisor and committee chair, Dr. Don Operario, I conceptualized this study (involving secondary analysis), conducted data analysis, interpreted the results, and drafted this manuscript, including all tables and figures. The manuscript that follows is intended for submission to the Journal of Interpersonal Violence.

Abstract

Transgender women experience disproportionately high rates of intimate partner violence (IPV), in addition to enduring a high burden of violence generally. The ways in which these experiences of IPV are normalized is important to understand as they may yield additional insight into the persistently high rates of violence among this population, in addition to specific ways IPV-related programming may be able to provide more effective, targeted services to survivors. In this study, we conducted secondary analysis of data from six focus groups, three with transgender women and three with health care and social service providers who work closely with transgender women, originally undertaken to understand transgender women's experiences of IPV and the relationship between IPV and HIV risk. Based on these results, we offer a framework showing a longitudinal cascade of IPV in the relationship experiences of transgender women, beginning with formative experiences in early life, followed by specific experiences as transgender women enter intimate partner relationships, stay in relationships, and end (or re-enter) abusive relationships. This conceptual framework highlights the ways in which expectations of relationship violence are formed and bolstered throughout the lifespan. Further study is necessary to understand if and how intervention at specific points along this cascade, beginning in childhood, may be useful to address IPV among transgender women.

Introduction

Intimate partner violence (IPV) is a pervasive, yet understudied issue among transgender women, with estimates of lifetime rates ranging from 31.1 to 50% (Brown and Herman, 2015; Fletcher and Todd, 2024). IPV generally encompasses physical, sexual, and psychological abuse perpetrated by a current or former partner, however, transgender women often experience IPV in unique ways, including abuse characterized by specific transphobic elements related to individuals' gender identities (Basile et al., 2011; King et al., 2021; Yerke and DeFeo, 2016). This may include outing or threats to out an individual (i.e., disclose their gender identity without their consent); restricting access to gender-affirming medications, surgery, or expressive items (e.g., clothes, makeup); or otherwise targeting specific aspects of a person's body or identity related to their gender (White and Goldberg, 2006). In addition to IPV, many transgender individuals experience violence perpetrated by family members, alongside physical assault, sexual assault, and harassment that occur across the lifespan. For some transgender people, these manifest as constant experiences of violence and intolerance rather than isolated incidents (Grant et al., 2011; Stotzer, 2009). Consequently, exposure to violence among transgender people results in a high burden of mental health disorders (e.g., depression, suicidality, anxiety, PTSD) and substance use (Newcomb et al., 2020; Ramos and Marr, 2023; Testa et al., 2012). Though literature describing the prevalence of non-HIV chronic disease among transgender populations is sparse, it has been documented that transgender youth experience high levels of "toxic stress," or stress, typically borne of exposure to trauma, that "overwhelms an individual's support systems, buffering relationships, and coping strategies" (Rich et al., 2020; Ramos and Marr, 2023). Toxic stress has been linked to a variety of chronic disorders including metabolic

syndrome, cardiovascular disease, inflammatory and autoimmune diseases, and cognitive and mental health-related conditions (Bucci et al., 2016).

Normalization of violence is the process by which individuals accept violence as a normal part of their lives and relationships. It has primarily been studied in heterosexual relationships involving cisgender women, and has been described in the context of patriarchal and heteronormative discourses that reinforce dominant cultural narratives around women's passivity and submissiveness in relation to men's power and aggression. Existing models demonstrate how violence perpetrated by men can become justified at a societal level, as women's endurance of violence persists (Hlavka, 2014). Although there exists a dearth of literature examining the process of normalization of IPV among transgender women, similar structural forces that serve to maintain the gender hierarchy (e.g., patriarchy) underscore experiences of IPV among transgender women, who often engage in self-blame for abuse; this reinforces the idea that IPV is a normal part of the experience of being transgender, in addition to obstructing engagement with IPV-related resources and support (Hawkey et al., 2021). Normalization of IPV among transgender women is informed, moreover, by abuse experienced across the lifespan. Transgender individuals, and transgender women more so, experience abuse, rejection, and minority stress (i.e., additional, compounding psychological stress experienced by individuals belonging to minority groups due to prejudice, discrimination, and other social hierarchies) related to their transgender identity beginning in childhood or adolescence, depending on when they come out as their true identity (Garthe et al., 2018; Rood et al., 2016). Understanding experiences and normalization of IPV among transgender women requires an in-depth understanding of individuals' experiences from childhood onwards.

Methods

Study design

This study involved secondary analysis of data collected through focus group discussions conducted with transgender women and community-based providers who work with transgender women. This data was originally collected to support the development of an intervention addressing the co-occurring epidemics of HIV and IPV among transgender women, and covered topics including IPV and other forms of violence, access to IPV-related resources, HIV risk, and the intersection of HIV and IPV as it relates to the experiences of transgender women. Research procedures for the original study were approved by the Brown University Institutional Review Board (IRB). This study, which involves secondary analysis of de-identified data, did not directly involve "human subjects" and therefore did not require IRB review per the Emory University IRB.

Study setting and population

Six qualitative focus groups were conducted in Providence, Rhode Island, three with transgender women and three with health care and social service providers with professional experience working with transgender women. Inclusion criteria for transgender women participating in the focus groups were individuals: (1) ages 18 or older; (2) assigned male at birth but identify as female, transgender, or transfeminine; (3) who endorsed at least one lifetime IPV incident based on the Woman Abuse Screening Tool (Brown et al., 2000); (4) who reported at least one instance of condomless anal sex in their lifetime; and (5) who were able to participate in a focus group in English. Since focus groups were initially conducted as part of a study aiming to design an intervention to concurrently address IPV and HIV primary prevention among

transgender women, participants were excluded if they had been diagnosed with or tested positive for HIV.

Study protocol

Individuals were recruited utilizing a multifaceted approach which included online social media advertisements, fliers placed in specific venues, and in-person outreach at bars and community events, in addition to local clinics and agencies with whom the initial research team had strong working relationships. Informational emails and fliers were also sent to networks of local health care and social service providers who care for transgender women in the Providence area. Individuals expressing interest in participating in focus groups underwent brief eligibility screening via an online survey or in-person with a research team member to determine study eligibility.

Focus groups were conducted between February and August 2021. Informed consent was obtained from all study participants prior to their participation. All three provider focus groups and one focus group with transgender women were conducted virtually; the other two focus groups with transgender women were conducted in-person. Focus groups were co-facilitated by two members of the study team and were approximately 90 minutes in duration. Participants were given $50 gift cards for their involvement; transgender women additionally received brochures with a list of HIV and IPV-related and other social services specific to transgender women in the area.

Data analysis

Thematic analysis was utilized as we scrutinized focus group data (Braun and Clarke, 2006). De-identified transcripts were reviewed and a preliminary code book was developed based on key ideas identified from the data. Codes and their definitions were subsequently reviewed and refined to promote accuracy and applicability to the data, and reduce overlap between codes. All six focus group transcripts were coded using Dedoose software, and salient themes were identified. Representative quotes for each phase (i.e., theme) and corresponding key concepts (i.e., sub-themes) can be found in Table 2.

Results

		Total (N= 10) n (%)
Age (mean, SD)		39.1, 14.2
Race	White	4 (40.0)
	Black/African American	5 (50.0)
	American Indian or Alaska Native	1 (10.0)
Ethnicity	Not Hispanic or LatinX	6 (75.0)
	Hispanic or LatinX	2 (25.0)
Education status	Less than high school	1 (10.0)
	High school diploma or GED	7 (70.0)
	4-year college graduate	1 (10.0)
	Master's degree or above	1 (10.0)
Employment status	Part-time (<35 hours/week)	3 (33.3)
	Unemployed	5 (55.6)
	Decline to answer	1 (11.1)
Financial situation	I have enough money to live comfortably	1 (11.1)
	I can barely get by on the money I have	6 (66.7)

	Decline to answer	2 (22.2)

Table 1. Demographic characteristics of transgender women participants

Nine providers participated in three focus groups and eleven transgender women participated in an additional three focus groups. A summary of participant demographics, based on the ten transgender women who completed the optional demographic survey (though not all individuals completed the survey in its entirety), is included in Table 1. The average age of transgender women participants was 39.1 years. 50% of transgender women participants were Black and 25% were Hispanic or Latinx. Notably, six of the nine women who answered the question about their financial situation indicated "I can barely get by on the money I have" and two declined to answer.

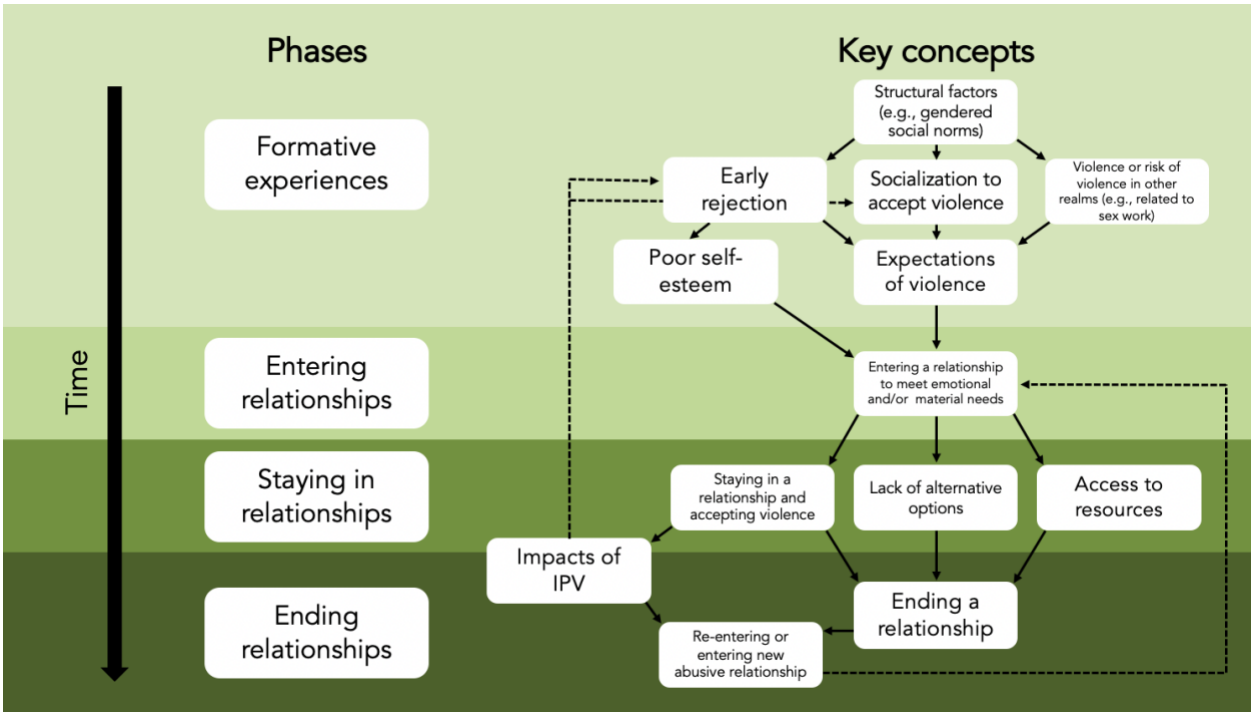

Figure 1. Framework depicting experiences of IPV among transgender women, organized into a chronological cascade of phases and corresponding key concepts

We identified four phases related to transgender women's experiences of IPV and normalization of IPV across the lifespan. These phases can be visualized in the framework depicted in Figure 1, where they have been organized as a chronological cascade, and include: (1) formative experiences: fostering poor self-esteem and creating expectations of relationship violence; (2) entering relationships: meeting emotional and/or material needs; (3) staying in relationships: accepting violence and perceiving a lack of alternative options; and (4) ending relationships: re-entering abusive relationships, or not. These phases can be conceptualized along a life course perspective, such that earlier phases (i.e., life experiences) provide the foundation for subsequent experiences of IPV. For each phase, we identified corresponding key concepts that provide further detailed characteristics of IPV experiences across the lifespan. Phases and key concepts are described in detail below, alongside representative quotations (and additional quotations in Table 2).

Phase	Definition	Key concept	Definition	Quote(s)
Formative experiences	Structural, community-level, and interpersonal factors predating IPV experiences that influence transgender women's subsequent experiences of IPV			
		Structural factors	Structural and/or societal issues that contribute to IPV experienced by transgender women	*If I had a magic wand, we wouldn't even have a program for [IPV], because the magic wand would be a program to address toxic masculinity and white supremacy and all the underlying roots that cause violence and it would be more so catered to those that are wanting to explore their masculinity or white identity, because that's where the violence*

				comes from. (Transgender women focus group 1) *You don't need all these other systems. We need to be treated like other human beings. We need to be seen as normal. (Transgender women focus group 3)*
		Early rejection	Experiences of rejection in childhood or early life, typically related to transgender women's identity	*It could probably stem from, they have so many issues with being hated by their, because they're so rejected by their own families, you know, their own families reject them. So I mean, how do you learn how to have a good relationship when you don't have a good role model. (Transgender women focus group 2)*
		Socialization to accept violence	Experiences that lead transgender women to believe that violence is a normal part of life/intimate partner relationships	*I mean, I've been in relationships where I tolerated a lot because my mother was very abusive growing up. And being in a relationship like I said, I tolerate, I guess you get programmed in your head, you don't develop properly. You're raised, your ideas of how relationships are supposed to be, because if your role models, that's all you know is verbal abuse. My mother was verbally abusive, emotionally abusive. Always hearing, "You're no good". So, then you get these relationships and it's almost like I put myself in that position. I almost find a partner to continue the abuse. You know, it's like, it's kind of crazy. I see a lot of people gravitate towards some sort of relationship that's similar to past relationships, even though they're not intimate relationships, but similar to a relationship you had with a parent or something. (Transgender women focus group 2)*
		Violence or risk of violence in other realms	Exposure to or risk of non-IPV violence related to other identities transgender women may have (e.g., related to race, immigration status)	*I think, too, if you are trained to dive under the radar, you don't wanna be clocked. You also don't wanna be a deported. You don't wanna be arrested. You have made that compromise of in order to not be identified, these are the risks*

			and/or behaviors they may engage in (e.g., sex work, substance use)	*that are inherent in my navigating the streets and the world around me and that these streets are acknowledged as an unsafe and a part of again, that ability to get by and to get through... this is what it takes to survive and I'm a survivor and I will get through. At what cost? Many of these folks I think at certain ages understand "I'm gonna do what I have to do." (Provider focus group 2)*
		Poor self-esteem	Related to low self-esteem/self-worth among transgender women	*Some of my sisters have been the most beautifulest people on the inside, but they have the lowest self-esteem. You know what I mean?... It's terrible to see that, but that's because it was broken earlier (Transgender women focus group 3)*
		Expectations of violence	Transgender women expecting violence as a part of life/intimate partner relationships as shaped by previous experiences	*I guess from my perspective, the children that I see with parents who are supportive and helping them explore from ages three or four to before puberty, those are not kids who are expecting violence or expected to be treated poorly. I get into the teeners and I think the later, in some ways, the affirmation process and the less supportive the family process is for their gender affirmation, again, like everyone has been saying, the more they expect bad things to be a part of their story. (Provider focus group 2)* *I feel like we need to have discussions about childhood before we have discussions about partnerships because it's our relationships with our parents and family that leads us to having those kind of partners. (Transgender women focus group 3)*
Entering relationships	Related to transgender women establishing intimate partner relationships			

		Meeting emotional needs	Emotional needs that are potentially met through a relationship	*I think, again, speaking to that embodied, powerfulness of when people have gotten so many messages that there is something very wrong with their body, just the way they move through the world, and they have, for some people, have sat with feeling themselves at times a sense of wrongness or disgust about their body, being sexually desired, their body, that really concrete beyond acceptance, but somebody celebrating your body just has a level of power that is very different. (Provider focus group 1)*
		Meeting material needs	Basic material needs (e.g., housing, financial resources, access to medical care including gender-affirming care) that are potentially met through a relationship	*I think a good point to add is a lot of these individuals get into these intimate relationships because they have nowhere to go. They've been kicked out of home. They've been living on the streets, maybe since they were 16 years old. Then they meet someone who claims to accept them for who they are and maybe on some level does. So then they're more likely to get involved in a relationship with someone who they probably wouldn't if they came from a different environment (Provider focus group 1)*
Staying in relationships	Related to transgender women staying in relationships despite experiencing abuse			
		Experiencing violence	IPV experienced by transgender women in abusive relationships	*First, I've been in that kind of relationship – I've been violenced and abused. So, like my partner was like really the controlling type and always thought that everything he did was right, but everything was my fault. And everything I said would never make any sense of how they/he used to view me. So, I guess that when I survived this violence, I survived sexual abuse, emotional and physical abuse (Transgender women focus group 1)*

				Any way that they can use their trans identity and hold it over their head, and again that can be withholding hormones or refusing to allow them to go to a doctor, destroying documents that they need so that they can get surgeries or any medications that they may want, destroying, again, clothing that they wish to have, any expressive items, or then just using a lot of very trans phobic slurs against the individual, belittling their identity. (Provider focus group 1)
		Accepting violence	Related to acceptance of IPV by transgender women as a normal part of relationships	*... there isn't an image of what they feel like they deserve to be treated as, if that makes sense. I feel like something that, in terms of priority, I feel like once it gets to that stage of identification—people I know who are more there, definitely, I feel like it's high priority, but I also definitely have had a lot of experience working with people who de-prioritize it within themselves because there can be a disconnect between feeling like it was wrong, if that makes sense... Basically, in my experience, I feel like I've definitely seen coming from that mindset of almost feeling like it's deserved, which, I think, can really create a de-prioritization in terms of addressing or seeking out resources or feeling like resources are meant for another type of people (Provider focus group 3)*
		Impacts of IPV	Impacts of IPV on transgender women, including its influence on other behaviors	*I've seen a lot of impact on individual self-esteem and self-worth. I've also seen it impact people in terms of their mental health, overall, in terms of traumas and triggers. [It] also [impacts] people's substance abuse and use, using it as a coping mechanism often when you're struggling with intimate partner violence. (Provider focus group 1)*

		Lack of alternative options	Related to perception among transgender women experiencing IPV that there are no other options for them related to meeting material needs (e.g., housing, medical care) and/or finding another partner	*I also hear a lot of trans women feeling like maybe there's not going to be anything different or better out there, that this is what they're stuck with. It might not be perfect, but it is what it is and so going along with that, an expectation of violence. I've seen that really throughout all of the age ranges that I've worked with is they know maybe it's not great, but they think it's what they're gonna get. They might be people who are actually gendering them correctly or treating them as their asserted gender and that might not be something they were getting before from parents if they're younger, things like that. They're getting affirmed in one way, even though it's just a part of the power. (Provider focus group 2)* *Well my boyfriend used to always tell me "No one else is going to want me, because I'm trans" and that "he's the only one that I'm going to be with". So, matter how much abuse and stuff that I felt from him, all he did to me, I would always just seem like going back. And I'm still with him now, no matter what happens, it's like "Ughhh", but I try not to argue with him and we try to work things out. (Transgender women focus group 2)*
		Access to resources	Access to and lack thereof (i.e., barriers to) resources that may be useful for transgender women experiencing IPV	*I think one of the differences is that a lot of times trans women don't consider the abuse that they've experienced to be domestic violence, whereas if we look at the history of our knowledge of domestic violence and folks think about domestic violence being a heterosexual couple and violence is perpetuated from a man to a woman and that's just what it is, I think a lot of times folks don't come forward when they think the services aren't for them or they're gonna be mis-gendered out the door or they're gonna be re-victimized in shelter... It can be*

				I'm sure very anxiety-provoking trans women seeking shelter and maybe they just decide not to and they're living in a car or outside or living with people that are also abusive, but maybe a slightly better situation than they were in. (Provider focus group 2)
Ending relationships	Related to transgender women ending abusive relationships			
		Ending a relationship	Related to transgender women ending abusive relationships, including barriers and facilitators	*What I find often is that they're jumping quickly into another relationship, and a lot of times the only reason that the relationship does end is because the partner finally cuts it off, sometimes, or the partner's arrested. Then the relationship has to come to an end, at least in that way. It goes back to this even though I'm being abused, I don't have anyone else. People that have a strong support system, it's not that they can't get into an abusive relationship, they're just more likely to be able to get out of one. I don't find that as often with the trans women that I work with. (Provider focus group 1)*
		Re-entering or entering new abusive relationship	Related to re-entering an abusive relationship or entering a new abusive relationship despite exposure to ongoing IPV	*Then the very practical thing of what if you do want to leave? Where do you go? There's just not many options available. You go to the police, again—there are so many layers there. You're going to have to out yourself often just to get the help that you want. That is very intimidating. So even if you did want to leave, you just don't have many options when you do leave. Again, it just comes right back to that thing of I just don't have many options, and I can stay in here and I can endure this and this is familiar to me, and so I'll continue in this cycle. (Provider focus group 1)*

Table 2. Definitions and representative quotes for phases and corresponding key themes

Formative experiences: fostering poor self-esteem and creating expectations of relationship violence

The first phase focuses on formative, or early, experiences that shape transgender women's sense of self and relationship expectations. Structural factors, including gendered social norms and legal frameworks that discriminate against transgender people, inform the basis by which transgender women are rejected in early life by family members, peers, and others. In addition, these structural factors contribute to the socialization processes through which transgender women learn to accept violence as a normative experience vis-a-vis experiencing abuse and witnessing violence at home in childhood. Early rejection subsequently forges poor self-esteem and expectations of violence, which are also shaped by socialization to accept violence in early life.

There was consensus among participants that IPV experienced by transgender women is informed by early experiences, notably in childhood, which proceed to shape transgender women's sense of self and understanding of relationship violence. Existing social structures including patriarchy and white supremacy, as described by one participant below, were identified as contributors to the social and political marginalization of transgender women, in addition to other minority populations. Many transgender women carry multiple minoritized identities, including those related to race, sexual orientation, and socioeconomic status, which also shape these experiences. In addition to lack of acceptance of transgender people in society, participants cited lack of acceptance of normal, healthy relationships involving transgender people, noting, instead, how transgender women are objectified and hypersexualized, which serves to facilitate violence against them.

> *If I had a magic wand, we wouldn't even have a program for [IPV], because the magic wand would be a program to address toxic masculinity and white supremacy and all the*

> *underlying roots that cause violence and it would be more so catered to those that are wanting to explore their masculinity or white identity, because that's where the violence comes from. (Transgender women focus group 1)*

Participants identified early rejection, notably by family members, as being reflective of predominant societal attitudes regarding transgender people and contributing ultimately to poor self-esteem and unstable sense of self among transgender women. Lack of affirmation by family members in early life, including misgendering and failing to treat individuals in accordance with their asserted gender, reinforces expectations of non-gender-affirming relationships in adult life. Without family and/or community acceptance, transgender women also lack important sources of support that would be valuable in case they needed to leave an abusive relationship or were otherwise in need. Poor self-esteem resulting from lack of acceptance also increases individuals' vulnerability to abuse, as they are more likely to seek acceptance in situations or relationships that may be violent or abusive, and, furthermore, may feel like the violence they experience is deserved.

> *Again, you'll be hard pressed to find many that come from accepting homes. You've been rejected by your home. You got into a relationship with someone. Then this person, even though it's abusive, they want to be around you. (Provider focus group 2)*

In addition to early experiences of rejection, experiences of childhood abuse (e.g., grooming, sexual abuse, physical abuse) and witnessing IPV in childhood (e.g., IPV involving parents) were commonly described among transgender women, leading individuals to accept violence as a normal part of life. Therefore, individuals may be inclined to overlook patterns of violence occurring during subsequent relationships involving IPV, instead maintaining the expectation that normal relationships are characterized by violence. Due to previous experiences of rejection and violence related to individuals' transgender identity, an expectation that violence is a normal part of life for transgender people may be further reinforced.

> *...sometimes we don't know if we're gettin' abused. We think it may be normal because we've been pushed to the side or been abused by our relatives for just being who we are. (Transgender women focus group 3)*

Participants also described the disproportionate violence that transgender women are subjected to in everyday life outside of intimate partner relationships. As discussed, having other minoritized identities in addition to being transgender may portend greater exposure to systemic and interpersonal biases. Being transgender is also less acceptable in certain identity groups compared to others, which may force some people to conceal their true selves overtly and express themselves only in covert settings. Individuals who do not "pass" and can therefore visibly be identified as transgender, furthermore, are at greater risk of violence. During focus groups, transgender women described increased vulnerability to violence among younger people (who do not have the same lived experience and, therefore, knowledge as older people), individuals who transition earlier (for whom exposure to identity-related violence may have started earlier), racial minorities, immigrants, and undocumented individuals (who typically do not have as robust social support or the same access to resources). Non-IPV violence also affects transgender women throughout the lifespan, taking the form of bullying by peers or abuse by family members in childhood and community violence in adulthood; at each stage, there is a general lack of repercussions for perpetrators of violence due to the normalization of violence against transgender people. Sex work, which is a source of income for many transgender women, also increases risk of violence as recounted by one transgender woman participant below. It is described by transgender women as both empowering, promoting the reclaiming of one's body and agency over their body, and "toxic," as it may feel like the only option for a transgender woman to support herself, especially outside of a relationship. Substance use can also increase risk of violence among transgender women. Both sex work and substance use can result in real or perceived barriers to the appropriate resources for survivors of IPV.

> *When you're adding some stuff like that, you tend to be more at risk because you're sexualized. Because you was comin' out for comfort in the club scene, you was turned to street work because you was hungry. Your relationship, your man happened to be a pimp, or you happen to have these where you're on drugs, and nobody's gonna know. (Transgender women focus group 3)*

Entering relationships: meeting emotional and/or material needs

This phase centers on transgender women's entry into romantic relationships, motivated in significant part by the opportunity these relationships pose to meet specific emotional and/or material needs. However, as noted, these relationships are fraught with expectations and assumptions about the normalcy of violence, internalized beliefs of low self-concept and self-worth, and assumptions about relationship options for transgender women.

Participants described emotional needs related primarily to affirmation, especially salient given that many transgender women do not have a consistent affirming, accepting, and/or loving presence in early life. Sexual experiences were sometimes described as gender affirming and emotionally satisfying, however, they could also leave individuals feeling objectified, which further reinforced feelings of low self-esteem. Participants additionally described a pervasive fear of being alone due to previous experiences of rejection by family and society, which may prompt some transgender women to enter into relationships that they find suboptimal. Rejection by family may result in transgender youth being forced to leave the home, leading individuals to enter into relationships to access food, shelter, and other necessities as a result. These may not be relationships that they would have entered otherwise.

> *I think a good point to add is a lot of these individuals get into these intimate relationships because they have nowhere to go. They've been kicked out of home. They've been living on the streets, maybe since they were 16 years old. Then they meet someone who claims to accept them for who they are and maybe on some level does. So then they're more likely to get involved in a relationship with someone who they probably wouldn't if they came from a different environment (Provider focus group 1)*

Staying in relationships: accepting violence and perceiving a lack of alternative options

This phase encompasses transgender women's experiences navigating relationships characterized by IPV. Many transgender women accept violence as a normal part of their relationships. Despite enduring violence, individuals perceive a lack of alternative options to staying in a relationship— citing that relationships are the only way that they can meet specific material needs (e.g., housing) and feeling like there are very few other people in the world with whom they could have a romantic relationship. Transgender women also have variable access to IPV-related resources which further influences how they navigate experiences of violence in relationships.

Participants described several ways transgender women experience IPV, including physical, emotional, and sexual violence. Controlling behaviors, emotional abuse, and abuse specific to transgender women's identities (e.g., threatening to out someone, using slurs, preventing access to gender-affirming care including medication and surgery, withholding access to expressive items including clothing and makeup, forcing individuals into sex work) were also described. While experiencing IPV, transgender women often employ strategies to minimize violence (e.g., taking the blame even when something isn't their fault).

> *First, I've been in that kind of relationship – I've been violenced and abused. So, like my partner was like really the controlling type and always thought that everything he did was right, but everything was my fault. And everything I said would never make any sense of how they/he used to view me. So, I guess that when I survived this violence, I survived sexual abuse, emotional and physical abuse (Transgender women focus group 1)*

Expectations of violence, informed by prior experiences of rejection and exposure to violence in early life, lead individuals to accept violence as a normal part of romantic relationships. This, in tandem with a lack of knowledge among transgender women about IPV, results in poor insight related to relationship violence as described by a participant below. As a

result, many transgender women do not identify abuse in their relationships or if identified, do not perceive abuse as abnormal. Alternatively, participants described transgender women re-framing relationship violence as part of a compromise through which they reap the benefits of a relationship (e.g., companionship, affirmation, and other emotional benefits; housing, financial support, and other material benefits) despite violence. Individuals were also described as denying the occurrence of any violence to focus solely on the positive aspects of a relationship, or, instead, acknowledging ongoing abuse, but feeling it is deserved due to low self-esteem. Justifying violence as something that is deserved also makes it less of a priority for individuals to address; housing, food, and access to medical care, which transgender women often gain access to through intimate partner relationships, were described as taking precedence over addressing IPV.

> *For me, it depends at what stage of insight somebody is around their relationship, like whether they are recognizing that this isn't healthy. Sometimes they are, and sometimes you're at the point of just starting to build that discrepancy. You're saying he's kind, here are the other things you're saying he does. How do these gel? So it depends. (Provider focus group 1)*

The impacts of IPV include psychological impacts, in addition to effects on boundaries, risk perception, and HIV/STI risk. Psychological impacts include effects on mental health (e.g., greater burden of depression, PTSD) and substance use. Experiencing IPV, in addition to other forms of trauma, also leads to hyperarousal and hypervigilance, and erodes individuals' ability to form trusting relationships— described as potentially obstructing engagement with health care and other resources. Experiencing IPV also reinforces poor self-esteem and expectations of violence among transgender women, forged initially by rejection and socialization to accept violence in early life. Individuals' boundaries are also weakened by IPV (and childhood abuse), making it more difficult to say "no" or refrain from engaging in unwanted or potentially risky

behaviors when pressured. This may include inability to successfully advocate for condom use with partners, increasing individuals' risk of HIV and other STIs. Notably, transgender women discussed how HIV and STIs were more often transmitted by intimate partners versus acquired through sex work due to increased ability to advocate for safe sex while engaging in sex work. Past abusive relationships, additionally, may alter individuals' perceptions of what is normal in a relationship, further normalizing IPV, as described by this quote:

> *I think for some of the people that I work with they don't always seek services because their standards of what's normal are maybe not what we typically think of it as being. In terms of intimate partner violence, if people have had really severe abusive relationships in the past and they have a new relationship that maybe isn't physically or sexually abusive but is emotionally abusive or financially, they don't perceive the risk in the same way. So they may not come to seek services when they're in those situations, which I've definitely noticed. (Provider focus group 1)*

Participants additionally described a perceived lack of alternative options to being in a relationship commonly felt by transgender women. As mentioned above, relationships often serve as a means for transgender women to meet basic emotional and/or material needs. Individuals may have limited access to food, shelter, and medical care and/or an affirming presence in their lives. As a result, they may feel that enduring violence to access such necessities is preferable to any alternative (e.g., staying in a shelter), especially given a lack of other forms of social support and transgender-specific resources that exist for individuals experiencing IPV. Participants also reported a perception shared commonly by transgender women that there are very few romantic partners potentially available to them, especially cisgender men. This perceived scarcity, as described by a participant below, further encourages individuals to remain in relationships despite experiencing IPV, as they may feel it is unlikely for them to meet another partner who will accept them. Navigating disclosure of gender identity in a new relationship, which itself bears significant risk of violence, also discourages people from

leaving their current partner and attempting to find a new, potentially healthier, violence-free relationship. Participants discussed the possibility of escalating violence (e.g., severe physical injury, death) or other types of harm (e.g., being outed) associated with leaving an already violent relationship, which may render staying in an abusive relationship the safer option, albeit temporarily, as relationship violence tends to escalate over time.

> *I think that goes back to those concessions, right? In general people will endure a lot to be loved. If you feel your options are limited, you'll endure even more. So it very much complicates it because I hear—when I'm talking to cis gender women, I don't often hear, "No one else will love me." I think a lot of cis gender women struggle with their self-esteem after leaving a relationship like that, but they struggle with a lot of other things. I rarely hear them say, "No one else will love me." I hear consistently from trans women, "If I leave him or her, no one else will love me." (Provider focus group 1)*

Transgender women experiencing IPV also have limited access to IPV-related resources, as described by participants. There is not only a dearth of resources specifically for transgender women experiencing IPV, but also limited resources related to issues experienced by transgender people generally. Transgender women, informed by previous negative experiences while attempting to access health care and social services, fear discrimination and bias in settings where IPV-related resources are available. Participants identified specific forms of bias imposed upon transgender women, particularly in health care settings, including: an expectation among providers that all transgender people strive to conform to cisgender standards (e.g., all transgender women desire gender-affirming surgery, all transgender women use she/her pronouns), victim blaming and stereotyping transgender women as “tricking” or “misleading” others with their gender expression, and judgement related to individuals’ engagement in sex work or substance use. Transgender women who do sex work and/or use drugs, moreover, feel that they cannot access certain resources while engaging in these activities, despite their increased vulnerability to violence. Despite increased training of providers on “LGBTQ issues,”

issues specific to transgender women, including IPV, are typically under-addressed. Similarly, there are few resources and little training for providers related to the experiences of transgender people who bear other marginalized identities (e.g., related to race, sexual orientation, immigration status, etc.). In addition to a dearth of appropriate resources, participants cited difficulty accessing the resources that may exist. Individuals who lack social support or do not belong to social networks comprised of other transgender people may not know about or know how to access such services. People who are not comfortable presenting publicly as their true gender, in addition to individuals who face significant logistical hurdles (e.g., poor internet access, unstable housing, lack of transportation) also have increased barriers to accessing otherwise available resources.

The lived experience of IPV itself, moreover, is a barrier to accessing IPV-related resources. Participants described how IPV makes individuals feel like their experiences are not valid, that their needs do not matter, and that expressing such needs may even put them at risk of additional violence. The sensitive nature of IPV also makes it difficult to disclose in the context of drop-in services or a first visit to a new provider; instead, meaningful discussion of IPV, especially among individuals with a recent history or experiencing ongoing violence, requires intentional relationship building with a trusted provider. To this end, transgender women cited positive experiences with empathetic, non-judgmental providers (with one specific instance described below) and accessible, trans-specific resources. Transgender women with access to social networks are able to find resources recommended by trusted friends and peers, find opportunities to discuss shared experiences, look to other transgender women as role models, and experience a sense of belonging as a part of their community.

> *I have a therapist, and she made major changes in my life, and she's not a trans woman. She's just a straight woman, and she has learned from the books, and she suggests for me*

to look out for me, but she has gave me so much of me back by just listening to what I have to say, by listening to what I have to say, and then asking me the question: What am I going to do? You know what I mean?... What am I going to do? Because this is my life. (Transgender women focus group 3)

Ending relationships: re-entering abusive relationships, or not

This phase refers to factors related to the end of relationships, including how and why individuals end and refrain from re-entering the same or other abusive relationships or, conversely, how and why they are unable to do so. We observed that social and community resources are often essential to enable individuals aiming to leave and remain safely outside of violent relationships.

Participants described how transgender women often require other means of meeting emotional and/or material needs otherwise met by a romantic relationship (even one involving IPV), before considering leaving. Robust social support can function to meet those needs, at least in a temporary capacity, facilitating an individual's exit from an abusive relationship. Other community-based health care and/or social services, which transgender women may be connected to by their support systems, may also play a role in providing individuals with both emotional (e.g., therapy) and material (e.g., shelter/temporary housing) support; however, multiple barriers, as described above, can make accessing the appropriate resources challenging. Transgender women may also find something concrete that consumes much of their time and energy, replacing the time and energy being invested in a relationship; examples described include starting a new relationship, which may or may not involve IPV, and starting recovery for substance use. Transgender women were also described as utilizing sex work to finance leaving an abusive relationship. Participants report the potential for escalating violence which not only serves to deter individuals from leaving abusive relationships, but can also result in unhealthy behaviors to cope with associated stress (e.g., substance use), serious injury, and death.

> *I know one example that I can think of that I've seen a few times is that people aren't as likely to leave a relationship unless they've found someone else or something else to replace that. There's a lot of folks—I've seen people that jump to a new relationship or something that seems better or less risky. I also see people fill in other things. I have some people who I work with who got into recovery and just really let that world and that practice consume them and kind of replace the relationship. I've seen in most IPV survivors that I work with there's something else they have to grasp onto when they're leaving their relationship. (Provider focus group 1)*

Due to the risks associated with leaving violent relationships, transgender women may wait for external forces to remove their partner from their life (e.g., their partner is arrested). Without the appropriate support, individuals may re-enter such relationships if a partner comes back into their life or enter a new relationship involving IPV. Without establishing the support that a relationship provides outside of an abusive relationship, individuals were described as likely to re-enter or enter and stay in a relationship with IPV.

Discussion

Our results outline the process by which transgender women are primed for and subsequently experience IPV in romantic relationships as depicted in Figure 1. Transgender women often experience rejection in early life, both on an interpersonal level (e.g., rejection by family, peers, etc.) and on a broader societal level (e.g., bias, transphobia, transmisogyny), informed by structural factors that marginalize and invalidate trans identity. Transgender youth, through experiencing and witnessing violence (including domestic violence in the home), are socialized to accept that violence, including relationship violence, is a normal part of life. In addition to constructing expectations of violence, these experiences degrade individuals' self-esteem and feelings of self-worth, informing subsequent entry into romantic relationships. Based on these foundational life experiences, transgender women enter into romantic relationships motivated by the opportunity to meet emotional (e.g., affirmation by partner) and material (e.g.,

housing, financial resources, access to medical care) needs. Many remain in relationships, despite experiencing IPV, due to a perceived lack of alternative options related to meeting material needs; the belief that there are few or no other possible romantic partners for them; and feeling that leaving the relationship would result in increased risk of harm by an abusive partner. Typically, individuals must be able to meet emotional and/or material needs outside the context of an abusive relationship before considering leaving; however, there exist several barriers that prevent transgender women from meaningfully accessing IPV-related resources, in addition to a lack of resources for transgender women generally. Despite ending an abusive relationship, transgender women often re-enter the same or a new abusive relationship, and IPV is perpetuated in a cyclic fashion.

Normalization of violence

Findings from this research contribute complementary perspectives to the existing literature on IPV and the normalization of violence. Kearney analyzed 13 qualitative research reports to synthesize a middle-range theory of cisgender women's responses to violence experienced in heterosexual relationships; she describes the process of "enduring love" characterized by four phases: 1. "All I wanted" in which women fulfill the desire to love/be loved, shaped by cultural expectations, by entering a relationship; 2. "The more I do, the worse I am" during which abuse escalates and becomes increasingly unpredictable; 3. "I had enough" characterized by redefining violence as unacceptable; and 4. "I was finding me" through which women, after leaving violent relationships, redefine themselves and their goals (2001). We utilized this framework to understand how transgender women conceptualize and experience IPV in relationships, and organize our results into a cascade characterized by chronology. In our

comparison, moreover, we discerned several notable similarities and differences to our understanding of transgender women's experiences.

Kearney describes the normalization of IPV among women and their partners, families, and communities, "in order to preserve the values of commitment and social stability," including keeping families together (2001). By contrast, we found that the bases for normalization of violence among transgender women predate individuals' romantic relationships, instead being shaped in early life by experiences of violence and rejection by family members, individuals' communities, and society broadly. In addition, normalization of IPV among transgender women does not necessarily bear the same cultural implications related to family (including procreation and childrearing) and the resulting hierarchy that cisgender women are beholden to. Cisgender women typically develop emotional, social, and economic dependence in relationships as they demonstrate their commitment and make sacrifices, which contrasts with the ways in which transgender women often enter relationships to meet emotional and economic needs. Women with greater personal resources, as described by Kearney, have less self-sacrificing definitions of love and are more likely to end relationships earlier given signs of violence; without such resources, transgender women, as we have characterized, often endure, and ultimately accept violence in order to maintain access to basic necessities (e.g., housing, medical care). With escalating abuse, cisgender women rationalize their partner's behavior and, like transgender women, are often unable to see any alternative options. Whereas the lack of acceptable alternatives among cisgender women pertains primarily to their (and their children's) economic dependence on a partner, transgender women additionally perceive a lack of other partners by whom they would be accepted and/or loved given their gender identity. Kearney subsequently describes cisgender women redefining relationships so that violence is no longer understood as

part of a loving relationship. Accepting violence as a normal part of relationships, fortified by individuals' childhood and adult experiences, appears more static among transgender women who are also less able to draw upon social support or access information or resources related to IPV. Like transgender women, however, cisgender women who are leaving or have left violent relationships often return, especially if the world outside a relationship is perceived as more oppressive or dangerous than the relationship itself, or they fear escalating violence by an abusive partner. Limited resources for survivors of IPV generally make leaving violent relationships difficult for all.

Transgender women's experiences in violent relationships

This study builds upon existing literature illustrating disproportionate rates of IPV among transgender women, and describes in detail why transgender women are more susceptible to staying in abusive relationships and often have increased difficulty leaving. Existing literature demonstrates the intersecting nature of structural factors, grounded in transphobic social norms and reinforced by discriminatory laws and policies, and interpersonal tactics related to power and control employed by perpetrators of IPV; together they disadvantage survivors in a compounded fashion (Marrow et al., 2024). As demonstrated by our findings, structural factors and societal norms influence attitudes related to transgender people broadly, affecting the way transgender youth are treated by their family members, peers, and communities, and ultimately contributing to low self-esteem and expectations of violence as they emerge into adulthood. Expecting violence due to formative experiences related to stigma, discrimination, and violence, is a prominent internal stressor for transgender and gender nonconforming individuals (Rood et al., 2016). Without support from families or communities, individuals look to romantic relationships

for affirmation, including of their gender identity, despite experiencing abuse. In Peru, transgender women (called *travesti*) explain the affirming nature of abuse itself, expressing how "violence reaffirms the dominant masculinity of the male partner and, therefore, the submissive femininity of the *travesti* partner"; this specific dynamic was not described by participants in our study, but highlights the ways in which deeply rooted heteronormative social scripts are internalized by transgender women across different cultural contexts and used to make meaning of experiences of violence (Pollock et al., 2016).

Our findings align with several other studies related to transgender women's insight into the abuse they may be experiencing, whereby individuals may fail to realize that violence is not a normal part of a relationship or, instead, feel like it is deserved (Akande et al., 2023; Hawkey et al., 2021; Kurdyla, 2023). Even after learning abuse is not a normal part of relationships or finding IPV in the relationship unacceptable, many transgender women are unable to leave abusive relationships until they are able to meet emotional and/or material needs outside of their relationship; gaining insight into one's relationship does not reliably create a strong enough impetus for transgender women to leave abusive relationships. Several barriers exist that prevent transgender women from accessing IPV-related resources that may facilitate leaving an abusive relationship. In addition to a real and perceived lack of resources specific to transgender women, many transgender women feel excluded from accessing more mainstream resources, especially individuals who may not pass as female and/or cisgender (Noack-Lundberg et al., 2020). Other barriers— including discrimination (and resulting mistrust of institutions providing health care and/or social services), lack of social support/connectedness, and lack of resources for individuals with intersecting marginalized identities— are underscored and perpetuated by

stigma, systemic inequities, and a lack of knowledge related to IPV experienced by transgender women (Calton et al., 2016).

Future points of intervention

Timing of programming	Examples of programming
Prior to relationship with possible IPV (i.e., during formative experiences phase)	1. Support/educational programs for parents of transgender and gender diverse children 2. Peer support programs and community-based programming for transgender and gender diverse youth 3. Educational initiatives around healthy relationships for transgender and gender diverse youth/adolescents
During relationships with IPV (i.e., during entering relationships, staying in relationships, and ending relationships phases)	1. Educational initiatives around healthy relationships for transgender and gender diverse adults 2. IPV-related and general social support-related resources for (and co-created by) transgender women 3. Training for providers/professionals and institutions beyond health care and social services that serve transgender women (e.g., social work, law, law enforcement, housing agencies) 4. Formal standards and/or certification for services specific to transgender populations 5. Peer support groups and systems navigation programs led by transgender women 6. Improved safety net services (e.g., housing, food, medical care, mental health care) generally and specific to transgender populations

Table 3. Potential programming to address IPV among transgender women

Given the various points at which the normalization of IPV involving transgender women occurs, it is especially important to imagine interventions targeting different loci along the cascade depicted in Figure 1. Early experiences, including early rejection and socialization to accept violence, prime transgender youth to expect and subsequently accept relationship violence. This is further reinforced by a perceived dearth of other people who may want to be in a romantic relationship with them. Programming across the lifespan, focused on building healthy

relationships and bolstering both intrapersonal (e.g., building self-esteem) and interpersonal (e.g., setting boundaries) skills will benefit transgender youth and adults to this end. Examples of possible programs (and their timing) are summarized in Table 3. Support programs for parents of transgender and gender diverse children will strengthen adults' ability to care for and support the unique social and emotional needs of transgender youth, mitigating rejection that kids may feel at home and shielding them from transphobia and discrimination in the community or in society more broadly. Peer support and community programs for non-gender normative youth can also be a resource for young transgender and gender nonconforming people, especially those who may not have a supportive home environment. Leveraging platforms that are accessible to and highly utilized by younger people (e.g., social media) to depict stories centering happy, successful transgender people in healthy, loving relationships can further broaden the reach of such messaging.

In addition to building self-esteem and a knowledge base around healthy relationships, it is important that we target programming at individuals amid abusive relationships. Our findings highlight several barriers that transgender women encounter when attempting to access IPV-related resources, including a lack of resources specific to and providers trained to care for transgender women, and a mistrust of health care systems generally. Transgender women also cite difficulty leaving relationships without finding the means to meet specific emotional and/or material needs outside of a relationship, despite gaining insight into ongoing IPV. Resources that are designed specifically for transgender women, affirming of their identities, experiences and needs, are of vital importance. Training for providers and institutions that interface with transgender women beyond health care and social services (including social work, law, law enforcement, etc.) and formal standards or even a certification process to ensure that programs

can maintain high-quality, accessible, compassionate care for transgender people are necessary. As we build more inclusive systems, employing peer-led support groups or systems navigators who are transgender women will leverage the knowledge and experiences of transgender women to support other members of the community. Lastly, broadening safety nets for transgender people is of vital importance. Individuals should not be forced to rely on relationships characterized by ongoing abuse to access important, yet basic resources necessary for their survival. Investments in housing, medical care, mental health services, etc. that are gender affirming and meet the needs of transgender women, in particular, must be prioritized.

Limitations

This study comprised a secondary analysis of existing data; focus groups were not explicitly designed to understand nuances related to the normalization of IPV among transgender women, and the information we have gleaned from conversations about experiences of IPV warrants further focused investigation. Additionally, the original data collection instruments prioritized IPV and other forms of violence experienced by transgender women, aiming to identify potential points of intervention. The data did not explicitly explore protective factors against IPV, in addition to aspects of healthy relationships (e.g., individual and relationship strengths, relationship satisfaction, healthy conflict resolution, etc.). This study, therefore, reflects an overarching bias that prioritizes deficits and overlooks assets; it does not explicitly address the positive aspects of transgender women's relationships. We do not intend to suggest that all romantic relationships involving transgender women are, by definition, characterized by violence, however, we do acknowledge that this study was not designed to explore the nuances of healthy, violence-free relationships.

Convenience sampling of transgender women participants was also utilized by the initial study, potentially contributing to overrepresentation of the perspectives of individuals who may be more comfortable discussing or have more remote and/or processed experiences of IPV. Data was also collected during the COVID-19 pandemic during which increased rates of IPV have been described, especially among marginalized groups (Peitzmeier et al., 2022). Data collection during this period contextualizes and therefore may influence our results. Focus groups were only conducted in English, and therefore perspectives of transgender women for whom English is not their first language are not included in this study. Additionally, there was limited discussion related to the effects of transgender women's multiple marginalized identities (e.g., related to race, immigration status, etc.) on experiences of IPV; exploration of the effects of these identities utilizing an intersectional lens is necessary to better characterize individuals' diverse lived experiences. Lastly, the positionalities of the investigators of the original study, in addition to the investigators of this study, are potential limitations; it is important that our results are reasonable to and resonate with transgender women with lived experience related to the topics explored.

Conclusion

Transgender women are subjected to rejection and violence in early life, perpetrated by family, community members, and others, and informed by societal forces including transphobia and transmisogyny that oppress and marginalize individuals. The resulting expectations of violence lead individuals to accept IPV in later relationships, conceiving it as normal or deserved, and relying on these relationships, despite experiencing abuse, to meet specific emotional and/or material needs. Transgender women have difficulty accessing IPV-related

resources and additionally perceive a lack of alternative options related to meeting material needs (e.g., housing, financial resources, access to medical care) and/or finding other potential partners. In order to leave abusive relationships, individuals typically find ways of meeting basic needs outside of their relationships, however, oftentimes relationships end when transgender women are forcibly separated from their partners (e.g., their partner is arrested). This, alongside factors from early life including persistently low self-esteem and expectations of abuse, shape a vicious cycle in which transgender women often re-enter or enter new abusive relationships.

As such, there exists a need for targeted, gender-affirming services across the lifespan to meet the needs of transgender women broadly, including, but not limited to IPV-related services. This may include services for transgender youth and their families to help cultivate supportive environments, bolster self-esteem, and build a knowledge base around healthy relationships. Similarly, increasing knowledge around IPV among adult transgender women is of vital importance. Strengthening knowledge among providers related to the specific needs of transgender women, in addition to improving access to resources in a variety of different realms (e.g., health care, social services, social work, law, law enforcement, housing) is also crucial.

The framework we describe (depicted in Figure 1) details the process by which IPV is experienced and normalized among transgender women. Many of these experiences are predicated on structural and societal factors that other and oppress transgender people, contributing to stigma and bias which ultimately translates into abuse and rejection of individuals by their families, peers, and communities. Normalization of violence perpetrated against transgender women (and transgender and gender diverse people generally) among the general public may render violence prevention for this population a less urgent priority. Broad scale societal transformation is necessary in order to challenge the perception that violence among

transgender people is normal (i.e., normalization of violence among transgender people). Furthermore, concrete action to change social norms (e.g., policy change and legal assurances to reduce violence, including adequate prosecution of individuals who perpetrate violence against transgender people, enforcement of hate crime laws, etc.) is essential to making violence against transgender people unacceptable.

Chapter 4: Conclusion and Recommendations

Based on our findings, we offer a framework depicting IPV experienced by transgender women as illustrated in Figure 1. This framework builds on previous theories of IPV, notably those by Kearney and Marrow et al., and offers insight into the ways by which transgender identity, transgender-related life experiences, and anti-transgender stigma form a unique context for IPV in this population. At the foundation of our framework, we demonstrate how early life experiences that precede romantic relationships (e.g., abuse and rejection in childhood, by society) inform how transgender women subsequently endure IPV. Structural factors influence how transgender people are treated by family members, peers, and their communities in early life due to anti-transgender stigma. The resulting rejection, abuse, and patterns of socialization for transgender people to accept violence as normal contribute to poor self-esteem and expectations of violence– which subsequently inform transgender individuals' entry into relationships.

Due to structural forms of anti-transgender stigma across the life course, many transgender women are motivated to enter into romantic relationships to meet both emotional (e.g., affirmation by partner) and material (e.g., housing, financial resources, medical care) needs. Despite experiencing abuse in their romantic relationships, transgender individuals often are unable to leave– especially if they do not have alternative options to meet these needs. This lack of options is further reinforced by limited access to and availability of IPV-related and other resources for transgender women. Many transgender individuals are additionally compelled to stay in abusive relationships due to a perceived lack of other possible romantic partners. Even among transgender individuals who are able to end abusive relationships— due to external forces that separate individuals from their partners (which is typically temporary) or after finding ways

to fulfill emotional and/or material needs outside their relationships— they often re-enter or enter new relationships involving IPV. This cyclical pattern reveals the degree to which violence has been normalized in this population.

Our framework (see Figure 1) highlights the importance of considering the public health impact of violence experienced by transgender women across the lifespan, as abuse and rejection in early life and outside of the relationship context inform and normalize subsequent experiences of IPV. The four phases depicted in our framework are characterized by key concepts that inform individuals' experiences of IPV in abusive relationships. Further research is needed to validate this framework and assess its applicability to transgender women across different contexts (e.g., in different areas of the United States or worldwide), and to explore aspects of healthy relationships involving transgender women (including positive, protective factors against violence). Our findings indicate that individual-level interventions are important to support transgender women in violent relationships; however, individual-level interventions might not be sufficient to address this problem fully. In addition, societal transformation, including broad scale policymaking and implementation to protect transgender people, is necessary in order to further efforts to make violence, including IPV, against transgender people unacceptable in our society.

Our findings suggest that, in addition to research and policy-related efforts, potential programming that targets transgender women at each of the four phases is necessary. Examples of such programs are included in Table 3. Programs targeting transgender and gender diverse youth and their families have the potential to bolster family support and mitigate the harmful effects of societal rejection. Support programs for parents can build knowledge and understanding of the critical and unique needs of their children; a supportive environment at

home, in turn, can have a protective effect against potential abuse and/or rejection in other settings. Similarly, peer support and community-based programming can enable transgender and gender diverse youth to find support in additional realms and meet others with similar lived experiences, which may be especially impactful if individuals do not have supportive families. Educational initiatives around healthy relationships can be targeted towards young transgender people, in addition to adults who may have experienced or be experiencing IPV. Increasing accessibility and quality of IPV-related resources specifically for transgender women, in addition to ensuring that all providers/professionals and institutions that interface with transgender women are adequately trained, is necessary. Lastly, safety net services for transgender women, in addition to structurally and systemically disenfranchised people in our communities generally, must be invested in. All individuals are entitled to a certain standard of living from a human rights perspective (including access to housing, food, education, and medical care); we must ensure that transgender women have access to these resources for this reason, and even more so to ensure that individuals are not forced to rely on abusive relationships to survive.

References

Akande, M., Del Farno, A., Adrian, H., Fogwell, N. T., Johnson, D. M., Zlotnick, C., & Operario, D. (2023). 'Sometimes, we don't know if we're getting abused': discussions of intimate partner violence and HIV risk among transgender women. *Culture, Health & Sexuality*, *25*(9), 1101–1115. https://doi.org/10.1080/13691058.2022.2134929

Arayasirikul, S., Turner, C., Trujillo, D. Sirco, S. L., Scheer, S., McFarland W., & Wilson, E.C. (2022). A global cautionary tale: discrimination and violence against trans women worsen despite investments in public resources and improvements in health insurance access and utilization of health care. *Int J Equity Health*, *21*(32). https://doi.org/10.1186/s12939-022-01632-5

Basile, K. C., Black, M. C., Breiding M. J., Chen, J., Merrick, M. T., Smith, S. G., Stevens, M. R., & Walters, M. L. (2011). National Intimate Partner and Sexual Violence Survey: 2010 Summary Report.

Boonzaier, F. (2008). 'If the Man Says you Must Sit, Then you Must Sit': The Relational Construction of Woman Abuse: Gender, Subjectivity and Violence. *Feminism & Psychology*, *18*(2), 183-206. https://doi.org/10.1177/0959353507088266

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brown, J. B., Lent, B., Schmidt, G., & Sas, G. (2000). Application of the Woman Abuse Screening Tool (WAST) and WAST-short in the family practice setting. *The Journal of Family Practice*, *49*(10), 896–903.

Brown, T., & Herman, J. (2015). *Intimate Partner Violence and Sexual Abuse Among LGBT People*. UCLA School of Law Williams Institute. https://williamsinstitute.law.ucla.edu/wp-content/uploads/IPV-Sexual-Abuse-Among-LGBT-Nov-2015.pdf

Bucci, M., Marques, S. S., Oh, D., & Harris, N. B. (2016). Toxic Stress in Children and Adolescents. *Advances in Pediatrics*, *63*(1), 403–428. https://doi.org/10.1016/j.yapd.2016.04.002

Calton, J. M., Cattaneo, L. B., & Gebhard, K. T. (2016). Barriers to Help Seeking for Lesbian, Gay, Bisexual, Transgender, and Queer Survivors of Intimate Partner Violence. *Trauma, Violence & Abuse*, *17*(5), 585–600. https://doi.org/10.1177/1524838015585318

Closson, K., Boyce, S. C., Johns, N., Inwards-Breland, D. J., Thomas, E. E., & Raj, A. (2024). Physical, Sexual, and Intimate Partner Violence Among Transgender and Gender-Diverse Individuals. *JAMA Network Open*, *7*(6). https://doi.org/10.1001/jamanetworkopen.2024.19137

Fletcher, S., & Todd, K. (2024). Data Improvement: A Strategy to Improve Understanding of Violence Against Transgender Populations. *Public Health Reports.* https://doi.org/10.1177/00333549241291711

Garthe, R. C., Hidalgo, M. A., Hereth, J., Garofalo, R., Reisner, S. L., Mimiaga, M. J., & Kuhns, L. (2018). Prevalence and Risk Correlates of Intimate Partner Violence Among a Multisite Cohort of Young Transgender Women. *LGBT Health*, *5*(6), 333–340. https://doi.org/10.1089/lgbt.2018.0034

Grant, JM, Mottet, LA, & Tanis, J. (2011). *Injustice at Every Turn: A Report of the National Transgender Discrimination Survey*. National LGBTQ Task Force. https://transequality.org/sites/default/files/docs/resources/NTDS_Report.pdf

Hawkey, A. J., Ussher, J. M., Liamputtong, P., Marjadi, B., Sekar, J. A., Perz, J., Ryan, S., Schmied, V., Brook, E., & Dune, T. (2021). Trans Women's Responses to Sexual Violence: Vigilance, Resilience, and Need for Support. *Archives of Sexual Behavior*, *50*(7), 3201–3222. https://doi.org/10.1007/s10508-021-01965-2

Hillman, J. (2020). Intimate Partner Violence Among Older LGBT Adults: Unique Risk Factors, Issues in Reporting and Treatment, and Recommendations for Research, Practice, and Policy. In: Russell, B. (eds) Intimate Partner Violence and the LGBT+ Community. Springer, Cham. https://doi.org/10.1007/978-3-030-44762-5_13

Hillman J. (2022). Lifetime Prevalence of Intimate Partner Violence and Health-Related Outcomes among Transgender Adults Aged 50 and Older. *The Gerontologist*, *62*(2), 212–222. https://doi.org/10.1093/geront/gnab067

Hlavka, H.R. (2014). Normalizing Sexual Violence: Young Women Account for Harrassment and Abuse. *Gender & Society, 28*(3), 337-358. https://doi.org/10.1177/0891243214526468

Hwahng, S. J., & Nuttbrock, L. (2007). Sex Workers, Fem Queens, and Cross-Dressers: Differential Marginalizations and HIV Vulnerabilities Among Three Ethnocultural Male-to-Female Transgender Communities in New York City. *Sexuality Research & Social Policy, 4*(4), 36–59. https://doi.org/10.1525/srsp.2007.4.4.36

Jackson, S. S., Brown, J., Pfeiffer, R. M., Shrewsbury, D., O'Callaghan, S., Berner, A. M., Gadalla, S. M., & Shiels, M. S. (2023). Analysis of Mortality Among Transgender and Gender Diverse Adults in England. *JAMA Network Open*, *6*(1). https://doi.org/10.1001/jamanetworkopen.2022.53687

Kearney M. H. (2001). Enduring love: a grounded formal theory of women's experience of domestic violence. *Research in Nursing & Health*, *24*(4), 270–282. https://doi.org/10.1002/nur.1029

King, W. M., Restar, A., & Operario, D. (2021). Exploring Multiple Forms of Intimate Partner Violence in a Gender and Racially/Ethnically Diverse Sample of Transgender Adults. *Journal of Interpersonal Violence*, *36*(19-20), NP10477–NP10498. https://doi.org/10.1177/0886260519876024

Kurdyla V. (2023). Disclosure Experiences for Transgender and Nonbinary Survivors of Intimate Partner Violence. *Journal of Homosexuality*, *70*(3), 473–496. https://doi.org/10.1080/00918369.2021.1990687

Lantz, B., Faulkner, L., & Mills, J. M. (2024). A Descriptive Account of the Nature and Extent of Transgender Homicide in America, 2010 to 2021. *Journal of Interpersonal Violence*, *39*(1-2), 341–368. https://doi.org/10.1177/08862605231197139

Leat, S. R., Ravi, K., Rai, A., Obenauf, C., & Bryant, S. (2023). Do I Belong Here? Experiences of Transgender Survivors of Intimate Partner Violence in Domestic Violence Shelters. *Families in Society*, *106*(1), 245-255. https://doi.org/10.1177/10443894231196929

Marrow, E., Malik, M., Pantalone, D. W., & Peitzmeier, S. (2024). Power and control, resistance and survival: A systematic review and meta-synthesis of the qualitative literature on intimate partner violence against transgender individuals. *Social Science & Medicine (1982)*, *342*, 116498. https://doi.org/10.1016/j.socscimed.2023.116498

Mughal, F.B., Koutra, K., Rodelli, M., Saint Arnault, D. (2024). Psychometric Evaluation of a Multicultural Instrument: Normalization of Gender-Based Violence Against Women Scale. *J Fam Viol*. https://doi.org/10.1007/s10896-024-00790-0

Nadal, K. L., Davidoff, K. C., & Fujii-Doe, W. (2014). Transgender women and the sex work industry: roots in systemic, institutional, and interpersonal discrimination. *Journal of Trauma & Dissociation, 15*(2), 169–183. https://doi.org/10.1080/15299732.2014.867572

Newcomb, M. E., Hill, R., Buehler, K., Ryan, D. T., Whitton, S. W., & Mustanski, B. (2020). High Burden of Mental Health Problems, Substance Use, Violence, and Related Psychosocial Factors in Transgender, Non-Binary, and Gender Diverse Youth and Young Adults. *Archives of Sexual Behavior*, *49*(2), 645–659. https://doi.org/10.1007/s10508-019-01533-9

Noack-Lundberg, K., Liamputtong, P., Marjadi, B., Ussher, J., Perz, J., Schmied, V., Dune, T., & Brook, E. (2020). Sexual violence and safety: the narratives of transwomen in online forums. *Culture, Health & Sexuality*, *22*(6), 646–659. https://doi.org/10.1080/13691058.2019.1627420

Peitzmeier, S. M., Fedina, L., Ashwell, L., Herrenkohl, T. I., & Tolman, R. (2022). Increases in Intimate Partner Violence During COVID-19: Prevalence and Correlates. *Journal of Interpersonal Violence*, *37*(21-22), NP20482–NP20512. https://doi.org/10.1177/08862605211052586

Peitzmeier, S. M., Malik, M., Kattari, S. K., Marrow, E., Stephenson, R., Agénor, M., & Reisner, S. L. (2020). Intimate Partner Violence in Transgender Populations: Systematic Review and Meta-analysis of Prevalence and Correlates. *American Journal of Public Health*, *110*(9), e1–e14. https://doi.org/10.2105/AJPH.2020.305774

Perry, B., Dyck, D.R. "I Don't Know Where it is Safe": Trans Women's Experiences of Violence. (2014). *Crit Crim, 22*, 49–63. https://doi.org/10.1007/s10612-013-9225-0

Pollock, L., Silva-Santisteban, A., Sevelius, J., & Salazar, X. (2016). 'You should build yourself up as a whole product': Transgender female identity in Lima, Peru. *Global Public Health*, *11*(7-8), 981–993. https://doi.org/10.1080/17441692.2016.1167932

Ramos, N., & Marr, M. C. (2023). Traumatic Stress and Resilience Among Transgender and Gender Diverse Youth. *Child and Adolescent Psychiatric Clinics of North America*, *32*(4), 667–682. https://doi.org/10.1016/j.chc.2023.04.001

Rich, A. J., Scheim, A. I., Koehoorn, M., & Poteat, T. (2020). Non-HIV chronic disease burden among transgender populations globally: A systematic review and narrative synthesis. *Preventive Medicine Reports*, *20*, 101259. https://doi.org/10.1016/j.pmedr.2020.101259

Rood, B. A., Reisner, S. L., Surace, F. I., Puckett, J. A., Maroney, M. R., & Pantalone, D. W. (2016). Expecting Rejection: Understanding the Minority Stress Experiences of Transgender and Gender-Nonconforming Individuals. *Transgender Health*, *1*(1), 151–164. https://doi.org/10.1089/trgh.2016.0012

Sinko, L., & Saint Arnault, D. (2020). Finding the Strength to Heal: Understanding Recovery After Gender-Based Violence. *Violence Against Women*, *26*(12-13), 1616–1635. https://doi.org/10.1177/1077801219885185

Stocking, S. Q., Webb, C. K., Miller, G. H., Thomeer, M. B., Goodin, B. R., & Sorge, R. E. (2024). Understanding Risk of Chronic Pain Development and Related Mental Health Disparities Among Transgender People: A Review of Current Literature and Future Directions. *The Journal of Pain*, 104681. https://doi.org/10.1016/j.jpain.2024.104681

Stotzer, R.L. (2009). Violence against transgender people: A review of United States data, *Aggression and Violent Behavior,*14(3), 170-179. https://doi.org/10.1016/j.avb.2009.01.006.

Testa, R. J., Sciacca, L. M., Wang, F., Hendricks, M. L., Goldblum, P., Bradford, J., & Bongar, B. (2012). Effects of violence on transgender people. *Professional Psychology: Research and Practice, 43*(5), 452–459. https://doi.org/10.1037/a0029604

The Lancet (2025). Standing up for gender justice. *Lancet*, *405*(10487), 1313. https://doi.org/10.1016/S0140-6736(25)00679-8

Weitzer, R. (2009). Sociology of sex work. *Annual Review of Sociology, 35,* 213–234. https://doi.org/10.1146/annurev-soc-070308-120025

Westbrook, L. (2022). Violence against transgender people in the United States: Field growth, data dilemmas, and knowledge gaps. *Sociology Compass*, *16*. https://doi.org/10.1111/soc4.12983

White, C., & Goldberg, J. (2006). Expanding Our Understanding of Gendered Violence: Violence Against Trans Peopleand Their Loved Ones. *Canadian Woman Studies Les Cahiers De La Femme*, *25*(1). 124-127.

Retrieved from https://cws.journals.yorku.ca/index.php/cws/article/view/5968

Wood, J. T. (2001). The Normalization of Violence in Heterosexual Romantic Relationships: Women's Narratives of Love and Violence. *Journal of Social and Personal Relationships*, *18*(2), 239-261. https://doi.org/10.1177/0265407501182005

Yerke, A. F., & DeFeo, J. (2016). Redefining intimate partner violence beyond the binary to include transgender people. *Journal of Family Violence, 31*(8), 975-979. https://doi.org/10.1007/s10896-016-9887-y