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John Devaney, Caroline Bradbury-Jones, Rebecca J. Macy, Carolina Øverlien, Stephanie Holt

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Michaela Rogers
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DOMESTIC VIOLENCE AND ABUSE WHEN SURVIVORS IDENTIFY AS TRANS OR NON-BINARY

Michaela Rogers

Introduction

Since the 1960s the majority of domestic violence and abuse (DVA) discourse has been dominated by a paradigm in which violence results from hegemonic masculinity (Connell, 2005) and promotes gender normative constructions about a particular type of ‘victim’ or ‘survivor’ and a particular type of ‘perpetrator’. In other words, this ‘public story’ disseminates and maintains the myth that DVA is the perpetration of heterosexual men’s violence against heterosexual women (Donovan & Hester, 2014, p. 9). The 1980s and 1990s saw debates about DVA contest this public story with an emerging literature about violence and abuse in lesbian relationships and, to a lesser extent, in those of gay men (Kelly, 1991; Letellier, 1994). Whilst decades of research has helped to dispel the myth that DVA only occurs in heterosexual relationships, the public story continues to be reproduced in mainstream research, policy and practice serving to exclude or marginalise survivors, as well as perpetrators, who do not identify within this typology (Walker, 2015; Rogers, 2017a). This chapter offers an alternative lens by focussing on the phenomenon of DVA when one or both partners identify as trans or non-binary gender (‘trans’ will be used as a catchall to include people who identify as trans and non-binary, both terms are defined in the next section of this chapter). Whilst there is literature that explores trans people as both victims and perpetrators (see Brown, 2011), this is a very modest body of work and, therefore, here the focus is on trans and non-binary people as survivors.

Some writers use academic literature or research on DVA across lesbian, gay, bisexual and trans (LGBT) communities to explore those experiences and perspectives of trans and non-binary people. Unquestionably during the last ten years there has been an upsurge in the body of work exploring the prevalence and experiences of DVA across LGBT communities, but locating and conceptualising a trans perspective in this way is problematic as trans identity is often subsumed into the LGBT umbrella (and in actuality, trans people are frequently absent from this literature, or in quantitative studies their numbers are nominal) (Rogers, 2016; Wirtz et al., 2018). The cogence of this, in an analysis of trans people’s experiences of DVA, concerns the important distinction that gender identity and sexuality are not synonymous. Indeed, whilst there are similarities in terms of DVA and the experiences of people belonging to LGBT communities (which are illustrated later in this chapter), there are also very significant differences
for trans people in the forms of abuse perpetrated in their relationships, in the ways in which power and control are exerted, and in terms of the impacts of DVA in everyday life. There are additional reasons to focus on trans survivors given the historical exclusion from feminist anti-violence activism and the women's sector and, in particular, considering the escalating levels of lethal violence used against trans women (Serano, 2013; Waters & Yacka-Bible, 2017; Jordan et al., 2019).

This chapter will enable the reader to see beyond the ‘public story’ of DVA to explore trans and non-binary people’s experiences. The discussion will highlight ecological, contextual and structural issues and illuminate micro-level phenomena (such as the limits to help-seeking behaviour by trans people), meso-level factors (issues concerning service provision) and macro-level factors (in particular, the workings of gender norms and ideology) in relation to trans-identified survivors. In particular, the influence and persistence of cisgenderism (a prejudicial ideology) will be highlighted and shown to operate at various levels in problematic ways affecting trans and non-binary people.

Understanding trans and the workings of gendered ideology

Clarity about the terminology pertaining to trans people helps to illuminate the multiplicity, complexity and dynamic nature of trans identity (Dargie et al., 2014). In essence, the term ‘trans’, or ‘transgender’, operates as an umbrella term to signify a person whose gendered self-identity differs to that which was assigned to them at birth. Gender identity pertains to one’s sense of belonging to the category of man/woman or other gender (Schilt & Westbrook, 2009). Trans identities are manifold and include trans man/trans woman, transsexual man/transsexual woman, MtF/FtM, and a woman or man with a transgender history (Bachmann & Gooch, 2018). Such identities tend to align with a binary conception of gender (as a man or woman) whereas the term ‘non-binary’ is increasingly adopted to signify a spectrum of gender identities including genderqueer, genderfluid, agender, bi-gender, pangender, androgynous, androgyne, neutrois and other identities that do not conform to the male/female binary (Bachmann & Gooch, 2018).

It is important to note that the body of work on trans identity is tied to a shifting terrain as identity terms are constantly evolving. Trans and non-binary people reflect the dynamic and multi-dimensional nature of identity and can simultaneously identify with one or more gender labels; for example, as genderqueer/trans male. In this chapter, an ontological stance is taken in that an individual’s experience of gender identity is subjective and should not be reduced to a checklist of socially defined characteristics, expression or aesthetics (Serano, 2016). Another important term in an analysis of trans and gender is ‘cisgender’, or ‘cis’, which refers to a person whose gender identity remains the same as that which was ascribed at birth (Schilt & Westbrook, 2009). Finally, whilst gender and sexuality are different elements of identity, for some trans and non-binary people, their sexual identity is similarly complex and bound up with their gender identity as well as being outside of the norm (that is, not heterosexual). It can be difficult to partition gender from sexuality in such cases (Dargie et al., 2014; Rogers & Ahmed, 2017).

It is unsurprising that minority people’s experiences of DVA, as well as other forms of abuse, are often underpinned by prejudices and discriminatory perspectives. In the case of trans people, the concept of cisgenderism enhances an ecological analysis that explores DVA in micro-level settings (that is, within intimate or familial relationships) as well as in relation to macro-level influences (for example, social and cultural gender norms). Cisgenderism is a prejudicial ideology that upholds the construct of gender normativity invoking a paradigm in which social constructions of binary gender operate as the norm and, as such, position any divergence from
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This as abnormal (Blumer et al., 2013). Fundamentally, gender normativity is built upon beliefs about cisgender identities as natural and fixed, with heterosexual marriage and procreation between a cisgender man and a cisgender woman viewed as ‘normal’.

Cisgenderist ideology reflects this paradigm of social life and rejects people who do not identify as cisgender classifying them as abnormal or deviant (Ansara & Hegarty, 2011, 2014; Rogers, 2017a, 2017b, 2020). This is related to another prejudicial ideology, heterosexism, which views heterosexuality as the norm and same-sex relationships as deviant and aberrant (Schilt & Westbrook, 2009). Cisgenderism and heterosexism operate multi-dimensionally across micro, meso and macro levels of influence as each can undergird an individual’s or organisation’s norms and culture, and both can be systemic and structural in nature (Ansara & Hegarty, 2014; Rogers, 2017a, 2017b).

Finally, intentionality is an important factor in this discussion as any enactment of cisgenderism can be deliberate or unintentional. Cisgenderism as an unintended, passive act can have a very different impact compared to circumstances in which it is intentional and active; it is the latter which can be experienced as oppressive, discriminatory and, in some instances, abusive. Whilst there is a growing recognition of trans and gender diversity, there is the potential for cisgenderism in countless situations as almost everyone has grown up in communities that are predominantly (and seemingly) cisgender and, until more recently, there has been a distinct lack of recognition and acceptance for identities, behaviour and experiences which are not cisgender. The point is that cisgenderism, whether subtle or overt, intended or not, can have significant harmful impacts and it is the way in which cisgenderist language or actions are perceived and experienced that is important.

Mapping the scale of trans and non-binary people’s experiences of DVA

A UK-focussed lens draws attention to the very limited research detailing prevalence rates apropos of trans or non-binary people’s experiences of DVA. This dearth of data does curtail a comprehensive analysis and results from a range of issues including a lack of recognition and naming of experiences as abusive; extensive under-reporting; and/or problems in capturing a trans perspective due to survey practices, design and methodologies (Ristock, 2005, 2011; Rogers, 2016). Most existing studies have been conducted with small sample sizes but nonetheless these have produced significant findings that have policy and practice implications. For example, one of the first published studies conducted in Scotland indicated that 80% of trans people (n = 60) had experienced some form of emotional, sexual or physical abuse from a partner or ex-partner (Roch et al., 2010). The most common form was emotional abuse (73%), 60% of respondents had experienced controlling behaviour, 47% of respondents had experienced some form of sexual abuse and 45% had experienced physically abusive behaviour. Respondents were asked about forced sexual activity with 37% of respondents reporting that someone had forced, or tried to force them, to have sex when they were under the age of 16 and 46% of respondents said that someone had forced, or tried to force them, to engage in some other form of sexual activity when under the age of 16. Finally, 10% of respondents stated that someone had forced, or tried to force them, to engage in sexual activity for money.

More recent studies have supported Roch et al.’s main findings (that abuse is common) and a study completed by UK organisation Stonewall found that of 800+ trans and non-binary people, 28% reported to have experienced DVA from an intimate partner with similar proportions reporting abuse from family members (Bachmann & Gooch, 2018). Similarly, an analysis of the case files of LGBT survivors (n = 626) receiving advocacy support from Galop (a London-based
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charity), reported that 16% (n = 100) identified as trans or non-binary and that intimate partner abuse was more widespread (in 79% of the total cases) (Magić & Kelley, 2018). Concerningly, 60% of survivors identifying as trans women disclosed abuse from a male perpetrator. They were the group deemed to be at most risk of violence with the highest levels of self-reported physical, sexual and financial abuse. Of those survivors identifying as trans men, 75% reported abuse from a male perpetrator and were equally most at risk of DVA from an intimate partner. They reported the highest levels of harassment, stalking, verbal and emotional abuse.

International research reflects this picture with high levels of prevalence reported in other countries. For example, there is a growing body of work that suggests that the scale of DVA from perpetrators towards their trans partners is at a rate similar to, or higher, than that for cisgender people (Langenderfer-Magruder et al., 2016; Dyar et al., 2019). Concerningly, when scrutinising lethal violence, whilst homicides involving trans victims often go unreported or unexplained, existing data suggests that DVA plays a significant role in the reported deaths of trans and non-binary people (Waters & Yacka-Bible, 2017). The US leads the way in capturing data on trans people’s experiences of DVA as this is collected comparatively frequently. Such efforts mostly focus on DVA as intimate partner violence (IPV). For example, in 2015 the US Transgender Survey gathered 27,715 responses from all 50 states. Over half (54%) of respondents experienced some form of IPV in their lifetime including acts involving coercive control and physical harm (James et al., 2016). In addition, compared to 18% of the general US population, 24% had experienced severe physical violence by an intimate partner, 47% had experienced sexual violence and 10% reported sexual violence in the past year (James et al., 2016). Prevalence is equally concerning when comparing rates for adolescents with those of adults. In studies of LGBT young people, those who identified as trans reported the highest rates of physical, psychological, cyber and sexual victimisation from an intimate or romantic partner (Dank et al., 2014; Whitton et al., 2016).

Elsewhere across the globe, prevalence is not routinely collected for trans, or even LGBT, communities. In Australia, Campo and Tayton (2015) collated the available empirical data on LGBT DVA to conclude that it exists at similar rates to those who identify as heterosexual. In addition, they noted that cisgenderism and heterosexism frequently underpin the experiences of LGBT people. In Europe limited information exists as there is no singular source of data on DVA and trans communities. In 2015 the Fundamental Rights Agency (FRA, 2015) published a report detailing findings of a survey of 6,771 trans people across 28 European member states highlighting that respondents reported a high level of violence, hate-motivated attacks and harassment as one in three trans respondents (34%) experienced violence or was threatened with violence in the five years preceding the survey. It was not clear how many incidents occurred within a domestic setting, or how many were perpetrated by a person known to the victim (that is, a partner or family member) as most incidents were located in outdoor public space.

Gender and sexual identities: similarities and differences when accounting for DVA

Acknowledged by the World Health Organization (WHO, 2017), DVA can be found in people’s relationships irrespective of their gender and/or sexuality and, as noted, there is a growing body of global literature which describes the prevalence and nature of DVA for LGBT communities. This work highlights how heterosexual and LGBT people might experience similar patterns and types of DVA, but there are additional dynamics and forms of abuse for people
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with non-heterosexual identities. Whilst this chapter is not concerned with DVA in same-sex relationships per se, it is important to acknowledge the overlaps in LGBT people’s experiences of DVA as such forms of abuse are often underpinned by similar tactics and dynamics (such as threats to out a person, or utilising heterosexist and/or cisgenderist constructs). These tactics include:

- Forms of outing: disclosure of gender identity or sexuality to family, friends or work colleagues or to officials (for example, social workers for people with children).
- The ‘double disclosure’ bind: disclosing DVA may concurrently (and, potentially, problematically) result in disclosing minority status in relation to gender identity/sexuality.
- Undermining someone’s sense of gender or sexual identity and exploiting a person’s internalised negative self-beliefs (internalised transphobia).
- Practices of ‘gaslighting’: manipulating survivors into questioning their own perception, and even sanity, as the perpetrator convinces them that no one would believe the abuse is real (exploiting heterosexist or cisgenderist myths based on the public story).
- Manipulating survivors into believing that abuse is a ‘normal’ part of same-sex relationships.
- Social isolation through limiting or controlling access to spaces and networks that are helpful when coming out or when coming to terms with gender and/or sexual identity.
- Pressuring survivors into submission by minimalising abuse in the name of protecting the image of the LGBT community (adapted from Rogers, 2020).

Despite these overlaps in terms of the dynamics and forms of abuse, it is important to resist homogenising across the LGBT umbrella as Seelman (2015) points out that trans people may be at greater risk than others who identify as LG or B. In addition, there are various trans-specific abuses which target a person’s identity and these have been articulated in recent studies. Indeed, trans and non-binary people frequently describe identity-related abuse in their narratives of everyday experience. Identity abuse refers to violence and abuse which targets a survivor’s sense of self or social characteristics (see, for example, Ristock, 2011). An example is the act of restricting access to or hiding gender signifiers (clothing, accessories, wigs) that are needed to express gender identity (Rogers, 2013, 2017a). In addition, abusers may use coercion or prevent someone from pursuing medical treatment or intervention (for example, hormone therapies, speech therapy, sex reassignment procedures), or prevent and restrict someone’s access to treatment or medication, effectively interfering with or preventing the transitioning process. Identity abuse can occur through misgendering when an abuser refuses to use somebody’s preferred name or the correct pronouns or by threatening to out a person by disclosing their trans history (active forms of cisgenderism) (Rogers, 2020).

An abuser might use derogatory names and ‘body shaming’ tactics (being derisory or ridiculing a person’s body image) or monitoring a person’s gender expression to judge whether they ‘pass’ as a non-trans person (Guadalupe-Diaz & Anthony, 2017). Conversely, they may also fetishise or reject bodily boundaries (Brown & Herman, 2015). These cisgenderist, gender-specific behaviours are not uncommon, as a small-scale survey (n = 71) found that almost half of respondents (46%) reported intimate partner violence that was cisgenderist and transphobic in nature (Scottish Transgender Alliance, 2008). More recently, a study by Galop found misgendering, withholding medication or preventing treatment was commonly reported by trans and non-binary survivors (Magić & Kelley, 2018). Such identity-related abuses reflect the power and control dynamics that underpin abuse experiences. Moreover, trans-specific abuses have trans-specific impacts (such as restricted ability or an inability to express their gender identity, or
internalised transphobia) reflecting the workings of coercion and manipulation within the context of gender monitoring, scrutiny and surveillance by an abusive partner or family member.

Identity, intersectionality and DVA

Whilst identity-targeted abuses frequently characterise trans and non-binary people’s experiences of DVA, most people do not experience the world from one social location or in relation to a singular personal characteristic; rather the interplay of different aspects of identity determines a person’s life experience. By promoting the notion that identity is multi-faceted, an intersectionality framework encourages an analysis of contexts as well as a critical examination of the interlocking nature of systems of privilege and oppression. This approach to analysis has potential to illuminate how categories of gender, ethnicity, age and so on, rely on each other to function within systems of domination (Crenshaw, 1989). As such, the analytical approach to trans and non-binary people's experiences of DVA is not one of an ‘additive’ nature where we simply add trans identity to what is already understood in relation to DVA (Ristock, 2005); it is an approach which explores the multiplexity of identity in relation to dominant and hegemonic gender norms, ideology and stereotypes to understand the workings of power and control in micro-, meso- and macro-level contexts for trans survivors.

Beemyn and Rankin (2011) argue that intersectional aspects of identity undergird the lived experiences of discrimination and victimisation for many trans people. Moreover, an intersectional analysis has proved useful in explorations of DVA at the junctures of race, class and gender (Sokoloff & Dupont, 2005; Hassouneh & Glass, 2008). In the UK and US, for example, studies show that Black and ethnic minority (BME) trans people are victimised more generally than White trans people (Beemyn & Rankin, 2011; Grant et al., 2011) and, concerningly, it is claimed that they have a higher risk of victimisation in their intimate and familial relationships (Browne, 2007; Magić & Kelley, 2018).

The modest body of empirical studies that explore other intersectional identities (including trans and non-binary identity in relation to youth and sexuality) has important findings. For example, Reuter et al. (2017) surveyed LGBT young people to explore IPV and found demographic differences in that trans and non-binary young people, as well as youth who identified as Black/African American, are at a higher risk of victimisation than young people who identified as lesbian, gay, bisexual or White. Whitton et al. (2016) revealed similar results in a longitudinal study of LGBT young people (n = 248), aged 16–20 at the study outset, in an ethnically diverse community-based study. At the end of the five-year study, Whitton et al.’s study found that overall, 45.2% of LGBT youth were physically abused with the likelihood of physical victimisation to be 2.46 times higher for trans than for cisgender young people, and 2 to 4 times higher for racial-ethnic minorities than for White youth. The odds of sexual victimisation were 3.42 times higher for trans young people.

Context, outcomes and risk

In terms of outcomes, the social, financial, relational, health and mental health impacts of DVA are widely reported in literature. In addition to prevalence and forms of abuse, the interplay of contexts, outcomes and risks associated with DVA are critical to an informed understanding of trans and non-binary people's victimhood. Moreover, both scholarship and activism have been central in highlighting the heightened vulnerability to DVA as grounded in the social, cultural and political conditions that systematically devalue and invalidate LGBT lives and relationships more generally, and this is especially the case for trans and non-binary people (Ristock, 2005,
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2011; Jordan et al., 2019). The workings of these conditions in conjunction with other processes, such as the public story of DVA, can result in the invisibilisation of trans people as victims and survivors of violence. More concerning is, this can result in the ways in which trans people do not recognise violence and abuse when perpetrated against them as the very contexts for DVA, as propagated by the public story, are unrecognisable.

Exemplifying the interplay of social and cultural conditions and dominant structures (gender normativity) and the different contexts for DVA, Rogers (2017c) describes the parallels of IPV and family violence with ‘honour’-based ideology in her proposal of a specific type of abuse termed transphobic ‘honour’-based abuse. This is enacted when a person is deemed to have brought shame and embarrassment to the relationship or family by transgressing gender norms and troubling normative configurations of the family or partnership. This highlights the interplay of differing ecological contexts: the micro-setting of the home and associated roles, stereotypes and relationship expectations, as well as community-based and structural frameworks which are underpinned by gender normative expectations and notions of identity, status and belonging. This draws attention to the need to consider these different levels of influence and context in relation to assessments of risk and vulnerability.

An intersectionality lens also requires an extended analysis to explore how other, or intersecting, aspects of a person’s identity can add to these levels of influence, risk and vulnerability. For example, an analysis of DVA as a problem for White populations highlights structural issues, such as gender inequality (Stark, 2007), but when turning the lens to BME populations in White-dominant societies, DVA can be explained as resulting from cultural differences or from a lack of acculturation (the process of adapting to or borrowing traits from a different culture). Dustin (2016) provides a word of caution in her analysis of gender-based violence when noting the limitations of cultural arguments which serve as a means of othering and distract from the gendered structural and systemic bases of DVA. Notwithstanding, there are additional risk factors for BME trans people if a person does not have asylum or refugee status and, therefore, no recourse to public funds and, as noted earlier, BME trans and non-binary people are at an even greater risk of DVA (Browne, 2007; Magić & Kelley, 2018).

Other aspects of social location or background increase risk and vulnerability to DVA. Research into the mental health outcomes of DVA shows that LGBT survivors are twice as likely to have self-harmed and almost twice as likely to have attempted suicide (SafeLives, 2018). In Roch et al.’s (2010) study, 15% of the sample reported at least one suicide attempt as a consequence of their experiences of abuse, and a national survey of trans people in North America found an increased risk of suicide among trans and non-binary survivors of DVA (Grant et al., 2011). Risk factors, as well as social and structural inequalities, are amplified and multiple for trans survivors and include an increased likelihood of social isolation, housing precarity and homelessness, substance abuse, work and economic insecurity and repeat victimisation (Stotzer, 2009; Grant et al., 2011; James et al., 2016; Wirtz et al., 2018). Browne describes this configuration of risk succinctly by noting that ‘multiple marginality increases vulnerability to violence’ (Browne, 2007, p. 373). However, the interrelationship between DVA and such factors (homelessness, substance misuse and so on) is complex as there is a mutual causality and reinforcing circularity that exists between DVA and other risk/vulnerability factors.

Barriers to help-seeking

The barriers to help-seeking for all survivors are wide-ranging. However, for trans people there are additional mechanisms (as there are for other minority groups) that serve to impede help-seeking. In particular, the enactment of cisgenderism and heterosexism operating at micro,
meso or macro levels, results in very specific barriers (Donovan & Hester, 2014; Rogers, 2016, 2017a, 2017b). This chapter helps to illuminate the dynamics of these barriers which can emanate from various discourses and structures; for example, dynamics associated with the public story of DVA, or those underpinned by gender normative ideology. To explore this further, it is useful to employ a theoretical model that breaks down the process of help-seeking. Liang et al. (2005) offer such a model constituted by three stages: (1) problem recognition, (2) making the decision to seek out and access help and (3) the selection of a help provider. This model explores help-seeking from the perspective of the survivor.

Firstly, the issues of problem recognition and naming abuse are fundamentally troublesome in an exposition of trans and non-binary people’s experience of abuse. This was explicitly demonstrated in the narratives of Roch et al.’s participants who described their experiences as ‘just something that happened’ or ‘wrong but not a crime’ (Roch et al., 2010, p. 5). This lack of naming abuse may exemplify the power of the ‘public story’ which results in abuse experiences being eclipsed or invalidated where people’s experiences do not meet the basic conditions of the public narrative (that is, that perpetrators are cisgender, heterosexual men using violence against cisgender, heterosexual women). There are more fundamental challenges, however, when survivors experience identity-related abuses which result in fear, shame, internalised transphobia, embarrassment, low self-confidence, lacking self-belief and the reduced capacity for decision-making, to name a few. All these are toxic, but typical, factors that impede help-seeking behaviour.

Secondly, earlier in this chapter different forms of abuse were depicted for trans people and non-binary people including the potential of outing and the threat of being outed which concurrently serve as barriers to help-seeking. Additionally, the danger of outing oneself to family, friends, the community or others when disclosing abuse, the double disclosure bind, may represent a significant factor in the decision-making process in relation to help-seeking for those people who are not ‘out’ (Brown & Herman, 2015; Seelman, 2015). A more fundamental challenge to decision-making may result from a lack of knowledge about existing support for DVA survivors and about trans-specific or trans-friendly (or LGBT-specific/friendly) services (if these exist locally) or a belief that only people who ‘fit’ the public story are eligible for such support.

Thirdly, in an analysis of the interaction between micro- and meso-level elements, Donovan and Hester (2014, p. 157) describe the relationship between survivors and service providers as characterised by ‘a gap of trust’. In her research, Rogers (2013, 2016) found that this ‘gap of trust’ was often attached to the expectations that trans and non-binary people held in that they anticipated a heterosexist, cisgenderist response from service providers. Such expectations were often rooted to previous experiences of discrimination, being refused a service, being questioned in relation to eligibility on the grounds of gender (or perceived gender) or the misidentification of victims for perpetrators (Donovan & Hester, 2014; Jordan et al., 2019). Participants in Rogers’ (2013) study reflected the lack of entitlement felt by trans people; again, suggestive of the powerful workings of the public story.

Amongst service providers, Rogers (2013, 2016) found: a lack of knowledge or misunderstandings about trans people’s needs and the barriers to accessing mainstream services, a distinct hetero- and gender normative bias of existing services with practitioner attitudes fixed to notions about gender as a binary conception, a lack of clear referral pathway and/or links between DVA and LGBT services. Another study found that DVA services, specifically refuge accommodation, directed resources at cisgender, heterosexual women, thereby marginalising trans and non-binary people (as well as lesbian and bisexual women) (Hester et al., 2012). The dearth of explicitly trans-friendly service provision and lack of visibility in DVA discourse
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results in support that is inevitably ill-equipped to meet the specificity of trans and non-binary survivors (Tesch & Bekerian, 2015; Riggs et al., 2016; Walker, 2015; Kattari & Begun, 2017). Experiences of the criminal justice system are also problematic as trans and non-binary people have described patterns of discrimination and mistreatment such as the failure to intervene or take victim statements, doubts about witness credibility, and unwarranted arrests and/or detention (Goodmark, 2013; James et al., 2016).

Best practice to support trans and non-binary survivors

The multiplicity of factors that prevent trans and non-binary survivors from accessing support are clearly articulated across the literature. These can be categorised as the interaction of individual and interpersonal factors, organisational and policy challenges or gaps, as well as the persistence of systemic and structural influences (Rogers, 2013; Wirtz et al., 2018). Therefore, an ecological approach to policy and practice is required as this bridges the gap between the individual, organisation and broader social structures. Frameworks such as cultural competence and cultural humility exist to support best practice with minority populations enabling a fair attempt to address this gap. Cultural humility requires a practitioner (whatever the professional discipline) to have a sophisticated level of reflection in order to suspend existing norms, values and stereotyping (what you think you know) in order to adopt cultural competence, which is the ability to identify and value the social characteristics, backgrounds, practices and experiences of a person in need of support knowing that these constitute an important part of their sense of self and experiences of everyday life (Birkenmaier et al., 2014). Adopting cultural competence with a trans or non-binary survivor relies on the ability to put aside norms and stereotypes that are, in essence, gender normative beliefs and constructs, in order to learn about gender diversity and a person’s background, culture and gender identity. This philosophical approach positions the survivor as the expert by experience and represents best practice whilst simultaneously adopting an intersectional framework recognising that people do not experience the world merely from one social location (Rogers & Allen, 2019).

To counter the problematic and dominant nature of cisgender-based authoritative discourses (Ansara & Hegarty, 2011) such as those embedded in research, policy and practice, it is argued that another concept holds greater potential than a cultural competence approach; this is termed structural competence (Metzl & Hansen, 2014; Willging et al., 2019). This model evolved in healthcare as a means of advancing the cultural competence model, which Metzl and Hansen (2014, p. 127) argued does not go far enough and, as such, cultural competence needs to be redefined in ‘structural terms’. The cultural competence model has been criticised for operating at a micro level recognising individual bias and prejudice, rather than that held and reflected in meso-level organisational policy and practice and wider social structures. Therefore, the proposition of a structural competency model, which acknowledges the entrenched nature of inequality that results from social institutions and structures, is more effective in understanding the processes of marginalisation, discrimination and vulnerability which are systemic and much more difficult to tackle than individual biases (Willging et al., 2019).

On a daily basis, practitioners can adopt specific practices to reflect non-discriminatory and trans-inclusive values. Such practices can also be integrated at meso (organisational) and macro (state) levels through policy and guidance. As dynamics of abuse are inevitably entwined with power and control, best practice can only be achieved when practitioners acknowledge, rather than elide, micro-, meso- and macro-level constraints and factors that affect trans and non-binary people’s experiences of and access to services. A structural competency approach in
individual practice would be reflected in language choice and respectful communication, asking a person how they wish to be named and ensuring the use of appropriate pronouns. Organisations clearly evidencing their ‘trans-friendly’ or ‘trans-inclusive’ policy would be a step towards openly trans-inclusive practice. Increased voice, representation and leadership by trans and non-binary survivors working in the field would help to address structural and political challenges (Jordan et al., 2019). Similarly, integrating trans justice values in service delivery needs to include trans survivors to establish a more sophisticated understanding about DVA for trans and non-binary people and their needs in terms of accommodation, advocacy and support more generally (Jordan et al., 2019). Whilst societal and culture change is taking place across the globe with regard to gender diversity, restrictions in developing adequate policy and practice for trans and non-binary survivors will persist until inclusion measures are widespread, not piecemeal.

Chapter summary

This chapter has explored the phenomenon of domestic violence and abuse when survivors identify as trans or non-binary. Whilst there is a modest, but growing, body of work on this topic, there are clear implications that can be extrapolated to justify the development of current and future research, policy and practice to enable accessible and inclusive support for this population. For example, the empirical findings of existing research contest the ‘public story’ of DVA to show significant prevalent rates of and vulnerability to abuse experienced by trans and non-binary people. In terms of the nature of DVA for trans and non-binary people, an ecological analysis which considers micro-, meso- and macro-level factors is helpful as this illuminates the complexities of DVA and the persistence of normative ideologies and attitudes in relation to gender and their operation within interpersonal relationships. It is important to consider these complexities as the barriers to help-seeking for trans and non-binary are plentiful. Moreover, the extant body of work, albeit this is modest, does suggest that trans and non-binary survivors of DVA do not all require the same kind of help and that services must acknowledge and respond to the differences in contexts, circumstances and needs of trans and non-binary people.

Critical findings

• Whilst a modest body of literature exists, studies to date illustrate that domestic violence and abuse occurs at the same, or higher, rates for trans and non-binary people.
• In terms of the nature and dynamics of abuse, there are similarities across the communities of people with diverse gender and sexual identities; however, there are some trans-specific forms of abuse that target a person’s gender identity and prevent the expression of that identity or the transitioning process.
• Trans and non-binary people experience high rates of mental ill-health, housing precarity, homelessness, economic discrimination to name a few, and such inequalities increase risk and vulnerability to violence and abuse.
• Trans and non-binary people’s experiences of abuse are often tied to the pernicious and entrenched nature of cisgenderism (a prejudicial ideology that is built upon ideas of gender as fixed at birth, male/female, and represented in heterosexual marriage).
• The workings of cisgenderism also underpins many of the barriers that prevent trans and non-binary people from recognising and naming their experiences of abuse and from seeking help.
Barriers to help-seeking are also tied to previous or anticipated experiences of cisgenderism and heterosexism which are reportedly common when trans and non-binary people encounter public services and support.

**Implications for policy, practice and research**

- Best practice with trans and non-binary survivors requires an acknowledgement and counterbalance of the structural and systemic barriers within everyday life as the values of empowerment and self-determination that underpin the field of DVA will have limited impact for trans and non-binary survivors until these are addressed.
- Policy and practice responses need to reflect the heterogeneity of identities, needs and experiences of trans and non-binary people.
- Additional research could provide a more comprehensive understanding of the ways in which policy and practice could address these structural and systemic barriers.
- Increasing voice, representation and leadership for trans and non-binary people within the field of DVA is key to the review, design and delivery of research, policy and practice.
- An intersectional framework to understanding the barriers and experiences of trans and non-binary people is important as there is evidence to suggest that marginalisation and discrimination increase when accounting for additional social characteristics such as ethnicity and age.
- Greater awareness of the myths and stereotypes associated with the ‘public story’ is needed across mainstream services (for instance, healthcare, social work, criminal justice agencies) working in the field of DVA to improve interactions and relations with trans and non-binary survivors.
- Routine enquiry and pathways to support should be used by practitioners, enquiring about gender and sexual identity before screening for DVA, recognising the higher risk and vulnerability to violence and abuse.
- Bridging the gap between DVA organisations and LGBT organisations may help to improve the policy and practice response in collaborations which involve knowledge and expertise transfer, as multi-agency working has long been advocated as the best approach to DVA.

**References**


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Trans or non-binary survivors


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