TRANS-FORMING WOMEN'S SHELTERS:
Making Transition Houses Safe and Accessible for Trans Women

by

Nicola Temmel
B.A. (Hons), Carleton University, 2011

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We acknowledge with respect the Lekwungen peoples on whose traditional territory the university stands and the Songhees, Esquimalt and W̱SÁNEĆ peoples whose historical relationships with the land continue to this day.

SUPERVISORY COMMITTEE

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ABSTRACT

For over two decades, the inclusion of trans women in women's spaces and organizations such as transition houses has been discussed and debated by women-only organizations, feminists, trans activists, and the broader public. Drawing on an interpretive description approach, my research examines the experiences of transition house counsellors ("counsellors") who have worked with trans women accessing residential support.

My research topic and questions emerged from my experience as a counsellor and are informed by a desire to better meet the needs of trans women affected by intimate partner violence ("IPV"), and to help fill gaps in available research, information, and practical resources to help service providers meet the needs of trans women affected by IPV. Specifically, my research questions are: (1) what challenges, opportunities, and insights do counsellors experience when working with trans women clients, and (2) how do counsellors adjust and adapt their practices in response to these challenges, opportunities, and insights when working with trans women accessing transition house support?

Using purposive sampling, I recruited nine counsellors who have worked with trans women accessing transition house support. Data collection involved semi-structured in-depth-interviews of these participants to gain an understanding of their experiences and perspectives related to working with trans women accessing transition house support. Consistent with an interpretive description approach to research, I analyzed my data by drawing on both my experience as a counsellor and through thematic qualitative analysis.

My research finds that participants unanimously supported the inclusion of trans women in transition house settings. While the majority of participants emphatically stated that they did not respond to trans women any differently than they did to cis women, my findings show that how participants responded to trans women was informed by how well they perceived a trans client's gender expression to match her gender identity. As such, my analysis reveals that participants' responses to trans women was mediated by their unconscious adoption of a broader dominant heteronormative cisgenderist IPV framework that operates at both an individual and institutional level. My research therefore highlights some of the limitations that affect trans women accessing transition house support when counsellors and organizations respond to IPV through a heteronormative cisgenderist framework.

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ACKNOWLEDGMENTS

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CHAPTER 1: INTRODUCTION

My thesis examines the experiences of transition house counsellors ("counsellors") who have worked with trans women affected by intimate partner violence ("IPV") and accessing residential support. My research, which uses an interpretive description approach, draws on my own experiences working as a counsellor from 2011-2019, during which I repeatedly encountered a troubling paradox: the most vulnerable and marginalized women faced the most significant obstacles in accessing transition house or other supports for IPV. In my experience, systemic constraints, and other barriers to obtaining transition house support disproportionately affect trans women, circumstances I frequently confronted as a counsellor. Those experiences informed my research, which studies these topics from the perspectives of counsellors.

In this introductory chapter, I describe my professional background as a counsellor, and detail the context in which I arrived at my research topic and corresponding research questions. In the second chapter I conduct a literature review in which I discuss available theoretical, conceptual, and empirical data related to trans women's access to transition houses. Chapter three, my methodology chapter, provides an overview of my research questions the methods I used to gather and analyze data. In chapters four, five, and six, I detail my research findings. Finally, in my conclusion chapter, the eighth, I set out the implications related to my findings and analysis.

When I began as a counsellor in 2011, as a recent Bachelor of Arts in Criminology graduate, I lacked direct frontline experience supporting women

affected by IPV. However, my academic, volunteer, and professional background up to that time had focused on gender-based violence research and prevention. My studies in university emphasized intersectional, feminist, strength-based, and client-centered best practices for working with women affected by IPV.

As a counsellor, I responded to and oversaw a transition house crisis and support line, supervised practicum students, helped draft and revise transition house policies and procedures, and perhaps most importantly, I worked supportively with, and advocated on behalf of, women accessing transition house support. This involved coordinating and facilitating support groups and workshops, carrying out risk assessments, creating safety plans, and working supportively to identify, address, and meet each client's longer-term legal, immigration, counselling, financial, childcare, mental health, protection, and housing needs. I worked supportively with a diverse range of women of different ages, nationalities, racial and ethnic backgrounds, sexual orientations, socioeconomic statuses, and experiences of IPV. In doing so, I gained an appreciation for the diverse ways in which women experience and respond to IPV, as well as their diverse range of needs.

Like many people who move from research and academia into frontline work, I immediately encountered a steep learning curve. Contrary to the often-one-dimensional depictions of women affected by IPV I had been exposed to in academia, I quickly discovered great diversity between and among transition house clients and learned of the many obstacles to enacting best practices:

funding constraints, organizational policy and practice frameworks, as well as the broader legal, social, and political context in which transition houses operate.

Although I had prepared myself for being exposed to women's experiences of trauma, I did not anticipate or adequately prepare myself for the challenges that emerged from working in a context in which all social services providers were being asked to do more with less, and systemic constraints made it impossible to meet the needs of everyone seeking support. I also observed vulnerable and marginalized women – those with substance abuse issues or severe mental illness, women of colour and Indigenous women, women affected by poverty, and trans women – who faced many barriers in accessing support from transition houses and other social service providers. I became well-acquainted with painful feelings of dread, guilt, and frustration that accompanied denying access to residential transition house support to a woman affected by IPV or asking existing clients to leave the transition house. For reasons that this thesis will explore, I found that these barriers formed a particularly imposing challenge for trans women clients.

To improve my understanding of the needs of my diverse client base, I drew on my previous professional and academic skills, knowledge, and experiences, conducted research, and consulted with colleagues and managers. Other transition house workers generally proved to be an invaluable, knowledgeable, empathetic source of support, practical advice, and guidance. However, when it came to comprehending, responding to, and meeting the

needs of trans women affected by violence and abuse, my colleagues and I encountered significant challenges in finding relevant, helpful resources.

My experiences as a counsellor informed my decision to research trans women's access to transition houses. There is a paucity of literature focusing on IPV experienced by trans women as well as trans women's access to women-only spaces and no literature examining trans women's access to transition houses from the perspective of counsellors. For this reason, I decided to research how counsellors respond to the needs of trans women accessing support. The study is guided by two research questions: (1) What challenges, opportunities, and insights do counsellors experience when working with trans women clients; and (2) How do counsellors adjust and adapt their practice in response to these challenges, opportunities and insights when working with trans women accessing transition house support?

CHAPTER 2: LITERATURE REVIEW

Introduction

In this literature review, I outline and analyze existing conceptual, theoretical, and empirical research into the inclusion of trans women in women-only spaces. The review also includes literature on the inclusion of trans women in other women-only organizations. I focus on central terms and concepts related to trans inclusion in women-only spaces; the emergence of women's spaces and women-only organizations; theoretical debates linked to trans inclusion in women-only organizations; the legal dispute between Kimberly Nixon and Vancouver Rape Relief; the scope of IPV against trans women and trans women's experiences of IPV; and, finally, empirical research examining the inclusion of trans women in women-only organizations. I highlight gaps in literature relating to these topics, and in particular, in relation to the understanding of trans women's experiences of IPV. I then outline how my research helps fill empirical gaps in literature related to the inclusion of trans women in women-only spaces.

Conceptual Framework

Definitions of the terms "transgender" and "trans" vary, have evolved over time, and often reflect differing theoretical views of sex and gender. Lorene Gottschalk (2009) defines transgender as "those who seek recognition as the opposite sex on a long term or permanent basis" (p. 170). This definition of transgender uses the term "opposite sex" in a manner that reflects an essentialist

perspective in which sex is treated as a male/female binary, does not account for the spectrum of identities usually included in the term transgender, and uses the word *seek* in a manner that diminishes and undermines self-identification. Similarly, Belinda Sweeney (2004) does not explicitly define the term trans, but in an endnote she writes that she used inverted commas around the term "because one of the assumptions of this paper is that both preoperative and postoperative 'trans-women' are not women at all" (p. 86). According to Sweeney, the term trans is *de facto* defined not by what one *is*, but rather, by what one is *not.* However, the prevailing view in the literature employs the words trans and transgender to challenge the ontological assumption that sex and gender are dichotomous categories. This perspective defines the words inclusively, as umbrella terms encompassing a diverse group of people whose gender identities and/or expressions diverge from societal expectations (Bauer et al, 2012; Chambers, 2007; Greenberg, 2012; Mottet & Ohle, 2006).

Consistent with contemporary feminist views on the social construction of sex and gender, my research uses the term "sex" to refer to the biological traits and characteristics of bodies assigned male, female, or intersex; "gender" describes the socially constructed identities and traits associated with bodies that are perceived to be sexed in particular ways (Enke, 2012; Rogers, 2017). Further, I use Aaron Devor's (2016) definition of trans and transgender:

> *The terms trans or transgender are often used as umbrella terms meant to include the full spectrum of people with gender identities*

> *or gender expressions which are at variance with common social expectations about the nature of gender and sex differences…Anyone whose identity or gender presentation challenges the idea of sexes as binary and immutable, or challenges the assumption that genders must match physical bodies in any particular way, may identify, or be thought of, as trans (p. 2).*

This definition reflects the spectrum of identities included under the umbrella of trans and transgender and the position that gender and sex may be fluid. However, some transsexual people may not wish to be included under the umbrella of trans because the term erases the specificity of their identity. Similarly, some nonbinary people do not identify as transgender because the term transgender is sometimes defined and used in a manner that reinforces sex and gender binaries

In the 1990s, the terms “cisgender” and “cis” (an abbreviation of cisgender) emerged as terms used in trans activist discourses to address and critique assumptions of normalcy and naturalness associated with people whose assigned sex and gender are congruent (Aultman, 2014). The Latin prefix “cis” refers to “on the same side” or “remaining in the same orientation” (Rogers, 2017, p. 3). Thus, “a cisgender person’s gender is on the same side as their birth-assigned sex, in contrast to which a transgender person’s gender is on the other side (trans-) of their birth-assigned sex” (Aultman, 2014, p. 61). Although some scholars suggest that the terms cisgender and cis inadvertently highlight the normativity of cisness and the difference of transness, these terms

nonetheless differentiate between diverse sex and gender identities and simultaneously avoid reifying the assumed norms associated with cisness (Enke, 2012). I use the term cisgenderist in reference to the prejudicial assumptions that privilege and normalize cisgender identities and denigrate trans identities as abnormal, undesirable, and inferior (Ansara and Hegarty, 2011).

In analyzing the inclusion of trans women in women-only spaces, I examine how heteronormative assumptions about sex and gender operate in women-only spaces. Heteronormativity emerged in the 1990s as a conceptual centerpiece in feminist analysis, and revealed deep historical connections between compulsory heterosexuality, essentialist understandings of sex and gender, and justifications for gender inequality (Ward and Schneider, 2009). Understandings of heteronormativity often emphasize sexual orientation in relation to compulsory heterosexuality. However, the assumption that one's assigned sex corresponds with one's gender identity also play a foundational role. Institutional frameworks embed heteronormativity, which acts as "both the cause and effect of a sex/gender system long used to structure and rationalize men's subordination of women" (Ward and Schneider, 2009, p. 433). In other words, heteronormativity embeds a hierarchical social system which relies on dimorphic biological sex differentiation as well as gender identity, expression, and roles in subordinating women and simultaneously privileging heterosexuality (Schilt and Westbrook, 2009).

A heteronormative framework reinforces gender differences, which impose expectations that cisgender men and women naturally assume different and complementary roles (Prasad, 2005). According to Prasad (2005), two simple yet strict equations sustain heteronormativity, and thus sex and gender complementarity, family values, and patriarchal marriages. The equations, reproduced below, erroneously conflate biological sex and cultural gender:

Penis → Male → Men → Masculinity

Vagina → Female → Women → Femininity

In other words, a heteronormative framework assumes that:

1. Biology determines sex; only two sexes exist, male and female; everyone is either one sex or the other; no one can be neither male or female; and, no one can be both male and female.
2. Gender is the sociocultural outcome and expression of biological sex; there are only two genders: men and women; all females identify and express themselves as feminine women; all males identify and express themselves masculine men; no one can neither be a man or a woman; and, no one can be both a man and a woman.
3. Heterosexuality is the natural outcome and extension of gender identity and expression (Prasad, 2005, p. 80).

The stability of sex and gender complementarity is intrinsically linked to society's obedience to the tenets of the above equation (Prasad, 2005). Trans

identities disrupt heteronormative assumptions about the relationship between sex, gender, and sexual orientation. Thus, the inclusion of trans women in women-only spaces such as transition houses challenges pervasive institutional heteronormative assumptions about the relationship between sex and gender.

The Emergence of Women-Only Spaces and Feminist Organizations

Beginning in the 1970s, catalyzed by second-wave feminism, new feminist spaces and grassroots women-only organizations emerged both as sites of feminist activism and to meet the needs of women as a subordinate group in areas such as health, and in particular, to provide shelter to women fleeing IPV (Gottschalk, 2009; Shugar, 1995; Sweeney, 2004). Women-only organizations offer services and spaces specifically mandated to serve women, such as women's sexual assault centres and transition houses (Gottschalk, 2004; White, 2002). In addition to meeting the unique needs of women fleeing IPV, transition houses also arose out of the understanding that women-only organizations could simultaneously act as a space of creativity and female community building through the practice of feminist separatism, a strategic and ideological approach to challenging patriarchy by mobilizing women-only spaces and organizations (Shugar, 1995; Sweeney, 2004). Transition houses arose out of a vision for a women-centered institutional response to IPV (Sev'er, 2002).

There are 451 transition houses in Canada and 94 in BC (Statistics Canada, 2018). In 2013/2014, there were 64,341 admissions of women to Canadian shelters offering services to abused women, representing a rate of 403

admissions per 100,000 women age 15 and older (Statistics Canada, 2015). Consistent with how transition house societies define themselves, the Canadian government defines transition houses as residential emergency housing facilities for abused women offering short- to moderate-term (up to eleven weeks) secure housing for women with or without their children (Statistics Canada, 2011). The vast majority of Canadian transition houses are state-funded; and as Aysan Sev'er (2002) points out, the Canadian transition house movement has and continues to experience tensions arising out of their commitment to acting as agents of social change, overwhelming pressure to offer services, and their need for adequate and sustained funding. As Sev'er (2002) states:

> *There are tensions between feminist activism and equity principles and the requirement for bureaucratic structures demanding a professional but docile work-force in order to qualify for funds…Thus, shelters are caught in an uncomfortable dance to fulfill the rigid requirements for sustained funding without totally sacrificing their ideological raison d'etre [sic]: ideological purity, feminist goals and social activism (p. 314).*

Transition houses during the 1970s and 1980s were volunteer run, received no state funding, and were explicitly non-hierarchical in relations between volunteers and residents accessing shelter support (Sev'er, 2002). The majority of transition houses currently operating in Canada are dependent on government funding, staffed by trained professionals and, to be eligible for government funding, follow a bureaucratic structure and division of

responsibilities. Most Canadian transition house societies have replaced their explicitly radical feminist agenda and grassroots organizational structure with a more mainstream public image and bureaucratized structure (Sev'er, 2002).

Despite the significance of this shift, there is a lack of research on the tensions, challenges and opportunities that counsellors experience when working with trans women clients in organizational structures established along explicitly gendered lines. The thesis seeks to address this gap in knowledge.

Kimberly Nixon vs. Vancouver Rape Relief

For over two decades, the inclusion of trans women in women's spaces and organizations such as transition houses has been discussed and debated by women-only organizations, feminists, trans activists, and the broader public (Gottschalk, 2009, Sweeney, 2004). The "Nixon" case, *Nixon v. Vancouver Rape Relief Society* illustrates the extent to which the inclusion of trans women in women-only spaces has resulted in contentious debate in the feminist community and the courts (Elliot, 2010).

Kimberly Nixon is a transsexual woman, who in 1995 sought to serve as a volunteer peer counsellor for Vancouver Rape Relief Society ("Rape Relief") (findlay, 2003, p. 57). Rape Relief operates as a women-only collective of paid staff and volunteers offering 24-hour crisis-line support, residential transition house support, individual and group counselling, advocacy, and referrals for women affected by male violence (Beres, Crow, & Gotell 2009; Boyle, 2004;

findlay, 2003). Rape Relief asserted that they had the right to exclude Nixon because she lacked “life experience” as a girl and woman (Boyle, 2011, p. 488).

Kimberly Nixon self-identifies as a woman. Nixon was assigned male at birth (findlay, 2003) and in 1990, having lived for many years as a woman, Nixon underwent sex reassignment surgery and had her birth certificate changed in accordance with the *Vital Statistics Act* of British Columbia to reflect her being female (findlay, 2003). Nixon, who had previously experienced male violence as a trans woman (both before and after her sex reassignment surgery) and was a survivor of both sexual and physical relationship violence, had received support from Battered Women’s Support Services, a women-only organization (findlay, 2003, p. 58). After receiving individual and group counselling through Battered Women’s Support Services, Nixon went on to train as a volunteer for the organization and “was described by co-workers as being exceptionally skilled” (findlay, 2003, p. 58).

After confirming that she is transsexual to a Rape Relief staff member who had identified Nixon as transsexual by sight, Nixon was expelled from Rape Relief‘s training program. Nixon filed a complaint with the British Columbia Human Rights Tribunal (“Tribunal”) on the grounds that Rape Relief had discriminated against her “on the basis of sex in the provision of a service and/or employment” (findlay, 2003 p. 58). Rape Relief held the position that Nixon was disentitled to protection from discrimination on the basis of sex. Specifically, Rape Relief justified its exclusion of Nixon because she lacked “life experience of

being treated exclusively as [a girl and woman]" and likewise did not share "the life experience of being assigned the historically subordinate status assigned to women in our society" (*Nixon, supra* note 3 at para 182 as quoted in Boyle, 2004, p. 35).

In 2002, the Tribunal ruled in favour of Nixon, ordering Rape Relief to pay $7,500 to compensate Nixon for injury to her dignity, feelings and self-respect (Boyle, 2011; Boyle 2004; findlay, 2004; *Nixon v. Vancouver Rape Relief Society,* 2002 BCHRT 1). Rape Relief appealed the Tribunal ruling to the Supreme Court of British Columbia (SCBC) (*Nixon v. Vancouver Rape Relief Society,* 2003 BCSC 1936). In 2003, the SCBC overturned the tribunal's verdict, ruling that the tribunal had erred in its finding of discrimination. The SCBC ruling affirmed Rape Relief's right to exclude Nixon under section 41 of the *Human Rights Code* (Boyle, 2011).

Nixon then appealed, but in 2005 the British Columbia Court of Appeal (BCCA) upheld the SCBC judgment (Boyle, 2011, p. 488). Finally, in 2007, the Supreme Court of Canada denied Nixon's bid for leave to bring a further, final appeal to that Court (*Nixon v. Vancouver Rape Relief Society,* 2007 CanLII 2772 (S.C.C.)).

In an article published following the BCCA ruling titled "Sustaining Our Resistance to Male Violence," founding member and director of Rape Relief Lee Lakeman outlines Rape Relief's position in relation to the Nixon case. Lakeman (2006) reviews the risks associated with male bodies in women-only spaces,

suggesting that male bodies, male voices, and male insignia make women nervous and that women "do not want to guess at the door whether or not this was a man" (p. 129). Although Lakeman did not directly state that Nixon is a male, her extensive focus on the risks associated with male bodies in women-only spaces are only valid insofar as Nixon is assumed to be male.

The *Nixon* case is relevant to my research because the positions and arguments both for and against the inclusion of trans women in women-only spaces as outlined in *Nixon* could have an influence on how transition houses societies and counsellors perceive and respond to having trans and cis women simultaneously accessing shelter support.

Although a decade has passed since the BCCA decision in *Nixon*, the inclusion of trans women in women-only spaces remains widely debated in social, cultural, and feminist spheres. Amendments to Canada's federal and provincial human rights codes suggest that Canada's legal framework increasingly favours inclusion of trans women in women-only spaces. The federal government and provincial governments have passed legislation aimed at providing trans and gender non-binary Canadians equal protection under the law. In May 2016, Bill C-16, *An Act to amend the Canadian Human Rights Act and the Criminal Code* was passed in the House of Commons. The bill adds "gender identity or expression" to the list of prohibited grounds of discrimination in the Canadian Human Rights Act.

Similarly, British Columbia's *Human Rights Code* was amended in 2016, with the passing of Bill 27, to include gender identity and gender expression under protected grounds. The legislation, according to the government, was passed to ensure that the BC *Human Rights Code* offers more explicit protection to trans people in BC (Anton, 2016).

There is no research on the impact of Canada's recent codification of trans rights in federal and provincial legal and human rights frameworks, and my research intends to understand the possible impact of these legal developments on how counsellors respond to trans women.

Prevalence of Violence Against Trans Women

Little is known about the scope of violence against trans people, and even less is known about IPV perpetrated against trans women (Cannon & Buttell, 2016; Goodmark, 2013; Greenberg, 2012; Stotzer, 2009; White, 2002; White & Goldberg, 2006). IPV is a pattern of controlling and/or abusive behaviour – including physical, financial, emotional, verbal, and sexual abuse – in a current or previous intimate relationship (Renzetti & Miley, 1996). Although IPV, domestic violence, spouse abuse, and violence against women are often used interchangeably, I will use the phrase "intimate partner violence" because it uses non-gendered language and includes different types of intimate partner relationships such as marriages, common-law relationships, dating relationships, and non-monogamous relationships (Saltzman, 2004; Waltermaurer, 2005).

Prevailing assumptions in discourse, research, activism, and intervention concerning IPV entrench it in the cisgenderist heteronormative framework, despite its non-gendered definition (Ansara and Hegarty, 2011). This promulgates the view of IPV an asymmetric phenomenon: experienced by women, perpetrated by men. This approach obscures or renders invisible the experiences of some trans people in relation to IPV in the discourse.

The prevailing heteronormative cisgenderist framework in which IPV is researched results in methodological and social issues with gathering reliable and valid statistics on rates of IPV against trans women (Stotzer, 2009; Yerke & DeFeo, 2016). Indeed, as Leigh Goodmark (2013) explains:

> *There is little information about intimate partner abuse in the transgender community in either the legal or social science literature. Where information about violence against transgender individuals does exist, that violence is often characterized as generalized violence or as a hate crime rather than as intimate partner abuse (p. 54).*

Another challenge is that most research addressing violence against trans people focuses on violence against lesbian, gay, bisexual and trans ("LGBT") individuals (Greenberg, 2012; White, 2002; Yerke & DeFeo, 2016). As Caroline White (2002) points out: "too often, the 'T' is lost to the generalization of 'LGBT domestic violence'" (p. 127). Trans people are often underrepresented in LGBT samples, making it impossible to draw conclusions specific to trans people's experiences of IPV (Yerke & DeFeo, 2016, p. 977). For instance, in

Susan Turrell's (2000) survey of 499 LGBT participants regarding their use of IPV resources, only 7 (1%) of participants identified as trans women. Similarly, in another study of IPV among LGBT people, only 5 (.6%) of the participants identified as transgender (Hester & Donovan, 2009).

Studies examining IPV rates within the LGBT community sometimes fail to adequately distinguish the difference between sexual orientation and gender identity (Langenderfer-Magruder et al., 2014; Yerke & DeFeo, 2016). Grouping gay, lesbian, and bisexual people with trans people in samples can result in the conflation of sexual orientation with gender identity. When this occurs, study results may focus on sexual orientation and simultaneously fail to address and account for the unique forms of IPV rooted in gender identity (Yerke & DeFeo, 2016).

Although existing research suggests that, compared to cisgender women, trans women are disproportionately affected by violence and discrimination, including IPV, due to previously outlined social and methodological issues more research is required to understand the true scope and prevalence of IPV against trans women (Lombardi et al, 2002; Kenagy, 2005; Stotzer, 2009; Yerke & DeFeo). In data drawn from a sample of 1,193 LGBT respondents (122 of whom identified as trans) in an anonymous online Health Survey administered by One Colorado (a Colorado-based statewide LGBT advocacy group), 21.5% of the sample reported experiencing IPV, and results also revealed a statistically significant difference between cisgender

(20.4%) and trans (31.1%) participants' lifetime prevalence of IPV victimization, suggesting that trans people experience higher rates of IPV (Langenderfer-Magruder et al., 2014, p. 9). A 1998 exploratory survey of trans people conducted by Portland Oregon's Survivor Project reported that "50% of respondents had been raped or assaulted by a romantic partner, though only 62% of those raped or assaulted (31% of the total sample) identified themselves as survivors of domestic violence when explicitly asked" (Courvant & Cook-Daniels, 1998, p. 2). In other words, despite having had experiences that appear to constitute IPV, a significant number of trans people in the survey did not identify themselves as affected by IPV. These findings therefore both draw attention to possible methodological issues associated with measuring IPV among trans people and suggest that more trans people could be affected by IPV than existing quantitative data suggest.

Nicola Brown and Jody Hernman's (2015) review of analyses using clinical samples, and organization reports addressing the prevalence of IPV and sexual abuse among LGBT people finds that between 31% and 50% of trans people experienced IPV in their lifetime (p. 6). By comparison, Brown and Hernman (2015) find that the lifetime prevalence of IPV among cisgender LGB samples ranges from 7% to 55%, suggesting that transgender people may confront similar levels, if not higher levels, of IPV as compared to sexual minority men and women (p. 14). Research conducted on behalf of the San Francisco Department of Health by the Transgender Community Health Project found that

37% of trans women and 27% of trans men reported experiencing abuse in the past year; 44% of trans women and 30% of trans men attributed the abuse to their partners (Clements et al., 1999). In their transgender health and social service needs assessment study conducted in Philadelphia, Kenagy and Bostwick (2005) facilitated face-to-face surveys of 111 trans respondents (78 trans women and 33 trans men) recruited through snowball sampling. In their analysis, Kenagy and Bostwick (2015) find that 66% of trans respondents reported experiencing violence in their home. Their research also found that trans women respondents were more likely to report experiencing violence in their home than trans men. Although Kenagy and Bostwick's (2005) research did not address IPV specifically, their findings suggest that trans women are often unsafe in their homes.

According to findings from National Transgender Discrimination Project, 19% of respondents reported experiencing violence by a family member "because they were transgender or gender non-conforming" (Grant et al, 2011, p. 88). Though most transition house clients are fleeing IPV, this research is salient because the majority of transition houses in British Columbia hold a broader mandate to also support women affected by other kinds of interpersonal violence and abuse. Although further research is necessary to better understand the scope of IPV against trans women, existing data suggest that, compared to cisgender women, trans women may be disproportionately affected by IPV. If trans women are experience higher rates of all forms violence, and in particular,

IPV, then further exploration of trans women's access to transition houses is both timely and warranted.

While similarities connect the experiences of trans women and cis women in relation to IPV, preliminary research suggests that relative to cis women, trans women affected by IPV face higher rates of structural and institutional discrimination. Trans women also experience additional and unique forms of violence and abuse specific to trans identity (Brown 2011; Goodmark, 2013; Greenberg 2012; Munson and Cooke- Daniels, 2003, White, 2002). Goodmark (2013) states:

> *How transgender people experience abuse within their intimate partner relationships and how gender identity affects access to the public systems (such as the legal system) are shaped by the context in which transgender people live. That context makes the experience of abuse quite different from that of the prototypical victim around whom domestic violence law and policy were constructed. Situating the specific experience of abuse within that broader societal context is essential to understanding and developing an accessible response for transgender people subjected to abuse (p. 62).*

Trans people are more likely to experience patterns of abuse rooted in their gender identity. Trans people experience physical abuse including "assault, mutilation, or denigration of body parts such as chest, genitals, and hair that signify specific cultural notions of gender" (White & Goldberg, 2004, as cited in Goodmark, 2013, p. 63). Trans people affected by IPV also reported that their

abusers undermined their identity by using the wrong pronouns, ridiculed their body, and/or withheld the tools they rely on to communicate their gender identity (such as hormone therapy, wigs, make-up, and clothing) (Munson and Cooke-Daniels, 2003, as cited in Brown 2011, p. 156).

Although all those affected by IPV may experience social entrapment, which occurs when "the abuser maintains control through the use of societal stereotypes and constructs and the ways in which the structural inequities 'collude' with the abuser to maintain her relationship", trans women affected by IPV often experience exacerbated levels of social entrapment (Greenberg, 2012, p. 306). Specifically, as Greenberg (2012) asserts:

> *Due to this medicalization and their relationship with health care providers, trans people may be unlikely to go to a hospital, which is one place where they may be screened for domestic violence and connected to services. Additionally, trans women experience social entrapment due to isolation from potential support networks available to cisgender people, internalized transphobia, the insularity of the LGBT community in some locations, and the threat of outing (p. 208).*

Nicola Brown's (2011) research focusing on IPV experienced by trans people also identified patterns of abuse rooted in social entrapment. For instances, some abusers exploited trans people's fears of transphobia through threats of outing, or by suggesting that the targets of their abuse would be unable to find partners who would accept them (p. 156). Brown also reported that some abusers weaponized experiences of isolation and trauma rooted in transphobia

by “referencing that the police would be unlikely to protect or take [trans people’s] victimization seriously if they were able to report it, or they would be unlikely to find social service support if they were to leave the relationship” (p. 156-157).

These findings suggest that trans women affected by IPV experience unique forms of abuse rooted in and exacerbated by systemic transphobia. The prevalence and nature of such abuse draws attention to the importance of studying how transition houses meet the need of abused trans women and whether there are issues with access and service delivery that need to be addressed.

Empirical Research on Trans Inclusion in Women’s Spaces

This section discusses literature addressing trans inclusion policies and practices of traditionally gender-segregated residential social services providers, including transition houses for women affected by violence and abuse, residential addiction treatment settings, and shelters for people affected by homelessness (Greenberg, 2012; White, 2002).

Research conducted in Ontario and British Columbia (B.C.) using surveys and questionnaires to women-only organizations suggests that transition houses tend to identify themselves as accessible to trans women (Cope & Darke, 1999; Ross, 1995; White, 2002). As Caroline White (2002) points out, there was a steady increase between 1995 and 2002 in the percentage of women-only organizations identifying as accessible to trans women (p. 80-81). Indeed, results of Allison Cope and Julie Darke’s (1999) survey on trans access to women-only

organizations in Ontario reveal that 27.5% of women-only organizations identified themselves as accessible to trans women (p. 97). By comparison, White (2002) reports that 72.5% of women-only organizations in B.C. and Ontario identified themselves as accessible to trans women (p. 80-81). As White (2002) states, these "results clearly refute the popular perception that the majority of sexual assault centres and transition houses are inaccessible" (p. ii). However, in her interviews with activists and educators, White (2002) found that despite the movement toward making women-only organizations accessible to trans women, there was still insufficient effort toward education on trans issues (p. 80). Participants identified trends in their work including: "the conflation of all trans, transsexual, and intersex identities under the rubric 'trans'; and the privileging of gender over sex variances, male-to-female (MTF) identities over all others, and gender over all other forms of identity, including race, class, sexuality and ability" (White, 2002, p. ii).

Yet, despite a trend toward increased accessibility for trans women in women-only organizations, research is still needed to examine how accessible women-only organizations are to trans women and how counsellors respond to trans women clients. There are very few empirical studies examining how women-only organizations respond to transgender women. One example is Lorene Gottschalk's (2009) qualitative study with nineteen managers of Centres Against Sexual Violence, domestic violence refuges, and women's health centres in Australia. The research focused on perceptions of the social, political and

practical relevance and legitimacy of maintaining women-only spaces; awareness of transgender inclusion; employment policies about inclusion of men and trans women; and experiences of including trans women as either workers or clients. The findings reveal that managers make decisions on allowing trans women as clients and workers based on: whether or not they perceive trans women to be women; whether trans women clients have sufficient "life experience as women"; and whether trans women are felt to compromise other clients' sense of safety in women-only spaces (Gottschalk, 2009). Gottschalk, (2009) concludes that trans women's access to women-only organizations infringes on the right of cisgender women, resulting in "the elimination of women's only space and re-assimilation into male-dominated institutions" (p. 178). Such a conclusion problematically assumes that trans women are not women and furthermore does not reflect Canada's legal and human rights framework which increasingly recognizes trans women as women and affirms their right to access women-only organizations in Canada (Chambers, 2007).

Gottschalk's study outlines the need to further research about perceptions and perceived barriers experienced by managers in relation to working with trans women. In the context of my research, I am interested in exploring both whether counsellors adjust their practice to better meet the needs of their clients and how counsellors address issues related to transphobia.

Conclusion

This literature review outlines how the inclusion of trans women in women-only spaces presents many areas meriting further analysis. Trans bodies both challenge and highlight pervasive, institutionalized, and heteronormative socio-scientific assumptions about the relationship between sex, gender, and sexual orientation. In other words, trans bodies call into question the predominant binary framework in which sex and gender are understood and defined, and in doing so, invite interrogation into the validity of the categories male and female. A range of interrelated theoretical, empirical, and policy questions emerge out of that interrogation. Do sex and gender exist as a binary or along a continuum? How do we determine who is entitled to access women-only organizations and services? Implications associated with addressing these questions extend beyond fascinating and complex socio-scientific theorizing exercises.

Existing quantitative and qualitative research also show that, compared to cis women, trans women are disproportionately affected by IPV and simultaneously face a range of personal and systemic barriers in accessing protective and support services. While Canadian research suggests that women-only organizations are increasingly trans-inclusive, there is a dearth of research that focuses on how transition houses can better identify, understand, and meet the needs of trans women affected by IPV. Research on trans inclusion in sex-segregated residential addiction treatment settings suggests that staff can play a pivotal role in ensuring that trans clients feel safe, supported, and comfortable

while accessing support. Together, these findings add legitimacy and urgency to exploring how counsellors respond to trans women accessing residential support in relation to: ensuring that trans clients feel supported, safe, and comfortable during their stay; and, the extent to which counsellors are aware of and adjust their practice to address dynamics of abuse uniquely experienced by trans women.

My research addresses how women-only spaces do and can address the needs of trans women. As such I hope to fill gaps in empirical literature concerning trans women's access to women-only organizations. Drawing on both challenges and best practices according to the perspectives of counsellors who have worked with trans clients, I anticipate that my research will contribute knowledge which could be used to improve trans inclusion practices of counsellors; and more broadly, the research may be useful to other social service providers in relation to better meeting the needs of trans women.

CHAPTER 3: METHODOLOGY

Purpose Statement

Drawing on an interpretive description approach, my research examines the experiences of counsellors who have worked with trans women accessing residential support. Although IPV affects trans men, my research focuses on how counsellors respond to trans women as clients. My research questions are: (1) What challenges, opportunities, and insights do counsellors experience when working with trans women clients, and (2) How do counsellors adjust and adapt their practice in response to these challenges, opportunities, and insights when working with trans women accessing transition house support?

Interpretive Description

Interpretive description lends itself well to addressing my research questions due its pragmatic orientation aimed at generating practice-relevant findings while addressing the limitations associated with strict adherence to traditional qualitative methods approaches (Hunt, 2009; Thorne, Reimer Kirkham and MacDonald-Emes, 1997). As Thorne, Reimer Kirkham, and O'Flynn-Magee (2004) remarked:

> *While these methods proved useful in the context of some of the clinical questions they posed, nursing scholars often found their inquiries constrained by the dictates of the original disciplinary projects and began to push the edges of methodological rulebooks (p. 2).*

Interpretive description is thus a distinct methodological approach designed to fit the kinds of complex experiential questions that they and other applied health researchers might be inclined to ask" (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p.2).

Interpretive description aims to generate practice-relevant findings while simultaneously maintaining sufficient rigor to ensure academic credibility (Oliver, 2011). Consistent with epistemological principles of naturalistic inquiry as outlined by Lincoln and Guba (1985), interpretive description is rooted in the following philosophical underpinnings:

1. *There are multiple constructed realities that can be studied only holistically. Thus, reality is complex, contextual, constructed, and ultimately subjective.*

2. *The inquirer and the "object" of inquiry interact to influence one another; indeed, the knower and the known are inseparable.*

3. *No a priori theory could possibly encompass the multiple realities that are likely to be encountered; rather, theory must emerge or be grounded in the data (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p.3).*

Interpretive description's coherent epistemological foundation, Thorne, Reimer Kirkham, and O'Flynn-Magee (2004) contend, offers researchers flexibility in selecting appropriate data collection and analysis methods whilst simultaneously avoiding the inconsistencies associated with method slurring (p. 3). It uses the following basic guidelines for inquiry:

> *The foundation of interpretive description is the smaller scale quantitative investigation of a clinical phenomenon of interest to the discipline for the purpose of capturing themes and patterns within subjective perceptions and generating an interpretive description capable of informing clinical understanding. Such studies often build upon relatively small samples, using such data collection methods as interviews, participant observation and documentary analysis to articulate a coherent and meaningful account of the experiential knowledge that such methods render accessible Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p.3).*

Interpretive description thus gives the researcher the necessary flexibility in selecting appropriate data collection and analysis methods and provides a clearly articulated and coherent epistemological framework to help ensure academic rigor. In doing so, interpretive description offers me a framework that enables me to enact design decisions specifically tailored to addressing my research questions.

Sampling Procedures

Using purposive sampling, I recruited a sample of nine counsellors working in the Vancouver Island area who have experience working with trans women accessing residential support. Recruitment involved contacting transition house managers from Vancouver Island using online publicly available contact information. First, I emailed a letter to transition house managers describing the purpose, objectives, and procedures of my research. Next, I sent both paper and electronic copies of my recruitment handout to transition house managers. The

handout included the following information: my name and e-mail contact information; the study's purpose, objectives and procedures, and time commitment expected of participants; confidentiality and anonymity procedures; that participation is voluntary; and, that choosing to participate or not participate will not have any impact on their employment.

I communicated with counsellors who expressed their interest to participate through email to: respond to their questions and concerns regarding their participation in my research; send them an electronic copy of my study's consent form for them to review, and if necessary, ask questions or express concerns; and, make arrangements to set up an interview at a mutually convenient and appropriate location.

Data Collection

I conducted semi-structured in-depth interviews with participants in-person in comfortable and appropriate locations of their choosing. With the exception of one interview, which was conducted at my home, all interviews took place at participants' transition house community office or at their transition house. With each participant's consent, I audio recorded all interviews. During interviews, I took field notes pertaining to any significant observations, ideas, concerns, additional questions, or other features that arose throughout the interview process. As appropriate, I used my field notes to adjust and improve how I conducted later interviews, transcribed data, and analyzed data.

Prior to beginning the interview, I reiterated the study's objectives and procedures; obtained written consent from the participant and requested permission from the participant to audio record the interview. Interviews lasted approximately 30-60 minutes. I posed open-ended questions that encouraged the respondent to express their thoughts, feelings, experiences, and opinions using their own language and communication style. I asked questions related to the participant's experience working with trans women in a transition house setting; how the participant conducted the standardized phone assessment protocol with trans women; the participant's perspective on the needs of trans women accessing transition house support; the participant's experience working with the staff team when working with a trans women; how cisgender clients accessing transition house support responded to having trans women accessing residential support; and, the participant's knowledge of their transition house's policy and procedures related to offering trans women support. I approached the interview as an evolving conversation to generate rich and descriptive data related to how counsellors navigated trans inclusivity in their everyday practice.

Reflexively Navigating My Professional Background

Interpretive description encourages the researcher to mobilize their prior theoretical knowledge and clinical experience to enhance the overall credibility of the research (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004, p. 5). My research topic and corresponding research questions emerged from my background in IPV research, prevention, and response. working as a counsellor,

and more broadly, from my background working in gender-based violence prevention. I enhanced the overall credibility of my research by drawing on the knowledge and experience I developed in the IPV field in general, and specifically, as a counsellor.

Between 2003 and 2010, I both worked and volunteered for Saltspring Women Opposed to Violence and Abuse ("SWOVA"), a non-profit organization dedicated to reducing violence against women and children. In this capacity, I developed, revised, implemented, and evaluated violence-prevention curriculum for use in school settings. Through my experience with SWOVA, I developed a better understanding of how systems of power including sexism, racism, and classism interact to produce and sustain the conditions in which IPV occurs. It was also through SWOVA that I encountered tension between staff within a feminist organization regarding a trans-related issue. In this case, I experienced resistance from some staff members when I revised our violence-prevention curriculum to include gender diversity and trans competence training. Through this experience, I began considering tensions between feminists on trans issues in academic and professional arenas.

Between 2011 and 2019 I worked as a counsellor in two different transition houses. As a result, I have a deep understanding of transition houses' mandates, policies, and procedures, the diverse client-base transition houses serve, the day-to-day functioning of transition houses, and the roles and responsibilities of counsellors. To the best of my ability, I mobilized my insider

position to improve the overall quality of my research at every stage of the process whilst endeavouring to remain mindful, aware and reflective of how previous experience and assumptions affected and influenced every stage of the research process. In addition to being forthcoming and transparent about my background as a counsellor throughout all stages of my research, I used my insider position as a counsellor to strengthen how I approached collecting, analyzing, and presenting research data.

Drawing on this background, I created an interview guide that allowed me to pose relevant and applicable questions to participants. I used my insider position to build trust and rapport with participants who, on the basis of the interview questions and follow-up questions, appeared confident that I understood both their responses and the broader organizational context of their work. As such, participants appeared open and forthcoming when sharing their experience, perspectives, practices, decisions, and reflections on working with trans women.

During data analysis and thesis writing, I used my background to understand and analyze how individual participant responses fit within the broader organizational context in which participants operate. During the writing stage of my research, I used background experience to help ensure I conveyed my findings and analysis in a manner that was both fair and respectful to participants.

Part of mobilizing my insider position involved reflexivity acknowledging my own assumptions and perspectives related to working in a transition house environment. In doing so, I tried to remain cognizant of differences between and among participants in their perspectives and experiences. This helped to ensure that I was not imposing and projecting my own beliefs and assumptions on the research process and, in particular, on participants. Reflexively drawing on my background experience both as a counsellor and in the field of gender-based violence protection therefore enhanced the credibility of my research findings.

Data Analysis

Consistent with interpretive description guidelines for inquiry, I endeavoured to strike a balance between adherence to systematic procedures and the intuitive interpretive aspects of data analysis. Indeed, interpretive description does not carry a set of detailed procedures or a "methodological cookbook" (Hunt, 2011). As Thorne et al (2004) emphasized, "regardless of the explicit sequence of steps that might be employed, it is essential that the researcher, not the recipe, is driving the interpretation" (p. 11). As such, I analysed data using qualitative thematic analysis procedures as well as my own positionality within the study by reflexively drawing on my insider position to inform how I analyzed and interpreted data (Blair, 2015).

I first transcribed all audio-recorded interviews verbatim. To enhance data interpretation, I noted shifts in speed, tone of voice, pauses, and other

indicia of meaning. I read through each transcript in its entirety to familiarize myself with the data. I moved back and forth between particular ideas and the overall meaning of the text as a whole. This involved examining each line, sentence, and paragraph to gain a sense of what is happening in the text. I used a notebook dedicated to writing down thoughts, ideas, interpretations, and inferences that arose during the data analysis. My notes focused on the overall meaning of the text and its corresponding component parts.

Next, I began open coding to identify concepts and corresponding themes. Coding provided me with a structured system through which I organized, analyzed, made linkages, and drew comparisons within and between my data. Open coding involved breaking down, comparing, and categorizing data to develop “tags” or “labels” corresponding with key concepts that are assigned to words, sentences, and paragraphs (Bradley, Curry, & Devers, 2007, p. 1761). Codes, therefore, are basic units of analysis used to organize data into meaningful themes that can be analyzed and interpreted (Braun & Clarke, 2006). Themes are “general propositions that emerge from diverse and detail-rich experiences of participants and provide recurrent and unifying ideas regarding the subject of inquiry” (Bradley, Curry, & Devers, 2007, p. 1767). I developed themes by assembling codes based on their similarity (Blair, 2015). This involved broadening my level of analysis by considering how different codes can be arranged to form potential overarching themes. As such, all relevant coded data extracts were collated into identified themes (Braun & Clarke, 2006, p. 19).

I reviewed the appropriateness of codes and themes on an ongoing basis using constant comparison, a method comparing "text segments to segments that have been previously assigned the same code" (Bradley, Curry, & Devers, 2007, p. 1762). The objective of constant comparison is to form, define, and summarize each theme and to establish boundaries and parameters around themes (*Ibid*).

Having developed my codes and preliminary themes through open coding, I analyzed how the codes and themes relate to each other and what explains those relationships. In doing so, I examined the relationship between themes to arrive at more precise explanations (Blair, 2015). I endeavoured to use themes that emerged through my data analysis to "tell a story" illuminating the most important concepts and ideas (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004).

Credibility

Consistent with interpretive ontology and epistemology, credibility was enhanced through reflexivity, self-scrutiny, and analyzing the conclusions I drew (Blair, 2015). I mobilized the experience and knowledge I gained as a counsellor to build rapport and trust with participants while simultaneously maintaining a genuine curiosity and open-minded attitude throughout the research process. Building trust and rapport with participants helped foster an interview climate in which participants felt at ease and comfortable sharing their perspectives,

opinions, insights, and experiences working with trans women. This improved the overall quality of my research by producing richer and more detailed data.

I also kept a record of my methodological and analytical decisions, rationales, and procedures made throughout the research process (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004). This shed light on the complexities, strengths, limitations, and weaknesses of my research process and findings. I also acknowledged the limitations of my research (Thorne, Reimer Kirkham, & O'Flynn-Magee, 2004).

Confidentiality and Anonymity

The confidentiality of participants was protected during the research process by giving them pseudonyms. Transcribed data was anonymized by removing, revising (reducing the precision of information), or replacing all direct identifiers (such the participant's name) and indirect identifiers (such as details related to a specific situation or the name of the participant's work place) from the transcript. I created an anonymization log of all replacements, revisions, or removals. The anonymization log was stored in a locked filing cabinet in my home with other confidential research material. Data were stored on my password protected Apple MacBook Air laptop, and on a password protected USB drive. All hard copies of research material and data (field notes, consent forms, transcripts, and anonymization log) are stored in a locked filing cabinet in my home. Only myself, my supervisor, and my committee member have access to research data.

Five years after the study's completion, electronically stored data including audio-recorded interviews, transcripts, and anonymization logs from the study will be permanently deleted from the devices on which it is stored. All hard copies of data such as consent forms, anonymization logs, and transcripts will be shredded and recycled.

Knowledge Dissemination and Mobilization

Knowledge mobilization involves "getting the right information to the right people in the right format at the right time, so as to influence decision-making" (Levin, 2008, p. 12). This includes knowledge dissemination, which involves both making research available through traditional avenues as well as communicating research results to targeted groups of decision makers and other stakeholders (*Ibid*, p. 12). I will endeavour to make my research known and accessible to relevant Canadian social services providers and their employees and volunteers. This includes but is not exclusive to staff and management who work for social service providers such as transition house societies, sexual assault centres, homeless shelters, LGBT specific services providers and advocacy groups, and addiction and mental health treatment centres.

My research findings may help identify best practices, challenges, opportunities, insights, and barriers from the perspective of counsellors in relation to meeting the needs of trans clients in transition house settings and in other social service delivery settings. I aim to present my findings at the Annual Training Forum hosted by Ending Violence Association of BC and The Pathways

to Service Excellence Collaborative Training Forum. I am ideally positioned to share my findings at these two conferences because they both focus on domestic violence and involve representatives from the following agencies: Ending Violence Association of BC, BC Society of Transition Houses, and Police Victim Services of BC, along with the Royal Canadian Mounted Police, BC Association of Chiefs of Police, Provincial Office of Domestic Violence, Ministry of Justice and Government partners.

CHAPTER 4: THE ROLES AND DUTIES OF TRANSITION HOUSE COUNSELLORS

Introduction

This chapter offers background information on transition house services and details the day-to-day work counsellors perform in meeting the needs of women affected by violence and abuse. My analysis draws on the participants' accounts of their roles and duties as counsellors which I supplement with my own knowledge and experience as a counsellor between 2011 and 2019.

Transition Houses

Transition houses tend to be located in residential areas and their exact locations and addresses are kept confidential from the public. Transition house staff, volunteers, and clients accessing support are typically required to not disclose the location and address of the transition house. The objective of this policy is to help ensure the safety of transition house staff, volunteers, and clients and to simultaneously provide a secure, comfortable, and confidential space for clients accessing support.

Transition houses require that their house staff, volunteers, and clients (except for client's underage children) identify as women. The belief behind this policy is that since IPV is an asymmetrical phenomenon predominantly perpetrated by men against their female partners, women and children seeking refuge from violence and abuse may feel threatened and unsafe by the presence of men and therefore feel safer in a women-only shelter setting.

Crisis Line and Standardized Phone Assessment Protocol

Transition houses typically operate a crisis line that is available 24 hours a day, seven days a week. As such, counsellors must be available and prepared to interrupt whatever work they are doing to respond to a crisis call. While counsellors respond to the majority of crisis calls, some transition houses recruit, train, and supervise crisis-line volunteers. Crisis-line volunteers respond to a small portion of calls, and typically do not handle calls from people who are in significant distress, in a high-risk situation, or require emergency support.

Counsellors typically refer to clients accessing crisis-line support as “callers” and clients accessing shelter support as “residents”. Though most callers are women affected by violence and abuse, transition houses also respond to calls from professionals and members of the public calling about a client, friend, or family member affected by violence and abuse. Since the lives of women affected by violence and abuse can be volatile and unpredictable, the volume, type, and length of crisis calls tend to vary greatly from day to day. On days where the crisis line is busy, participants reported spending most of their shift responding, following up, and logging upwards of 10 crisis calls. By contrast, quieter days usually involve a participant responding to one or two calls.

The first point of contact between a client and a transition house is typically through the crisis line. For many women affected by violence and abuse, it takes both courage and opportune timing (when they can safely and comfortably make a call and discuss their situation) to reach out for support.

Participants emphasize the importance of building a trusting and supportive relationship with callers in the hopes that they will continue accessing support as required. Though callers are typically impacted by violence and abuse, their reason for calling the crisis line varies from requesting residential support, seeking a supportive and confidential person with whom they can discuss their situation, immediate crisis support, safety planning, and housing, legal, counselling, and child protection resource referrals.

Admission to a transition house involves an over-the-phone standardized phone assessment protocol (“phone assessment”) and an in-person intake. Woman wishing to access transition house shelter support must first call a transition house and speak to either a crisis line volunteer or a counsellor who conducts a phone assessment to determine if she is both eligible and a good fit for the transition house program. During the first part of the phone assessment, counsellors and crisis-line volunteers listen for and ask questions about the client’s experience of abuse to determine if the client fits their agency’s mandate. Although some transition houses have the narrow mandate of exclusively offering support to women affected by IPV and abuse, most transition houses have a broader mandate of offering support to women affected by violence and abuse. Transition house societies typically interpret violence and abuse in a manner that is inclusive of physical, emotional, financial, verbal, and sexual forms of violence and abuse. Some transition houses societies also have a policy of offering support to women recently (usually within 30 days) affected by

IPV. The rationale behind stipulating that the violence and abuse must be recent is said to be that transition house societies want to reserve their beds for at-risk women immediately affected by violence and abuse and not homelessness or some other issue for which there are other available services.

During the second portion of the phone assessment, crisis line volunteers and counsellors determine eligibility in terms of program fit. This assessment is informed by transition house policies and the discretionary judgment of a counsellor responding to a crisis call from a woman requesting shelter support. Transition house societies usually have eligibility policies stipulating that in order to ensure a safe and comfortable space for staff and clients, that clients must abstain from drug and alcohol use, be stable in their mental health, and be able to live well communally.

Although eligibility criteria may seem straightforward, applying them can be challenging, as participants reported tension between the need to ensure that the transition house feels safe and comfortable to existing clients, while simultaneously meeting the needs of women affected by violence and abuse calling to access shelter support. To determine fit, counsellors often consider whether there is an available single or shared room, how a new client will affect existing social dynamics between residents (often referred to as “household dynamics”), the existing caseload, and whether there is a more appropriate service that can meet the needs of the client.

After the phone assessment, participants reported that counsellors and volunteers often consult with each other, and if necessary, with their manager, to determine whether they should offer shelter support to the caller. Depending on the situation, these consultations range from brief and straightforward conversations that result in unanimous decisions, to longer, more challenging discussions that do not result in consensus decisions.

When a caller requesting residential support cannot be accommodated, either because the transition house is full or because the client was not deemed a good fit for the program, participants try to identify and refer callers to another transition house or service that can meet their needs. Unfortunately, like transition houses, most services offering emergency short-term shelter support operate at or beyond capacity, which makes it difficult to ensure that callers who cannot be accommodated in a transition house have a safe place to stay. The decision to not offer shelter support to a caller, therefore, is not taken lightly by counsellors who sometimes do not have a helpful or satisfying answer when clients ask, “Where am I supposed to stay tonight” or “If you can’t help me, who can?”

In-Person Intake

Once a client is deemed a good fit for the transition house through the phone assessment, crisis-line volunteers or counsellors make transportation arrangements with the client to safely travel to the transition house. When the client arrives, counsellors undertake the in-person intake (“intake”), which

involves gathering information about the client and conducting a tour of the transition house.

Counsellors first gauge whether a client is physically, emotionally, and mentally able to go through the intake process. Some clients arrive ready for intake, whereas others have basic needs that need to be attended to prior to intake. Some clients cannot recall the last time they ate a meal, showered, or slept through the night and may be anxious, distraught, skittish, and overwhelmed. Others arrive with visible trauma to their bodies – black eyes, bruising, broken bones, burns, or other injuries. Where possible, counsellors endeavor to address the newly arrived client's immediate needs, whether it is to take a nap, have a bath, eat a meal, make a phone call, or seek medical attention prior to beginning the intake process.

The intake involves the client signing a confidentiality agreement, release of information agreement (a consent form that enables counsellors to communicate with other agencies of the client's choice on their behalf), emergency medical information, and transition house rules and guidelines. During intake, counsellors also gather additional information related to the client's relationship history, housing situation, substance use patterns, mental health, physical health, source of income, and objectives related to their stay.

The intake serves the purpose of gauging the extent to which a client is a good fit for the program, gaining a sense of what brought the client to the transition house, and current needs, while longer-term needs in terms of housing,

or financial, legal, and medical also become apparent. Counsellors also consider how well the client will live communally, adhere to transition house rules and guidelines, and the extent to which the counseling team can facilitate meeting their needs, both during and after their stay. As counsellors go through the intake, they often wonder “What exactly are we dealing with here?” “How long will this client last in the transition house?” “Is there any hope of housing this client?” and “Is this client going to disrupt existing household dynamics?”

An intake also involves giving a client a house tour. Aside from the secrecy of the location and heightened security protocols, transition houses tend to be large, residential homes. They typically have single and shared/family rooms, staff and management offices, and communally shared kitchen, dining room, living room, children’s playroom, and washrooms. During the house tour, counsellors try to make the new resident feel welcome and comfortable, introduce her to other residents, and reiterate transition house rules and guidelines pertaining to communal space.

Meeting the Needs of Clients Accessing Support

Counsellors work supportively with residents to identify and meet their emotional and practical needs during their stay. To meet a resident’s needs, counsellors often work collaboratively with clients in accessing support from other non-profit agencies and government services. In doing so, counsellors must be familiar and up to date with non-profit and government services and programs and how to access them. Though there are exceptions, a standard transition

house stay is 30 days, giving counsellors around a month to help each resident access financial support, find housing, access legal support, and address other immediate obstacles to enable a successful transition from the shelter to safe housing with long-term supports and resources.

Ensuring that a client has timely access to supports and resources presents one of the most challenging aspects of working in a transition house. Most clients are eligible for both government-funded and not-for-profit services and supports such as Income Assistance (formerly known as “welfare”), Persons with Disabilities supports, Legal Aid, subsidized housing and rental assistance, and subsidized childcare. Applying for these services often involves completing tedious and bureaucratic application processes and gathering the necessary requisite supporting documents.

Residents present with varying degrees of literacy and capacity to navigate bureaucracies. To assist residents in accessing government-funded supports, counsellors must remain current on application processes and wait times, advocate on behalf of clients, and develop contacts within various service providers. Income Assistance applications, for example, are usually processed and approved within two weeks, giving residents quick access to basic financial support. Subsidized housing applications, on the other hand, can take months to process and approve, and residents often wait years before a subsidized housing unit becomes available.

Counsellors often must find interim solutions to address residents' housing, financial, and mental health needs. For example, as several participants discussed, since subsidized housing applicants often face wait times of several years, counsellors work supportively with residents to find interim low-income private market housing options. Participants also noted a shortage of available affordable private market rental options. Furthermore, private market housing applications submitted by residents accessing Income Assistance are often rejected by landlords who prioritize offering housing to tenants with a stable income, good credit, and good references.

Communal Living

A transition house is an environment where residents are required to share space with other people whose paths they might not ordinarily cross in their social, professional, and familial environments. Though they share the common experience of being affected by violence and abuse, residents are often of different generations as well as racial, ethnic, class, education, and spiritual backgrounds. Residents may also have different standards of cleanliness, food preferences, sleeping habits, noise level preferences, tastes in music, preferred conversation topics, religious, and political beliefs. Regardless of their differences, residents are expected to live well communally by respecting household rules and guidelines aimed at ensuring that all residents feel respected, safe, and comfortable during their stay.

Counsellors, transition house volunteers, and other transition house staff spend time in communal spaces to gain a sense of the social dynamics between residents. This is also an opportunity for staff and volunteers to engage in conversations and build trust with residents, remind them of rules and guidelines, and address any issues between residents as they arise. This is an important task as social dynamics can shift dramatically on a day-to-day basis depending on the arrival or departure of residents, how full the house is, and how successful staff are at identifying and responding appropriately to tension and conflict between residents.

Though residents are mostly patient, respectful, and friendly toward each other, they can occasionally treat each other with hostility, disrespect, and contempt. Residents often come to counsellors to report issues they have with the conduct, appearance, and/or beliefs of another resident. Examples include: lack of hygiene; use of scented products; disapproval of parenting style; inappropriate language, disclosures, questions, or topics of conversation; eating too much and or/hoarding food; speaking too loudly; stealing transition house property; excluding other residents; alcohol and/or drug use; and not respecting another person's personal space. To maintain peaceful household dynamics, participants emphasized the importance of responding to issues that arise in a direct and timely manner.

When residents do not follow the rules or guidelines, and/or when the conduct of residents is felt to compromise the comfort and safety of others,

depending on the situation, participants discussed engaging in one-on-one conversations or mediating discussions between residents to resolve conflicts. Although usually successful, this process can fail, in which case the counsellor must decide with the manager whether it is appropriate to request that a resident leaves the transition house before the end of their one-month stay.

Residents can be asked to leave when their expression of anger, aggression, or frustration compromises the sense of safety and comfort of other residents and their children. Examples raised by participants include name-calling, yelling or raising one's voice when speaking on the phone, threatening another resident or staff, and not respecting another resident's or staff member's physical space. Given that most clients and their children are exposed to and affected by the anger and aggression of an abusive partner or parent, participants discussed taking expressions of anger, aggression, and frustration seriously.

Since residents do not always have an alternative place to stay, and asking a resident to leave often severs the relationship they have to the transition house, the decision to ask a resident to leave is a weighty one. As one participant noted, counsellors and their managers do not always agree on whether a resident should be asked to leave. When counsellors are not able to arrive at a decision, it often falls on manager to make the final call as to whether a client should be asked to leave.

When a resident is asked to leave, counsellors offer the client support in finding a safe place to stay with a friend, family member or another shelter that may have an available bed. Unfortunately, some residents who are asked to leave do not have friends and family members who are willing or able to offer them a place to stay and are also not willing or able to stay in different shelter. Indeed, asking a resident to leave a transition house often feels antithetical to a counsellor's *raison d'être* and is therefore one of the most difficult and dreaded aspects of working in a transition house.

Documentation and Shift Change

To ensure that counsellors are updated on salient details regarding household dynamics, crisis calls, and residents, counsellors rely on both written documentation and verbal communication. Participants reported that good communication between counsellors helps facilitate seamless, effective, and timely service delivery to clients.

Counsellors document information on the clients' physical and mental health, household dynamics, resource referrals, and application statuses for various programs and services. Counsellors are required to write and communicate about clients in a neutral, respectful, concise, and descriptive manner.

In addition to written documentation, counsellors keep one another updated and informed about clients through shift change. Shift change involves the on-shift counsellor updating the newly arrived counsellor about each resident

currently accessing support, household dynamics, and about clients who have accessed the crisis line and require follow-up of some kind. Shift changes are often used as an informal opportunity for counsellors to debrief through humour, stories, rants, and sometimes tears about the shared experiences of working in a transition house.

As reported by participants, shift change fosters the development of personal connections between counsellors and represents a sacred time in which counsellors take a deep breath, connect, witness each other, and debrief about the challenges and triumphs that arise through their work.

Conclusion

In this chapter, I have provided an overview of the service offered by transition houses, participants' reports of their work, and offer insights into day-to-day activities of the counsellors who offer support to women affected by violence and abuse. Counsellors typically spend their day responding to and documenting crisis calls; conducting intakes with new residents; observing household dynamics and addressing conflicts between residents; collaboratively identifying and meeting the housing, legal, financial, child protection, or other needs of residents; and documenting and sharing relevant resident and caller information with other counsellors.

CHAPTER 5: ACCOMMODATING TRANS WOMEN IN TRANSITION HOUSES

In most transition houses, there are two counsellors on duty during the day and evening and one on duty during the overnight. While on shift, counsellors oscillate between offering one-on-one support to clients accessing transition house support and answering crisis-line calls. Though call volume varies, counsellors must always be prepared to either directly respond to a crisis call or supervise a volunteer taking a crisis call. The majority of crisis calls come from women directly affected by IPV seeking next-step advice, support, and safety planning and/or access to transition house support. Counsellors and volunteers also respond to third-party crisis calls pertaining to women affected by IPV from social workers and police officers, as well as family members, friends, or colleagues of women impacted by IPV. Roughly a quarter of crisis-line calls come from women requesting transition house support.

I asked participants about how they handled the phone assessment portion of the intake process when a trans woman requested transition house residential support. Firstly, I asked if and how participants found out they were interacting with a trans woman. Most participants indicated that trans clients disclose that they are trans during the phone assessment, some speculated that clients chose to disclose that they are trans in order to ascertain whether the transition house is trans-inclusive and therefore safe space. As Emily recalled:

> *They say over the phone because they don't know whether we will even take them. They don't know. Maybe they're starting to learn*

> *that most houses would take them now, but they don't always know that. So, they're phoning up and saying 'will you take a trans person?'*

Some participants who had experience going through a phone assessment with a trans client discussed doing the assessment the same way as they would any other client. For example, when Ashley was asked if she changed how she did the phone intake when a client disclosed to her over the phone that they were trans, she responded, "No. We have a standard intake over the phone which would relate to anybody in terms of drug use and alcohol use, and all those kinds of things." Similarly, Aisha stated:

> *No. They identified as trans over the phone, and we just followed the same protocol. 'Are you safe? What are your needs right now? Are you wanting to come in right now? Are you wanting to connect with an outreach worker?' It was a typical phone call, right? Someone who is escaping abuse and is needing to come in for support and safety.*

Though most participants emphasized that they did not adjust how they approached a phone assessment with trans clients requesting shelter support, some participants discussed posing transition-related questions to trans clients.

Participants shared different perspectives on the appropriateness of asking transition-related questions of trans clients. Ashley, for example, shared that although a trans client who accessed support several years earlier was

asked questions related to how far along she was in her transition, Ashley no longer thinks that asking transition-related questions is appropriate:

> *When we had the first person through, we were sort of like 'Oh, how do we navigate this?', so I believe that questions were asked about how long and how far into their identity change they were into. … I don't think that's really relevant now. I don't know, it probably wasn't relevant at the time either.*

Erin likewise voiced opposition to posing transition-related questions:

> *It's not appropriate to ask a trans woman about the state of their genitals. You know, like, at no point in the conversation should the question 'Have you finished your operation?' come up. It's not necessary. We don't need to talk about that. Because one of the first things that a lot of cisgender people will wonder about a trans person is 'How far are you along the spectrum?' They will have the concept that there is a beginning and an end, and that everybody is on the way to that end, whereas that is not necessarily the case. So, making sure that they [counsellors] know that, not everybody is going 'here'. Somebody is going to get to about 'here', and they will be really happy, and that is going to be fine, and it does not invalidate their position or their gender in any way.*

Emily, on the other hand, discussed the importance of asking questions related to how far along the client was in their transition. She emphasized that it is important for trans clients to be "far along" in their journey to becoming a woman in order to access support:

> *I think that we have to screen carefully…. We want people – we're hoping – that they're well on the road in their transitioning if they're going to come to a home filled with women who are escaping, usually 90% male violence…. Sometimes it can be triggering to them to hear a loud male voice in the house, and also see five o'clock shadow and all that. That is a reminder of that person's origins.*

Later, Emily stated that counsellors need to assess whether trans clients are "far enough along that the women will feel like they are more a sister than a brother." When I asked her to elaborate on how to assess whether a trans client is far enough in their transition, Emily responded "It doesn't have to be 100%, but it has to be fairly along that way. I can't really tell you…. If they seem too male, it's not going to work here because they're [cis clients] leaving male abusers mostly." This comment reflects a desire to ensure that trans clients are read as women by both staff and residents without having a corresponding framework to define criteria to meet this standard.

In addition to helping ensure that a prospective client will be read as a woman, Emily also stated that asking transition-related questions helps ensure that a trans client is authentically trans. Emily recalled hearing media coverage of an incident in which a cis man claimed to be a trans woman in order to gain entry into transition houses:

> *There is a man in Ontario, who in 2014 went into transition houses and saying he was trans, and sexually assaulted a woman, and sexually assaulted another woman in a shelter that wasn't a*

> *women's shelter, it was for men and women. Same guy; he has a long history of that stuff, and he found out he could get into transition houses, so we definitely want to make sure that they are trans.*

Emily stated that counsellors should pose questions aimed at ensuring that prospective clients are genuinely trans and not predatory men taking advantage of a perceived loophole.

Some participants reflected on the challenges involved in determining a client's gender identity. As part of the phone assessment process, counsellors are trained and accustomed to asking personal questions pertaining to clients' mental health, experiences of abuse, and substance use patterns; however, they are not trained or accustomed to posing questions related to gender identity and expression.

Participants expressed tension between their desire to gather the necessary client information to assess transition house program eligibility and fit, and their concern about not knowing how to ask questions related to gender identity. For instance, Leanne discussed concern over how to respond when clients do not disclose that they are trans and have deeper and more masculine sounding voices:

> *If they had a deep masculine voice, I don't know that I would be bold enough to ask if they were [trans]. I really don't know what I would do in that situation, if the voice was clearly much deeper than a female voice.*

Another participant who was uncertain of the client's gender identity stated that she kept her questions about the client's gender identity to herself and completed the phone assessment without a clear sense of whether the client was cis or trans, a process she described as unsettling.

Some participants discussed consulting with their transition house manager once they had completed a phone intake assessment with a trans woman. For example, in reference to the first trans person that she recalled staying at the transition house, Emily said: "The first person, our manager made the decision, and said in staff meetings that we were going to be friendly to trans people." Though counsellors frequently consult each other after completing a phone assessment and prior to accepting a client into their transition house program, managers are typically only consulted in admission decisions related to clients whose behaviour in previous transition house stays raised safety concerns and/or clients experiencing multiple barriers such as addiction, severe mental illness, and homelessness. Participants indicated that, in the absence of a known and clear trans-inclusive policy, they sought guidance and approval from their transition house manager prior to admitting a trans client.

In-Person Intake of Trans Clients

After the phone assessment is completed and the client is accepted into the transition house program, a counsellor provides the client with the confidential transition house street address and works with the client to establish a safety plan for her safe arrival to the transition house. When the client arrives to

the transition house, they are greeted by a counsellor who initiates the in-person intake process. Participants discussed both their experiences of going through the intake process with clients who they suspected were trans and with clients who had disclosed that they were trans during the phone assessment. Importantly, as one participant pointed out, transition houses accommodate clients who may or may not be trans, but who were perceived to be trans by counsellors, “I think that there have been trans women who have not come out as trans, who are able to pass, who maybe don’t fully feel safe, or have not felt safe before, to be open, so I am not even 100% sure if they are trans.” The following participant account illustrates one such circumstance.

Erin, who was working weekend overnight shifts at the time, discussed conducting an intake with a client who she suspected was trans on the basis of her appearance. During the interview, Erin took many long pauses when responding to questions related to her experience with this client, which she explained was both because she was recalling events that occurred several years prior and because the intake and subsequent interactions with the client caught her off-guard and she found it difficult to find the appropriate words to describe her experience. When I asked what made her suspect that the client she was working with was trans, Erin answered:

> *It was more of a way she wore her body, the shape of her body. This is where my difficulty comes in, because I only saw her in a dark room because we kept the lights low at night…I don’t know if I saw an Adam’s apple, I don’t know if I saw … none of those clear*

> *tells. But, it was a slightly different energy about her. … I think that there were some other features about her that spoke more to the presence of more testosterone in the system. I know now, that this could also be an indicator of PCOS [polycystic ovary syndrome], right? So, that does not necessarily mean that she was trans. But, she had more facial hair, and I remember that being visible in the low light, and just the shape of her hands. But, I am not 100% sure I don't think we ever were.*

Erin recalled asking this client for her driver's license to confirm that the name the client provided her during the phone assessment was the same as her identification (a standard procedure in many transition houses). Erin noted that the gender indicated on the client's driver's license was also female.

During intake, Erin recalled that the client appeared relieved to access transition house support and was forthcoming in answering questions. Erin also recalled that the client had been involved in sex work and had "one of those high-trauma stories," a shorthand she used to describe clients who share extensive histories of trauma, violence, and abuse. Erin described the client as being "gregarious, forthcoming, and friendly" and speculated that she may have had "aspects of a cognitive delay, possibly FASD [fetal alcohol spectrum disorder]."

Though the client was forthcoming and friendly, Erin described the intake process and subsequent interactions with the client as "uncomfortable" because she "crossed over lines that I wasn't okay with." Erin said she felt uncomfortable when the client posed a lot of personal questions and seemed to take a "particular interest" in her:

> *She had only just arrived, so there wasn't the chance for us to have created a particular rapport, right? So, I just felt kind of singled out, and it very much was that feeling you get when you're receiving unwanted attention.*

When I asked how she managed the situation, Erin stated that, prior to leaving work that day, she left detailed notes in the client log describing her interactions with the client, adding that it was unusual for staff to write detailed client notes in the client log since most client information was passed on verbally from one counsellor to another during shift change.

Erin recalled that her client log notes caught the attention of the transition house's Executive Director, who contacted her by phone to ask about how she felt about the interactions she had logged. Erin told her Executive Director, "To be honest, I actually felt kind of uncomfortable. I really did feel as though she was coming onto me." When Erin came into work the following weekend, she learned that the client had been supported to stay at a nearby hostel that frequently accommodated clients who were not a good fit for the transition house but nevertheless required shelter support. In reflecting on how she and her colleagues managed the situation, Erin stated:

> *I am actually kind of glad that nobody asked her 'are you trans?' because, regardless of whether she was trans or not, we were trying be safe, right? Although the situation, and her behaviour resulted in us feeling uncomfortable with having her in the house at the time, we were able to offer her safety, despite those*

> *boundaries being pushed. Whether she was trans or not didn't really enter into it.*

When I asked participants whether they changed how they do things when completing an intake with women who have disclosed that they are trans, the majority of participants indicated that they proceeded with the intake in the same way they do with cis clients. In reference to conducting an intake with a trans client, Patty stated "My assumption is that it would be very much the same [as it would be with a cis client] with our staff." Though Ashley likewise stated that she would not shift her approach to conducting an intake with a trans client, she does recall that she and her colleagues felt apprehensive after the phone assessment, and prior to a trans person coming in. "I guess we were kind of wondering how it would go, right? Sort of wondering how the other residents would react." Another participant, Carol, appeared somewhat taken aback at by the question of how she conducts intakes with trans clients "I am going to be honest, I don't know how to answer that. I come from a very inclusive place. It would just be case-by-case. I would just ask them what their needs are and connect them to the resources."

Some participants indicated that they did, or hypothetically would, change how they approached the intake in an effort to be more responsive to the needs and experiences of trans clients. Jane, for instance, recalled conducting an intake in which she temporarily accommodated a trans resident in the shelter's emergency room, located across from the counsellor's main office and

on a separate floor from the other resident bedrooms. Typically, the emergency room is used when the other resident rooms are occupied or when staff believe that additional resident supervision is warranted. When I asked why she placed a trans client in the emergency room, Jane explained that the trans client was apprehensive about how safe she would feel in a transition house, and that Jane felt it best to accommodate the trans client in the emergency room where counsellors could keep a better eye on how things were going with her:

> *It was the first time [having a trans resident]…well, I guess it wasn't the first time. We would never turn away someone who self-identifies as a female. That's if they fit our mandate. It is sort of along the lines of women with [teenage male] children that come in. We have had women and children come in with eighteen or nineteen year-old sons. So, it's sort of like 'is this going to work for you?' 'Is this a good fit for you?' 'Is this a good fit for the house?' because there are other people here too. It didn't have anything to do with the transgender piece; it had to do with how is that going to work within the dynamics of the house. It's for their comfort level, and making sure all these pieces fit together in terms of house dynamics.*

Though Jane explicitly stated that the decision to temporarily accommodate the trans resident in the emergency room was not connected to her being trans, it appears as though the rationale for the choice was rooted in ensuring that the trans resident felt comfortable and that her presence in the transition house would not affect household dynamics.

Some participants who had not conducted an intake with a trans client discussed how they would hypothetically change their approach. Heather, for instance, stated “I guess, thinking about it now, I would see if there are any additional supports that she might need to help make her feel more comfortable.” Another participant, Brett, stated that she would listen carefully to how trans clients described their relationship history and experiences of abuse to identify if they experienced abuse rooted in their gender identity:

> *We ask women about different types of abuse they’re experiencing on intake. However, we don’t ask questions about trans-specific forms of abuse. If I am doing an intake with a woman who is trans, I would try to listen for experiences of abuse that cisgender women may not experience, like having their identity as a woman disrespected and being told that they are not a real woman, or financial abuse that prevented them from buying products or things related to how they express their gender. Financial abuse may interact with a woman’s use and access to hormones. So, there are layers of abuse that do not come up as much with cisgender women. But [in our intake forms], we don’t specifically ask if they’ve experienced trans-specific types of abuse.*

In this instance, the participant drew on their knowledge of trans-specific forms of abuse and adjusted what they listened for when doing an intake with a trans client.

As part of the intake process, clients are assigned either a shared or a single room. Though transition houses endeavour to offer residents their own private rooms, sometimes residents without children staying with them are asked

to share a room in order to accommodate a new resident. I asked participants about how they assigned trans clients rooms in their transition house. Most participants recalled that they accommodated trans residents in single rooms. Erin, for example, recalled staff having a discussion over how to accommodate a new resident who, on the basis of her appearance, Erin suspected was trans. Though the majority of rooms were shared rooms, Erin stated that staff made the decision to place the new resident in a single room:

> *She was put into a room on her own because she came in in the middle of the night and we didn't want to disturb anyone else, and there was a question of whether other people might feel uncomfortable around her because she did present as different. Physically, but it was a question mark kind of thing. Would other people look at her and be like 'huh?' So, the question was, in the light of day, would other people have an issue, and how would that be dealt with?*

Some participants recalled considering where the trans client was in their transition when they decided to place trans residents in single rooms. When asked about the rationale for placing trans residents in single rooms, Ashley said:

> *Probably because we weren't sure where they were at in, how far they had gone along in their identity change. So, we thought it would be awkward [for the cis resident]. For a roommate in the roommate sort of situation. If somebody's … you know, it's your bedroom, and if somebody is changing in the bedroom, or they're sleeping and the blanket is off…*

Similarly, Emily stated that staff follow an "unwritten policy" of offering trans residents their own room. Emily reasoned:

> *If they were fully trans, and had surgery and everything, and had lived as a woman for a long time, then maybe I would. But none of the ones [trans residents] we had here were like that. They were physically male to some extent. And I wouldn't feel comfortable putting them with a [cis] woman then.*

Whereas most participants recalled that trans clients were accommodated in a single room, Patty recalled a "challenging" situation in which the only way to accommodate a trans woman (who was known to staff from previous stays) who needed immediate shelter support was in a shared room already occupied by cis resident. Patty said that that the cis resident was adamant that she did not want to share a room with a trans woman. "So", Patty stated "that was challenging to try and balance both people's needs, especially when there was no other rooms to put the two people in. So, somebody had to share." When asked about how the situation was resolved, Patty recalled:

> *[We] just really encouraged her to be inclusive and give her a try. So, we did ask that they share a room regardless. I think that if there had been another bed available, that we would have maybe tried to give them separate rooms just to kind of balance that out. Um, but luckily within a day, they were both, like friends, and friendly, so that worked out really well.*

Though most participants recalled that they accommodated trans clients in single rooms, they shared different perspectives on whether trans clients should

be accommodated in single versus shared rooms. Some participants expressed uncertainty, “I am just thinking about now. Would we have a policy around that? Would we prefer to give her her own room for her own comfort? Or, is that giving her different treatment?” Whereas other participants were more conclusive in their thinking:

> *Because, we are a women’s transition house, if a trans person called and they identified as a ‘she’, and if I only had one bed available in a shared room, then I’d have no problem putting that person in there. That’s me personally.*

Most participants, however, indicated that they felt that it was more appropriate to place a trans woman in a single room.

Although most participants felt it best to offer trans residents a single room, the rationale behind this varied considerably. According to Jane, “They need to have their own room. That is the safest and most comfortable.” Patty likewise placed her reasoning in favour of offering trans women a single room in the context of increasing comfort and easing stress among residents:

> *I might be inclined to place her in a single room, if I had the opportunity, for her own comfort, especially when it comes to changing or anything and recognizing if she had a potential roommate, that that person may have varying degrees of comfort. We are always trying to make people comfortable and lessen their stress load as much as possible, so I think it would be in the name of trying to create peace and a sense of safety as much as possible. I don’t think we have a particular policy on that, but now*

> *that I think of it, it would make the most sense, and I think I would try and give them a private room.*

Whereas some participants addressed question of room sharing through the perspective of cis resident comfort, others placed emphasis on ensuring that trans clients are safely accommodated:

> *Depending on how the roommate is. There has been outrage about non-gendered bathrooms, so I could imagine that somebody might be upset. I think that we would do our best to try to either make sure the [trans] woman feels safe, or try to rearrange it so that she does not have to share a room with someone who is uncomfortable with it, or might be hostile towards her (Heather).*

Erin and Brett, likewise, primarily considered trans residents' sense of safety, and in doing so, favoured asking trans clients how they would like to be accommodated:

> *I think that asking the woman coming in if she has any particular needs regarding sleeping arrangements would be an important step. Even cisgender women who come into the house will often say 'I'm a really loud snorer, you should probably put me in my own room.' Or, 'I have night terrors and I can't share a room with somebody'. … The discussion of communal living comes up during our intake process: 'It is communal living and often times we have shared rooms, would you be comfortable with that?'. That is a lead in to a discussion around if she requires a particular arrangement to feel safe and comfortable herself (Erin).*

> *But, I think a way to navigate some of the issues in terms of shared bathrooms and shared rooms is also to ask the woman herself what she feels comfortable with…. I think this goes again to not putting the onus on her to educate others, but also asking her how she feels comfortable explaining to other residents, and what would she like to say? Would she like any support with navigating that with co-residents? (Brett)*

Maintaining a Safe and Comfortable Space

Part of the role of a counsellor is to ensure transition houses are safe and comfortable spaces for women affected by IPV. This involves preventing and responding to possible internal and external threats to this sense of safety and comfort. To maintain a safe and comfortable space internally, counsellors focus their attention on the overall household dynamics between residents who are expected to share communal space and treat one another with mutual respect. As Ashley stated, "[We] walk around downstairs, the kitchen, the living room, whatever. It's not a watchful eye on anybody in particular, just in general to see how things are going."

When responding to questions I posed related to the inclusion of trans women in transition houses, participants frequently emphasized the importance of maintaining a safe and comfortable women-only space for cis residents. Some participants brought up examples of and raised concern over situations where cis residents felt threatened or unsafe in the presence of a trans resident. For example, in outlining her experience with a trans resident, Jane stated:

> *Unfortunately, that woman didn't stay very long because she ended up not being able to get along with the other women. She presented as a tall and large person, and was quite aggressive. She struggled a lot with different services and a feeling of isolation and ostracization. The personality didn't fit within the house dynamic because there was threatening and aggressive behaviour, which does not really work in a house filled with women…. That client had to exit, and we referred her to another transition house.*

In describing the situation, it appears as though Jane inferred that the other residents' impression of the trans client's aggression was amplified by her physical appearance.

Ashley likewise recalled challenges related to two trans residents expressing anger in a manner that intimidated cis residents, "In both cases, it was the anger issues. Anger about their relationships that they were in, not to say that non-trans women don't have those issues either, but it was a very strong emotion expressed a lot." When I inquired about how the anger affected other residents, Ashley responded, "People were scared, certainly, of anybody who has anger issues, and then, of course, they had the deeper voice…. It scares people, because that is what they came from." When asked how staff addressed this issue, Ashley answered, "Well, asking the resident to calm down, because it's not appropriate in the house and it scares other women. Just in general, because that is where they came from." In this instance, it appears as though Ashley implied that cis residents were reminded of their abusers when a trans resident expressed their anger using their deeper voices. Ashley indicated that,

despite counsellors' repeated requests, neither trans women were able to contain their anger. In both cases, transition counsellors consulted with their manager, resulting in a team decision to ask the trans women leave the transition house.

Whereas Jane and Ashley agreed with the decision to ask trans residents to leave on the basis of their expression of anger or aggression, Brett had reservations about how a similar situation involving a trans resident being asked to leave was handled:

> *We had a client who was very tall and large, and she had quite a deep voice naturally. She was in a lot of crisis and struggled to shave on a regular basis… She also didn't have a lot of clothes, so expressing her gender in certain ways was harder for her. There were so many barriers she faced, and in addition to that, a lot of the other residents were saying she was a male. Sometimes staff would accidentally use 'he' instead of 'she', even though 'she' was her preferred pronoun. Ultimately, she was asked to leave, in part because of her gender expression.*
>
> *I had quite a bit of conflict with our transition house manager at the time over it. I thought being asked to leave based on her behaviour was appropriate. But it was said to be a combination of her behaviour and her gender expression. I thought that was completely inappropriate….I think that we ask women to leave all of the time because of their behaviour being bullying or aggressive. But, because she was trans, that was being tied into masculinity and gender expression. I think that should have been a completely separate issue. She should have been asked to leave because of her behaviours in the house, not in any way, being linked to her being trans or her trans identity and gender expression. It was partly because of how she presented herself*

> *that she was discharged. Her presentation was linked to her behaviour, but I think that they should be entirely separate issues.*

Although Brett thought it was appropriate to ask a resident to leave on the basis of aggressive behaviour, she disagreed both with the connection that her transition house manager made between the trans client's gender presentation and aggressive behaviour and that the client's gender presentation factored into the manager's decision to ask the client to leave.

Cis Clients' Responses to Trans Clients

For counsellors, managing household dynamics and ensuring a safe and comfortable space for all residents involves addressing questions and comments residents have about one another. Participants discussed the types of questions cis residents posed about trans residents. Specifically, some participants remembered being asked about, and responding to, cis residents' questions about the sex and gender of a trans client. Brett, for example, recalled:

> *'Is this client a male?', 'Why are they here?' Things that would be confidential that we wouldn't share anyway, but probably more a desire to know, to have the [trans] woman justify herself to prove that, that she is worthy of services in a way the other [cis] woman may not have to prove.*

Brett discussed addressing the questions through a gender-inclusive lens that respected trans residents' right to client confidentiality:

> *Usually in situations like this, I try to speak generally, but not about the client because of our confidentiality. I might say something like 'all women who identify as women are allowed to be in transition house, and different women have different experiences. Some women may have transitioned earlier in their life, some women may have always been born as women, but all women are welcome.' So, I may not speak to whether this particular resident is a woman or not, but I may give something more general about women and what it means to be a woman. I might give more examples, too, of different types of experiences women have to show that all women have different experiences, and there is no defining one set of experiences that make you a woman. You don't have to have menstruated, or given birth, or be born with particular genitalia to identify as a woman and to be a woman.*

Similarly, Patty recalled a cis resident asking "okay, is that a man or is that a woman?" Patty answered as follows:

> *I said that 'that's a trans person and that she wants to be acknowledged as a woman, so she is a woman'. And, I tried to really highlight for them how important it is for them to address and treat someone as the gender that they see themselves as.*

Jane remembered being asked "crude questions" by cis residents, including "Does she still have a penis?" "Is she going to get it cut off?" "Do they realize that you can see her package?" Jane indicated that she endeavoured to respond to these questions in an inclusive manner that shifted the focus toward the cis resident posing the question and away from the trans resident:

> *It's all about inclusivity. Reminding the residents that 'why are we all here?' and 'why are you here?'. That fleeing violence can look differently for everybody, but this is supposed to be a safe place…. Bringing it back to reminding them of why they are here. Generally, you can reach people by shifting the focus.*

Other participants, however, did not recall cis residents asking any questions. When I asked about this, Leanne, stated:

> *No. And that is why I have the opinion that everyone was accepting, because I didn't see anything. There may have been stuff going on behind the scenes that I didn't see, right, but from my observation I never noticed any comments or treatment that was unaccepting.*

Ashley likewise did not remember cis residents posing questions:

> *You know, I really can't. It just seems that, if they did, they just kept their thoughts to themselves. I could see, sometimes, maybe on someone's face, that something, a kind of questioning look, but they were not saying anything.*

When I asked about how cis residents reacted to having a trans resident, participants recalled varying responses that ranged from inclusive, welcoming, and respectful, to disrespectful, unwelcoming, and transphobic. Some participants recalled cis residents responding in an accepting manner, which they speculated was attributable to residents sharing space with, and being exposed to, women with diverse backgrounds and experiences:

> *Well, I obviously didn't see every interaction, but my general sense was that people, because of the population of people that come here, they come from varied lifestyles and circumstances, they see and have been exposed to many types of people, so I think their background probably lends to helping them be more accepting. So, I didn't see anything that was, that I would consider being non-accepting. That is kind of my reason for thinking that (Leanne).*

> *They [cis residents] were always very kind. Maybe it opened their eyes, being around those [trans] people, you know? Just like when they come here and they meet someone who has been working on the street. Some people come here and have never met an addict before, and so they have boundaries, but they learn a little bit more, and they become more human to them, instead of someone you hear about and have opinions on. So, I guess it would be the same with the trans people who come here (Emily).*

Emily, who followed media coverage about the inclusion of trans women in women's shelters, anticipated that cis residents would raise concerns over having a trans resident. To her surprise, however, "They were more accepting than I thought". Upon further reflection, Emily stated:

> *Some women that I have heard about in the media have felt weird about being in a shelter where it is supposed to be all women, where someone still has a penis. So they have wondered if they are safe. Even that, though, no one talked about that here that I know of, and we never shared among staff that anyone talked about that. I think they, maybe the trans people themselves, were able to make people feel safe around them. That is actually a realization that I have made right now. Is that maybe it was the*

> *trans people themselves that put people at ease…. They probably have skills at diffusing situations.*

Some participants said that cis residents were uncomfortable and/or fearful around trans residents who were more masculine in appearance. For example, Jane stated, “What I remember is that they did identify as female and were taking hormone replacement, but when they arrived at the house, they presented more masculine than feminine. That created fear among the other [cis] residents.” Leanne likewise recalled that cis residents appeared uncomfortable around a trans resident:

> *Um, I don’t know if I’d call it a challenge, but one of the, I don’t what to call it, uncomfortable or stand-outish kind of things was that the first trans woman that I was exposed to here that came to the house, was quite tall and quite broad, looked like she could have been a football player, and had a very dark 5 o’clock shadow. So, I could see that making people uncomfortable, as kind of a reminder later in the day, that this person isn’t fully transitioned, and there is the reminder that they are really male, but that they are in the process. So um, I don’t know if that affected other people, but I still have the image of she’s going into the fridge, you know, late in the day, and I look at her and say ‘hi’ and then the five o’clock shadow and “okay, yeah, you’re transgendered.” Just a reminder, basically. It didn’t change my behaviour, but I did a double take.*

Some participants observed cis residents responding in a less inclusive manner toward having trans residents. Brett, for example, recalled:

> *[Cis] residents either accidentally or intentionally using the wrong pronoun seems to be a consistent one. Forming alliances with the women-born women in the house. Usually, it sort of takes the form of coming to staff where they say 'I think everybody should be here, but …' Then there is the 'but' where what they say is transphobic. They try to present themselves as okay with it, but ultimately they are not.*

Jane likewise said that some cis residents formed "us [cis] versus them [trans] camps" and were disrespectful and unwelcoming, "Yes, [the cis residents were] very aggressive, rude, crude, and hurtful. Ostracization. Making her [the trans resident] feel like she does not belong, does not belong to any part of the human race."

Jane discussed a specific incident in which a cis resident, whose children were also residing in the transition house, refused to share communal space with the trans client. The cis resident "felt it [being trans] was abnormal and unnatural, that there must be something wrong with her mental health, that she must be on drugs." Jane recalled that the cis resident "had issues with her touching food and being in the kitchen. She treated her [the trans resident] as though she had a form of leprosy. I only use that word because she used it." Jane indicated that she and other counsellors responded by increasing staff presence in communal spaces and having one-on-one conversations with the cis resident. Ultimately, Jane said that staff were unsuccessful in their attempt to defuse the situation and shift the cis resident's perception:

> *People are set. But the reality is that you can agree to disagree, but if you continue to have aggressive or transphobic behaviours, then you don't fit our mandate anymore. Not a threat, but people have the right to feel safe. And people have the right to be who they choose to be, and to self-identify.*

In this instance, Jane recalled that the cis resident did not arrive at a place of comfort with living communally with a trans resident and elected to self-discharge herself and her children from the transition house.

I asked participants questions about how they addressed concerns raised by cis residents about trans residents. Participants discussed addressing concerns promptly and directly, providing information and educating cis residents about inclusivity and gender diversity, and modeling inclusivity. In order to prevent the formation of "us versus them" camps between cis and trans residents, Jane emphasized the importance of "addressing things that arise in the house immediately and consistently." Both Carol and Heather expressed similar sentiments:

> *I'd address it directly. I would let them know 'You know, it's important that you focus on yourself. We are inclusive. We do support women that come in here. It's important for everyone here to focus on themselves and not to worry about other people' (Carol).*

> *I would step in in the moment and say something like 'This is a place for all women to stay who need safety, and everybody has a right to be here. When you came in, you agreed to treat everyone with respect, and that is part of being here, treating*

> *everybody with respect and kindness.' Then, I'd probably ask the [trans] woman if she wanted to debrief, and talk to the [cis] woman after (Heather).*

In addition to responding directly to cis residents' concerns, participants addressed transphobic concerns or beliefs through education:

> *I think that transition house staff need to be willing to intervene and educate other residents when there is transphobic behaviour or comments being made…. Being willing to support and advocate for the trans woman knowing that they are the more vulnerable. I think knowing some general myth-busting facts to kind of objectively meet some people's hesitations and knowing the fears that people have about people who are trans so that you can have a helpful conversation to bust some of those myths and eradicate some of those fears (Patty).*

> *I think it might be necessary, and has been necessary, to provide some one-on-one education to other women in the house as we do with other types of barriers.…Some women tell us that they find it triggering that there is a woman in the house that looks like a man. I think that you have to explain how there are many different ways of being a woman and ultimately we are all here because of experiencing abuse, and try to encourage empathy and awareness (Brett).*

> *I would do my best to share some education on the subject. That trans women are women, and there is a lot of medical evidence to support that, it's not just like 'a feeling.' There is a lot going on there, that she needs safety just the same as she does, and it's polite to use the correct gender pronouns. That trans women are much more likely to be the victims of violence than perpetrators of violence. I'd do my best to allay her fears and educate her on the*

> *subject, because if she's coming to me with the whole 'there's a man on the premises' mindset, then there is education that needs to happen before moving forward (Erin).*

Patty and Brett discussed the line between respecting and challenging transphobic perspectives held by cis residents:

> *One thing that has come up for me is trying to support other cis residents who are sharing space [with a trans resident], and they maybe really adamantly believe that it's wrong to be trans and it doesn't match with their value systems and they're really outspoken about that….I think for me, the most challenging part is really working with other residents who are really transphobic. How do I honour their values and not try to impose mine while encouraging them to be respectful, kind, and inclusive? (Patty)*

> *Balancing providing space for the woman to air her concerns while not endorsing them, I think is a tricky sort of balance, because ultimately she may talk to us and may be transphobic herself, but how to we allow her to express some of that to us, while trying to support her to grow, while she is already in crisis about something completely else (Brett).*

Patty offered an example of when she tried to balance respecting and challenging different perspectives when she outlined an exchange with a cis resident in which she encouraged the cis resident to be more inclusive and kinder toward a trans client:

> *This person [cis resident] was trying to make the argument that a lot of trans people commit suicide because they think they made*

> *the wrong decision. I was trying to refute that with the fact that actually, it's because there are a lot of barriers and a lot of challenges, and from the research I've done, it's largely because of how they are received by the public that it leads to such devastating consequences and effects on their mental health. So, trying to present some objective thoughts around that, without totally stepping on other people's belief systems and values, that's challenging.*

Addressing Trans Clients' Needs

As chapter four outlines, clients accessing transition houses typically stay for one month. During clients' stays, counsellors work supportively with them to identify and meet their needs. In addition to ensuring that clients feel safe and comfortable during their stay at the transition house, counsellors support clients in accessing legal, housing, mental health, financial, counselling, and child-protection support.

I asked participants about how they approached meeting the logistical, emotional, and practical needs identified by trans clients. I also asked participants whether they do anything differently when working with trans women. One participant, Heather, responded, "I don't think I adjusted [my practice]. I just tried to be as open and supportive to her as possible." Like Heather, the majority of participants stated that they did not do anything differently when working with a trans client. For example, Leanne stated:

> *I don't believe that I respond to them in a gender. I respond to the human being inside the body, so to me, whether they were male,*

> *cis-male, cis-female, transgendered, I'd probably respond consistently…. I think that our goal should be to try to consistently be unbiased and supportive.*

Patty similarly said, "I really felt that we were really open to helping with them in the exact same was as with any other woman. I didn't notice that it changed our approach at all."

Though most of participants indicated that they did not change how they did things or adjust their practice when working with trans clients, many participants discussed being sensitive to and aware of possible differences in lived experiences between trans and cis residents:

> *I have counselling skills that I have used outside of the [transition] house too, and I think they fit everybody. I can't think of doing anything differently, other than being aware that the person is trans and that things might be different through their eyes, like their own abuse or their own search for housing or things could be different for them. If you're six feet tall, like the one, then you dress very overtly as a woman, like very low-cut cleavage, and blah blah, and you're going around looking for a place to live, landlords will judge you just as they would the Native people that come in and want a place to live and everything else, they'll judge them. They want a mainstream, middle-class, working person to rent their place. So, when they're talking to us about those issues, like finding housing, um, you have to use that lens. I guess it would be a transgender lens, and look at how does it appear to them and what are they going through? (Emily)*

> *I think I would consider the additional dynamics of oppression that they [trans women] probably experience in their day-to-day lives, and what that might mean for [them] … I wonder if they are facing more violence and abuse from other people as well. Or, if it is even harder to find housing, stuff like that (Heather).*

In addition to considering individual and systemic factors that affect trans women's lives, some participants also indicated that offering residential support to trans women often involved managing household dynamics:

> *I don't think I personally did anything differently because they were trans. But it did mean that we were dealing with different issues in terms of house dynamics. Yeah, so that brought up different things and I was just handling things as needed. But, I want to believe that it didn't change the way that I offered services (Patty).*

> *I think that I would be more mindful about looking out to see if people are discriminating against her in the house. Keeping an eye out for that. Maybe checking in to see how she is doing. I think I would be more mindful about that, and sensitive, and checking in with her to see (Heather).*

I asked participants questions about the needs of trans women accessing residential support. Most participants stated that trans residents had the same needs and required supports as cis residents. Many participants emphasised that, much like they would when working with a cis resident, they would ask trans residents about the supports and resources they need during their transition house stay:

> *I really think you have to ask, like 'What things to you need support in?' 'What resources do you need?' 'What would benefit you?' 'How can I help you?' And then to just look at different resources out there and connect them with that (Carol).*

> *To make sure that the transgender woman has supports in place. Does she see a counsellor regularly? Does she have medical needs? It's the same as any other woman that would come to the house. Does she have the clothes she needs? Does she need underwear? Does she have socks? The same as we would do with any other woman. Does she have her medication? What can we do to support her to get that? Does she have any legal issues? Anything special, like dietary concerns or allergies? In my mind, it's the same, unless they are sharing that they need something more specific. Like, maybe they've had gender reassignment surgery and they need proper medical supplies (Jane).*

When reflecting on the needs of trans clients, participants discussed the use of pronouns. Some participants recalled being more mindful of their pronoun use when offering support to a trans resident. Patty, for example, stated:

> *I guess just watching my own pronoun usage, sometimes that would slip, and I found myself being very … feeling extra careful…. I might have had some times when I was pausing, or it was obvious that I was trying to not slip. Which, still highlights the fact that it's not easy for me.*

When asked what she meant by "slip," Patty clarified that she meant misgendering a trans resident by using the wrong pronoun. Patty indicated that she inadvertently misgendered a trans resident when speaking to a colleague but did not recall misgendering a trans resident when speaking directly to them.

Emily also shared that she found it difficult to use the pronoun ‘she’ in reference to trans women. During the interview, Emily frequently referred to trans women who had accessed support using the pronoun ‘he’. Although Emily was not asked to explain her use of pronouns during the interview, she offered:

> *I am still saying “he” because I am picturing the person without his wig, with whiskers, and that. That’s just me, because I am picturing them the way they sometimes were. If they had maintained the façade more, I’d have had an easier time to say ‘she’.*

Emily elaborated that since the trans women she had worked with appeared more masculine than feminine to her, she tried to avoid pronouns:

> *I always spent quite a bit of time trying to avoid pronouns for them when they were like that. I am sure if someone came here who had fully transitioned, we would all say ‘she’ then, but it was harder.... Every once in a while it [a pronoun] slips out, and it’s more likely to slip out as ‘he’ than ‘she’.*

When asked if she had ever used the pronouns ‘he’ or ‘him’ to a trans resident, Emily responded:

> *Oh, no, not with them. I was somehow able to not do that because I was not wanting to hurt them. It’s more talking about them that it slips out that way. And, that’s my own journey, too, don’t forget. I doubt if I heard of trans people until I don’t know when ... There was a famous one in the 60s, Christine…Jorgenson? Well, everyone thought that that was like a one in a million person, you know? Nobody thought anyone in your neighbourhood may be*

> *trans, you know, except that trans people. So, it's a learning process, and I have been around a long time, so things have changed.*

Conclusion

This chapter examined how, from admission to discharge, participants responded to trans women accessing support. Participants expressed unanimous support for the inclusion of trans women in transition house settings. Though nearly all participants emphatically stated that they did not treat trans clients any differently than they did cis clients, my findings reveal discrepancies between this assertion and how participants described their responses to trans clients. Indeed, a major theme woven throughout this chapter is that participants assessed how well a trans client fit into the transition house program on the basis of the extent of perceived alignment between the client's gender identity and her gender expression.

When participants discussed challenges related to working with trans women, they often described situations in which they perceived a trans women's gender expression as threatening to cis women fleeing IPV perpetrated by men. Specifically, in instances where participants perceived a trans woman's gender expression to be masculine, they often responded with concern over the comfort, safety, and well-being of cis women. In such instances, some participants drew a subtle or overt comparison to the trans woman's masculine gender expression with that of a cis male abuser.

CHAPTER 6: TRANSITION HOUSES' TRANS-INCLUSIVE POLICIES, PROCEDURES, AND TRAINING

In this chapter, I describe participants' perspectives on their transition houses' policies and procedures for working with trans women, the educational material and training opportunities their transition houses offer related to working with trans women, and participants' reflections of what is needed for transition houses to adequately meet the needs of trans women.

Trans-Inclusivity Policies

Transition houses' policy and procedure manuals guide the day-to-day work of counsellors. I asked participants whether they were aware of policies or procedures related to working with trans women, and most responded that they were either unaware or unsure of their transition house's policy on trans women. Some stated that their transition house had a trans-inclusivity policy, but they did not recall further details related to the policy.

When I asked Carol whether she was aware of her transition house's policy, she stated, "I don't recall reading a set of policies and procedures around that." Erin likewise said:

> *I don't think so. I mean, it's possible. I don't believe that I've read anything that indicates what [my transition house] feels that I should do in that situation [offering support to trans clients]. So, I'd basically be playing it by ear, and I think that pretty much anybody else would be too. Because, if there is a policy on it, I don't think anybody is very familiar with it.*

Similarly, Brett responded, “No,” adding “I think it feels more case-by-case. I think we may have something somewhere, but it still feels too case-by-case for me.” Though Brett’s transition house lacked a trans-inclusion policy, she recalled participating in a work exchange with a transition house that did:

> *I did a work exchange with [a different transition house], and they had an awesome transition house manager in a time when we had a manager who was not very trans-inclusive. She pulled out the section [in their policy and procedure manual] and she showed me where it had trans women in it, and I remember feeling so empowered by seeing that in writing.*

Brett emphasized that transition house managers play a pivotal role in setting the tone as it relates to trans-inclusivity, especially in the absence of an explicit trans-inclusion policy.

Though many participants lacked specific knowledge of or familiarity with the policies and procedures related to working with trans women, most were nonetheless aware that their transition house had a policy stipulating that trans women who fit their mandate were eligible for transition house support. To this end, Patty, stated, “If you identify as a woman, we will accept you and treat you as we would any other client. That’s the policy.”

Some participants were unsure as to whether their trans-inclusive policy went beyond indicating that trans women who fit their mandate are eligible to receive transition house support. Jane recalled that her transition house is trans-inclusive, adding “But there was not policy or procedures as far as I know.”

Heather likewise stated, “I am pretty sure our only policy and procedure is that we accept trans women, who identify as trans ... I don’t think that we have any specific policies or procedures.” Finally, Emily said:

> *You’re asking the wrong person, because I haven’t read the policy manual in so long. … We have a mandate, I haven’t looked at it for quite a few years … I’d be willing to bet that it says that we’re open to every kind of sexuality, but I haven’t looked at it in a long time.*

In this context, Emily used the term “sexuality” to communicate that her transition house is LGBT inclusive.

Additionally, I asked participants to share their thoughts on their transition house’s policy on trans women. Some participants indicated that they would appreciate a more detailed policy offering guidance on procedures related to meeting the needs of trans women. According to Heather:

> *I think maybe it’s missing addressing some of the challenges. I didn’t even think about room sharing and how that could create an uncomfortable environment. So, we don’t have any specific policy, and so I don’t know if that could be something that we look at.*

Ashley also mentioned wanting a more detailed trans-inclusivity policy regarding accommodating trans women in shared vs. single rooms. She favoured more detailed trans inclusivity policy generally. Though Carol did not think that more detailed policy would benefit her personally, she thought it would be helpful to

other counsellors: “I could see that being beneficial. I guess, for newer staff or people who are unsure in a certain situation, I could see that being beneficial.”

Erin, whose transition house did not have any policy in place, proposed developing a detailed policy in consultation with trans women. She felt such policy should go beyond stating that the transition house is trans-inclusive:

> *I think that it’s really important for us to check in with the trans community to see what they anticipate their needs as being to see if our policies address that. It’s all well and good to say that I’d like to come up with a policy, but we are only guessing until we actually check-in with the people that it’s going to affect…So that we can build a good policy around what would be the best thing to do in the majority of situations.*

Participants also pointed out that their transition house policies do not address how to respond to gender non-conforming clients who wish to access transition house support. Brett felt that a trans-inclusivity policy should explicitly address gender non-conforming clients:

> *It feels like it’s not a wide, sweeping inclusivity. Especially when we’re talking about gender non-conforming or other issues. Sometimes questions will arise in terms of pre-operation or post-operation, and it doesn’t make a difference. Like, it shouldn’t make a differences…I think we also need explicit policies that make it very clear, so not only left up to the individual worker, but I think we just need it be made very clear that, um, our mandate is serving all women. And I do think it gets, it does get more complicated in gender non-conforming people. So, right now we*

> *are sort of at all women, but where does that put gender non-conforming people who have experienced violence and abuse?*

Likewise, Patty emphasized why an inclusive policy should address gender non-conforming clients:

> *I am just trying to imagine, though, if someone presented as super masculine with hardly any feminine characteristics. That hasn't really come up. But I wonder, if that person had a beard, would that challenge our staff? I don't know because we don't have super specific policy around it.*

Despite this concern, Patty was among a minority of participants who expressed satisfaction with their existing policy: "It seems to work. It hasn't been challenged too often."

Two participants expressed satisfaction with their existing trans-inclusivity policies. When I asked Jane about amending the existing policy, she responded, "Not really, I mean, nothing formal. If someone self-identifies [as a woman] and they don't present with aggression or anger, like any other woman, then they are welcome to stay, within the program guidelines." Similarly, Leanne did not see value in amending her transition house's policy, adding: "Acceptance. I don't know what else they could write in a policy. Accept everybody."

Trans-Inclusivity Training and Workshops

Transition houses societies typically offer a range of training material and workshops to counsellors. Transition house offices contain training material

such as books, articles, textbooks, and movies that cover a range of topics and issues related to IPV and meeting the needs of [cis] women affected by violence and abuse. Depending on the transition house society, workshops are typically offered on a bi-weekly to monthly basis and likewise cover a range of topics and issues related to IPV and meeting the needs of [cis] women affected by violence and abuse. Attendance is typically optional, and workshops usually last two to eight hours and take place online through webinars, in the transition house, or in the community. Whereas webinars and in-house training workshops tend to cover issues and topics specific to working in a transition house setting, community-based workshops are typically sponsored and hosted by a local social service provider and often cover a more general range of issues and topics applicable to a broader range of professionals. Examples of topics and issues covered in training materials and workshops include: safety planning for women in violent or abusive relationships; offering support to clients who have mood disorders such as anxiety and depression; meeting the needs of Indigenous women in a culturally sensitive manner; and, practicing from a trauma-informed perspective.

During interviews, I asked participants about the type of training materials or workshops their agencies offered in relation to trans women accessing transition house support. No participants were aware of any such training materials available in their office. Similarly, none of the participants attended any webinar or in-house workshops through their agencies which

focused on trans women affected by IPV. However, Brett, discussed attending an in-house workshop on gender that touched on trans-related terminology. The workshop was facilitated by a colleague with a women's studies background and involved a clarifying overview of commonly misused and confused terms such as sex, gender, sexual orientation, gender identity, and gender presentation. According to Brett, the workshop was helpful in generating discussion and addressing questions:

> *I think it was great way to have a discussion… There were a lot of questions. I think what's good, is that some of the questions posed by staff may have indicated a discomfort. I think helpful to have a safe place where you can express that maybe you're a little uncomfortable without being dumped on for discomfort.*

Though Brett was the only participant who attended an in-house workshop through her agency, other participants attended community-based workshops focusing on trans-related topics.

Three participants recalled attending community-based workshops applicable to working with trans women through their transition house. Carol indicated that she had attended an LGBT competency workshop delivered in her community a few years previously. When asked if the training was helpful, Carol responded, "That was a really good workshop," though she could not recall specific content covered in the workshop, it covered LGBT terminology and how to be an ally to LGBT community.

Both Patty and Leanne recalled attending a community-based workshop for social service professionals focusing on developing a trans-inclusive practice. Patty stated that the workshop was helpful:

> *There was an organization that came to offer workshops for service providers and we were encouraged to go … I did find it [the workshop] important. Especially around terminology and things that are especially important to be aware of, especially around pronoun usage. Reducing my own misinformation.*

Leanne also recalled attending a community-based workshop delivered by a local sexual assault centre:

> *Not specifically [about working with trans clients] in a transition house, but working with trans clients…It [the workshop] was very small, probably 12 people. But, it was just to share experiences and to learn to be more sensitive and understand the perspective of the client. And to maybe expose our own prejudices to ourselves.*

When I asked if the workshop was helpful, Leanne stated: “No, because I wished it could have gone deeper. We kind of got sidetracked and we didn’t really get into the juicy stuff.” In response to my asking how the workshop could have been improved, Leanne indicated she would have liked the workshop to have helped participants discover their (including her own) unconscious inner biases: “I guess talking about real issues with real people, and how to navigate that, and to allow us to really explore ourselves more…. Because, like I said, everyone says, ‘I’d never be biased’”. Leanne further elaborated, explaining that she would have

liked the workshop to have addressed how to deal with scenarios, challenges, and issues that arise for social services professionals working with trans clients.

Next, I asked participants if they could think of training material or workshops that could help counsellors meet the needs of trans women. Participants emphatically supported attending workshops and participating in staff discussions focusing on meeting the needs of trans women in transition house contexts. The following responses underscore the strength of this support:

> *Absolutely! …It's always good to learn and to get as much information as you can so that you can better support the client. Everybody and every agency that supports transgender people should have workshops (Jane).*
>
> *Education is important, I think. That is why having discussions at the staff meeting is really important. An opportunity for all of us in a safe space with each other to ask our silly questions, and to have the opportunity to have our questions or concerns addressed. To learn; when you know better, you do better (Erin).*
>
> *I think staff need a lot more training as a team. We need a lot more training in advance, and not just for trans women. There is a lot of confusion around trans and sexual orientation, and gender expression… and a lot more training and discussion for staff is really helpful. I think staff need to think about how we are going to talk to [cis] co-residents, especially if a woman's gender expression is more masculine (Brett).*

These statements reflect a desire and commitment among participants to engage in workshops and discussions alongside colleagues aimed at becoming more

educated around trans inclusivity to better meet the needs of trans women accessing transition house support.

When I asked about topics and issues that could be covered in workshops and discussions, participants stated: overviewing available local and provincial trans-inclusive service providers, counsellors, doctors, and support groups; defining and understanding relevant terms such as trans, transsexual, gender, gender identity, and sex; facilitating exercises designed to help counsellors better understand and empathize with trans women's lived experiences; educating counsellors about the physical, emotional, and social aspects involved in transition processes; educating staff about unique dynamics of abuse trans women experience in violent or abusive relationships; and, developing strategies for addressing challenging household dynamics that may arise between cis and trans residents (for example, addressing concerns and issues about trans residents raised by cis residents).

Participants' Reflections on How to Better Meet Trans Women's Needs

In this section, I highlight participants' perspectives, ideas, and suggestions related to meeting the needs of trans women accessing residential support. In the interviews, participants offered insights and ideas for how transition house societies can become more trans inclusive. I posed the following broad and open-ended question to all participants: "Transition houses are designed to offer short term emergency shelter, safety and support. What needs

to be in place for a trans client to have a successful stay in a transition house?" Brett responded as follows:

> *Our work needs to be looking at the individual work, then the organizational level, and then the societal level, and our interactions with it. I think having a successful stay would include having all staff be trans-inclusive and being willing to work not only at an individual level, but also being willing to advocate on an organizational level and on a policy level, and then also in a societal way for change within society. I think that engagement on different levels is ultimately the most helpful.*

Drawing on Brett's framework, I have organized participants' reflections and ideas on what needs to be in place to better meet the needs of trans women into three categories: individual, organizational, and societal shifts.

Individual

Participants discussed what individual counsellors can do to better meet the needs of trans women accessing residential support. From participants' point of view, this involved cultivating trusting, open, and respectful relationships with colleagues, openly engaging in informal discussions about trans related topics, and modeling trans inclusivity to trans and cis residents. Participants also discussed the importance of engaging in formal training opportunities, focusing on becoming more educated on gender and trans related topics, and developing a trans-inclusive practice.

Throughout the interviews, participants referenced their counselling team's collaborative approach to meeting the needs clients, emphasizing the importance of fostering supportive, open, and trusting relationships with their colleagues. As Brett stated, "The relationships that we build with other staff members are really important. What makes working here so good is that I really like my coworkers." As it relates to meeting the needs of trans women accessing support, some participants discussed the importance of being able to initiate and engage in respectful and open conversations about their personal experiences, ideas, perspectives, and understandings of gender and trans-related topics. The following quotes illustrate these views:

> *Some staff are working through their own ideas of how to react to the person [trans client], what's the best way to work with them and handle them. They're figuring things out for themselves… One of them [a counsellor] said to me, "Do you think a trans person who is trying to become a female is ever really a female?" So, those are the kinds of things that we're talking about and thinking about as we get to know trans people (Emily).*

> *Sometimes I will share with coworkers that I definitely identify as cisgender, but part of my gender expression is not a huge desire to express myself as femininely. It's just more of an ease thing, because I don't have a strong sense of gender identity or expression. It's almost my lack of it allows me to express myself femininely, but not because I strongly identify that way, but out of ease. …. I think it does a lot in terms of relationships with coworkers to have informal discussions around trans issues, not just formal training (Brett).*

For Emily and Brett, engaging in informal conversations about perspectives and experiences related to gender and trans issues strengthens the relationships between staff members, and in doing so, helps counsellors become more comfortable with gender diversity and working with trans women.

Some participants who had close personal and familial relationships with trans people discussed the importance of sharing their personal experiences with colleagues as a basis for engaging in discussion. As Brett explained,

> *I think a role I can play is that I can share stories that normalize trans experiences. I think on a personal level, it's easier to relate. I feel that a casual interaction around the trans people that are in my life, without it being a formalized sit-down meeting, does a lot for normalizing ideas around gender.*

Erin likewise discussed drawing on and sharing with her colleagues who have less experience working with trans people the knowledge, education, and awareness that she has acquired through her close relationships with trans people in her personal life. She said:

> *We [staff] do work hard to be good allies. I think that, at the same time, that there are just a lot of questions in the lives of most cisgender people, because encountering trans folk is not something that happens a lot. A lot of people don't have a lot of experience with it…Most prejudices come from really just not understanding. I think that all the women in the organization are coming from the right place. They have their hearts in the right place and they just would need a little more information to answer the silly questions.*

In addition to playing a role in cultivating a trans-inclusive environment within the counselling team, participants also discussed modeling and encouraging trans inclusivity to residents accessing transition house support. To cultivate a trans inclusive environment among residents, participants discussed importance of counsellors being prepared both to address cis residents' fears, concerns, and questions through education and to model trans inclusivity. Jane, for example, emphasized that counsellors should respond to cis residents' fearful or threatened responses to trans women in a timely manner through education: "It has to be addressed in the moment…You can avoid a lot of escalation [between residents]… through education and understanding." Similarly, Brett stated, "There is an aspect of ongoing education," adding that "This happens with other issues as well, this is not just a trans-specific issue, all aspects of difference that are in the [transition] house. There is an aspect of role modeling that we need to do." Echoing this, Patty said:

> *I think it's important to know some general myth-busting facts to kind of objectively meet some peoples' [cis residents'] hesitations. Knowing the fears that people [cis residents] have about people who are trans so that you can have a helpful conversation to bust some of those myths and eradicate some of those fears. And, to model it; to model your own comfort [with trans residents]. It's so interesting to me, when a resident is being othered or left out, if you as the worker come in and make sure that you make conversation and appreciate that person, or coming alongside them in some way, how that often shifts the dynamic by modeling*

> *it. By engaging that person yourself, often the others [residents] will as well.*

Organizational

The majority of suggestions participants made focused on organizational-level changes that could be implemented to improve how well transition houses meet the needs of trans women accessing their support. As was briefly touched on in chapter five and again earlier in this chapter, participants indicated that their transition house manager played a significant decision-making role in whether or not to admit trans women wishing to access residential support, especially in the absence of an explicit and clearly stated trans-inclusivity policy. From Brett's perspective, management plays a significant role in setting a trans-inclusive tone:

> *It [trans-inclusivity] depended a lot on the particular climate at the transition house at the time, which is often dictated by the person who happens to be managing, and the tone that is set in terms of how trans positive we are at any given time. So, right at this moment, I feel that the house is very trans positive. …However, we have also had periods where that wasn't the case. So, I think it's highly dependent on who the management staff are at the time, and how trans positive we happen to be at the time.*

Brett emphasized the role that managers play in cultivating trans-inclusive organizational culture, in drafting, and implementing trans-inclusive policies, and by providing trans-inclusivity training opportunities to staff.

As mentioned above, participants advocated in favour of two management-level changes: drafting clearer trans-inclusivity policy and providing trans-inclusivity workshop and training opportunities. Firstly, most participants indicated that they would like their transition house to develop more detailed and explicit trans-inclusivity policy to help ensure that counsellors share a common understanding of the policy and are consistently applying it. Secondly, all participants stated that they would like more opportunities to attend workshops and participate in discussions related to meeting the needs of trans women accessing transition house support.

Some participants discussed the importance of transition house societies posting trans-inclusive symbols, literature, and statements on their agency's websites, brochures, posters, and within the transition house to ensure trans women are aware that the agency is trans-inclusive. As Erin stated, "I think that the most important thing is to be sure that our documentation, posters, websites and things like that are demonstrably open to trans women… so that people [trans women] needing help get the message," adding "It's our job to send those signals, not for them [trans women] to risk talking to us to find out." Brett and Carol shared similar perspectives:

> *I think we also need more explicit symbols throughout the house, in terms of trans-positive or queer positive. So that people who are trans pick up on them, and see them, to provide a way to know that they are in a safe space without needing to hugely be explicit about it. I do think we need to be explicit. I also think we need to*

> *have more trans positive literature around, things that allow people to know that it is a trans-positive space on a more subtle level, rather than only on an explicit level (Brett).*

> *Nowadays, everyone just goes online. "Oh, let me see what resources are out there." So, when someone clicks on our website, how nice would it be if it said, "we're inclusive," or "we celebrate diversity." It might make someone more comfortable making a phone call if they have any question (Carol).*

As Erin, Brett, and Carol emphasize, this should exceed the symbolic, by explicitly communicating to trans women who may be at risk that they can safely access transition house support. Erin later reiterated this point, "My real fear is that there are [trans] women out there who don't call us because they are fearful that they wouldn't be accepted," thereby "leaving themselves in more dangerous situations rather than coming to get the help that they could have."

Two participants suggested that transition house societies consider trans-inclusivity in their hiring practices. Through the anecdote of her experience working with a lesbian staff member in a transition house, Emily discussed the possibility of hiring trans women counsellors:

> *When I came here, I met lesbian staff. I actually thanked one of them for being out, which even 15 years ago was harder to do. I said, "When people get to know you, they get to understand more, you know?" What I think is, just as she and another [lesbian] staff or two lead the way and did that, at their own personal cost I am sure, maybe having a trans staff someday in the future would help create more understanding. Plus, they could tell us things that*

> *we're doing wrong, which I am sure we are. Things we think are really helpful may actually be something that they're really sensitive about, and we wouldn't know.*

Throughout the interview, Emily frequently referenced the significance and importance of her personal and professional relationships with people who identify as LGBT: "meeting people and getting to know them really breaks down the barriers, it really does. I can't emphasize that too much."

The second trans-inclusive hiring practice was brought forward by Brett, who suggested that transition house societies screen-in for trans inclusivity in hiring processes. As Brett explains, screening for trans-inclusivity is an idea that emerged out of her previous experience working for Vancouver Rape Relief, a women-only organization that explicitly prohibits trans women from working, volunteering, or accessing services:

> *When I volunteered for Rape Relief, women that weren't born as women were excluded from services and from volunteering... At that time, when I was being screened to be a volunteer, I was asked if I was born a female, so that was part of the screening process to enter. … I think we need the opposite here. We are rarely asked questions about working with trans clients at job interviews. … I think the people who get accepted and admitted as a volunteer or staff person is an interesting question in terms of how we work with trans women. If questions are being asked to screen in staff, or in cases where people are screened out from the beginning, that affects how we are providing services down the road. …I think it would be good for people [job applicants] to*

> *know right from the beginning that we are trans-positive and have a clear message on that…*

Additionally, Brett reasoned that screening-in for trans inclusivity helps the shift toward a more trans-inclusive organizational culture: “It’s harder for older staff who have been here longer to make switches than it is for new staff to come in, to come on board to a trans-positive stance.”

Most participants indicated identifying appropriate trans-inclusive resources and services as a challenge in meeting the needs of trans women accessing support. Participants identified two strategies to address this challenge. Firstly, participants suggested that management establish and strengthen relationships with other local trans-inclusive service providers, particularly organizations that offer trans-inclusive medical services, affordable housing, one-on-one and group counselling support. As it relates to housing, Patty suggested managers “get to know some of the subsidized housing or other housing projects that are clearly trans-inclusive and form relationships with those building projects and organizations.” Secondly, to ensure that counsellors are aware of existing trans-inclusive services and resources, one participant suggested that their agency provide a binder of trans-inclusive resources and services: “Maybe have a resource binder within B.C., I think that would be really helpful. We give resource referrals to clients all the time. To have a binder, just right there on the desk, I would advocate for that too.”

Societal

Some participants reflected on the ways in which systemic discrimination such as racism, sexism, transphobia, and classism affect trans women's experiences of inclusion in transition houses, in accessing social services, and in broader social contexts. When reflecting on their individual and organizational capacity to meet the needs of trans women accessing support, participants discussed the necessity of broader societal shifts toward addressing systemic discrimination and embracing trans inclusivity.

In her response to the question of what needs to be in place for trans women to have successful transition house stays, Brett stated,

> *I think addressing things just for that [trans] woman in this moment for this set of residents isn't big enough, ultimately, [for a trans woman] to have a successful stay. I think there needs to be a bigger approach, and I think I see a shift in this … I think our society is changing around gender.*

Brett elaborated on how society is changing around gender by analyzing broader debates among feminists over trans inclusivity in women-only spaces. She discussed the Michigan Womyn's Music Festival ("MichFest"), an international women-only music festival held annually 1978-2015. Controversy over the inclusion of trans women at MichFest began in 1991 when a trans woman, Nancy Burkholder, was expelled from the festival and its organizers clarified the festival was intended for womyn-born womyn (cis women).

Brett also briefly discussed the case of Kimberly Nixon, who, as discussed in chapter two, was excluded from volunteering as a peer counselor at women-only shelter and sexual assault centre because she was trans. Brett said:

> *There is cultural shift happening, for example, with Michigan Festival. MichFest is an event or women's space that I feel has had a huge impact on women's spaces and women's discussions of feminism that impacts the transition house. Ultimately, this festival, which excluded women who were not born as women … even though they may have always identified as women, has ended … Years and years of protest for this festival to include all women, I think, did shift things over time… In the festival, there were lots of women supporting the inclusion of trans women, and outside the festival, there were women fighting for the inclusion [of trans women]. So, whether you wanted to be in the system or out, there were still people participating as women who wanted a trans-inclusive festival, or a women-inclusive festival. I see the play out of that, and I also see the play out of the Kimberly Nixon in Rape Relief, as cultural events and discussions and shifts that impact our work. I think the more we talk about those shifts and events and things, I think they impact the flow of the [transition] house. I think that it is beyond the day-to-day of whether this [trans] woman shares a room or not, I think that they are important discussion and shifts.*

Other participants also discussed broader societal shifts toward embracing gender diversity and reducing discrimination and prejudice against trans people. When I asked Leanne about what needs to be in place in order for trans women to have successful transition house stays, she initially answered by describing her idea of an "ideal client", emphasizing that residents who have

successful stays are honest with themselves and with staff about their situation, identify their needs, and take the necessary steps to meet them:

> *We can't help you if you're not going to be honest, so truth. Meeting their challenges head-on, not shying away from them… So, I am just giving you a description of the ideal person who comes here. It does not mean it's reality. Being able to take initiative, to take steps to help herself because we cannot do all the work. Setting herself up for success means she has to participate in it, because a lot of women really kind of take a backseat, and we haven't been able to help them, because they have not stepped up…[Create] a success plan for once they transition from here so that they don't have to come back [to the transition house] and find themselves in the revolving door.*

Leanne's response appears to place the onus on ensuring a successful stay on individual residents; however, when I asked a follow-up question regarding why a trans client may need multiple transition house stays, Leanne's response appeared to shift the onus away from individual trans clients toward society as a whole:

> *I am going to guess that some of the biases out in the world would probably present some more challenges for them [trans women], such as getting housing, there might be biases in landlords. …Getting a job, to be financially stable. So, I guess it depends a lot on the acceptances, or biases, of people in the community. How well they can thrive in the community depends a lot on how well they are accepted by the community.*

Other participants similarly discussed how systemic barriers that trans women face in areas such as housing, employment, and health impact how well counsellors and transition house societies meet the needs of trans women. Drawing on both her experience as a counsellor and her close personal connections to trans people, Erin discussed how different forms of prejudice and discrimination affects trans women. Specifically, she outlined how racism, classism, and mental health and addiction stigma often interact and exacerbate barriers trans women face. She illustrated this process in her discussion related to challenges trans women face in accessing housing:

> *I anticipate that any trans woman who presented herself as a confident person who is able to speak well and doesn't happen to also be brown, shouldn't have too much trouble finding housing, especially if she happened to be working. But, if she had any of those other barriers, as part of her life, then it would just be one more thing to stumble over – if she happened to be ethnic, if she happened to be on Income Assistance and not working, if she had mental health issues, or addictions issues, all of those things would be barriers.*

Given that trans women often face multiple barriers, Erin's perspective on what needs to be in place for trans women to have successful transition house stays went beyond changes that need to occur within transition house settings, toward societal shifts and dismantling prejudice: "There is still a lot of prejudice in the community, in any community. I think that education on the subject is still very much something that needs to happen in the larger community."

Conclusion

This chapter focused on participants' perspectives and reflections about what needs to be in place to meet the needs of trans women accessing transition house support. Although participants offered a diverse range of insights, ideas, and suggestions, they shared a common desire to ensure that transition houses are inclusive and safe spaces in which trans women's needs are met both within and outside of the shelter.

CHAPTER 7: DISCUSSION AND ANALYSIS

My research aimed to produce findings which fill gaps in available research, information, and practical resources, to assist service providers to meet the needs of trans women affected by violence and abuse. I set out to answer the following questions: (1) What challenges, opportunities, and insights do counsellors experience when working with trans women clients; and, (2) How do counsellors adjust and adapt their practice in response to these challenges, opportunities, and insights when working with trans women accessing transition house support?

Overview of Findings

Every participant expressed a sincere desire to accommodate and meet the needs of trans women in need of transition house support. Participants expressed different perspectives on, and approaches to, meeting the needs trans women, although they also emphasized that they viewed and treated trans women no differently than cis women who access transition house support.

Notwithstanding participants' reports to the contrary, my findings revealed that they treated trans women clients differently from cis women in transition house settings. Their accounts showed that they overtly or tacitly recognized that unique considerations and challenges may arise when working with trans women in a transition house setting. Some of these differences in treatment arose out of efforts made by participants to ensure that trans women felt safe, welcome, and included in a transition house setting. On the other hand,

many differences reflected an intention by participants to ensure that cis residents and transition house staff did not feel unsafe or threatened by the presence of a trans woman.

Participant reporting showed that the differential treatment of cis and trans women clients extended to multiple domains of activity: the manner in which participants carried out over-the-phone assessments or in-person intakes, how they accommodated trans women within the transition house, how they worked supportively with trans women to address their needs (legal, housing, mental health, or otherwise), their responses to interpersonal conflict between cis and trans residents, and how they addressed breaches in transition house rules.

My data indicated that where participants reported treating trans women clients differently than cis women clients, this usually resulted from the desire to protect the cis clients' perceptions of safety. In the majority of such instances, participants reported that this resulted from the need to manage feelings of threat or unsafety by staff members or cis clients in response to the perception that a trans client's gender identity did not match her gender expression. In responding to these situations, the rationale driving participant actions was to ensure that cis residents accessing transition house support felt safe sharing space with a trans woman.

Though participants did not discuss any incidents in which a trans resident directed her anger, aggression, and frustration at cis residents, they drew a parallel between the way trans residents expressed their anger,

aggression, and frustration and the abusive behaviour directed at cis residents by their [cis male] abusive partners. In doing so, participants frequently stated or implied that cis women clients felt threatened because they read trans residents who expressed anger, aggression, and, frustration as being men. Participants often supported this inference by describing trans residents' height, physique, clothing, facial hair, tone and pitch of voice, and general demeanor as masculine.

Participants who recounted cases in which trans residents expressed their anger, aggression, or frustration in a manner they perceived as threatening to cis residents' sense of comfort and safety recalled attempting to address the issue by explaining to trans residents that their conduct was triggering to other [cis] residents and therefore inappropriate in a transition house setting. In each case discussed, participants reported that despite repeated conversations, the problematic behaviour persisted, resulting in the trans resident being asked to leave the transition house program.

Many participants described challenges they faced in meeting the needs of trans residents during their stay at the transition house. Participants stated that trans residents often face barriers in accessing trans inclusive resources and services. They indicated that there were few, if any, available trans and LGBT-specific or inclusive social and health resources in their communities. In doing so, participants appeared to recognize that trans women have unique needs that may not be met by all social or health service providers, and that trans women may also experience discrimination in accessing support.

My findings show that the transition houses offered minimal or no trans-inclusion guidance, resources, or training to participants or other staff. Though all participants indicated that their transition house's mandate was trans inclusive, most participants were unable to recall any specifics about the trans-inclusive mandates of their respective organizations. Similarly, participants indicated that their organizations' policy and procedure manuals did not provide information or guidance specifically aimed at helping them meet the needs of trans women accessing support for IPV. Despite participants' interest in trans-competency resources, participants reported that their organizations failed to supply any such training or guidelines.

Overall, my findings show that although participants supported the inclusion of trans women in transition houses, their transition house societies did not offer them guidance, resources, or training to help them meet the needs of trans women affected by IPV. Despite emphasizing that they do not treat or view trans clients differently than they do cis clients, my findings revealed discrepancies between this assertion and how they described their responses to trans women accessing transition house support. The most markedly distinct treatment of trans women became apparent when participants perceived differences between trans women's gender identity and gender presentation.

The Dominant Heteronormative Cisgenderist IPV Framework

Heteronormativity is a hierarchical social system that relies on binary biological sex differentiation and gender identity, expression, and roles to

subordinate women and simultaneously privilege heterosexuality (Schilt and Westbrook, 2009). Heteronormativity is rooted in the cisgenderist assumption that one's assigned sex must align with one's gender identity and expression in a manner which privileges cis identities and simultaneously denigrates trans identities as abnormal, undesirable, and inferior (Ansara and Hegarty, 2011). A series of assumptions about the relationship between sex, gender, gender identity, sexual orientation, and IPV underpin the heteronormative cisgenderist framework through which IPV is researched, responded to, and understood.

Research on IPV in heterosexual relationships coincided with the 1960s rise of second wave feminism in western countries (Hester and Donovan, 2009). Research on IPV in same-sex relationships began later, in the 1980s (Ball & Hayes, 2009; Hester and Donovan, 2009). Both fields of IPV research ignored trans people "since their gender does not seemingly fit into binary categories (male and female) first used to conceptualize IPV" (Yerke & DeFeo, 2016, p. 975). Although trans activists have engaged in anti-violence work for several decades, including in relation to IPV experienced by trans women, until recently the mainstream response to violence against trans people has been limited (Barrett & Sheridan, 2017; Jordan, Mehrotra, & Fujikawa, 2020; Serano, 2013). Indeed, it was not until recently that academics commenced research focusing on IPV experienced by trans people (Barrett & Sheridan, 2017).

Despite more recent academic and public attention on IPV experienced by LGBT people, since the 1960s, the predominant lens through

which IPV is research and viewed remains firmly entrenched in the heteronormative cisgenderist framework which continues to dominate how IPV researched (Ball & Hayes, 2009; Bell & Naugle, 2008; Cannon & Buttell, 2015; Hester & Donovan, 2009). This lens casts IPV as an asymmetrical phenomenon perpetrated by cis men against cis women in the context of intimate partner relationships (Bell & Naugle, 2008).

This cisgenderist heteronormative framework of IPV carries embedded, gendered assumptions, e.g. that cis women are naïve, weak, passive, and innocent victims of cis men's strength, aggression, violence, and control over them (Cannon & Buttell, 2015). Relatedly, cis women affected by IPV are evaluated through a gendered lens in which their displays of weakness, and passivity are indexed to whether they are perceived as innocent, "ideal victims." As such, my findings reflect the existence of a heteronormative cisgenderist IPV framework and its relationship to ideal victim theory in transition houses.

My findings show that participants understand and respond to IPV through a heteronormative cisgenderist lens that operates at both an individual and institutional level. The ideal victim typology, which aligns with the underlying assumptions of the heteronormative cisgenderist IPV framework, drove participants' responses to trans women accessing residential support. The better that trans women fit into the ideal victim typology and met those underlying heteronormative cisgenderist assumptions, the better support they received and

the fewer obstacles they faced in accessing that support for IPV. The Table included as Appendix “A” exhibits this relationship.

Although most participants emphatically stated that they did not treat trans women any differently than they did cis women accessing transition house support, my findings reveal discrepancies between these assertions and their reported treatment of trans women. In my analysis, I attribute these discrepancies to tension between participants’ genuine desire to demonstrate trans-inclusivity and their embeddedness within a cisgenderist heteronormative context for responding to IPV.

The degree to which institutions such as transition houses implicitly operate within a cisgenderist heteronormative framework is highlighted when a trans woman is perceived to violate one or more of cisgenderist heteronormative assertions. From admission to discharge, gender identity and gender expression affected how participants responded to trans women accessing transition house residential support.

To be eligible for support, prospective transition house clients must be women. When participants discussed working with cis clients, they never commented on their gender identity or gender expression. In reference to trans clients, however, participants repeatedly discussed the degree to which they, other staff, and cis residents read trans client’s gender expression as feminine. Among the majority of participants, congruence between a trans client’s gender identity as a woman and her gender expression factored into both the degree of

comfort they felt when working with trans women and their assessment of whether the trans client was an appropriate fit at their transition house.

Participants discussed challenges that arose when they perceived a trans woman's gender identity as incongruent with her gender expression based on her physical features, clothing, hair style, tone of voice, and body language. Participants tended to view these incongruencies as a posing a potential threat to cis residents' sense of safety. In these instances, participants identified aspects of the trans client's gender presentation as a threat by either explicitly stating or implying that the trans clients' expression was masculine, and therefore potentially triggering to cis women fleeing IPV perpetrated by men. In such instances, participants' perception of threat occurred because they read the trans client's gender expression as consistent with that of a man, and therefore a potential perpetrator, as opposed to a victim, of IPV.

Participants' perception of threat occurred within the broader institutionalized heteronormative cisgenderist framework for understanding and responding to IPV in which both transition houses and their staff operate. My findings affirmed existing reports from community organizations in the United States such as the GLBT Domestic Violence Coalition and Jane Doe Inc and the National Coalition of Anti-Violence Programs, which found that "trans people are frequently encountering mainstream service providers who rely on heteronormative and cissexist beliefs that are used to deny transgender survivors access to shelters and programs" (Seelman, 2015, p. 311). Seelman's (2015)

assertion is consistent with my analysis of how participants responded to trans women.

When participants discussed instances in which a trans client's gender expression deviated from her gender identity in a way that posed a perceived threat to cis client's sense of safety, they frequently inferred or implied that the trans woman's conduct was unacceptable in a transition house setting because it was aggressive, masculine, and therefore more consistent with that of a male perpetrator than a victim of IPV. Usually, participants reported that the threat was managed by requiring the trans client to leave the transition house because her conduct triggered cis clients fleeing from abuse perpetrated by men. While counsellors may frequently ask cis clients to leave based on their conduct, participants exclusively applied this cisgenderist rationale for doing so – premised on the perception of masculine gender expression – to trans women clients. In other words, participants did not report asking cis women clients to leave transition houses because of excessively masculine conduct.

Ideal IPV Victim Theory

The participants' responses to trans women accessing support reflect a view outlined in ideal victim theory. In his theory of the ideal victim, Nils Christie (1986) illuminated the discrepancy between real-life crime victims and imaginary victims. In doing so, Christie described the ideal victim as "a person or a category of individual who – when hit by a crime –most readily [is] given the complete and legitimate status of being a victim" (Christie, 1986, p. 18). According to Christie's

(1986) original study, in order to be considered an ideal victim and therefore worthy of supportive and empathetic social responses, a victim had to be (a) weak or vulnerable, (b) involved in a respectable activity at the time of victimization, (c) blameless in the circumstances of his or her victimization and (d) victimized by a vicious offender (e) who is unknown to him or her (p. 19). Since its 1986 publication, researchers have applied and adapted Christie's theory of the ideal victim to women to affected by IPV, both in relation to how these women view themselves, and to how they are perceived by institutions such as the courts, police, or women's shelters (Meyer, 2016; Randall, 2004).

The heteronormative cisgenderist IPV framework relies on a hierarchical binary of gender wherein cis women are viewed as victims of male dominance and privilege. That framework gives rise to gendered assumptions about women who experience IPV. "Ideal victim" theory, as applied to IPV, shares and reinforces those assumptions. IPV scholars have expanded upon the definition of an ideal victim of IPV to mean a [cis woman] who has visible injuries, is weak, displays fear, and expresses a desire to leave the abusive situation (Jarnkvist & Brannstrom, 2019; Meyer 2015). These assumptions and expectations render deviant all identities whose attributes fail to meet the standard of an ideal IPV victim. One way trans women experiencing IPV fail to meet that standard arises where participants perceive them as having "masculine" gender expression.

Ideal IPV victim typology in part accounts for the way participants responded to cis and trans women accessing transition house support. From admission to discharge, clients who do not have substance use or mental health issues and who are perceived as cooperative, helpful, self-motivated, and gracious recipients of counsellors' guidance and advice are deemed a "good fit" for the transition house program, and by extension, an ideal IPV victim. Conversely, clients who have substance use and/or addiction issues and who are deemed uncooperative, ungrateful, unmotivated and resistant to their counsellors' guidance and advice are deemed "difficult clients," and therefore a poor fit for the transition house, and an unworthy IPV victim. This distinction between ideal/unworthy IPV victim affirmed in Silke Meyer's (2016) theoretical examination of IPV victims' experiences. Meyer (2016) found that women's narratives of IPV showed that they encountered victim-blaming attitudes when seeking formal support if they did not meet the criteria of the ideal, innocent victim (p. 86-87).

Distinguishing between an ideal and an unworthy IPV victim is informed by broader systems of power such as race, class, and ability. In other words, women marginalized based on their race, class, and ability, who experience higher rates of IPV than women who are not marginalized on these bases, are paradoxically more likely to be deemed unworthy IPV victims (Meyer, 2016; Randall, 2004).

Institutionalized Heteronormative Cisgenderist Responses to IPV

The ideal victim typology that characterizes the participants' response to trans women also point to the existence of an institutionalized cisgenderist heteronormative norm in transition houses. My findings show that when participants read a trans women's gender expression as masculine, they often categorized the trans client as a man whose behavior they compared to male perpetrators of IPV. This means that trans women, unlike their cis counterparts, face the additional challenge of ensuring that their gender expression aligns with their gender identity in order for counsellors to read them as women and IPV victims.

My findings also suggest that trans women whose identities intersect with other marginalized identity categories on the basis of race or class may face additional barriers in being read as ideal IPV victims in transition house settings. This finding reflects Seelman's (2015) research which found that trans women face differential risk for discrimination based on other identities that they hold. Specifically, Seelman (2015) found that "within domestic violence programs [in the United States], transgender people of color, those with disabilities, and those more frequently perceived to be transgender by others are more likely to experience unequal treatment" (p. 307).

My findings also revealed unanimous agreement among participants that transition houses should be trans-inclusive. They demonstrated a genuine desire to assist trans women accessing transition house support. However, there

are discrepancies between those assertions and participants' responses to trans women. These discrepancies cannot be adequately accounted for without contextualizing participants' statements within the broader institutional context in which they operate.

Transition houses' mandate, policies, procedures, and staff training align with the dominant heteronormative cisgenderist framework for researching, understanding, and responding to IPV. Increasingly, transition houses' mandates are trans-inclusive; however, their policies, and procedures have been, and continue to be, aimed at cis, middle-class white women affected by IPV perpetrated by a man, within the context of a heterosexual relationship (Cannon & Buttell, 2015). Consequently, the degree to which participants were able to respond to trans women in an inclusive manner was also informed and constrained by both their transition houses' policies and procedures and by a lack of trans-competency training. Though participants stated that their transition house's mandates were trans inclusive, they reported that neither their organization's policy and procedure manual nor their available resources on IPV contained any guidance, information, or support for counsellors working with trans women accessing their support. Similarly, almost all participants reported that the organizations they worked for had not offered counsellors and staff any trans-competency training.

This finding reflects White's (2002) work which found that, despite trans-inclusive advancements made by women-only organizations in B.C. and

Ontario, trans activists and educators reported no corresponding progression in education on trans issues (p. 80). Indeed, my findings suggest that while transition house societies aiming to be trans inclusive changed their mandates, they did so without examining or challenging the heteronormative cisgenderist assumptions about IPV.

Though necessary, a trans-inclusive mandate is not sufficient in ensuring that counsellors have the knowledge, tools, and resources to meet the needs of trans women. Participants' responses therefore cannot be exclusively examined on an individual level; instead, they must be analyzed within the broader organizational context in which counsellors operate. In that vein, the absence of a systemic movement toward trans inclusivity, with associated shifts in training, policies, procedures, and available resources, tethered participants' responses to trans women to the dominant heteronormative cisgenderist IPV framework.

Implications

Although service providers such as transition houses and their staff have endeavored be more inclusive of and responsive to trans women affected by IPV, such efforts largely reflect an attempt to fit IPV experienced by trans women into their preexisting heteronormative cisgenderist IPV framework. The framework's embedded assumptions about IPV ignore different configurations and dynamics of abuse as well as identities of those affected by IPV. As such, counsellors and transition house societies that are embedded in a

heteronormative cisgenderist framework for responding to violence and abuse are limited in their capacity to assist trans women affected by IPV. Trans-inclusive admission policies on their own may not be sufficient, particularly when trans-inclusive transition house societies do not offer corresponding guidance, information, resources, and training with regard to accommodating trans women.

Consistent with White's (2002) research into Canadian transition house trans-inclusivity policies and practices, my findings suggest that, despite trans-inclusive admission policies, in the absence of clear guidance, information, resources, and training, counsellors respond to trans women through a heteronormative cisgenderist IPV framework. In doing so, counsellors may discriminate against trans clients whose attributes do not align the framework's assumptions about IPV. As is discussed in Seelman's (2015) research on unequal treatment of trans people in domestic violence programs in the United States, transition house societies with trans-inclusive admission policies may consider assessing staff competencies and organizational policies and procedures for effectively meeting the needs of trans women affected by IPV.

My research focused on how counsellors respond to trans women; however, my findings and analysis suggest that the dominant heteronormative cisgenderist framework through which IPV is understood and responded to may limit the extent to which counsellors and transition house societies are able to be responsive to the needs of cis women affected by IPV. As Cannon and Buttell (2015) point out:

> *[critiquing of the assumptions found in heteronormative IPV framing] can be used to understand how a theoretical emancipatory theory for a certain group of [cis] women (namely, White, middle-class women) has resulted in continued oppression of separate groups of women (namely, LGBT women, poor women, women of color, and intersections thereof) (p. 67).*

Indeed, cis women whose identities and experiences of IPV do not align with the framework's assumptions may, like trans women, face discrimination in accessing transition house support (Calton, Cattaneo, & Gebhard, 2015; Cannon & Buttell, 2015). As such, it may be useful for transition house societies who wish to be more responsive to the diversity of identities and experiences of IPV to identity the strengths and weaknesses of their policies and practices rooted in assumptions of the dominant heteronormative cisgenderist IPV framework.

While my research focused on trans women's access to transition houses, the literature indicates that trans women also face barriers in accessing IPV-related resources and support from sexual assault centres, health care providers, and the criminal justice system (Goodmark, 2013; Grant et al., 2011; Kenagy, 2005; Langenderfer-Magruder et al., 2016; Mottet & Ohle, 2006). Like transition house societies, it may be helpful for service providers to consider how their policies and practices reflect a heteronormative cisgenderist IPV framework, and by extension, the extent to which their policies and practices may result in discrimination against trans women accessing their support.

Limitations

I used an interpretive description approach to collect and analyze data and answer my research questions. I enhanced the validity and credibility of my findings by reflexively drawing on my experience as a counsellor and by demonstrating methodological and procedural transparency. In particular, I drew on my seven years of experience working as a counsellor to establish rapport and trust with research participants who may have otherwise been uncomfortable expressing their perspectives and experiences of working with trans women. Using my insider status allowed me to gather rich qualitative data that contributed to the overall credibility of my research findings and analysis. Nevertheless, it is important that I discuss limitations with respect to my research findings and analysis. As is the case with all qualitative research, the transferability of my findings and analysis is limited by my sampling procedures and sample size.

I used purposive sampling to recruit a total of nine participants who worked for three different transition houses in the Vancouver Island area of B.C. As such, the views and perspectives of those who participated in my research may not be transferrable to the general population of counsellors who have experience working with trans women.

Since I used purposive sampling, I exclusively recruited participants who were interested in my research topic and who felt comfortable expressing their views, perspectives, and experiences in an in-depth-interview with regard to the inclusion of trans women in transition houses. My sampling method therefore

reduced the range of perspectives among participants in my sample because I did not recruit counsellors who were uninterested in my research topic and/or who felt uncomfortable sharing their views, perspectives, and experiences.

The transferability of my research is also limited by the area from which I recruited participants. I exclusively recruited participants who worked for transition houses in the Vancouver Island area. As such, my research does not account for counsellor's perspectives who work outside of the Vancouver Island area. Additional research would therefore complement my findings by providing a more comprehensive understanding of how counsellors respond to trans women accessing transition house support.

CHAPTER 8: CONCLUSION

By examining how counsellors respond to trans women accessing transition house support, my research helps fill empirical gaps in literature focusing on IPV experienced by trans people. Specifically, by analyzing the perspectives and experiences of counsellors who have worked with trans women accessing transition house support, my research offers insights into individual and institutional factors that impact trans women's access to and experiences within women-only spaces such as transition houses. In doing so, my research complements existing literature focusing on barriers, challenges, and discrimination trans women experience when accessing IPV-related supports and services.

My findings show that participants' responses to trans women accessing support were informed by heteronormative cisgenderist assumptions about IPV. Specifically, the degree to which participants perceived a trans client's gender identity to align with her gender expression was related to the perception of whether the trans client was a good fit for the transition house. Participants discussed challenges that arose when they, other staff, or cis clients read a trans client's expression as masculine. In such instances, participants perceived a trans client's masculine gender expression as problematic on the basis that it was triggering to cis clients affected by IPV perpetrated by men. In other words, difficulties arose when a trans client's gender expression did not align with

gendered IPV assumptions found in the dominant heteronormative cisgenderist IPV framework.

A cis woman affected by IPV is expected to display attributes of an ideal IPV victim: being weak and vulnerable; being involved in a respectable activity at the time of victimization; blamelessness in the circumstances of her victimization; displaying fear; having visible injuries; and, expressing a desire to leave the abusive situation (Christie, 1986; Jarnkvist & Brannstrom, 2019; Meyer 2015). Participants' assessment of how well trans women affected by IPV fit into a transition house program were closely related to these attributes of an ideal IPV victim. When participants read trans clients as women, they tended to consider those clients to be good fits for the transition house, and, by extension, worthy ideal IPV victims; conversely, when they read trans clients as men, they were deemed to be poor fits for the transition house, and, by extension, potential IPV perpetrators. Cis clients who did not possess the attributes of an ideal IPV victim were often viewed as poor fits for the transition house, but, unlike trans clients, they were not viewed as potential IPV perpetrators.

How participants responded to trans women must also be contextualized within their organizations' broader dominant heteronormative cisgenderist IPV framework. The degree to which participants practiced trans inclusivity was limited by their transition house societies' failure to provide staff with resources, guidance, support, and training to meet the needs of trans women. As such, participants endeavored to meet the needs of trans women whilst simultaneously

upholding their responsibility to enact their organizations' heteronormative cisgenderist policies and practices.

My research helps highlight the extent to which the predominant heteronormative cisgenderist framework through which IPV is researched, understood, and responded reveals and conceals both what is and what can be known about understanding and responding to IPV. Though this framework rightfully reveals the patriarchal context in which cis men perpetrate violence and abuse toward cis women in heterosexual relationships, its exclusive focus on violence occurring in heterosexual relationships conceals IPV that takes place in non-heterosexual relationships (Cannon & Buttell, 2015). Assumptions about the relationship between IPV and assigned sex, gender identity, and gender expression found within the dominant heteronormative cisgenderist IPV framework were reflected in how participants responded to trans women. These assumptions are consistent with attributes of ideal IPV victims and were likewise reflected in how participants responded to trans women. Specifically, whether participants read a trans client as a woman and the extent to which she mirrored attributes of an ideal IPV victim were indexed to whether participants categorized the trans client as a good transition house fit (worthy/ideal IPV victim), a poor fit (unworthy IPV victim), or a man who posed a threat to cis clients (potential IPV perpetrator).

My research findings and analysis highlight limitations associated with counsellors and transition houses societies responding to trans women affected

by IPV through a cisgenderist heteronormative IPV framework. Firstly, my findings suggest that while necessary, trans-inclusive admission policies may not be sufficient in ensuring that trans women's needs are met in transition house settings. Secondly, my findings and analysis suggest that policies and practices rooted in the dominant heteronormative cisgenderist IPV framework may also discriminate against cis women whose identities and experiences of abuse fall outside of the framework's IPV-related assumptions. Thirdly, my findings and analysis suggest that all services providers who support trans women affected by IPV may benefit from considering how their organizational policies and practices align with a heteronormative cisgenderist view of IPV that may result in discrimination against trans women accessing their services.

By examining how counsellors respond to trans women, my research offers insights into factors that hinder counsellors' capacity to offer trans-inclusive support to trans women affected by IPV. Specifically, I identify limitations associated with responding to trans women affected by IPV through a heteronormative cisgenderist lens. In doing so, I hope that my thesis encourages transition house societies, and more broadly, social service providers offering support to trans women affected by IPV, to consider examining whether their mandate, policies, procedures, and training reflect assumptions of the dominant heteronormative cisgenderist IPV framework, and by extension, contribute to barriers trans women face in accessing their support.

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APPENDICES

Appendix A: Findings and Analysis Table

Heteronormative Cisgenderist Lens Through Which Intimate Partner Violence is Understood and Responded to

- Recognizes intimate partner violence (IPV) as an asymetrical gendered phenomenon rooted in patriarchy that is perpetrated by cis men against cis women
- Rooted in heteronormative and cisgenderist assumptions about the relationship between assigned sex, gender identity, gender expression, sexual orientation, and IPV.
- The framework's assumptions correspond with attributes of ideal/worthy victims found in ideal IPV victim theory

Cis Transition House Clients		
Cis Woman Affected by IPV		Cis Man
Read as an Ideal/Worthy IPV Victim	Read as a Difficult/Uncooperative Client and Unworthy IPV Victim (behaviour)	Read as an Abusive IPV Perpetrator/Threat to [Cis] Women
• Innocent, naïve, passive, weak, worthy of support; • White, middle class, cooperative with counsellors, police, and the broader criminal justice system; • Does not reconcile with abuser or rescind statements to police; • Not affected by addiction / substance use issues; does not have any severe mental health issues; • Higher socioeconomic status [white middle class women].	• Aggressive, uncooperative, asserts too much agency, ungrateful to system of support (transition house, police, criminal justice system, etc.); • More likely to be women of colour, immigrants, indigenous women, and affected by disabilities; • Lower socioeconomic status, more vulnerable, may be affected by mental health and substance use issues; • May be asked to leave transition house because of their behaviour (but their gender expression / identity is not a factor).	• Aggressive, asserts control and power over; • Angry, volatile, violent, controlling; • Stronger than women; • Displays toxic masculinity; • Beneficiaries of the patriarchy; • Transition houses must protect vulnerable women from all men - "manthrax"; • Do not belong in a transition house.
Outcome: Seen as ideal/worthy IPV victim, and good fit at the transition house.	**Outcome**: Seen as a challenging, uncooperative, and ungrateful client complicit in her own victimization, i.e., an unworthy IPV victim. May be asked to leave the transition house program on the basis of her behaviour.	**Outcome**: Viewed as an inherent threat to [cis] women affected by IPV. Transition house policies and procedures explicitly bar men from working, volunteering, and accessing transition house support, or even knowing the house's confidential location.

Trans Transition House Clients		
← Feminine	Gender Expression	Masculine →
Read as a Woman, IPV victim	Read as "Other"/Not a Cis Woman	Read as a Man/IPV Perpetrator
Read as an Ideal/Worthy IPV Victim	Read as a Difficult/Uncooperative Client and Unworthy IPV Victim	Read as a Threat who does not Belong in a Transition House
• Read as a woman; • Treated the same way as cis clients; • Does not challenge heteronormative cisgendenist framework; • Does not challenge the "safe space" for cis clients; • Does not pose a threat to clients and staff; • Typically higher socioeconomic status; • Not affected by addiction / substance use issues; does not have any severe mental health issues; • Able to mirror "ideal victim" typology (passive, grateful, cooperative, not responsible for her own victimization, etc.).	• Gender expression is recognized as "other"; may face isolation/exclusion from other cis residents; • Generates anxiety among transition house staff and residents; • Clothing, body, body language, voice, mannerisms, etc. may not be read as feminine; • Viewed as an "unworthy IPV victim" because her gender expression is read as masculine. • Cis residents express discomfort, make anti-trans comments, exclude trans clients, etc. • Lower socioeconomic status, vulnerable; • May have mental health and substance use issues.	• Low socioeconomic status/ likely also marginalized on the basis of her race, class, and/or ability. • Likely has mental health and substance use issues; • Volatile - viewed as unable to manage expressions of emotion, especially anger; • Expression of anger is read as masculine, and therefore a threat to the women-only space, other cis women, "because that is where they [cis women] came from [abuse perpetrated by men]"; • Body, clothing, body language, mannerisms, etc. are read as masculine, not feminine; • Asked to leave transition house, based on both behaviour and gender expression; • Perceived as not belonging in a transition house.
Outcome: Trans client is read as a woman and is able to mirror attributes of an ideal IPV victim. Trans client has a "successful" transition house stay and is deemed a good transition house fit.	**Outcome**: Trans client's gender expression is viewed as a potential threat to the safety and comfort of cis clients accessing transition house support. Consequently, trans client is viewed as an unworthy IPV victim, and the degree to which/she is deemed a good transiton house fit is called into question by staff.	Outcome: Trans client is not read as a woman by staff, and by extension, not seen as "ideal/worthy IPV victim." Trans client's gender expression is read as masculine, and she is categorized as a threat to cis women fleeing IPV perpetrated by men. In these situations, trans women are discharged from the transition house.

Appendix B: Human Research Ethics Board Certificate of Approval

University of Victoria | Office of Research Services | Human Research Ethics Board
Michael Williams Building Rm B202 PO Box 1700 STN CSC Victoria BC V8W 2Y2 Canada
T 250-472-4545 | F 250-721-8960 | uvic.ca/research | ethics@uvic.ca

Certificate of Approval

PRINCIPAL INVESTIGATOR:	**Nicola Temmel**	**ETHICS PROTOCOL NUMBER:** Minimal Risk Review - Delegated	**17-224**
UVic STATUS:	**Master's Student**	ORIGINAL APPROVAL DATE:	19-Oct-17
UVic DEPARTMENT:	**SOCI**	APPROVED ON:	19-Oct-17
SUPERVISOR:	**Dr. Aaron Devor**	APPROVAL EXPIRY DATE:	18-Oct-18

PROJECT TITLE **Trans-Forming Women's Shelters: Making Transition Houses Safe and Accessible to Trans Women**

RESEARCH TEAM MEMBERS None

DECLARED PROJECT FUNDING: **None**

CONDITIONS OF APPROVAL

This Certificate of Approval is valid for the above term provided there is no change in the protocol.

Modifications
To make any changes to the approved research procedures in your study, please submit a "Request for Modification" form. You must receive ethics approval before proceeding with your modified protocol.

Renewals
Your ethics approval must be current for the period during which you are recruiting participants or collecting data. To renew your protocol, please submit a "Request for Renewal" form before the expiry date on your certificate. You will be sent an emailed reminder prompting you to renew your protocol about six weeks before your expiry date.

Project Closures
When you have completed all data collection activities and will have no further contact with participants, please notify the Human Research Ethics Board by submitting a "Notice of Project Completion" form.

Certification

This certifies that the UVic Human Research Ethics Board has examined this research protocol and concluded that, in all respects, the proposed research meets the appropriate standards of ethics as outlined by the University of Victoria Research Regulations Involving Human Participants.

[redacted]

Dr. Rachael Scarth
Associate Vice-President Research Operations

Certificate Issued On: 19-Oct-17

17-224 Temmel, Nicola

Appendix C: Participant Consent Form

University of Victoria

Participant Consent Form

Trans-Forming Women's Shelters: Making Transition Houses Safe and Accessible to Trans Women

You are invited to participate in a study entitled Trans-Forming Women's Shelters: Making Transition Houses Safe and Accessible to Trans Women that is being conducted by Nicola Temmel.

Nicola Temmel is a Master's Candidate in the department of Sociology at the University of Victoria and you may contact her if you have further questions by email at ntemmel@uvic.ca

As a graduate student, I am required to conduct research as part of the requirements for a degree in Sociology. It is being conducted under the supervision of Aaron H. Devor. You may contact my supervisor at 250-721-7577.

This research is being funded by the Social Sciences and Humanities Research Council.

Purpose and Objectives
The purpose of this research project is to examine how transition house women's counsellors respond to trans women accessing residential support. Specifically, my research questions are: (1) what challenges, opportunities and insights do transition house counsellors experience when working with trans women clients, and (2) how do transition house counsellors adjust and adapt their practice in response to these challenges, opportunities and insights when working with trans women accessing transition house support?

Importance of this Research
Research of this type is important because it will help make improvements in trans inclusive practices of transition house counsellors; and more broadly, offer practical recommendations to social services providers in relation to better meeting the needs of trans women.

Participants Selection
You are being asked to participate in this study because you are a transition house women's counsellor who has experience working with trans women accessing residential support.

What is involved
If you consent to voluntarily participate in this research, your participation will include an approximately 90-minute one-on-one interview. Interviews will take place between May and August 2017 at a time and location of your choosing. During this interview, I will ask you questions related to the insights, opportunities, and challenges you experienced when working with trans women.

With your consent, audio tapes as well as written notes and observations will be taken. A transcription will be made.

Inconvenience
Participation in this study may cause some inconvenience to you, including a time commitment of approximately 60-90 minutes.

Risks
There are no known or anticipated risks to you by participating in this research.

Benefits
The potential benefits of your participation in this research include an opportunity to contribute to improvements in trans inclusive practices of transition house counsellors; and more broadly, offering practical recommendations to social services providers in relation to better meeting the needs of trans women.

Compensation

As a way to compensate you for any inconvenience related to your participation, you will be given a $20 Starbucks Coffee gift card. If you consent to participate in this study, this form of compensation to you must not be coercive. It is unethical to provide undue compensation or inducements to research participants. If you would not participate if the compensation was not offered, then you should decline.

Voluntary Participation
Your participation in this research must be completely voluntary. If you do decide to participate, you may withdraw at any time without any consequences or any explanation. If you do withdraw from the study during data collection and analysis, your data will be destroyed. If you choose to withdraw from the study after data is analyzed, your data will not be destroyed. If you choose to withdraw from the study, you will not be asked to return the Starbucks Coffee gift card you received after the interview.

Researcher's Relationship with Participants

Anonymity
In terms of protecting your anonymity, I will use a pseudonym to replace your name and remove any identifying information from the interview transcripts.

Confidentiality
Your confidentiality and the confidentiality of the data will be protected by storing the data on my password protected home PC, and on a USB drive. Only myself, my supervisor, and my committee member will have access to research data.

Dissemination of Results
It is anticipated that the results of this study will be shared with others online, at scholarly presentations, at thesis presentations, in a published article, and directly to interested transition house societies.

Disposal of Data
Five years after my study's completion, audio-recorded data and transcripts from the study will be deleted from the devices on which it is stored. Once my study is completed, anonymized paper copies of transcribed interviews will be stored at the Transgender Archives at the University of Victoria Library where they will be available to students, researchers, and the public free of charge. Storing anonymized transcripts will support the Transgender Archives in their commitment to the preservation of the history of pioneering activists, community leaders, and researchers who have contributed to the betterment of transgender and gender non-conforming people.

Contacts
Individuals that may be contacted regarding this study include my supervisor, Dr. Aaron H. Devor at 250-721-7577.

In addition, you may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Human Research Ethics Office at the University of Victoria (250-472-4545 or ethics@uvic.ca).

Your signature below indicates that you understand the above conditions of participation in this study, that you have had the opportunity to have your questions answered by the researchers, and that you consent to participate in this research project.

_____	_____	_____
Name of Participant	*Signature*	*Date*

Future Use of Data:

I consent to the use of my data in future research: _____ (Participant to provide initials)

I **do not** consent to the use of my data in future research: _____ (Participant to provide initials)

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix D: Draft Interview Guide

Interview Guide:

Beforehand:

Achieve verbal and written informed consent.

Reiteration of purpose of research and nature of interview.

Address any questions participants have about participation prior to beginning the interview.

Background Information

1. Do you have any university degrees?

→If you do, what are they?
→ What subjects?

2. How long have you worked as a transition house counsellor?

3. Have you worked in more than one transition house?

4. Can you briefly describe your duties as a transition house counsellor?

5. Are you involved in the admission process of new residents?

   → YES: What is your role in the admission process?
   → NO: What can you tell me about the admission process?

Personal Experience working with Trans Women:

6. Can you describe your experiences working with trans women?

7. How did you learn that you were dealing with a trans client?

8. What was the admission process like when a trans client requested residential support?

9. Did the client disclose that she is trans during the admission process?

   →YES: Did you do anything differently during the admission process?
   →NO: Did the clients disclose that they are trans during their stay?
      →NO: Did the lack of disclosure change how you responded to this client?

10. Have you observed trends or differences in relation to trans women's experiences of abuse?

    → YES: What are those differences or trends?

11. Do trans clients have unique needs?

    →YES: Can you elaborate?
        →What kinds of needs do they have?
            →How do you go about meeting them?

12. How do you do things differently when working with trans women?

    → Can you tell me more about that?

13. Are there ways of working with trans women that are new or unusual to you?

    → How was that for you?

14. Can you think of any challenges you experienced while working with trans women?

    → What made it challenging?
    → How did you handle that challenge?
    → Can you think of anything that would have made it less challenging?

Staff Dynamics:

15. What differences did you observe in how your colleagues responded to trans clients compared to other clients?

    → YES: What kinds of differences did you observe?
        → What kinds of approaches did you think were more effective?

16. Did staff members disagree about how to work with trans clients?

    →YES: What happened?
    →What was the outcome of those differences?
        →Were there other differences or disagreements that you recall?

17. Did your staff team have discussions related to meeting the needs of a trans client?

    → YES: What kinds of discussions did you have?

→What was talked about during those discussions?
→ NO: Would staff discussions have been helpful? How so?

Transition House Dynamics:

18. How did residents respond to having a trans resident?

→What kinds of comments about having trans residents?
→What kinds of questions did residents ask about the trans resident?

19. Did residents have issues or concerns related to having a trans resident?

→YES: How did you find out about them?
→What were the concerns and issues?
→How were the issues or concerns addressed?

20. Do clients ever share a room?

→ YES: Did you ever have a trans client share a room with another client?
→ Yes – how did it go?
→ No→ was that because of a policy?

Transition House Policy and Procedures:

21. Does your agency have a formal policy related to offering services to trans people interested in accessing residential support?

→ YES: What do you know about the policy?
→Do staff follow the policy?
→YES: Do you think that the policy is helpful? In other words, does it allow you to meet the needs of trans clients?
→NO: What makes it unhelpful?
→What kinds of policy changes would you like to see?
→NO: How are decisions made related to offering services to trans clients?
→Do you think a policy on offering services to trans clients would be helpful?
→How so?

22. Are there informal policies and procedures related to offering services to trans women interested in accessing residential support?

→ Can you describe the informal policies?
→ How do staff find out about them?
→Are they helpful?

23. Has your agency provided any training or materials related to offering services to trans clients?

    → YES – can you describe the training and or materials?
        →Were they helpful? How so?
    → NO – Would that have been helpful?
        →What kind of training or materials would be helpful?

24. Transition houses are designed to offer only short-term emergency shelter, safety, and support. What needs to be place in order for trans clients to have a successful stay?

    → What needs to be in place in order for trans clients to transition out of the shelter program in a timely manner?
    → Do you experience barriers or challenges in meeting those needs?
        →YES: What are the barriers or challenges? How do you get around them?

25. What kinds of supports and resources do transition house counsellors need
        r to better meet the needs of trans clients?

26. Do you have any reflections or ideas that you would like to share before we wrap up?

Thank participant!

Ensure that participant has my contact information

Offer to email them my research findings once complete

Appendix E: E-mail to Transition House Managers

Dear_____

My name is Nicola Temmel and I am both a Sociology graduate student at University of Victoria as well as a Transition House Women's Counsellor through Victoria Women's Transition House Society. My thesis supervisor's name is Dr. Aaron H. Devor. I am contacting you in the hopes that you will give me permission to approach and recruit Transition House Women's Counsellors at an upcoming staff meeting to participate in my graduate research. My objective is to recruit and interview participants between May and August 2017.

My thesis focuses on how Transition House Women's Counsellors respond to trans women accessing residential support. My goal is to recruit and 8-10 transition house women's counsellors who have experience working with trans women accessing residential support. My overall objective is to contribute to improvements in trans inclusive practices of transition house counsellors; and more broadly, to offer practical recommendations to social services providers in relation to better meeting the needs of trans women.

Participation in my research will involve a 60-90 minute one-on-one interview. During the interview, I will pose questions related to the insights, opportunities, and challenges that transition house counsellors have experienced when working with trans women. Participation in my research is voluntary, consensual, and will not impact the participant's employment. All information provided by participants will be anonymous and kept confidential.

With your permission, I would like to offer a short 5-10 minute presentation to transition house counsellors in order to introduce myself, discuss my study's purpose, objectives, and procedures and to provide an opportunity to transition house counsellors to ask questions or express concerns related to participating in my study.

Please do not hesitate to contact me if you have any questions or concerns. I look forward to hearing back from you.

Sincerely,

Nicola Temmel
ntemmel@uvic.ca

Appendix F: Participant Recruitment Handout

Introduction:

My name is Nicola Temmel and I am both a Sociology graduate student at University of Victoria as well as a Transition House Women's Counsellor through Victoria Women's Transition House Society. I am conducting research on how transition house counsellors respond to trans women. I am looking to recruit 8-10 women's counsellors who have experience working with trans women accessing residential support.

Research Objective:

My study focuses on how transition house women's counsellors respond to trans women accessing residential support. My overall objective is to contribute to improvements in trans inclusive practices of transition house counsellors; and more broadly, to offer practical recommendations to social services providers in relation to better meeting the needs of trans women.

My study findings will be available online. Each participant will be emailed an electronic copy of my thesis. I will offer to present my study findings to interested transition house societies on Vancouver Island.

Participation:

Participation in my research will involve 60-90 minute long one-on-one interview. Interviews will take place at a time and place most comfortable and convenient to the participant.
In order to best capture the insights and perspectives of transition house counsellors and with the each participant's consent, I will audio record interviews. During this interview, I will ask participants questions related to the insights, opportunities, and challenges they experienced when working with trans women.

Voluntary Participation

Participants are under no obligation to participate in my study. Participating or not participating in my study will have no negative consequences to the participant and will not impact the participant's employment.

Consent:

Participants will be informed what the research entails in terms of goals, procedures, confidentiality protections, and use of data. Participation involves signing a written consent form. Participants have the right to withdraw from the study without explanation.

Confidentiality:

Any personal information and data disclosed to me will be held in confidence. This means that participant's identities will be replaced by pseudonyms and specific identifiers (such as their place of work) will be removed the interview transcripts. Confidentiality also involves ensuring that all interview recordings and transcripts are stored in a safe and secure manner. Only myself, my supervisor, and my committee member will have access to research data. Once my study is completed and with participant's consent, anonymized paper copies of transcribed interviews will be stored at the Transgender Archives at the University of Victoria.

Compensation:

As a way to compensate participants for any inconvenience related to their participation, participants will be given a $20 Starbucks Coffee gift card.

Contact Information

If you are interested in participating or have any questions or concerns, please contact me by email at ntemmel@uvic.ca.

Sincerely,

Nicola Temmel

ntemmel@uvic.ca

Appendix G: Participant Recruitment Presentation Script

Introduction:

My name is Nicola Temmel and I am both a Sociology graduate student at University of Victoria as well as a Transition House Women's Counsellor through Victoria Women's Transition House Society.

I am here to provide a quick 5-10 minute presentation about my research in the hopes of recruiting participants for my study. Although I will designate time at the end of the presentation to answer any questions you may have, you are also welcome to pose questions during the presentation. I will also be providing you with a handout that reiterates the main points I make during this presentation.

I am conducting research on how transition house counsellors respond to trans women. I am looking to recruit 8-10 women's counsellors who have experience working with trans women accessing residential support.

I arrived at this research topic because, as a women's counsellor, I have worked with trans women fleeing abuse and found that there were few practical resources available for counsellors. I also noticed that there is very little research on the topic. I am interested in this research topic because I'd like to play a role in improving the services we offer trans women. My research endeavours to capture the collective wisdom, expertise, experiences, challenges, and insights that women's counsellors have in relation to working with trans women. My hope is that my thesis will serve as a practical guide to meeting the needs of trans women for Transition House Societies and the counsellors who work for them.

Research Objective:

My study focuses on how transition house women's counsellors respond to trans women accessing residential support. My overall objective is to contribute to improvements in trans inclusive practices of transition house counsellors; and more broadly, to offer practical recommendations to social services providers in relation to better meeting the needs of trans women.

My study findings will be available online. Each participant will be emailed an electronic copy of my thesis. I will offer to present my study findings to interested transition house societies on Vancouver Island.

Participation:

Participation in my research will involve 60-90 minute long one-on-one interview. Interviews will take place at a time and place most comfortable and convenient to the participant.
In order to best capture the insights and perspectives of transition house counsellors and with the each participant's consent, I will audio record interviews. During this interview, I will ask participants questions related to the insights, opportunities, and challenges they experienced when working with trans women.

Voluntary Participation

Participants are under no obligation to participate in my study. Participating or not participating in my study will have no negative consequences to the participant and will not impact the participant's employment.

Consent:

Participants will be informed what the research entails in terms of goals, procedures, confidentiality protections, and use of data. Participation involves signing a written consent form.

Participants have the right to withdraw from the study without explanation.

Confidentiality:

Any personal information and data disclosed to me will be held in confidence. This means that participant's identities will be replaced by pseudonyms and specific identifiers (such as their place of work) will be removed the interview transcripts. Confidentiality also involves ensuring that all interview recordings and transcripts are stored in a safe and secure manner. Only myself, my supervisor, and my committee member will have access to research data. Once my study is completed and with participant's consent, anonymized paper copies of transcribed interviews will be stored at the Transgender Archives at the University of Victoria.

Compensation:

As a way to compensate participants for any inconvenience related to their participation, participants will be given a $20 Starbucks Coffee gift card.

Questions:

Do you have any questions at this time?

Please note that I will circulate a handout with my contact information on it if you would prefer to ask me a question over email.

Thank you kindly for your time.