

Challenging cisgenderism through trans people's narratives of domestic violence and abuse

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Abstract

By drawing on empirical research that explored trans people's experiences of domestic violence and abuse (DVA), this paper problematises the 'gender asymmetry debate' in DVA discourse. It does so by highlighting cisgenderism and a heteronormative bias which have led to the invisibility of a trans perspective. Qualitative data was collected via narrative interviews and this was examined using a voice-centred relational technique. A total of twenty four interviews were undertaken with trans people ($n = 15$) and domestic abuse practitioners ($n = 9$). In relation to the presentation and impact of DVA, and in the context of trans and cisgender people's abuse experiences, the research findings report both similarities and differences. Four narratives are presented here to illuminate both. This paper adds new insight and challenges normative and dominant discourses by promoting the need for further theorising about the gendered nature of domestic violence and abuse.

Keywords

Cisgenderism, domestic violence, domestic abuse, heteronormativity, trans, transgender

Introduction

Domestic violence and abuse (DVA) is now acknowledged to be a significant global concern (World Health Organisation, 2013). In an attempt to address the problem of DVA through policy initiatives, in 2013 the Home Office published a revised definition of 'domestic violence and abuse' as:

any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members regardless of gender or sexuality. The abuse can encompass, but is not limited to: psychological; physical; sexual; financial; emotional. (Home Office, 2013: online)

Whilst this definition is broad, it goes on to detail ‘controlling behaviour’ and ‘coercive behaviour’; as well as other enactments of DVA such as ‘honour’-based violence, forced marriage and female genital mutilation (Home Office, 2013: online). I take this definition as the point of departure from which to explore the nature of DVA in a more specific context; that is, where DVA presents in the lives of trans people.

Despite some recent movement in the way that DVA is conceptualised (exemplified by the revised Home Office definition), the majority of discourse, activism and intervention is located within the heteronormative framework (where heterosexual identity and practice are centred and privileged to the exclusion of other identities and practices). This heteronormative bias supports the assumption that DVA is predominantly violence perpetrated by heterosexual men against heterosexual women (Donovan and Hester, 2014). As a result, DVA is constructed as a social problem which is ‘asymmetrical’ as it is experienced disproportionately by women and perpetrated predominantly by men; a reality supported by statistical data (Johnson, 2006; Stark, 2007; ONS, 2013). It should also be borne in mind that some trans people's experiences of DVA might be captured within that statistical data, but trans people are often invisible as they are assumed to be cisgender (non-trans).

The statistic that one in four women across their lifetime will experience domestic abuse supports debates of gender asymmetry (Walby and Allen, 2004; Guy, Feinstein and Griffiths, 2014). Yet there is a burgeoning body of work which contests the heteronormative bias in the theoretical frameworks used for understanding DVA as a social problem. This body of work opens up the possibility for interrogating DVA as a phenomenon where: women are survivors *and* perpetrators; men are survivors *and* perpetrators; and DVA is experienced by people who identify inside and outside of normative categorisations of male/female and hetero/homo (Roch et al., 2010; Lombard, 2013; Donovan and Hester, 2014). In addition, this article seeks to trouble the gender asymmetry debate by problematising the cisgenderist and heteronormative underpinning of DVA discourse through drawing attention to the invisibility of trans people. This paper does not seek to examine the intentions of perpetrators but to bring attention to the narratives of trans survivors of domestic violence and abuse as these transgress the hetero- and gender normative boundary of DVA discourse. In doing so, this paper provides a platform for the oft-silenced voices of trans people. The term ‘trans survivor’ demarcates someone who has survived DVA and who identifies as trans; cisgenderism and trans identity are explained below.

Before moving to a discussion of method and findings, I begin with an explication of my conceptualisation of the terms ‘gender’ and ‘trans’, as well as providing some contextual background to the gender asymmetry debate and trans people's experiences of DVA. This helps to situate the narratives which are presented as a counter to the lack of representation of trans people in professional and academic discourses.

Contesting the gender binary

Whilst noting that the terms 'sex' and 'gender' are interconnected and contested, this paper adopts a constructionist paradigm where 'gender' is used to refer to the social identities associated with bodies that are perceived to be sexed in particular ways and 'sex' relates to the biological characteristics of bodies assigned male, female and other (Enke, 2012). People whose gender and/or sex is fluid, who oscillate between or are 'other' to male and female, 'challenge the ontological assumption that sex/gender fall into binary categories' (Monro, 2007: online). Hence, trans and non-binary people disrupt the dichotomous positions of male and female. The use of 'trans' as a noun and as an umbrella term conforms with the notion of a gender spectrum which encompasses a range of identities and practices as described by Whittle (2006: xi):

A trans identity is now available almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels 'man' or 'woman' credited to them by formal authorities. The identity can cover a variety of experiences. It can encompass discomfort with role expectations, being queer, occasional or more frequent cross-dressing, permanent cross-dressing and cross-gender living, through to accessing major health interventions such as hormone therapy and surgical reassignment procedures. (Whittle, 2006: xi)

Whittle (2006) alludes to temporary (cross-dressing) and permanent practices (surgical reassignment) and trans may be experienced on somatic, psychological or social levels (Prosser, 1998; Enke, 2012). Commenting on the multi-dimensionality of trans identity and expression, Feinberg (1998: 5) notes 'our lives are proof that sex and gender are much more complex than a delivery room doctor's glance at genitals can determine'. Indeed, the spectrum

of trans positionalities includes: trans/trans*; transgender; transsexual; MtF; FtM; cross dresser; drag king/drag queen; genderbender; and genderqueer. In addition, a new binary opposition has emerged: cisgender and trans. The Latin prefix 'cis' means on the same side or remaining with the same orientation. The term 'cisgender' helps to delineate 'non-trans' people (those whose gender is congruent with that which was ascribed at birth) (Enke, 2012).

Despite the recent emergence of trans as an academic interest, and the ever-increasing gaze upon trans in the media and popular culture (Hines, 2013), trans people experience marginalisation and there are many aspects of their lives that remain unexplored (Whittle, Turner and Al-Alami, 2007; Hines, 2013). Many authors argue that this is due to the pervasive nature of cisgenderism (Kennedy, 2013). Ansara and Hegarty (2011) define cisgenderism:

First, unlike 'transphobia', cisgenderism describes a prejudicial *ideology*, rather than an individual *attitude*, that is systemic, multi-level and reflected in authoritative cultural discourses. Second, [...] cisgenderism problematises the categorical distinction itself between classes of people as either 'transgender' or 'cisgender'. (Ansara and Hegarty, 2011: 4, authors' emphasis)

Ansara and Hegarty (2011) proffer the concept of cisgenderism along the same lines of racism or sexism, as a discriminatory ideology, which 'involves multiple intersecting assumptions that construct people's own designations of their genders as less valid...[and] constructs the world as having only two valid genders and sexes' (Blumer, Ansara and Watson, 2013: 269).

Heteronormativity and cisgenderism in DVA discourse

In the early 1970s the modern domestic violence and abuse movement emerged and feminist explanations for DVA were largely rooted in the ideological mechanism of patriarchy which situated men as perpetrators and woman as victims and survivors (Dobash and Dobash, 1992). This macro model of DVA was enmeshed with feminist discourse where female oppression resulted from hegemonic masculinity as traditional male/female gender roles become naturalised through institutions such as the family, church, the state and, importantly for domestic violence, the criminal justice system (Wykes and Welsh, 2009). The practice of DVA was argued to help maintain male hegemony and privilege by governing women's bodies (through physical and sexual assaults) and women's consciousness (through emotional and psychological abuse) (Hunnicut, 2009). These ideas positioned DVA as a gendered phenomenon which was 'asymmetrical'.

Donovan and Hester (2014) persuasively argue that this resulted in the widespread acceptance of a 'public story' of DVA as a problem primarily of physical violence within heterosexual relationships wherein heterosexual men are the problem for heterosexual women. This 'public story' has influenced the development of service provision in the UK and the US.

Historically, this service provision has neglected people who exist outside of the 'public story' narrative; for example, female perpetrators, non-heterosexual people, or those who identify as trans (Ristock, 2011; Hester et al., 2012) as well as heterosexual women whose experience is not primarily of physical violence. Indeed, there is far less empirical evidence which explores DVA in marginalised, non-normative relationships. This is unsurprising as victimisation rates show that cisgender, heterosexual women represent the largest victim group (ONS, 2013). However, victimisation statistics, such as those collected through the biennial Crime Survey for England and Wales (formerly the British Crime Survey), employ

binary conceptions of gender resulting in the specific lack of visibility of some trans or non-binary people.

Kennedy (2013) would argue that the invisibility of trans people, in statistical data in particular, and discourses of DVA, in general, is due to the consequences of cultural cisgenderism. Thus, the 'authoritative cultural discourse' (Ansara and Hegarty, 2011: 4) of the 'public story' of DVA can be seen to silence and invalidate trans people's experiences as DVA is conceptualised as hetero- and gender normative; a systemic practice known as 'trans-erasure' (Serano, 2007: 189). Additionally, the knowledge gap in relation to trans people's subjective experiences of DVA results from the entrenched nature of cisgenderism.

Gender asymmetry and symmetry

Within the literature on DVA and gender asymmetry, there are two prominent theorists: Michael Johnson and Evan Stark. Situated within a gender normative paradigm, Johnson's (2006) analysis resulted in his four-part taxonomy of intimate partner violence (IPV). This taxonomy comprises: intimate terrorism; violent resistance; mutual violent control; and situational couple violence. This section of the paper is shaped by a critical analysis of this taxonomy. The first violence type, *intimate terrorism*, involves a combination of physical/sexual violence, emotional/psychological abuse, financial abuse, harassment, intimidation, and victim blaming (Johnson, 2006). Intimate terrorism, Johnson claims, is gender asymmetrical; it is mostly perpetrated by males and only found in a small percentage of cases.

Stark (2007) proposes a broadly similar phenomenon, *coercive control*, which, he argues, is more common than studies suggest. Stark defines coercive control as:

a strategic course of self-interested behaviour designed to secure and expand gender-based privilege by establishing a regime of domination in personal life.

(Stark, 2013: 21)

Moving to a macro-analysis, Stark contends that coercive control results from the structural problem of sexual (gender) inequality that has endured throughout contemporary society. Moreover, Stark argues that policy and practice, built upon the dominant 'power and control' trope (Pence and Paymar, 1993), is unhelpful as it diverts focus away from structural oppression. Thus, Stark contends that the conceptualisation of coercive control, as a relational dynamic, a practice and a consequence of social conditions, functions by reasserting and strengthening sexual (gender) inequality.

Whereas Johnson acknowledged same-sex DVA (and changed his term *patriarchal terrorism* to *intimate terrorism* in recognition of this), Stark is primarily concerned with a heteronormative conceptualisation of personal life as he explores the enactment of violence and abuse through a theoretical partitioning of masculinity and femininity by drawing upon a particular, and conventional, version of masculine practice to illustrate the workings of coercive control. However, empirical studies have found evidence of coercive control within same-sex relationships (Donovan and Hester, 2014; Frankland and Brown, 2014). There is no comparable data for trans populations. Analyses of *cisgender*-based privilege, as a by-product of existing structures, however, do illustrate how trans inequality and oppression interlock with micro experiences of domination and abuse in personal life (Serano, 2007).

In the concluding chapter of his text, Stark (2007) questions whether violence perpetrated by men, same-sex or trans partners should be conceptualised as a single phenomenon or independently. There is also a cursory mention of 'transsexual victims' in an analysis of the lack of suitable service provision; a discussion which mostly centres on lesbian victimhood, thus failing to reflect the heterogeneity of the lesbian, gay, bisexual, trans and queer (LGBTQ) population. Stark's conflation of trans and sexual minorities is also problematic as this tendency to group minority gender and sexual identities can be said to act as a silencing device in trans communities (Brotman et al., 2003).

The second of Johnson's types of IPV, *mutual violent control*, occurs when both partners are equally violent and controlling, whereas *violent resistance* refers to acts of retaliation, or self defence. A common misperception in trans (and lesbian, gay and bisexual) people's relationships, however, pertains to the dismissal of DVA as mutual when it is not, or the belief that violence and/or abuse has not occurred at all (Lindhorst et al., 2010). Donovan and Hester's (2014) analysis showed that mutual violent control did not characterise the violence and abuse reported in their study. An important message from research is that *all* forms of DVA should *always* be located and examined within the wider context of patriarchy (Hunnicutt, 2009). Additionally, trans people's experiences of DVA, whether as victim or perpetrator, can be framed as symptomatic of heteronormativity, cisgenderism and cisgender privilege (Serano, 2007).

Johnson's (2006) focus on gender asymmetry shifts in his conception of situational couple violence which is cited as being the most common form of intimate partner violence (IPV). In the US 40% of domestic abuse reported in general surveys is described as situational couple violence (Johnson, 2006). What distinguishes this type is that men and women are equally

likely to perpetrate situational couple violence across relationships. Situational couple violence is considered to be the one type of DVA where gender symmetry exists (Swan and Snow, 2002; Dutton, 2008; Johnson, 2006). There is no empirical data to be found which combines an analysis of situational couple violence and trans people's experiences.

Trans communities and domestic violence and abuse

As indicated above, a picture of trans people's experiences of DVA is difficult to build due to the dearth of empirical research. Drawing attention to the barriers to conducting research with marginalised populations, a report prepared for the UK government's Home Office drew from the perspectives of fifteen trans-identified people, none of whom had experienced DVA but who offered their perspectives in the absence of trans survivors (Hester et al., 2012). This further highlights the invisibility of trans survivors and the difficulty in gaining a better understanding of trans DVA.

Within the UK, a few studies exist. In 2008 a small-scale survey, which received 71 responses, reported that almost half of respondents (46%) claimed that they had previously experienced transphobic IPV (Scottish Transgender Alliance, 2008). Reports of verbal abuse were high and respondents also experienced threatening behaviour (17%); physical abuse (11%) and sexual abuse (6%). Another small-scale Scottish study was conducted by Roch et al. (2010), attracting 60 respondents. Key findings indicated that 80% of respondents had experienced some form of abusive behaviour from a current or former partner and the most common reports were of transphobic emotional abuse (73%) (behaviours were targeted at the victim's trans identity and expression). Of ontological significance, half of the respondents who had experienced DVA thought that it was 'wrong but not a crime' and 18% felt that it was 'just something that happened' (Roch et al., 2010: 5). These findings suggest that the

power of the 'public story' of DVA may prevent recognition by people who identify with non-normative categories and, more importantly, this may prevent help-seeking behaviour (Rogers, 2013, 2015). However, the statistics from both studies should be used tentatively as there are limitations of external validity and reliability in studies that have small, self-selected samples. Moreover, research on DVA in heterosexual relationships has also found degrees of normalisation in terms of victims/survivors reporting or in the process of making sense of abuse experiences (Wood, 2001).

Finally, other studies internationally indicate high levels of trans domestic abuse. A US survey with 6,450 respondents, administered by the National Center for Transgender Equality and the National Gay and Lesbian Task Force (2011), found that almost one in five (19%) trans people experienced DVA as a result of transphobia and more than half (57%) experienced significant family rejection. Of respondents who had children and were in a relationship that ended because of their trans identity, almost a third (29%) reported that their ex-spouse or partner limited or stopped their relationships with their children because of their trans or non-binary identity. In Australia, a quantitative study with 308 LGBT respondents found considerable levels of domestic violence and abuse with 32.7% respondents reporting experiences of DVA perpetrated within their existing or previous relationship (SSDVIWG, 2006). However, only two of the sample identified as trans. Another Australian survey by Leonard et al. (2008), in the state of Victoria, found similar results but had a slightly larger number of trans-identified respondents (15 out of 390). Except for the US study, it is clear that making generalisations is difficult due to the limitations of small samples, or the modest proportions of trans participants within them. Another problem is that defining DVA can vary across studies in different geographies.

Methodology

The findings presented here are drawn from a small-scale qualitative study which aimed to produce an empirical account of trans people's perspectives and experiences of DVA, their social care needs and whether these are addressed through social care intervention. Limitations of small-scale research in terms of validity and bias are noted, but the value of this study is in the richness and depth of the data. In addition, it is noted that the findings should not be generalised to the wider trans population, or in relation to what is known about the prevalence of trans people's experiences of DVA. The study's epistemology and ontology drew on a pluralistic approach. Feminist social constructionism formed the underpinning theory and this was complemented by a critical perspective: queer sociology. Queer sociology is rooted in the key principles of poststructuralism (for example, that social reality is constructed and so can be deconstructed and reconstructed), yet also acknowledges power and subjectivity as central to the analysis (Seidman, 1996; Roseneil, 2000; Hines, 2006). Consequently, pluralism enabled a theoretical frame which incorporated and validated trans narratives by moving beyond the discursive limitations of binary gender.

Recruitment strategies were pursued through purposive sampling and a snowballing technique: advertising through virtual chat rooms and trans organisations; attendance at social/support groups; and negotiations with a domestic abuse local partnership. Fifteen trans people were recruited: twelve had experienced DVA and the other three had supported trans survivors. The ages of the cohort ranged from twenty one to seventy years old. Reflecting the spectrum of trans positionalities detailed previously, trans participants self-identified with a number of different identity positions including: trans woman, pre-operative/post-operative transsexual woman, woman with a transsexual history ($n = 11$); trans man ($n = 2$); and as non-binary/genderqueer ($n = 2$). These self-identity labels are incorporated into the findings

discussion below. Nine practitioners who worked across the domestic abuse sector were recruited representing a range of roles including: refuge manager; housing project manager; independent domestic violence advocate; public health specialist; and counsellor. Whilst practitioner narratives offered valuable insight with regard to the barriers to and potential for services, their voices are not represented within this paper (see Rogers, 2013, 2015).

Data was collected through narrative interviewing conducted with both groups of trans participants and domestic abuse practitioners. This allowed a synthesis of different perspectives about DVA within trans people's lives and the potential for social care intervention. The sensitive nature of the interview themes (for example, negotiating trans identity with family and intimate partners, DVA) was acknowledged from the start. All participants were familiar with the study's aims and research questions and informed consent was gained from all participants. Interviews were digitally recorded, coded and transcribed by the researcher. Each participant was given the opportunity to validate the transcript produced from his/her/their interview; only one participant took up this opportunity and she was happy with the transcription.

Pseudonyms were used for all participants to ensure anonymity, confidentiality and privacy; although several trans participants were indifferent about the requirement for anonymity, pseudonyms were still employed. The sensitive nature of the research was acknowledged through a pre-planned strategy for participants should anyone require support or become distressed by the experience of narrating their abuse history. A high degree of reflexivity enabled me to remain alert to the latter, and any other ethical issues, as did my extensive professional experience of working with DVA survivors. The study was approved by the University of Sheffield's Ethics Committee.

Briggs (2007: 552) asserts that interview narratives 'produce subjects, texts, knowledge, and authority' and this project was value-driven within the context of enabling a marginalised community to have a narrative voice. Analysis was undertaken using a voice-centred relational technique, the Listening Guide, which required multiple readings of the interview data (Mauthner and Doucet, 2008). The Listening Guide incorporates an epistemological paradigm situating each research participant as an active agent who constructs meaning and knowledge of their world through narrative: they are 'the narrated subject' (Mauthner and Doucet, 2008: 399). Further, Mauthner and Doucet (2008: 399) claim that with each reading, the Listening Guide 'provides a multi-layered way of tapping into methodological, theoretical, epistemological, and ontological dimensions of the narrated subject'. Each reading required a different focus; the first was a reflexive reading and subsequent readings functioned to identify relational aspects between the research subject and micro, meso and macro factors (that is, family, significant others, communities, societal frameworks).

Findings and discussion

Four narratives have been purposively selected to counter the dominance of cisgenderism and the invisibility of trans people in discourses of domestic violence and abuse. This is deemed to be essential as, to date, the theoretical frameworks which undergird DVA literature and the interpretation of statistical data are indicative of cisgenderism. Furthermore, the narratives presented here - of Julie, Roz, Marianna and Ally - bring attention to the complexity of the gender asymmetry debate.

Julie (identified as a trans woman, aged 62)

Julie's story provided evidence of intimate terrorism perpetrated by a cisgender, heterosexual, female partner (Liz) towards a trans person. Intimate terrorism occurred over a long period of time as its onset dated from the start of the relationship when Julie was living in male role. It lasted for over twenty-five years. Julie explained:

I cross-dressed even before we were married. She knew, I think, within a few weeks of us first meeting. She learned how to control me very effectively and still does... her strategy would be to shout and really shout and [physically] attack me in public [as well as at home].

Liz employed a combination of physical violence along with emotional, psychological and material abuse in order to, in Julie's view, control her with frequent criticisms and humiliation targeted at her trans identity and, therefore, deployed as punishments. As such, Julie's experience is similar to those reported by heterosexual-identified survivors of intimate terrorism (Johnson, 2006). Julie said 'she used everything short of killing me... and that lasted most of our married life from when I was 22 to when we split up when I was 50'.

Stark builds on Johnson's model, moving from micro to macro theorising by pointing to the workings of patriarchy and social structures to explain how 'men subjugate women in personal life' (2007: 3). In trans people's relationships, however, a pattern of coercive control can demonstrate the mechanics of cisgenderism and transphobia. Perpetrators are able to draw upon normative conceptions of gender identity, roles and norms which can result in transphobic-specific behaviours such as: threats of 'outing' to family or public bodies; a strategy of denial; or the control or destruction of resources essential for gendered expression. Financial and material abuse were overtly used to control and limit Julie's ability to perform

female practices as she explained how 'if I wanted to buy, or bought, anything feminine for me (such as a lipstick), all hell would break loose as I'd be wasting money that should be spent on the family'. At this stage in their marriage Julie held a senior management role in local government, earning a good income.

A key difference is exposed when comparing Julie's narrative with heterosexual people's accounts of coercive control: the actions of Liz were mostly always targeted towards Julie's trans identity. Describing Liz, Julie said that for 'eighty percent of the time' her trans identity made Liz 'angry, very angry'. Additionally, for Julie, everyday subjectivity was tainted by the incongruous behaviour of Liz, as she swung between acceptance and rejection. Julie gave the example of how on one occasion Liz bought her a pair of tights only to destroy them in a fit of rage the following day. A common dynamic of coercive control, this oscillation - between acceptance and rejection - maintains victims/survivors in a permanent state of tension (Stark, 2007). Indeed, the everyday behaviour of Liz served to ensure that Julie was kept suspended in a state of apprehension and in fear of the next abusive episode, but also in hope of continued, or increased, acceptance.

Roz (identified as a transsexual woman, aged 55)

Unlike Julie, Roz enjoyed a very positive marriage to Sarah (cisgender, heterosexual female), until a pivotal point in time following Roz's disclosure that she was transsexual. Roz commented 'when I came out was when the issues arose'. Roz described a growing distance between her and Sarah that intensified as Roz moved through the process of gender transitioning. The process of transitioning is significant as it results in re-configured relationships and changed dynamics as gender identity and practices (and sometimes sexuality and sexed bodies) destabilise and transform. The onset or process of transitioning

can act as a trigger for domestically abusive behaviours; similar to heterosexual coupling where the onset of DVA occurs during pregnancy (WAFE, 2005). In essence, a pregnant woman's body represents a precursory transition to a fundamental change in the life of a couple (the change being the arrival of a child) which can be seen in parallel with the transition of a trans person's body which results in a new identity and a new relationship configuration. As with pregnancy, transitioning can be seen to be a risk factor (Lewis and Drife, 2005).

Following the start of her gender transition, Roz depicted experiences of coercive control. A range of abuses were perpetrated by Sarah which she justified as resulting from Roz's 'failure to be normal'. Roz reflected:

I was subjected to continual verbal abuse...she really went for me. Aggressive... I was frozen out at home... I couldn't be me... [The abuse] included a huge range of stuff from the very nuanced to the most obvious acts of physical/sexual violence, emotional blackmail, harassment [by] text/Facebook/outing.

In both Roz and Julie's narratives, coercive control appeared to be anchored to the cisgenderist *and* heteronormative beliefs held by their abusers. As both Julie and Roz moved further into their transitioning journey, the shifts in their gender identity impacted on their relationships resulting in ambivalence for their cisgender partners. In addition, Sarah conflated gender and sexual identity assuming that Roz now identified as homosexual and had been adulterous; Roz was neither homosexual nor had she been unfaithful to Sarah. Roz experienced sexual violence from Sarah; the details of which were too painful to share during

the interview. Roz felt that Sarah also failed to see trans as anything other than a lifestyle choice, as opposed to her understanding and experience of it as a psychological identity.

Prevalence data from the US and UK, which depicts coercive control, indicates that within heterosexual relationships men are overwhelmingly the primary perpetrators and that misogyny and 'gender traditionalism' have a role to play (Holtzworth-Munroe et al., 2000; Stark, 2007). Whilst these data have their limitations, the associated factors of DVA (misogyny, gender traditionalism) in some form have application in heteronormative *and* non-normative contexts. Gender traditionalism, or normativity, can be identified with Julie and Roz's experiences of coercive control, although misogyny, in its traditional form, is not. Serano's (2007) notion of trans-misogyny is helpful here as it aids intelligibility by explaining a key dynamic of transphobic coercive control. Serano argues that trans-misogyny is founded upon a perceived hierarchy of gendered positioning where masculinity is superior, femininity is inferior and trans identity is deviant and abject. Roz felt that her former wife had viewed her trans identity as abhorrent and consequently her experience of maltreatment escalated and was unrelenting until Roz left the family home. As such, Roz's need to attach some meaning to her experiences resulted in a discursive construction which reflected the dynamics of trans-misogyny.

Marianna (identified as a trans woman, aged 41)

In definitional terms, violence and abuse which targets the victim's sense of self or social characteristics can be constructed as identity abuse (see, for example, Ristock, 2011).

Reflecting on personal experience as well as those of her trans-identified friends, Marianna described the fetishistic nature of some cisgender men *and* cisgender women who seek out trans partners for sexual relations at particular moments in the journey of transition:

There's some people that just like transgender women... [But] once you've had the operation they want [nothing] to do with you... I just feel there are some people out there who are predators. I'm not just talking about men, I'm talking about women as well.

Marianna employed the word 'predator' within a sexualised context, binding it to specific enactments of masculinity and femininity and the invocation of cisgender privilege (Serano, 2007). In Marianna's view the heteronormative model of relationality, intimacy and family more often than not shapes subjectivity and life choices, but she felt that there existed a minority of cisgender people who exoticise trans women and 'experiment' with them in order to push sexual boundaries. This form of 'identity abuse' is achievable by infiltrating trans communities which, as Marianna noted, is 'a safe environment [for experimental behaviour] that you couldn't get away with in normal [or] public situations'. Marianna described how acts of both objectification and trans-misogyny (Serano, 2007) can create tensions in the safe space inhabited by trans communities. The lack of repercussions enables abuses of power and cisgender privilege and, ultimately, the exploitation of trans people.

Marianna shared her own experience of being exoticised during a relationship with a cisgender man, Ian. Marianna described Ian as becoming emotionally demanding and 'very needy' during their relationship. Marianna experienced this as abusive, particularly as she was under significant pressure, being in the midst of gender transitioning at the time. The relationship ended when Ian perpetrated a sexual assault against Marianna after an evening out. In the following months, Ian refused to give Marianna access to his flat which contained the majority of Marianna's female clothing and accessories (she was enacting a male role in

her home town during the week). Marianna felt that this was a post-relationship abuse of power which targeted her trans identity. The trajectory and temporal context of this is similar to heterosexual narratives as post-relationship DVA is recognised as commonplace and high risk (Hanmer and Itzin, 2000; Davies et al., 2009; Home Office, 2012).

Marianna had also become concerned that Ian was going to 'out' her in her home town. The concept of 'outing' (the practice of broadcasting to others a person's trans status, without the consent of the trans individual) is another common dynamic of identity abuse. Outing, or the threat of outing, is a risk factor which has emotional, physical, social, safety and financial implications for trans people at micro (personal) and meso (community) levels. In reality the consequences of being outed are far reaching and may include: loss of relationships, family supports and access to children; loss of employment; and exposure to social rejection, discrimination and hate crime (Whittle et al., 2007; Mitchell and Howarth, 2009; Riggs, von Doussa and Power, 2015). Examples of all of these phenomena were contained within the collected narratives.

Ally (identified as a trans male, aged 24)

Narratives of emotional abuse spoke of various strategies utilised by perpetrators but a particular trans-related emotional abuse represented by Ally's narrative detailed the stalling devices of partners in relation to a person's need or desire to transition. When Ally was exploring his genderqueer identity (and not identifying as male or female), the actions of his then partner, Tanya (who identified as 'MtF and genderqueer/non-binary'), served as physical and emotional rejection of his desire to transition which made him slow down his transitioning process. Ally explained:

Several times she told me I was triggering her because she hated men (and I was even further away from identifying as male or a guy at the time), and this caused us emotional and sexual problems. I was also hesitant to start taking testosterone because she referred to her time (unwillingly) on testosterone with such disgust; I was worried that she would find me repulsive. But at the same time, she also told me...to do whatever steps in transition I needed to do, without worrying about what she or anyone else thought.

Ally's narrative indicates that he was rejected by Tanya and although this in itself is not necessarily abusive, Ally subjectively experienced his partner's behaviour and rejection as abusive. Ally found himself in a perpetual state of confusion which fluctuated according to his partner's acceptance, rejection and repugnance of him. Ally described how Tanya frequently exploited normative discourses of masculinity and male aesthetics to problematise Ally's changing physical body within the context of their relationship. This resulted in Ally's degradation. In this way, trans embodiment was used as a means for ascribing negative messages and meanings about Ally as well as his relationship with Tanya. Ally depicted how this ultimately resulted in Tanya seizing control and misusing power within the relationship itself, leaving him feeling humiliated, worthless and disempowered. Moreover, Ally's narrative of emotional abuse was distinct as it mirrored feminist ideological concerns that masculinised bodies represent the potential for violence and domination of female bodies. Ally described how he experienced Tanya's behaviour as abusive as she deliberately drew from this ideology. Ally's type of experience was typical in Roch et al.'s (2010) study as transphobic emotional abuse was identified as the most prevalent form of DVA with 73% of respondents experiencing at least one form of emotional maltreatment. Reinforcing this, most

of the participants ($n = 11$) in this study shared stories which contained examples of emotional or psychological abuse of this nature.

Conclusion

Domestic violence and abuse is globally recognised to be a gendered phenomenon and thus a feminist analysis is important (World Health Organisation, 2013). The purpose of this paper is not to undermine this global recognition given that women and girls are more likely to be victims of DVA, seriously injured or killed by males (Reed et al., 2010; Dixon and Graham-Kevan, 2011). However, scrutiny of the dominant discourses of DVA, from a trans perspective, reveals that trans people's experiences of DVA are not easily identifiable within this cisgenderist and heteronormative landscape (Serano, 2007). Therefore, this project's meta-narrative presents a challenge to the public story of DVA and the gender asymmetry debate. This debate is also destabilised by the increasing acknowledgement of the diversity of DVA through, for example, the growing literature on same-sex DVA (see Renzetti, 1992; Donovan et al., 2006; Ristock, 2011; Donovan and Hester, 2014).

Four narratives illustrate the presence of DVA within trans people's intimate partnerships and illuminate both similarities and differences in relation to heterosexual people's abuse narratives. The voices of two participants, Julie and Roz, highlighted a pattern of coercive control. As such, these narratives sustain feminist claims that power and control are the defining features of DVA (Pence and Paymar, 1993; WAFE, 2014). In addition, as both narratives illustrate the workings of gender norms and beliefs about gender as fixed, coercive control is evidenced as occurring at a personal level *and* demonstrated to have systemic and structural roots (Stark, 2007, 2013). Thus, a different reading of Stark's (2013) definition of coercive control is necessary in order to enable a direct mapping of trans narratives. This

reading should exchange the 'gender' of 'gender-based privilege' for 'cis/gender' to encourage a departure from the dominant, binary conception of gender.

Identity abuse and emotional abuse were also highlighted, although it could be argued that most trans narratives of DVA incorporate some element of transphobic identity abuse. The discursive composition of each narrative made it difficult to partition the development of trans identity from narratives of abuse as participants constructed and attached meaning to their experiences within the context of their gender identity. In addition, this analysis found that gender transitioning was a temporal factor and a trigger point which seemed to activate or escalate the incidences of DVA, whatever the form. Within the selected narratives it may be that non-transphobic experiences of abuse occurred but it was not possible to identify this data.

To conclude, this paper has challenged and countered the invisibility of trans people in the dominant literature and discourse of domestic violence and abuse. It adds to the extant body of work on trans DVA. As such, there are indications that trans domestic violence and abuse manifests in varied forms and often incorporates cisgenderist ideology, transphobia and gender-focused attributes (Roch et al., 2010; Brown, 2011). Consequently, this paper foregrounds the problem of trans domestic abuse as an area worthy of further research and serves as an attempt to set in motion new gendered discourses as well as policy and practice developments which reflect the diversity of contemporary society and DVA as a global concern.

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