

TITLE: Help-Seeking Patterns Among Transgender Intimate Partner Violence Survivors

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ABSTRACT: National-level data indicates that 54% of transgender people experience intimate partner violence (IPV) in their lifetimes: that is, psychological, physical, or sexual abuse between romantic or sexual partners (James et al., 2016). At the same time, transgender IPV (T-IPV) victims often face extensive barriers in seeking help, including but not limited to exclusionary admissions policies by victim agencies, as well as transphobic responses by service providers (see Messinger, 2017). As a key first step to reducing these barriers, research is needed that can pinpoint which types of victim help-giving resources (HGRs) are least likely to be disclosed to and are perceived most negatively by T-IPV victims. Unfortunately, to our knowledge, no U.S.-based quantitative studies have explored T-IPV victims' utilization patterns of and perceptions of a broad range of HGRs. To fill this gap in the literature, an online questionnaire study was conducted with a multi-city convenience sample of lesbian, gay, bisexual, transgender, and queer (LGBTQ) adults, including 92 transgender and 325 cisgender-sexual minority individuals. Chi-square tests indicated that T-IPV victims are significantly more likely to disclose their experiences than cisgender-sexual minority victims. Additionally, T-IPV victims were found to most commonly seek help from friends, followed by mental health care providers and family, while formal HGRs such as police, victim telephone hotlines, and victim shelters had low utilization rates. Among transgender participants, IPV victims were significantly less likely than non-victims to perceive family, medical doctors, and victim hotlines as helpful resources for IPV victims in general. Lastly, transgender victims were significantly less likely than transgender non-victims to self-report a willingness to disclose any future victimization to family. Although replication with larger, probability samples is still needed, these findings suggest that friends often represent the primary line of defense for T-IPV victims seeking help, and thus bystander prevention education programs in high schools and universities should be adapted to address not just cisgender but also transgender IPV. Furthermore, because most formal HGR types appear to be underutilized and perceived more negatively by T-IPV victims, renewed efforts are needed to tailor victim services, service advertising, and provider trainings to the needs of transgender communities. Directions for future research are reviewed.