



Trans people's experiences of domestic violence and abuse: messages for practice

Briefing note

Dr Michaela Rogers m.m.rogers@salford.ac.uk

November 2015

Introduction

This year, on 20th November, Transgender Day of Remember (TDoR) received more recognition than ever before. This reflects the increasing visibility of trans people in social life, but social exclusion and rates of discrimination for trans people remain high. The purpose of this briefing note is to highlight findings from a study which explored trans¹ people's experiences of domestic violence and abuse (DVA), their social care needs and whether they accessed support through social care or supported housing provision. A brief overview of the project is presented in order to contextualise the distinctiveness and importance of the study's findings. These findings uncover the barriers to service provision as well the identification of some enablers. I end with some recommendations for practice.

Background

Domestic violence and abuse is widely recognised to be a global concern which needs a state response (WHO, 2013). However, the majority of existing literature globally has a

heteronormative bias; that is, it pertains to heterosexual relationships and DVA is largely represented as being perpetrated by men against women. This conceptual oversight reflects a lack of practice and policy focus on minoritised communities with implications for housing and social care provision. Indeed, Mitchell and Howarth (2009: 61) noted that 'there is almost a complete absence of research on accessing social care services for trans people'. As a result, the housing and social care needs of trans people are little understood (Addis et al., 2009) and most certainly this is true in relation to DVA and any need arising from an individual's attempts to escape it. When research does explore the needs of trans people, often this is captured within the homogenising category of lesbian, gay, bisexual and trans (LGBT) people, and quite often the trans perspective is invisible or absent. An exception is that of a recent study which investigated the perspectives of 47 LGBT people in relation to their experiences of housing as 3 participants identified their gender as 'genderqueer' (Affinity Sutton, 2015). Research conducted for Affinity Sutton found that 1 in 5 people expected to be treated unfairly on the grounds of their perceived minority status: also a key finding in the study reported here (see Rogers, 2015). Overall,

¹ The terms 'trans' refers to anyone who identifies as different to the gender which was assigned at birth and includes transgender, transsexual, cross-dresser and non-binary people.

there is a general acceptance that the housing and social care sectors have limited understanding with regards to the needs of trans people. In terms of DVA, there is a stark shortage of quantitative and qualitative data on trans people's experiences of DVA in the UK although extant statistics indicate that it occurs for trans people at least at similar rates as for non-trans people; that is, at a rate of 1 in 4 people across the duration of the life-course (Broken Rainbow, 2013).

This study

The study discussed here addresses the significant gaps in qualitative insights by capturing a range of lived experiences of trans individuals who experienced DVA in both intimate and familial contexts. Practitioners who specialise in working with DVA survivors were also consulted in order to gain perspectives situated within the DVA sector.

The overarching aim of the research was to gain knowledge of the experiences and perspectives of trans people in relation to DVA in order to uncover new insights for social care and other practice contexts. The study sought to capture trans people's voices and remain grounded in participants' worldviews. The research questions were as follows:

- 1 In what ways do trans people narrate their experiences of trans identity and practice in relation to intimate, familial and other social contexts?
- 2 How and why do trans people experience domestic abuse within the context of intimate and familial relationships?
- 3 What are the social care needs of trans people, who experience domestic abuse, and how are these met?
- 4 What barriers do trans people experience in accessing formal social care and how can services offer accessible and appropriate provision to trans people experiencing domestic abuse?

This briefing note captures findings pertaining to the questions number 3 and 4.

Methodology

The project was underpinned by a qualitative methodology which used narrative interviews with two groups: (1) trans people (n = 15); and (2) practitioners (9) who specialised in working with DVA survivors (hereafter 'DVA practitioners').

1. **Trans participants** ranged in age from 21 to 70. All were White British except for two participants who had

mixed backgrounds (US/Indian and US/Indigenous American). Participants self-identified across the gender spectrum as: trans; transsexual; as having a transsexual history; queer; and genderqueer. All participants had either experienced DVA or worked in roles where they had supported other trans people affected by DVA. None of the participants had approached DVA services for support or refuge.

2. **DVA practitioners** were employed in a range of positions including: young women's housing project manager; refuge manager; independent domestic violence advocate; counsellor/refuge worker; and DVA partnership director. Ages ranged from 31 to 55. Seven of the practitioners identified as White British, one as White Irish and one as Black British. None of the services represented in the study had knowingly supported trans people experiencing DVA through refuge accommodation or any other service provision.

Trans participants were recruited using purposive sampling along with a snowballing method through social networks (actual and virtual) and via online advertising. Practitioners were recruited via a convenience sampling strategy and purposively through a city-based DVA consortium. Data was collected throughout 2012. Informed consent was gained from all participants and pseudonyms were used to ensure confidentiality and privacy. Ethical approval was granted by the University of Sheffield.

The dataset was analysed using the *Listening Guide* (Mauthner and Doucet, 2008). The *Listening Guide* is a technique which requires multiple readings in order to identify different voices which interconnect with various aspects of the participants' narrative; for example, the interrelationship with significant others as well as the wider community. The *Listening Guide* requires an analytical reading which focuses on the interplay between the narrator's voice and broader structures (such as, gender, or social norms and values). Finally, this approach also warrants a high degree of reflection in order that the analyst remains alert to their own response to the data.

Doing sensitive research

There is no question that research which involves a marginalised population and concerns a difficult issue, such as domestic violence and abuse, can be considered to be 'sensitive'. Yet doing sensitive research is critical if policy and practice is to address the gaps in provision. It is also critical in the quest for understanding the barriers and enablers that are meaningful in the lives of minoritised communities.



Key findings

The findings presented below provide a snapshot of the issues in terms of barriers and enablers to service provision as identified by both trans people and DVA practitioners.

Key findings: barriers

- As DVA is a gendered problem, many voluntary sector providers operate within the context of the women-centred history of DVA service provision and activism. As a result many trans participants felt that they were not entitled to access DVA services as they would be excluded through eligibility criteria.
- Trans participants felt that housing and social care providers offered services within the minimum legal standards set by the Equality Act 2010. As the Equality Act does not recognise people who identify as non-binary (neither male nor female), this was considered to be a barrier to accessing services. One of the participants framed this as 'binary fascism'.
- Similarly, trans participants anticipated that individual workers would not accept their identity if it was non-binary.
- As many of the trans participants experienced harassment and discrimination in daily life, they also expected a transphobic response or to be treated less favourably than non-trans people in housing and social care contexts.
- There was an expectation held by trans participants that the DVA policy and practice of agencies would not reflect their identity needs, and that services would see trans as a lifestyle choice which ultimately serves to undermine trans existence (Serano, 2007) .
- Several of the trans participants felt that inclusive policy and practice should not focus upon their gender identity as they had long since transitioned to live in their acquired gender and considered themselves to be women/men with 'transsexual histories'.
- Concerns were held by DVA practitioners about the possibility for misgendering, both deliberate and accidental; for example, through the incorrect use of pronouns and names.
- Various misperceptions were found as well as a lack of knowledge held by DVA practitioners in relation to gender transitioning in terms of what would be an appropriate policy and practice response.
- There was a common theme around concerns about transphobia and discrimination enacted by non-trans service users.

- The question about trans people entering supported housing which was specifically for single-sex (women) occupation was a common concern articulated by DVA practitioners.

Key findings: enablers

- DVA services were represented as having become subsumed into mainstream housing and social care provision. Furthermore, the problems caused by the Government's requirement for 'gender neutral' services are well documented (Hawkins and Laxton, 2014). However, DVA practitioners felt that these shifts allowed a window of opportunity for policy and practice to expand and reconfigure to offer new possibilities for trans and non-binary people.
- A number of respondents described the changing demography of those employed in the DVA sector noting that men were now to be found in various positions. This was perceived to be positive in terms of demonstrating that services were available for men and women; that is, male/female gender was not seen as a limiting factor in terms of eligibility.
- Training and trans awareness-raising activities were seen as being essential to services being able to offer a 'trans friendly' or 'trans positive' response.
- Person-centred practice and approaches which centred the individual as the 'expert' were identified as being the approach that participants felt would enable a positive working relationship to form in terms of practitioners taking the time to understand the needs of the individual, and to not make assumptions or draw from stereotypes.
- Respect was deemed as being fundamental to a positive working relationships and in terms of individual exchanges, people felt that a gesture as simple as asking a person how they wished to be addressed and which pronouns they preferred, would enable a person to feel as though they have received a satisfactory degree of respect and dignity.

Recommendations for housing and social care providers

1. Encourage a 'paradigm shift' in frontline cultures by providing regular access to training and trans awareness-raising activities.
2. Provide training which encourages a person-centred and respectful response to trans and non-binary individuals.
3. Provide training which includes key legislation, the Gender Recognition Act 2004 and the Equality Act 2010, but which goes beyond legal minimum standards in the quest for a best practice model for supporting trans and non-binary service users.
4. Construct an agency-specific written guide to working with trans and non-binary service users which is widely promoted and available to all staff.
5. Ensure that all members of the agency are aware that the persistent misuse of gendered terminology can represent trans exclusion, discrimination and harassment.
6. Demonstrate that the agency is committed to equality by advertising that it is 'trans friendly' or 'trans positive'.
7. Brand the agency as being committed to ending discrimination and inequality. Actively challenge transphobia, along with other forms of oppression.
8. Include trans and non-binary people on agency branded literature and promotional materials.
9. Recruit trans and non-binary people to the agency management board and specialist working or interest groups to ensure that the agency fully meets its commitment to equality and diversity.
10. Undertake a policy review to ensure that the agency adequately addresses the access needs of trans and non-binary people (also think about practical needs, such as the use of toilets and washing facilities) and ensure that policy and practice change is shared throughout the agency.
11. Update *all* policy and practice protocols to ensure trans and non-binary people are included and protected from discrimination.

References

- Addis S., Davies M., Greene G., MacBride-Stewart S. & Shepherd M. (2009) The Health, Social Care and Housing Needs of Lesbian, Gay, Bisexual and Transgender Older People: a Review of the Literature. *Health and Social Care in the Community* 17 (6), 647-658.
- Affinity Sutton (2015) *LGBT Experiences of Housing: A Snapshot*. London: Affinity Sutton Group Limited.
- Broken Rainbow (2013) *Broken Rainbow UK celebrates Human Rights Day 2012*. [WWW document]. URL <http://www.brokenrainbow.org.uk/latest-news.php>.
- Hawkins, S. & Laxton, C. (2014) *Women's access to justice: from reporting to sentencing*. Bristol: WAFE.
- Mauthner N.S. & Doucet A. (2008) What can be Known and How? Narrated Subjects and the Listening Guide. *Qualitative Research* 8 (3), 399-409.
- Mitchell M. & Howarth C. (2009) *Trans Research Review*. Manchester: Equality and Human Rights Commission.
- Rogers, M. (2015) Breaking down barriers: the potential for social care practice with trans survivors of domestic abuse. *Health and Social Care in the Community*. Available at: <http://onlinelibrary.wiley.com/doi/10.1111/hsc.12193/abstract>.
- Serano J. (2007) *Whipping Girl: A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Berkeley: Seal Press.
- World Health Organisation (2013) *Violence Against Women: Intimate Partner and Sexual Violence Against Women*. Available at: <http://www.who.int/mediacentre/factsheets/fs239/en/>.

¹ The terms 'trans' refers to anyone who identifies as different to the gender which was assigned at birth and includes transgender, transsexual, cross-dresser and non-binary people.