



# Transphobic 'Honour'-Based Abuse: A Conceptual Tool

Sociology

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DOI: 10.1177/0038038515622907

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## Abstract

This article proposes that an understanding of transphobic 'honour'-based abuse can be employed as a conceptual tool to explore trans people's experiences of familial abuse. This conception has evolved by connecting a sociology of shame, Goffman's work on stigma and 'honour'-based ideology. The discussion draws upon findings of a qualitative study which explored trans people's experiences of domestic violence and abuse. Narrative interviews were undertaken with 15 trans people who had either experienced abuse or whose perceptions were informed experientially through their support of others. Transcripts were analysed using the Listening Guide. Findings indicate that trans people can experience abuse as a result of a family's perceptions of shame and stigma. This article offers a novel way of conceptualising trans people's experiences of family-based abuse, but it also holds potential for understanding other relational contexts, for example, those of intimate partnerships.

## Keywords

domestic abuse, 'honour'-based violence, shame, stigma, trans, transgender

## Introduction

To-date understandings of domestic violence and abuse (DVA) have mostly drawn from discursive frameworks which are feminist *and* heteronormative (Rogers, 2013). In this context, heteronormativity refers to an understanding of the gender binary and heterosexuality as natural and enacted through monogamy and procreation (Warner, 1991). The workings of heteronormativity then, ensure that heterosexual identities are centred *and* privileged while non-heterosexuals are marginalised (Enke, 2012). When applied to the phenomenon of DVA, heteronormative thinking assumes abuse results from heterosexual masculinity to the detriment of heterosexual women's safety and well-being (Donovan and Hester, 2014). Thus, most perpetrators are male and victim/survivors are chiefly

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female. Despite this, there has been a shift indicated by the recognition for diversity across both victim *and* perpetrator narratives. In some way, this is reflected in the revised Home Office definition of DVA 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, emphasis added)

Indeed, this revision suggests that the field is expanding and increasingly work is being undertaken which produces new knowledge which is additional and counter to the heteronormative versions that predominate (Donovan and Hester, 2014; Frankland and Brown, 2014; Roch et al., 2010). What this definition does not do is specify the gender-based nature of DVA, thereby it neglects the contextual nature of DVA as symptomatic of wider structural gender inequality (Stark, 2007).

Drawing on empirical data collected for a UK-based project I have set out to explore how trans-identified people ('trans survivors' is used as shorthand hereafter) ascribe meaning to their experiences of DVA (my conceptualisation of gender and trans is set out in a theoretical discussion below). Within this article the narratives included provide compelling accounts of trans people's experiences of DVA along with their positioning inside and outside families. In addition, the narratives demonstrate the interplay between DVA, transphobia, stigma and 'honour'-based ideology in a model of familial domestic abuse which I term *transphobic 'honour'-based abuse*. This conceptual tool provides a matrix against which to map trans people's experiences. Within this formulation I use the term 'abuse' in contrast to 'violence' which is typically employed in the term "'honour"-based violence'. It is hoped that this encourages a less confined understanding of 'honour'-based action as physical violence in a way similar to the misreading of 'domestic violence' as 'physical violence'.

This article seeks to add to the sparse, but important, body of work on trans people's experiences of DVA ('trans domestic abuse') using a specific lens focusing upon familial contexts. This will complement existing literature which concentrates upon DVA within romantic relationships (see, for example, Brown, 2011; Roch et al., 2010). There are similarities with extant literature, however, as the stories represented here depict experiences of DVA which are often built upon identity abuse; this is behaviour which targets a particular aspect of a person's identity and uses this to abuse, exploit or isolate. Notwithstanding, it is argued that trans people's interfamilial experiences of DVA constitute a distinct form of abuse which is underpinned by an ideology about gender as binary and fixed. This ideology also perpetuates heteronormative ideas about gender roles, norms and practice within a 'family frame'.

The article is divided into three sections: the theoretical framework; methods; findings and discussion. I start by introducing the three conceptual areas which undergird the theoretical framework for this article. These are: gender and trans; shame and stigma; and 'honour'-based ideology.

## Theoretical Framework

### *Theorising Gender and Trans*

The question of sex and gender was addressed by feminists during the 1970s and resulted in a theoretical partitioning which positioned sex as biologically determined and gender as socially produced (Kessler and McKenna, 1978). A constructionist paradigm incorporates a notion of gender as identity, practice, social division and a cultural distinction which, Jackson (2006: 106) notes, 'gives meaning and substance in the everyday actions, interactions and subjective interpretations through which it is lived'. Adopting a deconstructionist lens, Butler (1990) developed the notion of performativity in her seminal work *Gender Trouble*. This text asserts that gender is achieved through a repetition of gendered, stylised actions. Depicting the fluidity of gender, Butler (1990: 9, emphases in original) writes:

When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that *man* and *masculine* might just as easily signify a female body as a male one, and *woman* and *feminine* a male body as a female one.

While *Gender Trouble* disputes so-called natural distinctions of gender, Butler goes on to claim that one's gender is not a choice; rather it is through socialisation that gender is ascribed, enacted and reinforced. Gender identity which is congruent with either of the two binaries then, relies on an individual 'doing gender' within the boundaries of the socio-cultural traditions of masculinity/femininity within a particular community (West and Zimmerman, 2009). Butler's contribution to gender theory clearly has value in a conception of transphobic 'honour'-based abuse (HBA) as she illustrates the considerable influence and pervasiveness of gender norms in everyday life.

In subsequent work, Butler (2004) calls for further investigations into the constructed nature of gender along with the processes of 'undoing' gender; others also emphasise how interaction is the site of transformation in this analysis (Risman, 2009; Whitley, 2013). Butler (2004) explores the possibilities and consequences of 'undoing' gender by taking subjectivity into account. She does so by producing an analysis of the territory that must be mapped and crossed to achieve validation and autonomy when an individual identifies as trans. 'Undoing' gender can be positioned as active resistance to an individual's ascribed gender and the subsequent process, of living as trans, to be a 'redoing' (Risman, 2009; Whitley, 2013). This 'undoing' and 'redoing' opens up possibilities for gender to transgress the boundaries of male and female.

Throughout this article I employ 'trans' as an umbrella category to embrace a range of different positionalities across and within the gender spectrum. 'Trans' derives from the compound 'transgenderist' which was first used by Virginia Prince, a pioneering transsexual woman, in the late 1970s (Ekins and King, 2006). Hines (2007) uses 'trans' interchangeably with 'transgender', and captures a range of identities when claiming that '[trans] is an umbrella term that includes transgender, transsexual, bigender and intersex people, transvestites, cross-dressers and drag kings and queens'.

Trans, or transgender, identity implies psychological and embodied processes where individuals may identify with the opposite gender and/or may experience gender across a gender spectrum; as in the case of genderqueer identities (Monro, 2007). Consequently, people whose 'gender identity is fluid, or other than male or female, challenge the ontological assumption that sex/gender fall into binary categories' (Monro, 2007). In this way, the identities and embodied practices of trans people disrupt the workings of gender normativity and heteronormativity (Serano, 2007). Moreover, the inclusion of trans people in discussions of gender theory problematises many western perspectives, including some feminist and queer paradigms, which are overwhelmingly rooted to binary conceptions of gender (Monro, 2007).

In the case of transsexual embodiment, the psychological self is usually experienced as antithetical to the physical, sexed body in relation to the gender which was assigned at birth; this has been likened to being in the 'wrong body' (Prosser, 1998: 69). Transsexuals can experience gender dysphoria (the discomfort or distress of having a gender identity different to that which was ascribed at birth). They may, or may not, seek some form of bodily reassignment (e.g. surgery or hormonal therapy); decisions to forgo medical intervention can be for health or age-related reasons. The pursuit of gender reassignment locates transsexualism within the binary of male/female; however, it is also acknowledged that some trans-identified people may seek to change particular aspects of their physical body but do not identify within the male/female boundary.

So far this discussion has pointed to the fluidity of gender. It is also important to recognise and respect trans people who consider themselves to be female or male, who do not identify with a pluralist approach to gender identification, and who situate their trans experience in the past. For example, a transsexual woman who has transitioned from male to live as female, may identify as a 'woman with a transsexual history'. A further acknowledgement should be made of the limitations of the available labels and categories as Iantaffi and Bocking (2011) found when conducting survey research with trans communities as even when respondents were offered a broad range of categories to select, 29.5 per cent of 1229 respondents chose 'other' when reporting their gender.

### *Theorising Shame and Stigma*

The concepts and phenomenology of shame and stigma have been widely theorised. In his analysis of shame and its relation to the social world, Scheff (2003: 255) offers a definition in which:

Shame is the large family of emotions that includes many cognates and variants most notably embarrassment, guilt, humiliation, and related feelings such as shyness that originate in threats to the social bond. This definition integrates self (emotional reactions) and society (the social bond).

Exploring the co-constructed and interactional nature of shame, Chase and Walker (2013) consider it to be constituted through a combination of: a consideration of the self and one's abilities; a value placed upon the self in relation to an assessment of how one will be judged by others; and the verbal, symbolic or embodied actions of others who are considered to be, or consider themselves to be, socially and/or morally superior to the

individual who experiences shame. Within positively oriented interactions, we rely upon others for love, acceptance and respect in order that we are able to create a positive sense of self. Conversely, shame is connected to feeling inadequate, unattractive and inferior in some way (Gilbert, 2007; Tangney et al., 2007).

The processes and emotions associated with shame suggest a complex understanding of the social world and our place within it. Shame is also sensitive to specific contexts and particular social roles (Gibson, 2014). For example, shame can be experienced when presenting as trans in public space, but not within the safe space of a trans social group. Moreover, in the narratives of trans people, shame is frequently intersubjective. While it can be felt by trans people, the emotion of shame is potentially experienced by significant others and/or family when the trans person's gender presentation fails to meet the socially sanctioned norms of male and female physicality and expression. Shame, then, can engender a stigmatising quality.

Goffman's (1979 [1963]) seminal work on stigma offers insights into the management strategies of stigmatised others. Goffman (1979 [1963]: 12) differentiated between two types of social identity: a *virtual social identity* (that which is imputed by others) and an *actual social identity* (that which an individual can be proven to possess). In their conceptualisation of stigma, Link and Phelan (2001) explore this further in relation to the dynamics of social identity and power in correlation with the co-occurrence of labelling, stereotyping, separation, status loss and discrimination (common aspects of trans people's life experiences) (Whittle et al., 2007). In this framework, stigma is a form of social oppression.

Finally, Goffman (1979 [1963]) proposed another useful dualism in relation to social identity. He distinguished between the *discredited* (those individuals whose stigmatising characteristic or trait is known or evident on contact) and the *discreditable* (those for whom their stigma is unknown and not immediately perceivable). These states interrelate with 'enacted stigma' (the discriminatory behaviour and attitudes enacted towards those perceived to be discredited in some way) and 'felt stigma' (felt by those for whom the discrediting events are episodic or discrete but, nonetheless, the anticipation of enactment may cause considerable anxiety) (Clarke, 2013). Not only can stigma be felt by relatives or partners of trans people, Link and Phelan (2014) suggest that stigma can be used as a resource. This resource, or 'stigma power', can be used to 'keep other people down' and serves to exclude, exploit, manage and control others (Link and Phelan, 2014: 24). The concept of stigma power steers attention to the social structures that drive stigma processes. In this article, it is claimed that societal norms about gender as binary and fixed saturate our cultural system with demonstrations of stigma power illuminated within the narratives of trans survivors.

### *Transphobic 'Honour'-Based Abuse*

The phenomenon of 'honour'-based violence (HBV) extends the definition of and setting for DVA to the location of the family and/or community (Home Office, 2013; WAFE, 2014). Gill et al. (2012) argue that HBV comprises violence and abuse perpetrated against women within the patriarchal structures of the family, community and society and that the justification for such violence is to protect the 'honour' of that family and/or

community. It is also linked to forced marriage and 'honour' killings (Brandon and Hafez, 2008; Meeto and Mirza, 2007). Within this paradigm, Gill et al. (2012: 75) suggest that 'honour' is 'defined as a value-system with associated norms and traditions'. So, 'honour' can be used to justify violence, abuse and homicide. In this article, honour/stigma are employed as social constructions and as a binary opposition (a pair of related, but oppositional, terms).

Increasingly, HBV is acknowledged as requiring a state and a global response (Gill et al., 2012). There is, however, a paucity of relevant empirical research with some ambiguity and no consensus about its exact definition (Gill, 2011; Gillespie et al., 2011). The western view is to see HBV as resulting from distinct cultural traditions. Yet there is a growing evidence base to suggest that HBV is not always tied to any specific culture, religion or other social classification (Gill et al., 2012; Idriss and Abbas, 2011; Meeto and Mirza, 2007). Thus, in order to understand HBV it is crucial to look beyond culture, geography or religion and, instead, attempt to understand the meaning and construction of 'honour' in particular situations and within different communities (Gill et al., 2012).

The concepts of shame and stigma are central to the workings of 'honour'-based ideology with implicit demands placed upon identity and role to conform to gender norms (Gill et al., 2012). 'Honour'-based violence is enacted when an individual flouts these boundaries. Gill et al. (2012: 75) suggest that in cases of HBV 'violence is necessary to preserve or restore the "honour" of the family and/or community by removing "shame"'. Thus, violence enacted in the name of 'honour' is justified and legitimated.

There are parallels between the discourse of HBV and trans domestic abuse and in this article I argue that transphobic 'honour'-based abuse (transphobic HBA) is a form of DVA found within and across family (and intimate) relationships. As noted previously, I employ the noun 'abuse' to avoid a misreading of 'violence'. The concept of transphobic HBA is an extension of current understandings of HBV and results from ideas of status, social stigma and heteronormativity which are firmly tied to cultural beliefs about gender dimorphism not only as superior but as natural and immutable.

## Method

The findings presented below are drawn from a small-scale qualitative study which aimed to produce an account of trans people's experiences of and perspectives on DVA and explore the potential for specialist intervention. Purposive and snowballing sampling techniques were used with criteria built around the issues of gender identity and prior experience of DVA (direct or indirect) (Bryman, 2012). A multi-dimensional recruitment strategy was employed and included: targeted advertising through trans and gender-based agencies and virtual discussion boards; networking at conferences and events for lesbian, gay, bisexual, trans and queer (LGBTQ) communities; direct contact with support groups and a city-based domestic abuse forum. Twenty-four interviews were undertaken with data gathered from three participant groups: (1) trans survivors ( $n = 12$ ); (2) trans-identified practitioners ( $n = 3$ ); and (3) cisgender (non-trans) domestic abuse practitioners ( $n = 9$ ).

Trans participants self-identified mostly within the realms of: trans; pre/post-operative transsexual; having a transsexual history; femme/butch; and/or as genderqueer. The ages of participants ranged from 21 to 70. Practitioners who worked across the DVA sector



were interviewed in order to add a different dimension to a discussion about the potential for service interventions. Their voices are not represented in this article. Informed consent was gained from all participants and pseudonyms ensure confidentiality and privacy. In order to demonstrate the range of participant characteristics, throughout the article individuals are referred to using their self-identified gender identity and preferred pronouns. This adds integrity as the voice of the participant remains connected to and validates their self-identified gender (Pomerleau, 2012).

The challenges of conducting research with trans populations, including recruitment, are well documented (Price, 2011). Indeed, in Hester et al.'s (2012) Home Office commissioned research of DVA within minority communities, as no trans survivors of DVA were recruited, the study collected data from 15 trans people to ascertain their views on DVA. I have used the precedent set by Hester et al. (2012). There are three narratives included in this article which constitute third party reports as they are based on participants' experiences of supporting other trans people affected by DVA. Using a social constructionist ontology, I have analysed their perspectives and interpretations of the impact of DVA, knowing that these are experientially informed. While noting that this has epistemological implications, it is the subjectivities and meaning-making processes of the participants that have been central to this analysis. The limits of attaching meaning or motive to family members are acknowledged too; although this is not intended here.

Narrative methods were employed to collect interview data. While narrative is a contested concept (Reissman, 2008), this project considered narrative to be both a method and a phenomenon (Clandinin and Connelly, 2000). Narrative interviewing, as a method, enabled participants to story their situated and temporally bound experiences (Bold, 2012). This helped to engender an understanding of the meaning-making process contained within or enacted through the storying of experiences of DVA by trans participants. Moreover, narratives are viewed as performed identities (Ricoeur, 1991) and through the interview process participants were able to construct their trans identity while relating this contextually to their experiences of DVA.

All interview data were transcribed, coded and analysed by the author. Each participant was given the opportunity to check their transcribed interview ('member validation') to enhance the rigour of the research process (Bryman, 2012). Analysis was conducted using a voice-centred relational method called the 'Listening Guide' (Mauthner and Doucet, 2008). Mauthner and Doucet (2008: 399) developed this analytic tool to address the theoretical impasse between notions of the critical and constructed subject by proposing a conception of a 'narrated subject'. Questions about what can be known about the narrated subject require attention to both *inside* and *outside* of the narrative. Hence, the 'Listening Guide' requires a number of reflexive readings of the data in order to explore linkages and synergies with significant others and at the intersections with structural forces (for example, the community, gender norms and values). During each reading, coding was undertaken with themes identified in relation to the voice of the participant: for example, one reading requires the researcher to identify micro-level links between the participant and significant others (family, intimates), while another looks for relations with meso-level phenomena (communities, agencies).

The study gained ethical approval from the University of Sheffield, UK. The sensitive nature of the project was acknowledged in relation to the topic, trans community and my

status as a cisgender (non-trans) researcher. Reflexive practice ensured that I remained sensitised to these issues and I implemented a strategy which included, for example, being transparent in terms of my motivations, educating myself about trans culture and appropriate language use. Considering the potential for participants' distress, a strategy was preconceived in case of the need for further support. As a former DVA specialist practitioner, I felt equipped to recognise and manage any upset experienced by participants.

## Findings

### *Transphobic 'Honour'-Based Abuse, Shame and Stigma*

The family is an ideological mechanism and one that is firmly rooted to hegemonic notions of gender normativity. Participant narratives demonstrated how often the gender normative status of families was frequently privileged over and above the well-being of the trans family member. Some family practices served to repress trans identity, or to minimise stigma, helping to maintain or repair the family's normative status within the context of their community (Goffman, 1979 [1963]; Morgan, 2011). Hence, family estrangement was a common theme which interlinked with shame as narratives demonstrated the different ways that 'enacted stigma' was operationalised through family practices resulting in the oppression of trans members (Link and Phelan, 2014). Sarah (woman with a transsexual history, aged 65) commented that: 'there's (female) trans people who are excluded from seeing their own children unless they dress in male role'. This type of gender rule can be understood as an articulation of enacted stigma. In Sarah's view, this condition constituted emotional blackmail and served two purposes: as resistance in relation to the potential for attracting stigma and to ensure the gender normative status of the family of origin.

Serano's (2007: 236) provocative account of trans-misogyny helps to scaffold the conception of transphobic HBA and its relation to stigma. Trans-misogyny refers to the confluence of transphobia (hatred and negative feeling towards trans people) and misogyny (hatred and denigration of women) which is expressed through individual and state violence, hate crime and discrimination directed towards trans women, as well as gender non-conforming people at the feminine end of the gender spectrum (Serano, 2007). Serano critically analyses the influence and interplay of culture and society which are based upon gender normativity which, in turn, is undergirded by strictly defined and hierarchised versions of male/female, masculine/feminine and hetero/homo (Serano, 2007). The construct of trans-misogynism can help to understand the behaviour of trans people's families by pointing to the influential socio-cultural discourses which reinforce ideas about cisgender attributes, bodies and presentation as 'natural' and 'normal' (positioning trans attributes, bodies and presentation as 'unnatural'). Such discourses lead to the privileging of cisgender people as well as behaviour which serves to negate trans voices and identities; Serano (2007: 189) calls this 'trans-erasure'.

Examples of trans-erasure were found across the collected narratives indicating how family bonds were exploited in strategies of silencing in order to avoid the possibility of family members experiencing shame and embarrassment within the context of their relationships with people outside of the family and in their community. For example, when



Sarah worked with a Mormon family, the trans family member was told: 'I don't want other people to know [...] don't cause me to be ridiculed.' The manifestation of this type of manipulation was complex, common and frequently enmeshed in everyday practices. One trans-identified participant, who volunteered as a counsellor, illustrated this:

[Caroline] was involved in a family business [which] was run out of the family home [...] The family did not want [Caroline] to transition at all. Even if she put nail varnish on her fingers she'd be escorted off the premises and told to clean it off [...] Caroline didn't want to cause a total rift with the family because she had two nieces that she really loved and felt that she would lose contact with them if she did [...] The car that she had use of was owned by her mother and father and they said that she couldn't use it to go to a trans meeting [...] They tried to get her to agree to not dress in female clothes within X miles of the home, whatever the distance was, they lived in a small village. (Sarah, woman with a transsexual history, aged 65)

In this third person account, Caroline was represented as having been given a non-negotiable set of boundaries that controlled her gender expression. This resulted in Caroline performing her birth ascribed male gender within her family and village setting and this maintained the gender normative status of the family within that community. Sarah felt that Caroline was without choice or agency because if she did not comply, there were considerable and lasting consequences including her exclusion from the family. Sarah's narrative highlights the complex interrelations of Caroline and her family as notions of love, family bonds and material dependency were used to coerce her to comply with gender normative expectations. Many participants felt that their well-being had been forsaken because of their family's 'felt stigma' which was heightened by a lack of awareness about trans identity and expression (Link and Phelan, 2014). Overall, however, relatively little is known about trans people's experiences of stigma, nor in terms of how trans people negotiate relational identity with significant others and family (McLemore, 2015; Whitley, 2013). Thus, Sarah's third person account offers valuable insight.

Despite Gill et al.'s (2012) claims that 'honour'-based action is not specific to any one culture, in some cases, it is culturally specific. Some narratives demonstrated the influence of culture on trans people's experiences. Contextually situating his narrative within his blended White American/Indian nuclear family, Ally (trans male, aged 24) admitted that following his disclosure as trans 'my dad, of course, made it sound like I would be a shame to all of my Indian family, and all of his friends'. Ally's father silenced him, refusing to speak to Ally about his gender; a further example of trans-erasure (Serano, 2007). Denying Ally's trans identity negated the potentially stigmatising impact of having a trans son; a fact that was seen to be socially discrediting within the family's Indian community (Goffman, 1979 [1963]). Denial of trans identity is explored further in the next section.

### *Transphobic 'Honour'-Based Abuse, Identity and Heteronormativity*

Identity abuse can be experienced by trans people, as well as other minority communities, and it represents a particular strand of transphobic HBA (Rogers, 2013). Often the focus of identity abuse is exploitation and isolation (GMDVP, 2010). For example, perpetrators control access to social networks, utilise threats to out and normalise abuse within

the context of that relationship. A different presentation of identity abuse, the refusal to accept a person's trans identity, was experienced by various participants. This was often depicted in the context of 'Othering'; the attitude towards or treatment of a person (or group) as fundamentally different from and alien to oneself (Wilkinson and Kitzinger, 1996). Mary (trans woman, aged 50) offered professional insights about DVA which were developed experientially over the years that she supported other LGBTQ people. Mary explained:

A 16-year-old trans woman (Suki) decided to be really emancipated, against advice, and out themselves to Dad. I say against advice as if you're going to out yourself you do it from a position of strength, not from a position of weakness [...] She literally said 'Dad, look I need to go to a gender clinic. I'm 16 years old and I need to do this.' Dad immediately took the offensive. He was the local rugby coach to where he lived. He took it personally, at his masculinity and everything about him [...] Dad said 'right, it's not true. It's shit. If I catch you doing anything, you're dead.' So that's been the house rule. (Mary, trans woman, aged 50)

Within Mary's narrative, transphobic HBA is operationalised via the threat of physical harm and the imposition of gender rules that aim to fix and control Suki's gender identity and expression ('if I catch you doing anything...'). Second, the gender binary is firmly asserted through the denial of Suki's trans identity ('it's not true, it's shit'). The actions of Suki's father, as understood and articulated by Mary, clearly implicate key concepts of 'honour'-based ideology as they can be interpreted as being carried out in the name of protecting the gender normative status of the family, in general, and Suki's father's cisgender masculinity, in particular. In this case, Suki's disclosure threatened both. Mary understood the actions of Suki's father as being underpinned by heteronormative assumptions which are firmly rooted in the hegemonic ideology that male/female gender identity and roles are natural and fixed.

Moreover, the act of denying Suki's trans identity became an act of enforcing birth assigned gender and by withholding recognition, this denial became a site of power by which the individual (Suki) was differentially produced (Butler, 2004). Thus, the act of denying trans identity denies that person existence in their trans identity. In Mary's retelling of Suki's story, not only is she denied the capacity for agency but through Suki's father's exertion of cisgender (non-trans) power (Serano, 2007), Suki is denied rights to recognition as a gendered person unless she enacts the gender that she was ascribed at birth and which her father deems to be congruent with her sexed body. So, while 'honour'-based violence 'is a specific type of violence against women that operates through honour codes legitimised by patriarchal values' (Gill et al., 2012: 76), so too is transphobic HBA as Suki's father dictates the codes and boundaries for Suki's gender identity and expression.

Caz (woman with a transsexual history, aged 65) felt that the enforcement of heteronormative identity was common 'within families. [It] stops a lot from transitioning [and has] caused some suicides.' Another participant, Ally (trans male, aged 24) described his experience of depression as an adolescent and by the age of 17 years old, he was diagnosed with Gender Identity Disorder. Ally was considered to be the 'shame of the family'. He depicted transphobic and homophobic acts of identity abuse enacted by his parents as he

explained 'my dad pulled me out of therapy as punishment for being gay' and Ally's mother attempted to force him to undergo 'restorative therapy' to address his trans identification. The actions of both parents can be understood as symbolic attempts to fix the social status of the family within the hegemonic framework of binary gender and heteronormativity.

The complex interrelation between trans identity and practice was illuminated in Rachel's (genderqueer, aged 21) narrative. Mostly Rachel identified as genderqueer, but on some days she identified firmly as a female (she was assigned a male gender at birth). In addition, Rachel was autistic and in order to socially and emotionally function well, her ability to perform gender in a way that was congruent to how she felt was critical. There were consequences for her psychological and emotional well-being if this was impeded. Rachel experienced her parents' attempt to deny her trans identity by limiting her access to appropriate gendered clothing as abusive. Reflecting on her female identity, Rachel articulated her experiences as a form of identity abuse and the result was that her ability to 'pass' was hindered. Garfinkel (1967: 118) described the ability to pass as 'the work of achieving and making secure [the] rights to live in the elected sex status while providing for the possibility of detection and ruin carried out within the socially structured conditions within which this work occurred'. As such, passing represents an important performative mode for trans people. Passing enabled participants to achieve a 'normal' status and to be accepted in their chosen gender within the regulatory regime which is operationalised through gender normativity. However, in many instances, this gender regime forecloses the potential for recognition outside of male/female and participants felt that they were required to 'pass' within the limited options of the gender binary.

Rachel elaborated her family experiences and noted how she was frequently castigated for her perceived 'failure to be normal' (which consequently affected how the family was viewed by others). Similarly, Max's (genderqueer/femme male, aged 25) experience of familial abuse was explicitly connected to gender as he was forced to perform a female role and to wear female clothes by his stepfather. There were consequences if he transgressed this forced femininity:

I had no voice in that house while he was around. Everything about myself [...] I learned to hide so that I wouldn't be punished for it. It was like living under a dictator, who could invent new laws at any time, and punish me at any point, for no apparent reason, and no one would explain to me why or do anything to stop him.

Jenny (transsexual woman, aged 64) described how her family's ideas about masculinity and femininity were similarly conventional. Thus, there were assumptions about how she should enact her male ascribed gender. Jenny found that her 'maleness was constantly in question' by her father:

On occasion I found myself with a bloody lip and tears in my eyes for trying on an article of clothing that was 'not in keeping' [with her birth ascribed male identity] [...] I was very frightened and confused and considered ending my life. I became convinced that I was something 'in need of repair'.

The narratives highlighted how stigma power was exercised by family members where trans individuals engaged in the process of 'residual rule breaking' within the context of gender norms and expectations (Scheff, 1984 [1966]: 66). The impact of stigma power resulted in circumstances where trans people were expected to conform to the expectations attached to their birth assigned gender, to be achieved through consistent and coherent gender performances, with the premise of maintaining their family's normative identity and social status (Goffman, 1979 [1963]; Link and Phelan, 2001, 2014). The consequences of not complying with these demands included being denied recognition in their psychological gender, or of being Othered; both transphobic practices which maintain a gender normative status for the remaining family (Butler, 2004). Furthermore, both are examples of trans-erasure (Serano, 2007). Lack of recognition was evoked through actions such as the refusal to use preferred names and pronouns, exclusion from family communication and events, destruction of material goods and financial controls restricting an individual's access to resources essential for trans expression. These actions demonstrate stigma power, but they also exemplify contemporary understandings of DVA in terms of psychological, emotional and material abuses (Home Office, 2013; Link and Phelan, 2014).

### *Rejection and Transphobic 'Honour'-Based Abuse*

The literature on trans people's relationships in families is almost non-existent (Biblarz and Savci, 2010). Where the constructs of acceptance/rejection are assessed, this is usually in the context of lesbian, gay, bisexual and trans (LGBT) communities; it is not easy to dismantle analyses to locate a trans perspective (Ryan et al., 2010). In this study, stories of rejection by individuals or entire families were common and participants contextually framed their experiences within a narrative of shame. The account of Julie (trans woman, aged 62) demonstrated this as she described how her brother found her trans identity to be 'embarrassing and very shameful' and that her nuclear family 'threw [her] out'. Julie interpreted the action of her family as one that intended to sever ties with her, in order to negate any stigma that Julie's trans identity drew to the family. As such, this action constituted stigma power as the actions of Julie's family served to exclude her, to 'keep [her] down' and away from the family unit (Link and Phelan, 2014: 24). As such, the social status of the family took precedence over Julie's individual well-being; a common occurrence in gendered 'honour'-based cultures (Brandon and Hafez, 2008).

Reflecting on their experiences of rejection, Caz stated, 'I've a brother who doesn't acknowledge me' and Rachel depicted her brother: 'I am made to feel by him like a problem and he pushes me away and out of the family dynamic.' Rachel discussed her father's dismissal of her trans identity as she said 'he thinks my gender is an act'. Rejection often took place within the context of transphobic 'honour'-based abuse as family behaviours were articulated as a response to trans people's refusal to comply with the heteronormative and gender normative expectations placed upon individuals and that are applied to family configuration (see Warner's (1991) explication of heteronormativity).

In some cases, the process of rejection was triggered at the temporal point when participants disclosed that they were trans (Koken et al., 2009). Mary's father refused to speak to her for 13 years following her disclosure (they spoke once again before his death). Mary illustrated how maintaining a family's gender normative constitution

and community standing was achieved by the exclusion of the trans family member. Describing his father's response to his disclosure, Ally said: '[He] wouldn't speak to me for a month. And then after that, it was something we were supposed to never talk about again, and I was supposed to prove that I was a worthwhile female human being.' In this study the act of rejection was often instigated or perpetrated by siblings although research which considers reactions on learning that a sibling is lesbian, gay, bisexual or trans show varied responses (Toomey and Richardson, 2009). Tess (transsexual woman, aged 49) explained that the onset of her transition represented the catalyst for her sister's rejection. Tess coped with the end of her sibling relationship by offsetting this loss against her positioning of her homophobic network of friends 'as family', her 'family of choice' (Weeks et al., 2001; Weston, 1991). Similarly, Caz managed her brother's rejection and exclusion from significant family events, such as her aunt and godmother's funerals, by describing the 'critical associations' that she enjoyed with her birth children and the re-configured relationship with her ex-wife (Davies and Heaphy, 2011).

The complexity of relational dynamics was illuminated in narratives demonstrating that participants were sometimes initially accepted, but later rejected. Two participants depicted the shifts in their maternal relationship as both individuals were rejected once they had begun the process of permanent transition via gender reassignment procedures. Participants made sense of their mother's rejection by mapping their actions against gender norms and ideology which are sustained by the notion that the physical body of an individual, and gender, are secured at birth and cannot be altered. Therefore, each participant framed their mother's actions as an attempt to maintain the gender normative status of the family of origin. Whitley (2013) offers further insight by noting how the reflexive self plays a critical role in family member's relational identity development. As such, if a trans individual attracts attention perceived to be negative in some way (e.g. it is discrediting or objectifying) as they begin the process of changing their bodies, the concern is that family members can also begin to view themselves as attracting negative attention. This occurred for some participants and sadly led to their expulsion from the family and an end to certain familial relationships.

## Conclusion

This article has presented an analysis of trans people's narratives of DVA to argue that, as a conceptual tool, transphobic 'honour'-based abuse may assist the intelligibility of interfamilial trans domestic abuse. Across the participants' narratives, trans practices were often depicted as (supposedly) undermining the very essence of 'traditional' family life. Moreover, at times, trans identity was represented as having triggered 'honour'-based thinking in response to the transphobic perception of the trans family member's socially stigmatising presence (Goffman, 1979 [1963]).

The concepts of shame, stigma power and trans-erasure help to illustrate both the explicit and nuanced acts of abuse which are constitutive of transphobic HBA (Link and Phelan, 2014; Serano, 2007). In addition, the experiences of denial, rejection and identity abuse clearly implicate the workings of 'honour'-based ideology as the heteronormative and gender normative status of the family are prioritised over and above the trans family member's well-being. Often this led to experiences of psychological, emotional, material and, sometimes, physical abuse. At times, participants described their exclusion from

families as other family members refused to accept their gender as anything other than that which was assigned at birth. The formulation of transphobic HBA then, relies upon a combination of perceptions of shame with ideas of family status which are firmly tied to cultural beliefs about binary gender as natural, fixed and underpinned by heteronormative ideology. As such, transphobic HBA is *sustained* by the prevailing hegemonic framework of binary gender and heteronormativity.

In conclusion, the limitations of a new conceptual tool are noted, as too is the modest size of the study's cohort. Refinement through further research which applies the conception of transphobic HBA would be of benefit as DVA is considered to be high among trans communities (Brown, 2011; Roch et al., 2010). Moreover, there is limited understanding of trans subjectivity and social life. Therefore, a shift from a binaried understanding of gendered subjectivity to recognise, validate and include identities along a gender continuum would help to open up social discourses, in general, and discourses of DVA, in particular. In this way, trans people's experiences of DVA would be acknowledged as a version of gender-based violence that is worthy of further investigation.

## Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

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**Date submitted** February 2015

**Date accepted** November 2015