

**Invisible, insignificant, ‘ungrievable’: a scoping review on the help-seeking barriers of Transgender Domestic Violence and Abuse victims in the UK.**

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ACRONYMS

**BAME:** Black, Asian and Minority Ethnic

**BLM:** Black Lives Matter

**DVA:** Domestic violence/abuse

**GRA:** Gender Recognition Act (2004)

**GRC:** Gender Recognition Certificate

**LGBTQIA+:** Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual, + (encompassing others who do not feel included in the other categories)

ABSTRACT

**Introduction:** As a public health issue, domestic violence has largely been ignored, despite its association with mental and physical ill health, increased mortality, and substance abuse (Kaur and Garg, 2008; Coker et al., 2002; World Health Organisation, 2013). Uncovering the barriers to help-seeking is essential to improving the health outcomes of DVA victims, and for gathering an all-inclusive understanding of experiences of DVA. Current policy, research and intervention strategies for the issue have largely been informed by the feminist model of violence perpetration, where heterosexual, cisgender women are the victims of heterosexual, cisgender male abusers. As a result, the perspectives and experiences of transgender individuals are practically invisible from DVA discourse, yet evidence suggests that DVA occurs at similar rates amongst trans and cisgender individuals (Scottish Transgender Alliance, 2008; Roch, Ritchie and Morton, 2010; Brown 2011; Donovan 2012; Hester et al. 2012; Donovan and Hester 2014). ‬‬‬‬‬‬

**Aims and objectives:** To gather a more comprehensive understanding of the issue of DVA, a scoping review was conducted with the aim to synthesise existing evidence, and identify the help-seeking barriers that trans victims of DVA experience, within the UK context. A thematic analysis of collected data illuminated research gaps, and an exploration of the findings through Judith Butler’s concept of ‘grievable lives’ formed the basis for recommendations for policy and practice.

**Methods:** The Arskey and O’Malley (2005) 6-step scoping review framework was used to conduct a literature search of four relevant databases (PubMed, Scopus, Web of Science and Google Scholar) in July 2020, generating a total of 597 unique articles. A total of 16 articles were included in the final analysis, of which, 8 were retrieved from the literature search, and the other 8 articles were identified through a ‘snowballing’ technique. Braun & Clarke’s (2006) influential 6-step thematic analysis framework was then followed, which produced a total of six themes, explored in the final report.

**Findings:** Six key barriers to help-seeking were identified through the thematic analysis process: Trans Specific Abuse, Intersectional Factors, Unrecognised Abuse and Self-Blame, Cisnormative Service Provision, Structural Violence, and The Role of Social Support. The analysis of these themes and textual examples identified that trans victims of DVA experience multiple intersecting barriers to help-seeking as a result of hetero-cisnormative systemic and interpersonal violence that results in the erasure of trans people.

**Conclusion / discussion:** Until trans lives are perceived as worthy of protection, they will continue to experience violence and marginalization, to be denied access to support for their abuse, and continue to perceive themselves, and to be perceived by others as ‘ungrievable’. Challenging ingrained hierarchical, heteronormative, binary-based beliefs through education and the normalisation of trans experiences, is the only way to begin ‘undoing’ gender.

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1. BACKGROUND
   1. **Introduction**

UK governance define DVA as “any incident of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members, regardless of their gender or sexuality” (Crown Prosecution Service, 2020). DVA can involve physical, physical, sexual, financial, online, and emotional abuse (SafeLives, 2018). Last year, 2.4 million individuals aged between 16 and 74 experienced domestic abuse in the UK, of which, 67% of victims were women, and 33% were men (Office for National Statistics, 2019).

Despite the UK’s comprehensive definition, dominant DVA discourse centres around archetypal feminist understandings of violence as a consequence of patriarchal gender roles and men’s domination over women (Archer, 2000; Bell and Naugle, 2008; Campo and Tayton, 2015; Dutton and White, 2013; Hamby, 2009; Storey and Strand, 2012; Dobash, Dobash, Wilson, and Daly, 1992; Hassouneh and Glass, 2008). Accordingly, government policy, research and practice is based on heteronormative assumptions that address women as victims, and men as offenders (Rollè et al., 2018). This discourse erases the experience of those that fall outside of binary victim and perpetrator classifications, including male and LGBTQIA+ victims of DVA (Archer, 2000; Hamby, 2009; Cannon and Buttell, 2015; Langenderfer-Magruder, Whitfield, Walls, Kattari and Ramos, 2016). The parallel neglect of this topic by academics and researchers has hindered progress towards a comprehensive understanding of DVA (Graham-Kevan, 2007; Barnes and Donovan, 2018, p. 69; Ristock, 2002).

Heterosexual male DVA victims are beginning to receive more research attention (Hines and Douglas, 2010; Drijber, Reijnders and Ceelen, 2012; Coker et al., 2002). However, LGBTQIA+ victims remain highly underrepresented in research, despite the fact the limited existing evidence suggesting that DVA incidence rates amongst this group are comparable, or higher, than heterosexual, cisgender individuals (Turell, 2000; Messinger, 2010; Lewis et al., 2012; Blosnich and Bossarte, 2009; Badenes-Ribera, et al., 2015; Burke and Follingstad, 1999; Finneran and Stephenson, 2014; Kulkin, et al., 2007; Mason et al., 2014; Edwards, Sylaska, and Neal, 2015; Messinger, 2011).

**1.2 LGBTQIA+ experiences of help-seeking for DVA**

An overview of current literature reveals four themes that demonstrate the impact of living in a heteronormative society on the help-seeking behaviour of LGBTQIA+ DVA victims (Calton, Cattaneo and Gebhard, 2016; Kay and Jefferies, 2010; SafeLives, 2018).

Firstly, the heterosexist nature of DVA discourse creates a barrier to help-seeking; studies have shown that LGBTQIA+ people may have difficulty recognising forms of abuse within their relationships, because they fall outside of dominant understandings of victims and perpetrators. Specific tactics of abuse targeting the gender identity or sexuality of LGBTQIA+ victims, that are invisible in dominant DVA discourse, may also be employed, making it difficult to recognise these methods as abuse (Girshick, 2002; Kulkin et al., 2007; Lie and Gentlewarrior, 1991; McKenry et al., 2006; Rowlands, 2006; Donovan, 2011; Richards, Noret and Rivers, 2003; Hardesty, 2011).

Secondly, research suggests that the fear of experiencing homo/bi/transphobia from the criminal justice system, DVA service providers, and medical professionals deters individuals from seeking support (Chan, 2005; Ard and Makadon, 2011). Studies show that LGBTQIA+ individuals anticipate and fear experiencing prejudice and discrimination if they have to ‘out’ themselves during the help-seeking process (Robinson and Rowlands, 2006; Ard and Makadon, 2011; Kulkin et al., 2007; Turell, 2000). Chan (2005) found that the compounding effects of racism and homophobia deterred gay, BAME, individuals from reporting DVA to the police.

Thirdly, common stereotypes about LGBTQIA+ relationships deter individuals from reporting their abuse (Todahl et al, 2009; Rumney, 2009). Research by Pattavina et al. (2007) reveals that service providers commonly assume that DVA is ‘mutual’ in LGBTQIA+ relationships. Assumptions that individuals will fight back in same sex relationships, and confusion between victim and perpetrator roles, are rooted in heterosexist norms that are challenged by same sex relationships (Marrujo and Kreger, 1996; Lie et al., 1991). Social norms suggest that women are non-violent by nature; therefore, in lesbian relationships, violent behaviours are often seen as ‘cat fights’, because “girls don’t hit other girls” (Girshick, 2002; Hassouneh and Glass, 2008 p. 316; Duke and Davidson, 2009). The rape of a gay man is seen to be less traumatic than it is for heterosexual men, or women (Calton, Cattaneo and Gebhard, 2016; Kay and Jefferies, 2010; Elliot, 1996; Rumney, 2009). Additionally, transgender individuals are perceived as predatory, and their gender identity ‘misleading’, excusing the violent behaviour of perpetrators (Todahl et al, 2009; Gooch, 2012).

Fourth, specific forms of abuse associated with LGBTQIA+ victims are not commonly known amongst service providers. Threatening to “out” a partner as a form of control, manipulating a partner into not seeking help by telling them that they will be discriminated against by heterosexist organisations and services, and using a partner’s shame about their gender identity or sexuality to exert control are all abuse tactics that target the identity of trans people, which are not widely recognised by support services (End The Fear, 2020; Calton, Cattaneo and Gebhard, 2016; Kay & Jefferies, 2010; Ard and Makadon, 2011; Duke and Davidson, 2009; Hardesty, 2011; Robinson and Rowlands, 2006; Duke and Davidson, 2009; Constable et al., 2011; Donovan, 2011; Bornstein, Fawcett and Sullivan, 2006). Research conducted with young LGBT people unearthed vulnerabilities to abuse in connection with a lack of access to resources, the interconnectedness of their first relationship with wider LGBT friendship circles, and the fact that their first relationship often affirms their identity (Donovan and Hester, 2008). These forms of abuse are directly connected to living in a heteronormative social context which accentuates the abuse that LGBTQIA+ individuals face.

Studies have been conducted concerning the ’honour-based’ abuse [[1]](#footnote-1)experiences of LGBT individuals, although this remains an under-researched area. Bates (2017) found that LGBT victims were more likely to be associated with forced marriage than other forms of honour-based abuse. In a study of the experiences of South Asian individuals who identify as LGBT in North West England, effective interventions within communities supporting damaging honour-based traditions were perceived to be lacking (Khan, Hall, and Lowe, 2017).

**1.3 Defining ‘Transgender’**

The terms ‘trans’ and ‘transgender’ are used to describe people whose gender identity or expression is different from their assigned sex at birth. Trans people may use these terms to describe themselves, or a variety of other terms including;

“transsexual, gender-queer (GQ), gender-fluid, non-binary, gender-variant, crossdresser, genderless, agender, nongender, third gender, bi-gender, trans man, trans woman, trans masculine, trans feminine and neutrois” (Stonewall, 2020; Howarth and Mitchell, 2009).

There is no official estimate of the transgender population, However, the Government Equalities Office (2018) approximates that there are 200,000-500,000 trans people in the UK. The invisibility and lack of an official estimate of the trans population means that establishing the inequity that trans individuals experience is challenging. Therefore, more research on the trans population is required to develop a more comprehensive understanding of the discrimination experienced by trans people (Howarth and Mitchell, 2009).

**1.4 Transgender DVA research**

The review of LGBTQIA+ experiences of help-seeking for DVA highlighted that many studies comparably addressed LGBT individuals (Ristock, 2003). Whilst there are similarities in experiences between these subgroups of individuals due to the impact of living in a hetero-cisnormative society, it is additionally important to address differences between these individuals (Magić and Kelley, 2018).

Gender identity and sexual orientation are separate concepts that are often conflated in research. Trans perspectives are obscured by being reported alongside LGB perspectives, because the fact that a trans person may additionally identify as LGB is not accounted for (Brotman et al. 2003). In addition, research surveys that require individuals to identify as male, female, or transgender, can be equally silencing. This is because some trans people may only identify as ‘male’ or ‘female’, considering themselves to have ‘trans histories’. Additionally, some transgender people may identify as ‘non-binary’, and therefore not as ‘male’ or ‘female’ (Howarth and Mitchell, 2009). To be able to address the LGBTQIA+ community’s experiences, subgroups requiring addressing separately, as well as mindfully, to ensure inclusivity (Greenwood et al., 2002).

**1.5 Informing the discussion: Judith Butler’s ‘grievable lives’**

Queer theorist Judith Butler’s work centres around challenging conventional notions of gender. In ‘*Gender Trouble: Feminism and the Subversion of Identity’ Butler* (2006) outlines the concept of ‘grievability’. The concept of ‘grievability’ begins with all human beings being determined as ‘vulnerable’. Although all humans are ‘vulnerable’, some lives are deemed to be more ‘grievable’. Vulnerability is highly dependent on gender, sexuality, race, class, age, ability, and other identity factors, that are governed and monitored by social understandings (Butler, 2004a).

The importance allocated to lives is determined by adherence to social norms that facilitate and produce “certain exclusionary conceptions of who is normatively human” (Butler, 2004a, p. XIV-XV). Social norms are deeply ingrained determinants of what is both acceptable and not acceptable in a society (Stryker, Whittle and Aizura, 2013). Individuals face pressure to adhere to norms because they define what is right; failing to adhere to social norms leads to social disapproval, and punishment (Sugden, 2005; Stryker, Whittle and Aizura, 2013; Coleman, 1990).

This concept can be applied to transgender lives, who are not considered as normative within cis-gendered society. Those who do not conform are punished for subverting gender norms by the dominant group, who desire to maintain the social structures that they adhere to, and benefit from (Sugden, 2005; Stryker, Whittle and Aizura, 2013; Coleman, 1990). This punishment is in the form of stigmatisation, exclusion and discrimination; violence that is carried out against trans people is justified and encouraged socially, because trans people do not adhere to norms, and are therefore not perceived to matter (Butler, 2006).

Not only is interpersonal violence a prominent issue that trans people face, but structurally, they also suffer. Systemic violence is covert, perpetuates inequity and unequal life chances, and causes preventable suffering for those that have a low social status (Galtung, 1969). Unequal power distributions along social lines produce and maintain further unequal structures, and determine who is a viable recipient of attention and resources. In Western culture, cisgender lives are highly valued and protected by social narratives, institutions, laws and practices. They are ‘mourned’ when their lives are lost, and therefore their lives are considered worthy protection by social structures (Butler, 2009; Galtung, 1969). Trans individuals have limited social power, are not ‘mourned’ when they are lost, and are not considered worth protecting, because they were never considered to have value; “an ungrievable life is one that cannot be mourned because it has never lived, that is, it has never counted as a life at all” (Butler, 2009, p.38; Galtung, 1969; Butler, 1993).

2. RATIONALE, RESEARCH QUESTION, AIM AND OBJECTIVES

**2.1 Rationale**

Recent movements, such as Black Lives Matter (BLM), are beginning to draw attention to the discrimination faced by trans individuals in society. Although BLM is largely focused on police brutality, it is creating wider discussions about inequity (Braidwood, 2020; Ollerenshaw and Baggs, 2020). This dissertation is therefore being written at a time in which research about the inequity that marginalized groups are facing is vital, to inform and complement current conversations, and support the fight for equality.

The perspectives and experiences of transgender individuals are practically invisible from DVA discourse. Available studies tend to focus on convenience samples, across different settings, mostly within the US, Australia, and Europe, making prevalence rates of DVA amongst trans individuals difficult to estimate (Mallon

Wider literature highlights the necessity for further research focusing on trans DVA victims, due to the fact that trans discourse largely focuses on public violence, such as hate crimes, rather than private violence (Balsam 2001; Hassouneh and Glass, 2008; Scottish Transgender Alliance, 2008; Roch, Ritchie and Morton, 2010; Brown, 2011; Hester et al., 2012; Turell et al., 2012; Fish, 2006).

Peer-reviewed research on transgender experiences on DVA in the UK is limited, however, there is a wealth of information from a range of sources including the voluntary sector, universities, and campaigning organisations. Therefore, this dissertation will collate this research to illuminate the help-seeking experiences of trans victims, and to highlight gaps in the research.

**2.2 Research question**

* What barriers do transgender individuals experience when seeking help for domestic violence/abuse within the context of the UK?

**2.3 Aim and objectives**

Aim:

* To synthesise existing evidence of how transgender people in the UK experience seeking support for domestic abuse within the UK.

Objectives:

* Carry out a scoping review of UK based literature to highlight gaps in research.
* Complete a thematic analysis of data collected from the scoping review to garner an understanding of transgender victim’s help-seeking behaviour in the UK.
* Explore these findings through Judith Butler’s concept of ‘grievable lives’, to illuminate a new perspective.
* Make policy and research recommendations based on findings.

1. METHODOLOGY

**3.1 Scoping reviews**

Scoping reviews are used to comprehensively summarise and synthesise knowledge surrounding an exploratory research area, with the aim of identifying key concepts, informing policy and practice, and identifying areas for future research, which is consistent with the aims of this dissertation (Arskey and O’Malley, 2005; Peters et al., 2015). High quality scoping reviews require a scrupulous review process to “ensure that the evidence gathered throughout is reflective of the complete current state of knowledge regarding the research topic” (Hoffman and Hoffman-Setka, 2012, p.15).

The literature review of the subject of interest uncovered a lack of available peer-reviewed research available on transgender experiences of DVA. Therefore, a scoping review was selected, to encompass a broad range of studies in the review, including those from civil society. Several recent reports, surveys, primary research, and qualitative studies have been conducted by civil society, often by charities and organisations that work directly with trans DVA victims, which can offer a dynamic and present depiction of the experiences of trans victims in the UK, whilst giving a voice to those directly affected.

The focus on primary research by civil society is highly relevant for mapping current literature and understandings of transgender experiences of DVA support-seeking. Studies conducted by civil society are often not conducted in a peer-reviewed way, because the focus is on activism and delivering relevant information quickly. This does not detract from the relevance of findings for aiding the identification of further research areas, that can then be conducted and reviewed in the future. In keeping with the current evidence base, a scoping review was selected because they are “an excellent foundation for developing additional research or related projects”, which is essential for this underdeveloped research area (Peterson, Pearce, Ferguson, and Langford, 2017, p. 15).

Systematic reviews are perceived as the gold standard for appraising literature, however, scoping reviews are becoming increasingly popular, and are now widely used in public health research (Munn et al., 2018). The scoping review methodological framework, developed by Arskey and O’Malley (2005) is reflective of the systematic review framework. However, scoping reviews identify “all relevant literature regardless of study design”, whereas systematic reviews measure study quality first and foremost, which was determined as unsuitable for answering the research question of this dissertation (Arskey and O’Malley, 2005, p.22). Scoping reviews are highly relevant to emerging topics, such as trans experiences of DVA, as the breadth and inclusivity of research means a full picture of what is currently known, and gaps in research, can be uncovered (Pham et al., 20014). Additionally, an aim of this dissertation is to make policy recommendations. A scoping review was chosen over a systematic review because the narrative nature of scoping reviews and avoidance of statistical language means that scoping reviews tend to be easier to understand and are therefore more accessible for policy-makers (Peterson, Pearce, Ferguson, and Langford, 2017).

Traditional literature reviews are highly reliant on the researcher’s “pre-exiting knowledge and experience”, making them subjective; they tend to fail to “present an unbiased, exhaustive and systematic summary of a topic” (Munn et al., 2018, p.5). Scoping reviews are conducted more systematically, with the aim of being transparent and reproducible (Aromataris and Pearson, 2014; Munn et al., 2018, p.5; Peters et al., 2015). In this dissertation I decided to use a scoping review, as I wanted to ensure a balance between the more systematic, transparent and reproducible nature of systematic reviews, whilst focusing on the content of the selected articles to enable the mapping of key concepts, identifying future research priorities and informing policy and practice, which a systematic review would be unable to achieve.

**3.2 Scoping review framework and approach**

The Arskey and O’Malley (2005) 6-step scoping review framework was used;

1. Coming up with the research question,
2. Developing the search,
3. Choosing the studies,
4. Producing exclusion and inclusion criteria, and
5. Charting the data; The appendix includes a summary table of the selected studies, characteristics and findings (Appendix 1).
6. The final step includes organising, summarising and mapping out the results; a thematic analysis will be used to report a detailed analysis of the data.

PubMed

(n=282)

Scopus

(n=345)

Web of Science

(n=362)

Google Scholar

(n=180)

Articles retrieved through database search

(n=1169)

Duplicates removed

(n=572)

Unique articles

(n=597)

Removed after screening of title and abstract

(n=576)

Eligible articles after screening of title and abstract

(n=21)

Removed after full text review

(n=13)

Eligible articles after full text review (n=8)

Added from reference and citation screening (n=8)

Studies included in final analysis (n=16)

Figure 1. Flow chart of included articles

A literature search of four relevant databases (PubMed, Scopus, Web of Science and Google Scholar), was conducted in July 2020, generating a total of 1169 articles. After screening the titles and abstracts of the 597 unique articles, 21 eligible articles remained. After a full text review, 8 articles remained and were included in the final analysis. A ‘snowballing’ technique was also employed, in which citations and references of eligible articles were screened to find additional relevant articles, that may not have appeared during the database search. An additional 8 articles were retrieved from this technique. Therefore, a total of 16 articles were included in the final analysis (See appendix 1). For Google Scholar, results generated thousands of articles per search, which was not a feasible number for this project. Therefore, the first 30 articles obtained from the searches were included in the process, given that results are sorted by relevance, to ensure reproducibility.

Search terms included “domestic abuse”, “domestic violence”, and “family violence”, to account for varied terminology used to describe DVA identified in the initial searches of the literature. “Transgender”, “non-binary” and “LGBT” were also used in conjunction with the DVA search terms, to identify the most relevant articles. “LGBT” was used as a search term to avoid missing important articles, because the literature review highlighted that trans experiences are often included in research that focuses on “LGBT” as a homogenous category. The term “trans” was identified as a potentially useful search term, however, many unrelated articles were generated due to the broadness of the term. As a result of time constraints that would have made it difficult to manage the number of articles identified, it was removed as a search term. Arskey and O’Malley (2005) suggest that it is important to set restrictions to ensure that search results are manageable in number. This justifies the removal of the term ‘trans’, as well as the use of a relatively small number of search terms, given the small scope of the Masters research project, with only one researcher available. However, the search terms used are both broad, and produced a manageable number of results, allowing for an in depth analysis, despite project-based restraints.

Inclusion and exclusion criteria were based upon relevance to the research question: What barriers do transgender individuals experience when seeking help for domestic violence/abuse within the context of the UK?

Articles were included if:

* They addressed experiences of support seeking for DVA.
* They addressed transgender individuals.
* They were UK based.
* They were written in English.

Articles were excluded if:

* They were not UK based.
* The article was exclusively ‘LGB’ based, but not transgender.
* They were not focused on DVA.

**3.3 Methodology limitations**

It is suggested by Arskey and O’Malley (2005) that researchers conducting scoping reviews should discuss the findings of their review with other researchers for consistency and to gather further insights. However, this review was performed individually, because these suggestions lie outside of the ‘individuality’ component of the Masters dissertation task. The focus of this dissertation could have been widened to consider cross-cultural contextual comparisons. However, this was beyond the scope of this project.

**3.4 Thematic analysis approach**

Using the articles obtained from the scoping review, a thematic analysis was carried out. Thematic analysis is a widely used, versatile research tool, used by researchers to identify and analyse patterns, providing a “rich and detailed, yet complex, account of data” (Braun and Clarke, 2006, p. 78).

Rigorous and relevant thematic analysis is essential for the reliability of research; so I ensured that this dissertation was methodologically sound by using a clear and usable framework for carrying out my analysis (Nowell, Norris, White and Moules, 2017).

Braun & Clarke’s (2006) influential 6-step framework was followed;

Step 1: Familiarising yourself with your data:

I began by reading each article at least twice, whilst noting down initial ideas, thoughts, and interests so that I became familiar with the content.

Step 2: Generating initial codes:

Using my list of initial ideas of interest, I began by generating codes manually to organise my data. I collated data relevant to each code, giving equal attention throughout. I printed out the articles, wrote notes and highlighted patterns on the paper printouts.

Step 3: Searching for themes:

I then sorted my list of codes into themes, using a mind-map to organise my ideas.

Step 4: Reviewing themes:

I then reviewed the themes, by merging or breaking them down, whilst making sure that there was enough data to support them.

Step 5: Defining and naming themes:

I then defined and refined my themes further, by identifying the contents of each theme, and what each theme uncovered about the data in relation to the question. I finally created a table, gathering textual examples from across the papers to demonstrate each theme. This table is available in the appendix (Appendix 2).

Step 6: Producing the report:

I then produced the final report, ensuring that each theme was analysed coherently, logically and in detail.

Carrying out a scoping review and a thematic analysis of this emerging topic allowed for in-depth analysis of a broad range of studies, resulting in a full picture of what is currently known. The findings of the review echo the findings of wider literature (See 1.2 LGBTQIA+ experiences of domestic abuse). The following chapter reports the findings of the scoping review. Relevant broader debates, as well textual examples from the table created in step 5, have been used to demonstrate the themes (See appendix 2 for a table of themes and supporting textual examples).

1. FINDINGS

Six key barriers to help-seeking were identified through the thematic analysis process: Trans Specific Abuse, Intersectional Factors, Unrecognised Abuse and Self-Blame, Cisnormative Service Provision, Structural Violence, and The Role of Social Support. A table containing supporting evidence for each theme is available in the Appendix.

**4.1 THEME ONE: Trans Specific Abuse**

Emotional abuse targeting trans identities was the most common form of abuse reported across studies; 73% of respondents to Roch, Morton and Ritchie’s (2010, p.5) survey and 11/15 participants in Roger’s (2017, p.816) study had experienced emotional abuse or verbal transphobic abuse from a partner or ex-partner (See appendix 2 for further examples) (Magić and Kelley, 2018, p.14; Magić, 2016, p.144; Government Equalities Office, 2018, p.57).

Other forms of abuse directed towards trans identities identified in the studies included ridiculing, threatening to ‘out’ a partner, deliberately using the wrong pronouns or calling a trans person their ‘deadname’[[2]](#footnote-2), stopping a partner from being able to transition either medically (e.g. hiding hormones, controlling finances so they cannot access surgery), or through hiding clothing (Baachman and Gooch, 2018, p. 9; SafeLives, 2018, p. 32; Magić and Kelley, 2018, p.14; Magić and Kelley, 2019 p.21; Rogers, 2017, p.236; Magić, 2016, p.148; Rogers, 2017).

Trans specific abuse is an important factor to evaluating the help-seeking behaviour of trans individuals; trans victims are susceptible to a number of unique strategies of abuse, that both victims and support providers may be unaware of. This affects the ability of victims to seek effective support for their specific needs (End The Fear, 2020). 13 out of the 16 papers analysed supported the theme that trans specific abuse acts as a barrier to trans victim’s help-seeking behaviour. Many forms of trans specific abuse were highlighted by articles, but to demonstrate this theme, ‘outing’, and ‘the use of hetero-cisnormative structures to enact abuse’, were considered to be highly prominent points for discussion (See appendix 2 for further examples).

1. Outing

‘Outing’ someone’s sexuality and, or, gender identity is a widely observed and common tool for abuse that can act as a barrier for seeking help; a point that was corroborated by a quarter of papers examined (Ard and Makadon, 2011; Calton, Cattaneo and Gebhard, 2016; End The Fear, 2020; Kay and Jefferies, 2010).

‘Outing’ has physical, emotional, social, financial and safety implications for trans individuals, due to the stigma associated with having a trans identity. Stigma, a term coined by Goffman (1963, p.3), occurs when individuals hold “an attribute that is deeply discrediting”, for example, a trans identity, which “reduces the individual from a whole and usual person to a tainted, discounted one” (Jones et al., 1984). Gender norms and expectations that are socially and institutionally ingrained, certify the hierarchical maintenance and perpetuation of trans inferiority, which both justifies and encourages oppressive treatment towards the trans community (Link and Phelan, 2001). Due to stigma and prejudice, trans individuals often live in fear of discrimination. Therefore, they may not be out to family, friends or the community, in order to protect themselves from experiencing violence. The Government Equalities Office (2018, p.33) discovered that “67% of trans respondents avoided being open about their gender identity” as they were afraid of negative reactions.

A respondent to the Roch, Morton and Ritchie study (2010, p.15) described how their abuser broke the trust between them by continuously threatening to ‘out’ them to friends as a method of control; “After we broke up, she went around my friends and told them I was transgender”. ‘Outing’ can result in breakdowns of relationships with partners, friends, families, particularly with children, loss of employment, and increased discrimination and hate crime; all of which increase the vulnerability of trans people and were contained in the narratives collected by Rogers (2017, p.814). The risk associated with being outed prevents victims from seeking help, and removes their agency by forcing them to remain in unsafe relationships. The pervasiveness of social stigma towards trans individuals creates ways in which abuse can be enacted, as well as justifies the actions of abusers, hindering “the ability of transgender people in abusive relationships to seek help” (Messinger and Guadalupe-Diaz, 2020, p.4-5).

In cases in which ‘outing’ is not used by an abuser, the fear of ‘outing’ themselves can hinder the ability of trans individuals to seek support, isolating them within their abusive relationship. The following respondent did not want to seek help for their abuse as they would have had to ‘out’ themselves in the process; “I was worried service providers would be ignorant of trans identities and potentially even quite prejudiced” (Roch, Morton and Ritchie, 2010, p.29). The everyday prejudice that trans people experience means that they expect services to be discriminatory; the anticipation of stigma prevents trans people from putting themselves as further risk during the help-seeking process.

1. The Use of Hetero-cisnormative Structures to Enact Abuse

Several articles highlighted that the hetero-cisnormative structure of marriage was used to enact trans specific abuse and create barriers to help-seeking (See appendix 2 for examples). The stipulation that a trans person’s spouse has to approve of their attempt to obtain a GRC[[3]](#footnote-3) before they can live legally in their gender was perceived as a ‘spousal veto’, and the cause of abuse experienced by some respondents of the National LGBT survey (Government Equalities Office, 2018, P.221). One trans respondent, whose spouse had initially withheld her approval describes how “my identity is just that. Mine. Nobody but me should be able to police my identity” (Government Equalities office, 2018, p.221). The ‘spousal veto’ deprived this respondent their agency, by denying them lawful recognition of their gender identity. The institution of marriage and the nuclear family, and its heteronormative incoherence with identities that fall outside of the binary, compounded to create an abuse dynamic that is unique to trans individuals. This is structural violence; trans individuals are confronted with additional barriers, that are built into everyday systems, that favour white, heterosexual, cisgender people, to receive equitable rights and recognition. Heteronormative systems, such as marriage, that favour cisgender people, can be used to deny trans people their identities, and enact prejudice against them.

A concern mentioned by respondents in the Harvey et al. (2014, P.45) study, was that if a refuge asks for a GRC to confirm legal gender identity, trans victims may be denied support, or offered access to a gender-binary refuge that does not suit their gender needs. This can be perceived as dangerous and upsetting for trans individuals, who may therefore not receive the help that they need (See appendix 2 for examples). In this sense, the structural violence of heteronormative structures, including marriage and gender-binary refuges, interact and risk complementing the abuse tactics of perpetrators.

Harvey et al. (2014, p.25). further highlight the impact that preventing gender expression can have on help-seeking behaviour within hetero-cisnormative structures. ‘Passing[[4]](#footnote-4)’ is often regarded as important to trans individuals, as a way of avoiding discrimination, transphobia, or as “a self-affirmative step in identity development” (Anderson et al., 2019, p.45). A number of articles mentioned the importance of passing for making it easier to navigate heteronormative services, as well as not passing being a barrier to “citizenship in general” (Rogers, 2013, p.225). Removing clothing and access to hormones can reduce the chances of a trans person from accessing support, because they lack the confidence in their own identity, and there is a risk they may be turned away from support if their gender identity does not match their appearance.

**4.2 THEME TWO: Intersectional Factors**

Intersectionality is a term from feminist theory, coined by Kimberlé Crenshaw, which considers the “multidimensionality” of lived experiences, and the way in which these intersect (Crenshaw 1989, 139). Individuals have multiple social identities, including race/ethnicity, gender, sexuality, class, and dis/ability, which can combine and intersect to multiply vulnerability to oppression (Battle and Ashley, 2008). A black, trans, lesbian woman will have a very different experience of oppression, to a cis, bisexual, white woman; it is therefore important to consider intersections of a person’s identity to get a full picture of their experience.

The recent BLM protests, organised in response to the murder of George Floyd, are beginning to raise awareness about the discrimination and injustice faced by black, trans individuals. Drawing attention to the intersectional nature of marginalization of black, trans individuals through the Black Trans Lives Matter protests is a step in the right direction towards tackling the systematic, ingrained inequity faced by these individuals (Braidwood, 2020; Ollerenshaw and Baggs, 2020). Intersectional factors were acknowledged by nine papers, raising key points about the multiple disadvantages that trans individuals can face, and the issues this creates for help-seeking (See appendix 2 for examples).

1. Migrant status

Evidence suggests “immigration issues are more common among LGBT+ victims” than non-LGBT+ victims (Magić and Kelley, 2019, p.9). This is for a number of reasons, including the perceived risk of deportation to a country that is intolerant of LGBTQIA+ communities (Magić and Kelley, 2019, p.20).

A case worker at LGBT+ charity Galop detailed the ways in which immigration status becomes a “locus of control” for abusers, that can prevent victims from being able to access help (SafeLives, 2018, p.29). If migrants have an uncertain status, accessing services, such as the NHS or DVA support providers can increase their risk of deportation. One participant in Rogers’ (2013, p. 179) research recalled their experience with a trans migrant with no healthcare access, and a lack of social support;

Nobody knew she was trans, around them, all their friends in their network. He was a serial abuser. He throttled her. He threatened to send her home. Her right to remain was entirely focused around the civil partnership.

Isolation and loneliness is extremely prevalent amongst migrants and refugees (Christodoulou, 2014). A report detailing the experiences of migrants and refugees in London reported an absence of social networks amongst participants, including having lost friends and family, language barriers, discrimination and stigma, including from government policies that inhibit migrants and refugees from being able access to services (Christodoulou, 2014). These are key barriers to help-seeking that can intersect with transgender status to increase isolation further.

In addition, ‘spousal visas’ prevents migrants from being able to access public funds until they have been married for two years. This means victims that have entered the UK using a spousal visa are either forced to make a choice between remaining with their abusive partner throughout this time, or risk homelessness, or deportation. In this way, immigration laws allow the continued perpetration of violence by criminalizing help-seeking behaviour (Magić and Kelley, 2019, p.33).

1. Race/ethnicity

Race and ethnicity were also identified as key intersectional factors, that can additionally intersect with migrant status.

LGBT+ BAME victims are more likely to experience family abuse, as well as other forms of abuse that already disproportionately affect trans individuals, including forced marriage and honour-based abuse (Magić and Kelley, 2019, P.10; Harvey et al. 2014, p.20). In the National LGBT survey, Trans victims were more than double as likely to have undergone or been offered conversion therapy than cisgender victims of abuse. In addition, BAME trans victims were far more likely than white trans victims to have undergone or been offered conversion therapy (Government Equalities office, 2018, p.89-93).

Religion was also a prevalent factor; Muslim and Jewish respondents were the most likely religious groups to have been offered or undergone conversion therapy (Government Equalities office, 2018, p.89-93). “One in four trans people of faith aren’t open about their gender identity in their community”, because of the fear of rejection and additional prejudice (Stonewall and YouGov, 2018, p.5).

These findings reveal that additional vulnerabilities can affect the types of abuse experienced. Support services need to be aware of these differential vulnerabilities, to be able to provide effective, appropriate support. BAME respondents felt the combination of systemic racism and transphobia that exists in support services would mean that their specific needs would not be understood, and that services would not be culturally sensitive (Rogers, 2013, p. 226). A lack of understanding for the needs of BAME victims was also identified by Harvey et al. (2014, p.35);

One DA professional described being told in a previous job that she couldn’t ask BME women about their sexual orientation because it was “too sensitive”.

This extract demonstrates how homophobia and racism can intersect in DVA services, where abuse narratives that lie outside of the norm are negated. Feeling uncomfortable discussing sexual orientation and race reveals a reluctance to help those that fall outside of the normative category of abuse, which drives vulnerable victims away because they are not included, or perceived to matter, perpetuating inequity for those that are already doubly marginalised.

**4.3 THEME THREE: Unrecognised Abuse and Self-Blame**

The public narrative of DVA which assumes that abuse occurs between cisgender heterosexual couples can make it difficult for individuals existing outside of these binary categories to register their own experiences as abuse (Magić and Kelley, 2019, P.21). Roch, Morton and Ritchie (2010, p.5) found that only 75% of abuse victims recognised their experiences of abuse, as abuse. Respondents felt like their experiences were their “fault”, “just something that happened” and “wrong but not a crime”. When abuse is not recognised, or an individual instead blames themselves for the abuse, they will not seek help (Roch, Morton and Ritchie, 2010, p.29).

Abusers may use transphobic social attitudes to coerce victims to believe no support is available to them, or that they deserve abuse because of their gender identity (Magić and Kelley, 2019, P.21). Transphobia and stigma experienced from wider society and in domestic abuse can have a high impact on self-esteem and confidence, affecting the likelihood that trans individuals will feel able to defend their rights in social situations (Roch, Morton and Ritchie, 2010, p.25; Rogers, 2015 p71). Transphobia is highly ingrained, and can manifest in trans people’s perceptions of themselves, making them feel that they are themselves deserving of abuse. The resulting uneasiness from the internalization of gender norms and expectations is a process known as internalized transphobia (Bockting et al., 2020, p.15). One respondent detailed that they felt that they deserved the abuse because of their identity; “At the time I did not consider myself oppressed. I thought it was wrong to be transgender and so could understand why it upset her so much” (Roch, Morton and Ritchie, 2010, p.29). Internalized transphobia is a help-seeking barrier, because it forces the victim to regard themselves in the same way that wider society perceives them. Because they feel as if they are undeserving of support, and deserving of abuse, they will not seek help (See appendix 2 for examples).

**4.4 THEME FOUR: Cisnormative Service Provision**

1. Assumed heterosexuality/cisgenderism

Cisnormativity is the assumption that all individuals are cisgender, which results in the negation of transgender experiences (Magić, 2016, p.151). Half of the articles examined identified concerns about assumed heterosexuality in service provision (See appendix 2 for examples).

Donovan, Hester and Nixon (2014, p.42) identified concerns that practitioners would not understand the specific needs of trans individuals, which was reified by Rogers (2015, p.72), who found that practitioners were unfamiliar with, or misunderstood trans related terminology, and had fixed understanding of gender, relying on binary assumptions of male and female. This was supported by a non-binary respondent, who detailed their avoidance of public services, due to the failure of providers to use the correct pronouns and titles. This was perceived to be a re-traumatising process; “Constantly having to describe, in unnecessary detail, the nature of my gender is utterly exhausting” (Government Equalities Office, 2018, p.258).

The general consensus amongst trans participants across the articles examined was that staff need to be better trained to ensure equality in service provision (SafeLives, 2018, p.34). One Genderqueer respondent describes that although services appear to be inclusive, they are not in practice. Staff need to “be adequately trained, managed, monitored, etc. to ensure the service is same standard as to those who are heterosexual” (Harvey et al., 2014, p.28). This participant also addresses the importance of visual marketing, which was identified in other studies. A lack of relevant LGBT+ information, online resources, and leaflets in waiting rooms and notice boards was acknowledged. These materials tend to focus on heterosexual cisgender individuals, which is exclusionary and discouraging for those seeking help (Magić, 2016, p.151).

1. Binary categories limit access to services

Support service provision is largely based on binary assumptions of victims and perpetrators. Which binary category trans individuals would be put into was a point of distress for across studies, and had previously discouraged individuals from accessing support (Harvey et al. 2014 p.30; SafeLives, 2018, p.36; Rogers, 2015 p72).

One of the respondents in Rogers’ (2013, p.220-221) study spoke of their concerns of being categorised as ‘male’ by services;

…which would make me feel very vulnerable. Not to mention that the majority of services are female-only and tend to exclude even trans women and women with transsexual histories... I would be afraid that the service provider would think it was my fault for being trans, or make my case a low priority.

This extract suggests that services are more concerned about categorizing individuals based on rules and regulations than for the safety of trans lives (Harvey et al. 2014 p.29). This is demonstrated by a respondent who was transitioning at the time they were accessing services. They were “dropped as a service user”, at a time in which they were “at risk of suicide due to the upcoming trial of the man who abused [them]” (Rogers, 2013, p.219).Despite the associated risks the victim was omitted because they no longer fit the requirements for the ‘category’ of ‘woman’, which shows a disregard for the complexity of trans experiences and unique circumstances.

Additionally, several papers identified that trans individuals were unhappy with being regarded as ‘trans’, or a ‘third category’, rather than being recognised as their acquired gender. This created issues for practitioners who rely on binary categories, and that use ‘trans’ as a separate category to assess eligibility to services (Rogers, 2015 p.71). There are significant gaps for ensuring the inclusivity of trans individuals that do not wish to be considered as ‘other’, who are rendered invisible by the system (Roch, Morton and Ritchie, 2010, p. 30).

**4.5 THEME FIVE: Structural Violence**

Coined by Galtung (1969), the term structural violence refers to the violence that exists within social structures. Structural violence is produced and maintained by social hierarchies. For example, unequal gender power relations are reflected in deeply embedded oppressive social structures, which prevent trans people from exercising agency and living a healthy existence (TGEU, 2016). Institutionalized transphobia is an example of structural violence, which was identified as a major barrier for trans individuals seeking support; the anticipation of stigma alone prevents trans people from seeking help (See appendix 2 for examples of structural violence) (SaveLives, 2018, p.9). Trust needs to be built between trans people and services to encourage help-seeking behaviour.

1. Healthcare professionals

The National LGBT survey highlighted that 40% of trans respondents that had interacted with public healthcare services in the previous year had a negative encounter. 21% felt that their specific needs were overlooked, 18% avoided treatment as they were concerned about a negative reaction, and 18% had experienced “inappropriate curiosity” (Government equalities office, 2018, p. 162). Additionally, forensic sexual assault services were seen to be particularly intrusive for trans individuals, who may feel uncomfortable with having their body examined in a sex that they are “trying to move away from.” (Harvey et al., 2014, p.23).

1. Police

Negative experiences and feelings towards the police were commonly reported. Only 13% of trans respondents in the Roch, Morton and Ritchie (2010, p.27) study had contacted the police about their abuse experience. 50% of these were unsatisfied with the response, as they did not feel they were taken seriously, or they were made to feel in some way responsible. Additionally, 27% of respondents did not contact the police because they anticipated transphobic reactions from the service (Roch, Morton and Ritchie, 2010, p.27). There were also concerns that a victim’s trans identity would impact how the incident was investigated and handled (Magić, 2016, p.150; Roch, Morton and Ritchie, 2010, p.27; Harvey et al., 2014, p.317). One Non-binary respondent to the National LGBT survey detailed their experiences of reporting DVA and particularly sexual abuse to the police, stating that they were told that “Men don’t get raped” and that “You can’t be a victim of abuse” (Government Equalities Office, 2018, p.64). Denying victims access to justice for their abuse by denying their identity or that their abuse experiences are valid, prevents trans victims from disclosing their abuse.

1. DVA organisations

Trans respondents were often found to believe that no DVA organisations were willing or able to assist them (Roch, Morton and Ritchie, 2010 p.29). Magić and Kelley (2019, P.8-9) found that trans people avoided DVA services and were more inclined to use LGBT+ specialist services because they are afraid of experiencing transphobia, not being understood by members of staff, or from being denied support (Donovan, Hester and Nixon, 2014, p. 31).

One service provider in the Harvey et al. (2014, p.30) study detailed their experiences of transphobia in DVA organisations, whereby trans individuals are denied refuge by refuge staff;

They don’t reply to you or that they don’t return your call or they just say, oh no that would be really difficult. Or, actually we’re full. When the All Wales Domestic Abuse Helpline is saying they’ve got three spaces.

1. Service users

Transphobic behaviour from other service users is an additional barrier to help-seeking. In the Stonewall and NFPSynergy report (2018, p.15), the experiences of physical abuse towards a trans woman in a refuge, by another service user were detailed. The trans victim did not want to disclose her abuse to staff because she was afraid of being forced out of the refuge;

She said this is the only place I’ve been able to get because I’ve been rejected everywhere in the refuge accommodation and this is the only place I got and that’s why, if I have to accept this from the other women in the refuge that’s fine because at the end of the day I know the staff and you are helping me and supporting me and that’s fine.

This victim saw being taken into a refuge as a privilege worth enduring more abuse for, due to the denial she had experienced from other services. Before accessing services, trans individuals have to think about wider societal conceptions of their identity, and then debate whether they will suffer more abuse at a refuge. Refuges should be a place of protection; not of further violence (SafeLives, 2018, p.37).

1. Gender-binary refuges and the GRA

Thirty-nine respondents to the National LGBT survey highlighted opinions about trans women being perceived as a threat to women-only spaces (Government Equalities Office, 2018, p.54). DVA professionals refuted these opinions, stating that risk assessment procedures would prevent this from happening (Harvey et al., 2014, p.45). Conflating trans identities with ‘dressing up as an abuser’ is highly offensive and prejudiced towards trans individuals, as one respondent from the Stonewall and NFPSynergy report (2018, p.24) notes;

They still experience closed doors, they still experience so much questioning, suspicion. Are they a perpetrator dressed up as female? ... [What] gets forgotten amongst all these prejudices is actually, these are victims of domestic abuse…

The exclusion of trans people from DVA services in a forceful attempt to exclude some of the most vulnerable victims from accessing support.

**4.6 THEME SIX: The Role of Social Support**

1. Social support

Trans victims reported that there is little support available, and seeking help was most commonly seen from friends and family (See appendix 2 for examples) (Magić 2016, p.150; Rogers, 2017, p.236-7; Taylor et al., 2018, p. 1109-1110; Donovan, Barnes and Nixon, 2014, p.42).

One participant suggested that there is no immediate help available for trans victims, and that the role of social support is important; “I talk to individuals who I know. There isn’t organisations out there to help.” (Roch, Morton and Ritchie, 2010, p.29).

Taylor et al. (2018 p. 1105-1106) found that pets played an important support role, where family and friends were not supportive. Their study showed that non-judgemental support was the most important factor in help-seeking, whether that be from animals, services or human beings;

My cat doesn’t judge me for my outfit or who I fall in love with. Often when I am mentally and emotionally struggling or very upset my cat will come and find me, sit with me and calm me.

1. Lack of social support

Despite leaning towards family and friends for support, trans individuals tend to have small social circles, particularly if transgender individuals are not ‘out’ to family members or friends (Bachmaan and Gooch, 2018, P.10; Roch, Morton and Ritchie, 2010, p.28).

Support circles tend to be even smaller in domestic abuse situations (See appendix 2 for examples) (Roch, Morton and Ritchie, 2010, p.28). Abusive partners may control victim’s social circles, as well as access to the family, friends, the LGBT community, and LGBT friendly spaces (Magić, 2016, p.144). Transphobic DVA, along with societal transphobic attitudes, can also leave victims feeling insecure about their gender identity. This isolates victims from other people, making them feel as if they cannot reach out of help (Roch, Morton and Ritchie, 2010, p.25). Roch, Morton and Ritchie (2010, p.5) found that a quarter of participants had not told anyone about their DVA experiences.

Additionally, trans individuals may seek to move away from the ‘transgender’ community, considering themselves to be individuals with ‘trans histories’. This can result in even smaller social circles; one participant explains their friend’s difficulties with moving away from the trans community. Their friend wants to be regarded solely within their gender identity, but this means that “she has to break away from all her friends, the ones that are going to be there to support her whatever goes wrong” (Roch, Morton and Ritchie, 2010, p.30). Moving away from the trans community can create difficulties for trans people in abusive relationships, because they are cut off from vital support circles that have an understanding of being trans. The experiences of individuals that have moved away from the ‘trans’ community is a topic that is in need of more research.

1. Isolation from LGBTQIA+ community and services

A common finding was that the LGBTQIA+ community is not supportive of trans individuals; according to Bachmaan and Gooch (2018, p.5), 36% of trans individuals have faced stigma and discrimination relating to their identity from their local LGBT community. One participant expressed concerns that LGBTQIA+ spaces are exclusionary of trans people, detailing “fetishization, rude comments, not being allowed into clubs by door staff, not having events that cater to your needs, being misgendered or assumed to be heterosexual” (Stonewall and YouGov, 2018, p12). The Stonewall and YouGov report (2018, p14) further identified discriminatory attitudes amongst non-trans participants; “I don't see why I should be othered, judged or discriminated against for not espousing the trans cause or embracing transexuals as part of my community”.

Exclusionary attitudes by the community is reflected in the exclusion of trans people from LGBT+ services (Hester et al, 2012, p.39). One respondent detailed that trans people are frequently referred to ‘specialist’ LGBT services, which are often more readily available to lesbian and gay victims of DVA, and fail to have the adequate knowledge to assist trans people. Services are reluctant to “provide support to trans people before they’re ‘ready’ – i.e. until they feel other service users and staff would feel comfortable with it” (Rogers, 2013, p.220).

LGBT+ specialist services lack the resources required to deliver an effective service, which is heightened due to current austerity measures; LGBT+ services are usually the first to be forced to close, which is particularly devastating for trans individuals, who tend to seek the support of these specialist services (Stonewall and NFPsynergy, 2019, p.25). This demonstrates the lack of worth awarded to LGBT+ victims of DVA by wider society.

The lack of acknowledgement of trans people, by the LGBTQIA+ community and support services, was demonstrated to be detrimental to the help-seeking behaviour and self-esteem of trans victims of DVA (Magić, 2016, p.149). Trans men were identified as particularly vulnerable, as male specific DVA support services are largely absent (Magić and Kelley, 2019, p.11; Stonewall and NFPsynergy, 2019, p.25). This is highly concerning, considering that Baachman and Gooch (2018, p. 9) identified that abuse was more commonly perpetrated against trans men than trans women, reified by findings from the National LGBT Survey (Government Equalities Office, 2018, p.57).

1. DISCUSSION

“I think fundamentally we’re talking about protecting people’s human rights to be free from violence and abuse, and trans people have the same rights to be free from violence and abuse as anybody else” (Stonewall and NFPsynergy, 2018, p.26).

**5.1 Summary of the findings**

A thematic analysis of the findings of this scoping review illuminated that trans people both experience DVA disproportionately, and access support at a very low rate. This is because trans people face multiple barriers to accessing support. As a result of the existence of transphobia, stigma and structural violence, coinciding with broadly hetero-cisnormative understandings of what it means to be a DVA victim, trans individuals are not perceived as victims, or worthy of support. This conclusion conveys Butler’s concept of ‘grievable lives’, which will now be applied to these findings to illuminate a different understanding of the barriers to help-seeking that trans DVA victims experience. This concept will be used to interpret the findings, leading to the suggestion that some lives are seen as more worthy than others, and until equity is established, trans individuals experiencing DVA will never be considered worthy of support. Recommendations based on this conclusion will ensue.

* 1. **Interpretation of the findings**

In Butler’s (2004a, 2004b, 2009) recent work, she has explored ‘normative violence’, which is the idea that pervasive cultural and social norms govern who is included, and who is erased, from social, political, and cultural recognition (Varman et al. 2020). Social and cultural norms govern behaviour; those that abide by social and cultural norms, are recognised and rewarded for their adherence. These are ‘grievable lives’; considered to matter and to be worth preserving. Those that challenge what it is to be ‘normal’, face disapproval and punishment for their actions (Butler, 2009, 2004b).

Lives are divided into ‘grievable’ and ‘ungrievable’ categories through the process of ‘othering’. ‘Othering’ is a process which narrowly defines who should count as ‘fully recognised’. When there is an assumption that an individual or group poses a threat to the dominant group, the powerful, domineering group defines themselves against the ‘other’ (Institute of Medicine (US) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, 2014).

Trans individuals are ‘othered’ by hetero-cisnormative society because they threaten dominant, binary-based social and cultural norms, and are therefore not considered to be “normatively human” (Butler, 2009, p.94). Trans people are punished, through discrimination and stigma by the dominant group, for subverting gender norms. Maintaining the marginalisation of those that subvert social norms protects the social structures which allow compliant individuals to thrive (Butler, 2009, p. 15).

The marginalisation of trans people for subverting social norms dehumanizes them. They are perceived as less than human, therefore justifying interpersonal violence towards them. Dehumanization renders trans lives ‘less than human’; their invisibility validates violence against them, because they are not perceived as human, and therefore it is not recognised as harm (Butler, 2009, p. 4). In this sense, trans lives are, non-existent, unimportant; ‘ungrievable’ (Butler, 2004a; Joy, Belk and Bhardwaj, 2015; Varman, Goswami and Vijay, 2018).

Violence also occurs covertly, within social structures, laws, and policies. It is difficult to recognise this form of violence, because structures are built fundamentally on social inequity, benefitting those with power. Trans lives have no social power, and therefore serve no value to society, or to the structures entwined within it. Trans lives are not ‘mourned’ when they are lost, because they were never considered to have value; “an ungrievable life is one that cannot be mourned because it has never lived, that is, it has never counted as a life at all” (Judith Butler, 2009, p.38). Therefore, structures do not protect trans lives, because they do not matter. Instead, they perpetuate the violent attitudes that wider society has towards trans individuals. Trans lives are susceptible to poorer health outcomes and unequal life chances by systems that are tied to the gender-binary, and made to serve predominantly cisgender, straight, white men (Galtung, 1969).

As highlighted in the findings, trans individuals that experience multiple vulnerabilities are regarded as even less valuable, and face added susceptibility to violence. Intersectionality was highlighted in the findings report as an important factor in the help-seeking behaviour of trans individuals; migrant identities are already marginalized by society. The intersection between transphobia, homophobia and racism contribute to the invisibility of these individuals, making it increasingly difficult to access support.

**5.3 Structural violence and transphobic DVA; perpetuation, normalisation**

As the findings show, transphobia is deeply embedded in oppressive social structures and institutions that systematically disadvantage trans individuals (Hopkins 1996). One respondent in Roger’s research (2013, P.221) highlighted that “Society doesn’t teach people that our relationships are just as valuable. Until you’ve got past that, we’ll still have second class services, second class delivery and crumbs off the table”. Trans individuals reported experiencing, or fearing, transphobic attitudes from healthcare professionals, the police, and DVA services, severely limiting trans people’s help-seeking pathways. A number of transphobic actions perpetuated by these institutions were highlighted, including ‘misgendering’, denying access to services, denying that the abuse happened, not taking trans victims seriously, placing onus on the victim and ignoring their specific needs. By making their experiences ‘trivial’, trans victims are dehumanized; their agency is denied, contributing to the idea that trans individuals are non-existent in society. These institutions exist to support victims; however, trans people cannot be mourned because their existence is not acknowledged and they are therefore not seen as worth preserving; “if violence is done against those who are unreal, then from the perspective of violence, it fails to injure or negate those lives since those lives are already negated” (Butler, 2004a, p. 33). Therefore, protections for trans individuals are practically non-existent, because their abuse is not registered as abuse. Their experiences are trivial, and they are not worth protecting, and are therefore only eligible for ‘second class services’, whilst those that have social power take priority.

The pervasiveness of transphobic attitudes can be used in conjunction with DVA tactics as a method of control. Adherence to social norms is a prerequisite for obtaining justice (Kapur, 2015). Trans people are not recognised socially, politically or structurally, meaning that support is inaccessible, which increases their vulnerability to abuse. An abuser may tell them that they are deserving of abuse, or that there is no support available because of their gender identity, abuse tactics that are only made possible by the prevalent transphobic that exists across society.

As identified in the findings, preventing a trans person from retrieving a GRC, or from being able to ‘pass’ can deny trans individuals their agency, and from being able to access help. Through the performance of the more gender normative aspects of identity, trans individuals that ‘pass’ are awarded with better opportunities to access support. Being able to ‘pass’ coincides with being recognised in society. Being able to fit within gender-binary categories awards trans individuals with respect and regard. Binary categorization therefore has a large impact of trans people’s help-seeking behaviour, as those that do not pass, or feel uncomfortable with their gender presentation, will experience more difficulty accessing support. In this way, societal transphobia is used as a locus for control by the abuser, who can exhibit control by adhering to social norms, in full support of a society where violence against trans people is normalised.

**5.4 The problem with gender-binary service provision**

Dominant discourse surrounding the abuse dynamic between men and women outlines the possibility for mourning for all victims. Heterosexual, cisgender, white women are stereotyped as weak victims, and therefore their positioning as ‘valid’ victims of DVA is natural. They are realized because they fit within social understandings of the traditional abuse victim, and therefore, support services largely cater for those that are seen as worthy of support. The findings of this dissertation corroborate this statement; services are built around the gender binary, and exclude those who do not fit within it. Failing to recognise the existence of individuals outside of the gender binary contributes to wider discourse that trans individuals are not worthy of consideration or protection. Gender-binary services are a way to ensure that trans people are excluded from support, which maintains the violence that the victim experience. Until this binary is challenged, trans people’s experiences of abuse will always be viewed as non-existent and non-important.

Structural violence is also identifiable in the cisgenderism in services, through the use of exclusionary, heteronormative visual marketing, and a lack of awareness about trans issues and terminology by staff. This erasure of the experiences of individuals that exist outside of the gender binary denies that trans people can experience abuse, adding to the narrative that trans people have no worth. If services are unable to register the fact that trans people exist, experience abuse, and are worthy of protection, trans individuals will continue to face detrimental barriers to support.

**5.5 The perception of self as ungrievable**

Internalised homophobia was identified as a factor affecting trans people’s help-seeking behaviour. The stigma and discrimination that trans people face across their life course can become internalised, leading trans people to feel that the DVA they experience is justified; they are not worthy of help, and they are instead to blame because their identity as a trans person means that they deserve abuse. The promotion of trans individuals as not normatively human or deserving care, drives low self-esteem in trans people, making it difficult for trans individuals to recognise their own worth. Trans individuals can have difficulty standing up for themselves in a society which promotes them as non-existent and non-important, which therefore prevents them from seeking help.

1. RECOMMENDATIONS

"Will the 'human' expand to include me in its reach?" (Butler, 2004b, p.2-3).

In her recent work, ‘Undoing Gender’, Judith Butler (2004b) considers how gender norms are highly restrictive, but also socially necessary. She questions how the “true acceptance of each human” can move “beyond gender identity” to the ‘re-humanization’ of individuals that are dehumanized (Hummel, 2015, p.411; Butler, 2004b). To recognise those existing outside of the gender binary, overcoming and undoing gender is essential. Until trans people are recognised as equals, as humans; they will continue to experience disproportionate barriers to help-seeking. Therefore, the following recommendations will be grounded in the concept of ‘undoing’ gender, which I interpret to be possible through education and the normalization of trans experiences.

**6.1 Implications for policy and practice**

To begin making a difference to the lives of trans DVA victims, first, political will is required. Those in power must seek to understand that the lives of trans people are valid, and that tackling DVA experienced by trans individuals is important. Traditional heteronormative perceptions of DVA must be deconstructed, and the voices of trans people must be elevated, and positioned at the forefront of political decision-making.

* To ensure that trans people are at the forefront of political decision-making, they must be provided with the tools, resources and skills required to speak up about their experiences of DVA, as well as their experiences of stigma, discrimination and abuse within wider society.

That is not to say that education is the responsibility of trans people; wider society must also engage in activism, and seek out knowledge that challenges their heteronormative viewpoints. To encourage wider understanding and activism;

* LGBT+ relationships must be included on the school curriculum to reduce prejudice, and to help young people struggling with their gender identity to accept themselves and to recognise abuse in their own domestic relationships.
* Police, DVA service staff, and medical professionals need diversity training to understand the specific abuse tactics that trans people are more vulnerable to, how their experiences across the lifecourse affect their help-seeking behaviour, as well as to ensure that they are inclusive in their approach.

An article reporting the results from a survey among UK medical students highlighted the lack of LGBTQ health care education. Students reported a lack of confidence discussing DVA, finding LGBTQ specific resources, and using unfamiliar gender terminology, findings that were reified by the results of this scoping review (Parameshwaran et al., 2016). Evidence suggests that learning about trans healthcare helps students to become more familiar with caring for trans patients, improving their level of care and reducing discriminatory attitudes (Safer and Pearce, 2013).

* In addition, it is important to ensure that staff are diverse; LGBTQIA+, ethnically diverse staff can encourage individuals to seek help, whilst also contributing understandings of their diverse experiences.
* Services should strive to be inclusive, for example, by using gender-neutral language in waiting areas, on websites and forms. Additionally, the importance of confidentiality should be highlighted, to ensure that trans people who fear being ‘outed’ feel comfortable using services.

DVA services should focus particularly on promoting services are trans inclusive, and develop assessment tools to ensure they are inclusive, and based on individual cases, rather than ‘tick-boxes’. Additionally, those that are the most marginalised, including trans men, individuals that have ‘trans histories’, and those with additional marginalised identities, including BAME individuals and migrants, should be targeted in campaigns and offered additional, tailored support.

The LGBTQIA+ community must strive to support trans issues.

* Education is required to ensure LGBT spaces are welcoming, and organisations should have an inclusive policy including BAME, migrant, trans and bisexual individuals.
* Collaboration between LGBT, trans specific organisations, and services to inform design and delivery would be particularly beneficial.

Governments should strive to increase funding to improve LGBTQIA+ specific support services, that the findings of this review show to be crucial to trans help-seeking behaviour. In addition, the GRA and GRC and ‘spousal veto’ should be reviewed, along with the ‘no recourse to public funds’ stipulation of the spousal visa that stops migrant victims of DVA from accessing support, and forces them to remain in abusive situations.

**6.2 Limitations and future research**

This scoping review revealed a need for more peer-reviewed, qualitative research, reifying the fact that trans lives remain absent from research, contributing to the conclusion that trans lives are ‘ungrievable’. Therefore, a strength of the study is that it contributes to an area that is scantly researched, highlighting the necessity of future research. Future research should focus on raising the voice of trans individuals. More wide scale studies are required, as most studies focus on a particular area in the UK, with a small sample. More needs to be done to address the impact of intersectional factors of DVA experiences. The hiddenness of individuals with ‘trans histories’ is also a crucial area to research, as these individuals are invisible from research. Further research focusing on trans men and trans women separately is required, as this review demonstrated that their experiences of abuse differed. Lastly, research would benefit from comparing across social and cultural contexts, to corroborate and highlight differences in findings, which was outside of the scope of this dissertation.

1. CONCLUSION AND CONTRIBUTION

This dissertation adds to the small existing knowledge base around transgender experiences of DVA and help-seeking behaviour, by collating current knowledge of experiences of help seeking in the UK. This dissertation deviates from traditional research focusing on the heteronormative model of DVA, and adds to conceptualisations of trans individuals under the concept of ‘grievable lives’. This dissertation further contributes by highlighting major gaps in the research, using ‘grievable lives’ as a frame to make recommendations towards ending trans inequality.

The findings of this dissertation suggest that there are multiple, intersecting barriers to accessing support that trans people experience. The pervasiveness of transphobic, homophobic, prejudiced attitudes in society both allow and perpetuate the continued abuse of trans individuals. Until trans lives are seen as worthy of protection, as opposed to being perceived as the ‘other’, they will continue to be denied access to support for their abuse, continue to face violence, and continue to perceive themselves, and to be perceived by others as ‘ungrievable’. Challenging ingrained hierarchical, heteronormative, binary-based beliefs is the only way to begin ‘undoing’ gender. When all lives are recognised as equally important, regardless of gender identity, migrant status, ethnicity, race, dis/ability, class, and other intersecting identity factors, minority groups will continue to face structural, social and cultural disadvantages that deem these lives to be negligible. The lack of resources, political discussion addressing trans issues, and available research shows the ‘ungrievability’ of trans lives, and that political will, the belief that this is an issue worth fighting for, is crucial if progress is to be made.

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APPENDIX

Appendix 1: table of papers identified from the scoping review

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Title/author/year | Methodology | Subject/findings | Country context |
|  | *‘Challenging cisgenderism through trans people’s narratives of domestic violence and abuse’* **Rogers (2019).** | * Article used a voice-centred relational technique. * 24 interviews were undertaken with 15 trans people and 9 practitioners. * 4 narrative accounts used to illustrate similarities and difference between cisgender and trans people’s abuse experiences.   (Data collected from Rogers’ 2013 PhD thesis, listed below in the table). | * Addresses the presentation and impact of DVA, experiences of DVA, and social care needs. * It is concluded that cisgenderism and heteronormative bias have led to the erasure of trans perspectives, and that there is a need for further research on the gendered nature of DVA. | UK (2 US respondents) |
|  | *‘The Coral Project: Exploring Abusive Behaviours in Lesbian, Gay, Bisexual and/or Transgender Relationships: Interim Report September 2014’* **Donovan, Barnes and Nixon (2014).** | * Report used data from a UK wide survey, with 917 respondents (102 of the survey respondents were trans). * 36 Semi-structured interviews were conducted, including 17 men (1 trans man), and 19 women (2 trans women). * Interviews, and eight focus groups were also carried out with 23 practitioners. | * Explores similarities and differences across sexuality and gender of those who are abusive or experience abuse in LGB and/or T, and heterosexual relationships. * The report concludes with recommendations, including a review of provision for convicted LGB and/or T offenders, for training and awareness, and for the promotion of friendship support. | UK |
|  | *‘Breaking down barriers: Exploring the potential for social care practice with trans survivors of domestic abuse’* **Rogers (2015).** | (Data collected from Rogers 2013 PhD thesis, listed below in the table). | • Explores trans people's experiences of domestic abuse, their social care needs and whether these are met by domestic abuse agencies.  • A framework for practice with trans survivors which incorporates a person‐centred, narrative approach, is proposed.  The article concludes by stating that barriers are multiple and complex, and work must be done to encourage help‐seeking behaviours. | UK (2 participants from US) |
|  | *‘Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking and harassment, and sexual violence services’* **Harvey, Mitchell, Keeble, McNaughton Nicholls and Rahim (2014).** | * Report uses three-stage research design, including a Rapid Evidence Assessment, qualitative interviews, and written submissions. * Qualitative interviews were conducted with 18 professionals. * 34 open-question, online submissions were accepted from LGBT+ people living in Wales. | * The report focuses on Individual and interpersonal barriers to accessing services for LGBT+ people, structural and cultural barriers in service provision, * Examples of effective practices are provided. * The report concludes with recommendations for further development of services. | UK |
|  | *‘LGBT in Britain: Home and Communities’* **Stonewall and YouGov (2018).** | * This report used data from an online questionnaire answered by 5375 LGBT+ people (14% of participants were trans identified) across England, Scotland and Wales about their life in Britain today. | * The report features research into trans people’s experiences of IPV in Britain today, as well as broader experiences with, faith, family and community. * The impact of discrimination, violence and exclusion on the quality of trans people’s lives is addressed. | UK |
|  | *‘National LGBT Survey (2018)*’ **Government Equalities Office (2018).** | * This report used data from an online survey that received 108,100 responses (13% of participants were trans identified). | * The report features testimonies from LGBT+ survivors of domestic abuse about their experiences of seeking support, and from trans respondents about their experiences of domestic abuse and views on GRA reform. | UK |
|  | *‘Out of sight, out of mind? Transgender people’s experiences of domestic abuse LGBT Youth’* **Roch, Morton and Ritchie, (2010).** | * This report used data from an online survey which gathered 60 responses. 7 qualitative, in depth interviews were conducted. | * Explores trans people’s experience of domestic abuse in Scotland. * The report concludes that there are high levels of prejudice and abuse in transgender people’s relationships and home life, as well as negative experiences of accessing support and services. | Scotland  (70% from Scotland,  20% other parts of UK, and five people reported that they lived in the US). |
|  | *‘Supporting trans women in domestic and sexual violence services: Interviews with professionals in the sector’* **Stonewall and NFPsynergy (2018).** | * This report draws upon data conducted between January and April 2018, involving depth interviews with representatives of 15 national umbrella bodies and local domestic and sexual violence support services across Britain. | * Participants highlight that the GRA would have no relevance to how they deliver services. * It was a common concern that trans survivors were having difficulty accessing support. * The report concludes with service providers detailing the steps they are taking to be trans-inclusive. | England, Wales, and Scotland, including urban, town and rural locations |
|  | *‘Exploring the service and support needs of male, lesbian, gay, BI and trans and BAME victims of domestic and sexual violence: Report prepared for the home office’* **Hester, Williamson, Regan, Coulter, Chantler, Gangoli, Davenport and Green (2012).** | * This report provides a thematic analysis of data which was retrieved from 76 service providers in London, the North West, and South West of England. * 16 trans individuals took part (1 recruited through an online survey, and 15 through a focus group, set up to increase transgender participation). * Interviews and focus groups were conducted with victims and service providers. | * Focuses on the extent and nature of domestic and sexual violence, as well as service use and need. Findings cover heterosexual male, LGBT and BME groups separately. * Concludes by stating that experiences of domestic and sexual violence are shaped by the intersection of gender, ethnicity and sexuality. * Recommendations are made with regards to service provision. | UK |
|  | *‘Recognise &Respond: Strengthening Advocacy for LGBT+ Survivors of Domestic abuse’* **Magić and Kelley (2019).** | * Report draws on a number of UK-based studies, original LGBT+ service user datasets and a series of interviews with LGBT+ domestic abuse advocates and experts representing domestic abuse and LGBT+ services based in Birmingham, Brighton and Hove, Cardiff, London and Manchester. | * Aims to improve the understanding of LGBT+ people’s experience of DVA, and ensure that services meet the needs of LGBT+ survivors. * Insights into the scope, distinct nature of abuse, and barriers to accessing services are provided. * Recommendations are provided to strengthen future responses to LGBT+ victims of DVA. | UK |
|  | *‘Transphobic ‘Honour-based Abuse: A Conceptual Tool’* **Rogers (2017).** | (Data collected from Rogers 2013 PhD thesis, listed below in the table). | * The article proposes that an understanding of transphobic ‘honour’-based abuse can be used to explore transgender individual’s experiences of familial abuse. * Findings indicate that trans people can experience abuse as a result of a family’s perceptions of shame and stigma. | UK |
|  | *‘‘TransForming Practice’: understanding trans people’s experience of domestic abuse and social care agencies. PhD thesis, University of Sheffield’* **Rogers (2013).** | * PhD Thesis uses a voice-centred relational technique, through semi-structured, telephone, face to face, and email interviews with 15 Trans people, and 9 social care practitioners, | * Investigates trans people’s narrative experiences DVA, social care needs, and whether these needs are addressed. * Provides recommendations for practice, the need for further research, as well as highlighting the importance of trans voices and a person-centred approach. | UK |
|  | *‘Bleeding Love: Raising Awareness on Domestic and Dating Violence Against Lesbians and Transwomen in the European Union’* **Magić (2016).** | * Article reports the results of a qualitative study, undertaken between May and September 2015. * 24 semi-structured interviews with self-identified lesbian, bisexual and transgender women, and 22 semi-structured interviews with professionals working in the legal, social and health care sectors, including the police service, were carried out (5 identified as MtF transgender). | * Shows that LGBT+ people experience domestic violence in similar ways to heterosexual cisgender victims, but concludes that they are invisible from mainstream support. | UK |
|  | *‘People of Diverse Genders and/or Sexualities Caring For and Protecting Animal Companions in the Context of Domestic Violence’* **Taylor, Riggs, Donovan, Signal and Fraser (2019).** | * Thematic analysis of 137 survey responses to open-ended questions, about how humans respond to violence directed towards animals in the context of DVA, is conducted in this article. | * The researchers identified 3 key themes; animals are an important source of support, humans actively protect animal companions, and witnessing animal abuse can trigger leaving violent relationships. * Useful for practitioners trying to understanding the help-seeking needs of people of diverse genders and/or sexualities. | UK/Australia |
|  | *‘LGBT+ People’s experiences of domestic abuse: a report on Galop’s domestic abuse advocacy service’* **Magić and Kelley (2018).** | * Report uses data collected between January 2013 and August 2017, of 676 LGBT+ victims/survivors (14% of participants were trans identified) based in Greater London, who received advocacy support from Galop’s domestic abuse advocacy service. * Data gathered through monitoring and intake forms, and case notes was coded and processed using SPSS (IBM SPSS Statistics 21). | * Shows that LGBT+ people experience domestic violence in similar ways to heterosexual cisgender victims, but concludes that they are invisible from mainstream support. | Greater London (England) |
|  | ‘*Free to be safe: LGBT+ people experiencing domestic abuse’* **SafeLives (2018).** | * A report of data representing 30,559 people entering services, 754 of whom identified as lesbian, gay or bisexual, or as trans. | * Highlights the needs of LGBT+ victims who are discriminated against in wider society, and are hidden from services, and concludes by providing policy recommendations. | Great Britain |

Appendix 2: table of quotations supporting themes

|  |  |  |  |
| --- | --- | --- | --- |
| **THEME** | **SUB THEMES** | **TOTAL NUMBER OF ARTICLES SUPPORTING THEME** | **KEY QUOTATIONS SELECTED TO SUPPORT THEMES** |
| **TRANS SPECIFIC ABUSE** | 1. Outing 2. The Use of Hetero-cisnormative Structures to Enact Abuse | 13  (I, II, IV, V, VI, VII, IX, X, XI, XII, XIII, XV, XVI) | *“[You get] threats of being outed. [It] happens in the gay community as well. You get disowned. You get threats: ‘I’ll take your children away. You’ll never see them’. It’s all abuse.”* **(Rogers, 2013, p.173).**  *“She knew about my transgender status. At first she was okay about it, but then she started using it against me. She was happy when she thought I was more like a transvestite, you know, cross-dressing, but as it carried on, she wasn’t happy about it. She started threatening to tell my friends about it if I didn’t do what she wanted... I trusted her, but she abused that... After we broke up, she went around my friends and told them I was transgender.”* **(Roch, Morton and Ritchie, 2010, p.15).**  *“Marianna had also become concerned that Ian was going to out her in her home town”* **(Rogers, 2019 p814).**  *“didn’t want to tell any service providers about the relationship problems as explaining the details would have required me to come out... I was worried service providers would be ignorant of trans identities and potentially even quite prejudiced.”* **(Roch, Morton and Ritchie, 2010, p.29).**  *“The ‘spousal veto’ in the GRA [Gender Recognition Act] as amended by the Same Sex Marriage Act is unacceptable and was the cause of my harassment by my spouse. At first she withheld her approval so I could only be awarded an interim GRC [Gender Recognition Certificate]. Further negotiation resolved the issue and she made the required statutory declaration and I was able to convert the interim GRC into a full GRC. I strongly believe that there are grounds for a time limited requirement for spousal consultation but NOT for the current veto. My identity is just that. Mine. Nobody but me should be able to police my identity”. Trans woman, pansexual, 65+, Wales* **(Government Equalities office, 2018, p.221).**  *“I told [my wife] that I was wanting to go for the operation... And she said ‘yeah okay I can sort of understand that, I can go with you’... [Then a friend] said something to her which really hit home: that once the operation is finished and all the rest of it and I’ve went through it all, she’s going to have a lesbian relationship. That struck home and she started to turn... And I also said to her, ‘well to go for the gender recognition certificate, I do have to have a divorce, although if you want, you know, we’ll have a civil partnership’... And it turned really, really nasty then... every time we were talking to each other it was anger that was coming out... ’You and your cronies are freaks, you’re just all f-in freaks’... well you’ve 30 years of marriage behind you, and for your wife who knew all about you... But suddenly I’m a freak... You know, and it permanently got to me.”* **(Roch, Morton and Ritchie, 2010, p.17).**  *“Jane (54, pre-operative transsexual woman) said: ‘I hate my voice. I hate hearing my voice’. The ability to pass and its perceived correlate (discrimination) was recognised as a barrier to service provision, and to citizenship in general.”* **(Rogers, 2013, p.225).**  *“One professional provided a range of examples of how perpetrators may control trans people, such as withholding money for hormonal treatment or clothing to prevent them living in the gender they are transitioning into. This may create a very real barrier that would prevent trans people from accessing gender-binary (women-only or men-only) services.”* **(Harvey et al., 2014, p.25).** |
| **INTERSECTIONAL FACTORS** | 1. Migrant status 2. Race/ethnicity | 9  (II, IV, V, VI, VIII, IX, X, XII, XVI) | *“She was legally male. No access to NHS because of her status in this country. She had female identity. Nobody knew she was trans, around them, all their friends in their network. He was a serial abuser. He throttled her. He threatened to send her home. Her right to remain was entirely focused around the civil partnership. That’s where I came in, and her partner was arrested for violence.”* **(Rogers, 2013, p. 179).**  *“A large proportion of my clients are not originally from the UK, whose immigration status is their primary concern, and that ends up being a locus of control that the abuser can use… they’re very fearful of being deported back to a homophobic or transphobic country, so it’s a significant risk factor for them.” Iain, case worker, Galop* **(SafeLives, 2018, p.29).**  *“Evidence also suggests immigration issues are more common among LGBT+ survivors, compared to non-LGBT+ survivors. Insecure immigration status can be a significant challenge for LGBT+ survivors, who might be faced with deportation to countries that are extremely hostile towards LGBT+ communities.”* **(Magic and Kelley, 2019, p.9).**  *“Ally (24, trans male) considered his mixed heritage in addition to his trans status: Even in the past before I came out as trans, I probably would have shied away from seeking help from an agency specifically targeting “women” ... ‘Cultural sensitivity’ would have mattered a lot to me, because my abuse was not from a typical white American man. In his narrative, Ally privileges his cultural needs over his gender needs although both would serve to prevent him approaching social care agencies for help. Simultaneously, Ally alluded to the multiform barriers to accessing agencies if you do not fit into the normative category of abuse survivor/victim.”* **(Rogers, 2013, p. 226).**  *“it was felt that minority ethnic trans people would face pressure not to transition because they’re expected to “accept… how you were born” and may similarly be at risk of abuse of family members if they came out”* **(Harvey et al., 2014, p.20).**  *“A professional suggest that control of women was particularly strong in some BME communities because they were seen as the bearers and the stewards of ensuring “honour” in the family. Where women did not conform to the heterosexual, cis model, assault and rape were seen as a way of reasserting male control”* **(Harvey et al., 2014, p.21).**  *Trans respondents were much more likely to have undergone or been offered conversion therapy (13%) than cisgender respondents (7%). Black/African/Caribbean/Black British respondents most likely to have had it or been offered it (18.5% had it, 9.8% offered).*  *Asian/Asian British (14.8% had it, 12.1% offered) White (3.5% had, 8% offered.)*  *Muslim 32% (had or undergone conversion therapy) Jewish 13%, Christian 7%.*  *Trans respondents were slightly less likely to have been offered conversion therapy by faith organisations or groups (49%) than cisgender respondents (54%), but were more likely to have been offered it by parents, guardians or other family members (37%) than cisgender respondents (28%).* **(Government Equalities office, 2018, p.89-93).**  *“I don’t think they feel able to deal with those additional issues of coming out. Because if you come from a family or community where culture, honour and shame is a big thing, accessing a refuge or support from a so-called ‘outsider’ is a big thing. So they’ve already crossed one very big bridge.’” DA service provider* **(Harvey et al., 2014, p.24).**  *“This included professionals feeling uncomfortable about asking people about their sexual orientation. One DA professional described being told in a previous job that she couldn’t ask BME women about their sexual orientation because it was “too sensitive.”* **(Harvey et al., 2014, p.35).** |
| **UNRECOGNISED ABUSE AND SELF-BLAME** |  | 8  (II, III, VII, IX, X, XI, XII, XIII) | *“Emotionally she would act very cold with me in public places and with friends, but then privately she would constantly try to persuade me to be physically and sexually affectionate, often with unpleasant stories to try and guilt me into it. Physically she would hit and kick me whenever I did something she didn’t like or joked around, and on a few occasions attempted to strangle me...She would tell unhappy stories of her childhood, usually related to something sexual, in a very bizarre way to bring up the subject of sexual relations... They made me feel uncomfortable, but I was timid and attempted to be a good listener and to be compliant, rather than confronting her. I was [afraid of her on] many occasions... I was fearful of her fairly irrational behaviour, because when she got upset she... was more likely to resort to violence than dialogue... but my youth and lack of certainty about future possible transition [from female to male] meant that I generally just laid down and accepted it, not having the hope for the future that I have now.”* **(Roch, Morton and Ritchie, 2010, p.18).**  *“There’s a key problem with trans people in terms of negotiating [intimate] relationships. They won’t negotiate relationships because they’re not comfortable with themselves. So, if they come across somebody who’s accepting of themselves, and they’re isolated, so they’re not able to talk about it to anyone, they’ll settle for far less because a relationship is validation of yourself”.* **(Rogers, 2013, p. 168).**  *“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’.”* **(Rogers, 2017, p.235).**  *“Interviewer: At what point did you recognize it as domestic abuse? Carol: only after transitioning, as a result of my raised awareness living as a woman.*  *Interviewer: Can you describe how that affected you?*  *Carol: At the time I think I lost my way entirely. I felt imprisoned a lot of the time. Was often just on edge, jumped when the phone rang and dreaded my evening. I am in the process of being formally diagnosed with PTSD [post-traumatic stress disorder]. For two years I felt completely empty and unable to function as a human being. I had work and nothing else.”* **(Magic, 2016, p.148).**  *“A few women spoke of self-harming, cutting themselves, as a means to try and control the emotional pain, and seven respondents, three of them trans women, indicated that they had attempted suicide.”* **(Magic, 2016, p.149).**  *“Marcus: Oh it’s a hard one. Um I mean it’s really subjective I think because I mean on paper it probably seems like that [abusive] but I think things were more complicated than that when we were together. ...I’m not going to sit here and say that I didn’t cause problems because I was so unhappy and [that] I wasn’t a horrible girlfriend to be with,...So I’m not going to say it was, you know, violent or abusive but I think it had um very dangerous elements to it...Like it wasn’t easy for her to be with me, and I kind of don’t blame her for being the way she was [pause] and...I was never like a battered wife, you know...I mean I don’t really know what her relationships were like after me, but I can see elements of our relationship in the, with the one that she was in before, because I remember her saying to me like a couple of things that sort of, I thought ‘ha, like you’re, you know, it’s not any different with us’ um and I think her ex-girlfriend really um reacted in similar ways to me when Thea used to threaten to leave her and stuff like that. So I think, I, she did sort of just continually repeat the same sort of actions with other people. What stops me from calling it violent and abusive? [pause] I don’t know, I just think things could have been a lot worse than they were, I don’t know...I mean maybe in a sense I sort of feel like I, like I brought it upon myself, like, like maybe she was really controlling because I needed to be controlled, because maybe I couldn’t cope with my own life. Like maybe she did it because she, you know, was trying to look out for me or something.”* **(Donovan, Hester and Nixon, 2014, P.27-28).**  *“Although 80% of respondents identified having experienced some form of abusive behaviour from a partner or ex-partner, only 60% of respondents recognised the behaviour as domestic abuse.” … “18% felt that the most recent domestic abuse that they had experienced was “just something that happened” and 51% thought that the most recent domestic abuse they had experienced was “wrong but not a crime”.”* **(Roch, Morton and Ritchie, 2010, p.5).**  *“I didn’t [look for support], no. I was young and at the time I never really acknowledged that it was abusive.” … “At the time I did not recognise it as abusive. Felt it was my fault.” … “It was only when the relationship broke up that I realised it was wrong. At the time I did not consider myself oppressed. I thought it was wrong to be transgender and so could understand why it upset her so much.” … “Very ashamed, not wanting to admit I had failed. was not in the relationship I told my family I was in (i.e. very loving, giving etc.).”* **(Roch, Morton and Ritchie, 2010, p.29)**  *“A quarter of respondents stated that their partner or ex-partner had threatened or attempted suicide or self-harm as a way to make them do, or stop them doing something. receiving such threats from a partner or ex-partner can generate intense feelings of guilt and concern for the wellbeing of the partner or ex-partner particularly since suicidal thoughts, threats and actions are strongly associated with mental illness, severe emotional distress, and vulnerability. As a result of these associations, it can be difficult for a person experiencing domestic abuse to identify their partner or ex-partner as holding abusive power over them. They may instead feel obliged to fulfil a care-giving role towards the threatening partner or ex-partner. The presence of threats of suicide or self-harm can lead people to try to excuse (through narratives of illness and diminished responsibility) other abusive behaviours carried out by the person making the threats. Where a transgender person already feels guilt about possibly causing distress to a partner or ex-partner by coming out as transgender or starting to transition, threats of suicide or self-harm by a partner or ex-partner are particularly likely to result in a transgender person feeling unable to express their gender identity or continue to transition.”* **(Roch, Morton and Ritchie, 2010, p.14).** |
| **CISNORMATIVE SERVICE PROVISION** | 1. Assumed heterosexuality/cisgenderism 2. Binary categories limit access to services | 8  (II, III, IV, VII, IX, XII, XIII, XVI) | *“[On public services] Hell, best avoided whenever possible. I’m always addressed by the wrong pronouns or title, even when the correct title is on record. Constantly having to describe, in unnecessary detail, the nature of my gender is utterly exhausting.” Non-binary person, asexual, 18-24, Wales* **(Government Equalities Office, 2018, p.258)**  *“You take the lot together. You take the pause when you ring the service and you say my name is [feminine name], they go, ‘Are you sure?’ Well which part did you have a problem understanding?” Trans woman* **(Harvey et al., 2014, p.41).**  *“I am not convinced that services have moved on; they say all the right things, but what is needed is more than any visual marketing- with images of same-sex violence; staff providing such services must be adequately trained, managed, monitored, etc. to ensure the service is same standard as to those who are heterosexual.” Genderqueer person who has experienced DA* **(Harvey et al., 2014, p.28).**  *“Discussing publicity and visibility of their services, most of the mainstream professionals, identified a lack of LGBT relevant information, specifically in their resource materials (websites and information leaflets) or within their organisational space and recognised the fact that absence of promotional material featuring visible LGBT logos or photos in, for example, the waiting room or on notice boards may unintentionally communicate a heterosexist stance to clients”.*  *“Everything with domestic violence in social or health services seems quite generic or to do with gender, ethnicity and race with disability slowly coming to the fore. At least that’s my perception of the current priorities.” (Helpline worker, domestic violence)* **(Magic, 2016, p.152).**  *“Trans-identified respondents were significantly more likely to select ‘Didn’t think they would understand’ or ‘didn’t think they could help’ or ‘because of my gender identity’.”* **(Donovan, Hester and Nixon, 2014, p.42).**  *“Several of the participants had long since transitioned to live in their acquired gender and considered themselves to be women with ‘transsexual histories’ and not trans or Other to male or female. The acts, by participants, to detach their current gender identity and (trans) gender history creates a bind for practitioners working with national guidance, policy or procedure”* **(Rogers, 2013, p.218).**  *“It went through my head ‘what would you do if somebody was transitioning’. Then, you know, if you were male-to-female would we actually be allowed to accept somebody while they were still male and if they were transitioning. Would you then say ‘alright you’re not entitled to services anymore’?”* **(Rogers, 2013, p.15).**  *“As my (then) [abusive] partner was ‘feminine’, I did not feel comfortable seeking advice/support from [domestic abuse] organisations which would view me in the ‘male’ or masculine role.” Genderqueer person who has experienced DA and SV* **(Harvey et al., 2014, p.30).**  *“Existing services for transgendered individuals may be private and tend to deal with wider health issues, emotional support and information linked to trans-issues rather than being able to deal with sexual and/or domestic violence. Specialist women’s domestic or sexual violence services such as refuges, Women’s Aid and rape crisis provide services primarily for biological women, and the focus group participants felt this creates particular gaps in provision pre-op, or for those who do not intend having surgery”* **(Hester, Williamson, Regan, Coulter, Chantler, Gangoli, Davenport and Green, 2012, P.39).**  *“The notion of eligibility was built on assumptions and the gender binary, and this was reproduced through language use. For example, one of the names of the services who contributed to this study was gender‐specific; it featured ‘young women’ in the title. Moreover, nationally, a large proportion of domestic abuse services affiliated as Women's Aid organisations maintain the standard name format of ‘X Women's Aid’.”* **(Rogers, 2015, p.73).**  *“As for approaching abuse-rescue type services, I guess the problem would be that most of them would want to categorise me as male for accommodation, which would make me feel very vulnerable. Not to mention that the majority of services are female-only and tend to exclude even trans women and women with transsexual histories... I would be afraid that the service provider would think it was my fault for being trans, or make my case a low priority because (if) the abuse was related to my gender, considering it to be my 'choice' to come out.”* **(Rogers, 2013, p.220-221).** |
| **STRUCTURAL VIOLENCE** | 1. Healthcare professionals 2. Police 3. DVA services 4. Refuge users 5. Gender binary refuges and the GRA | 10  (II, III, IV, VI, VII, VIII, X, XII XIII, XVI) | *“40% of trans respondents who had accessed or tried to access public healthcare services reported having experienced at least one of a range of negative experiences because of their gender identity in the 12 months preceding the survey. 21% of trans respondents reported that their specific needs had been ignored or not taken into account, 18% had avoided treatment for fear of a negative reaction, and 18% had received inappropriate curiosity.”* **(Government Equalities Office, 2018, p. 162).**  *“It was suggested that people who are in the process of gender transition may experience negative feelings around particular body parts, and for this reason may be reluctant to engage with services where they are physically exposed, such as forensic sexual assault services. A sexual violence provider noted that this is already an invasive process for anyone, but that it could feel even “more invasive” for trans people, who face their body being examined in a sex they’re “already trying to move away from.””* **(Harvey et al., 2014, p.23).**  *“I wouldn’t go to the police for anything other than physical or sexual attack or threat with physical evidence, e.g. property damage or a threatening letter, because I wouldn’t expect to be taken seriously.” Lesbian trans woman who has experienced DA, SV & harassment* **(Harvey et al., 2014, p.317).**  *“One woman expressed dissatisfaction and believed that her trans identity influenced how the incident was investigated and handled”* **(Magic, 2016, p.150).**  *“Multiple experiences within [the] past five years of myself or others that I have supported (and been present when below comments have been made) being told, whilst attempting to report LGBT Domestic Violence and/or Rape to the Police force, that – “Men don’t get raped” – “You can’t be a victim of abuse”” Non-binary person, queer, 25-34, London* **(Government Equalities Office, 2018, p.64).**  *“‘Because of my gender identity’, fear of ‘not being believed’, thinking they ‘couldn’t help’ or ‘wouldn’t understand’, and ‘feeling too ashamed’, with proportionately more trans-identified respondents reporting these reasons. In addition, interview participants suggested that some help providers would not understand their sexuality and/or gender identity and may problematise that rather than the relationship problem they were presenting with.”* **(Donovan, Hester and Nixon, 2014, p. 31).**  *“Society doesn’t teach people that our relationships are just as valuable. Until you’ve got past that, we’ll still have second class services, second class delivery and crumbs off the table”* **(Rogers, 2013, p.221).**  *“Many of us experience a lot of transphobia and harassment in our day to day lives and come to expect it from services”* **(Rogers, 2013, p. 222).**  *“I guess what I’m saying is that [the refuge staff] probably don’t name it, but that they don’t reply to you or that they don’t return your call or they just say, oh no that would be really difficult. Or, actually we’re full. When the All Wales Domestic Abuse Helpline is saying they’ve got three spaces.” Service provider* **(Harvey et al., 2014, p.30).**  *“Case example: a trans woman seeking refuge within the past year*  *A trans woman was living with her abusive partner, but didn’t feel she could leave because she didn’t have enough money to set up home by herself, and didn’t want to disclose the domestic abuse to the local authority in order to get housing. The physical and sexual violence were getting “out of control” but she still didn’t want to report it to the police. Initially she didn’t want to go to refuge either, but eventually agreed to. Her support worker called “several refuges before I actually got a refuge to accept her.” The support worker asked the refuges first if they had space, was told that they did, and then asked if they would accept a trans woman. “Some of them said, ‘Oh I’ll have to get back to you’ and they didn’t get back to me and then others said ‘Well no, that would be a bit difficult for us.’”* **(Harvey et al., 2014, p.31).**  *“The rates at which trans people access LGBT+ specialist or trans advocacy services vary from 3% to 8% for services based outside of London and from 10% to 14% for those based in London. In contrast, domestic abuse services record less than 1% of all clients identifying as trans. This difference suggests that like gay and bi men, trans survivors are considerably more likely to access LGBT+ specialist services over other domestic abuse support because they may be (or fear) being denied support due to gaps in policy, anti-trans prejudice, or they could be turned away because of their gender history****.”* (Magic and Kelley, 2019, P.8-9).**  *“There is an extra issue for [both trans and lesbian service users] that other women don’t have, and even though they’re living in refuge accommodation with other women, that doesn’t mean other women are going to accept them because the whole patriarchy system makes us believe that women should be this and men should be this.”* **(Stonewall and NFPSynergy, 2018, p.14).**  *“Do refuges accept individuals from the transgender community? And if they do, how will other people that live in the refuge react? Will you be accepted or will you be discriminated against? Are you strong enough for all of this? There’s so much to think about.” Suzie\*, Trans survivor of domestic abuse* **(SafeLives, 2018, p.37)**  *“One participant recalled an occasion where another service user bullied and physically attacked a trans survivor. Participants were clear that they do not tolerate bullying or violent behaviour and are experienced at dealing with this, and were keen to ensure that trans women fleeing violence do not arrive in a space where they are further victimized. the other women told me that another woman was basically physically abusing the transgender woman in the refuge... When I talked to the transgender woman I said I know this is happening, why haven’t you said anything to me. And she said to me because I want to be safe and I don’t want to leave the place and nobody is going to take me in any other place, and I said but you’re not going to leave, you need to talk to me. And it was a big issue and she said this is the only place I’ve been able to get because I’ve been rejected everywhere in the refuge accommodation and this is the only place I got and that’s why, if I have to accept this from the other women in the refuge that’s ne because at the end of the day I know the staff and you are helping me and supporting me and that’s fine. And I said no, that’s not fine, that is absolutely not fine.”* **(Stonewall and NFPSynergy, 2018, p.15).**  *“I’ve certainly had women whose perpetrator would go to the nth degree. I’m also very clear that I’m not conflating trans women with perpetrators. Do you know what I mean? I don’t think trans women are any more likely to perpetrate [violence] than the general population. What I do think is that perpetrators are very, very acute and good at being able to use their context to continue to abuse I have a lot of experience with perpetrators using the law against victims. We see perpetrators trying to use the Freedom of Information and Data Protection Act to further perpetrate, and this is a very serious issue in the [domestic violence] world, so it shouldn’t be taken lightly. I think the media portrayal of ‘Oh, I can’t have a man going into the women’s toilets’ is largely nonsense, but what they need to be taking seriously is there’s perpetrators who are using the Freedom of Information laws and the access to their les and that kind of thing in order to continue to perpetrate, and also using family courts, the legal structures in the family courts. So this is a very real abuse of power, abuse of legislation that should be taken into consideration.”* **(Stonewall and NFPSynergy, 2018, p.18).**  *“I think that some organisations may use that to withhold transgender clients coming into their service because my clients have reported that back to me, that they’ve had a lot of doors closed in their face. And obviously, they say they don’t fit the criteria for a male service”* **(Stonewall and NFPSynergy, 2018, p.20).**  *“On the ground level, my clients experience so much prejudice. They still experience closed doors, they still experience so much questioning, suspicion. Are they a perpetrator dressed up as female? ... [What] gets forgotten amongst all these prejudices is actually, these are victims of domestic abuse, that they will have already experienced another level of abuse because of their gender status, and that they are much, much more vulnerable.”* **(Stonewall and NFPSynergy, 2018, p.24).**  *“I do understand the desire and need for ‘women’s only’ spaces (where they include trans\* women), and it is therefore not the fact that I was excluded from this service which has undermined my opinion of this and other similar services. What has led to my negative perception of this service is the way in which I was suddenly dropped as a service user, when I was at a point in my life where I was at risk of suicide due to the upcoming trial of the man who abused me*” **(Rogers, 2013, p.219).**  *Thirty-nine respondents commented on the proposed changes to the Gender Recognition Act as a perceived threat to women-only spaces. While some respondents recognised a need to be accepting and welcoming of trans women into women-only spaces, others said this had resulted in them feeling unsafe and vulnerable to potential abuse… “Access to female only spaces such as refuges, rape crisis centres, womens’ prisons is being jeopardised by the possibility that biological males can access them solely by self-identifying as female. This is unacceptable and unsafe.” Woman, sexual orientation not given, 35-44, London* **(Government Equalities Office, 2018, p.54)**  *“I think barriers are fear of service providers, and fear of (other) clients... we spoke to someone from (city) university... they said most trans women thought that refuges were just for ‘women’, born women, and that they absolutely feared transphobia and then [they had] this idea that you had to have kids. Almost like the ultimate proof of being a born woman. It’s almost like there’s this club that they don’t belong to.”* **(Rogers, 2013, p.225)**  *“There is also the pervasive idea that a perpetrator might don a dress and attempt to access refuges (which, to my knowledge, has never happened anywhere in the world- and also, service providers deliver services to lesbian and bisexual women, whose female partners could also technically access the same service; they deal with this effectively through risk assessment procedures.” DA professional* **(Harvey et al., 2014, p.45).** |
| **THE ROLE OF SOCIAL SUPPORT** | 1. Social Support 2. Lack of Social Support 3. isolation from LGBTQIA+ community and services | 12  (II, IV, V, VI VII, VIII, IX, X XII, XIII, XIV, XVI) | *“I don’t talk to organisations. I talk to individuals who I know. There isn’t organisations out there to help. To be honest, see if you get a crisis like that, it’s an immediate thing. It’s immediate, you need help... where do you seek help immediately? It’s not there, it just isn’t there... If it had really came to it I think I would’ve phoned the Samaritans... Mainly because they’re the biggest organisation that’ll sit and listen.”* **(Roch, Morton and Ritchie, 2010, p.29).**  *“Sarah articulated the potential of trans people to live successful lives within their community settings, but noted how this could be enhanced with additional social and emotional support to address the negative ideation that many trans people hold: “They can do it, but what they miss is the opportunity to have counselling, or to meet other people who can mentor them and get them to accept themselves because so many of them don’t accept themselves and feel bad and it is difficult. You do get conditioned into thinking that you are in some way inferior.”* **(Rogers, 2013, p.219-220).**  *“Our study has found that when LGB and/or T relationships are going wrong, informal sources such as friends and individualised sources of help such as counselling/therapy are preferred; yet, the latter often treats relationship experiences as an individual or relational problem, rather than reflecting a wider social problem.”* **(Nixon, Donovan and Hester, 2014, p.42).**  *“Just over half of the respondents had contacted a friend, relative, neighbour or colleague. Almost a fifth of respondents only told a friend and did not access any support services. Almost a quarter of respondents did not contact anyone. The most common type of services contacted were general counselling services. Only seven percent of respondents contacted specialist domestic abuse services.”* **(Roch, Morton and Ritchie, 2010, p.26).**  *“I suppose my social circle had shrunk through my 30s and I think that was in part to do with my own sense of confusion, feeling that I... wasn’t being true, I wasn’t reflecting who I was.”* **(Roch, Morton and Ritchie, 2010, p.28).**  *“Other controlling behaviours experienced were in relation to access to money, friends and family. By doing this, abusive partners can isolate their partners from supportive social circles. As a result, those experiencing abuse are less likely to acknowledge it as abusive or have the confidence to seek advice and support services.”* **(Roch, Morton and Ritchie, 2010, p.13).**  *“I tend to keep away from the groups now. I’ve moved since, and now only a few choice friends [in the area] know about my transgender background.”* **(Roch, Morton and Ritchie, 2010, p.30).**  *“You don’t want to stand up and say, well, I went through all this and I am different. Your whole point is not to be different! And this is where my friend x, she’s having great, great difficulty, because she’s got this void... she was wanting to get away from the transgender community altogether... but to do that, she has to break away from all her friends, the ones that are going to be there to support her whatever goes wrong.”* **(Roch, Morton and Ritchie, 2010, p.30).**  *“Nonjudgmental acceptance and support were highly valued by many participants, specifically with regard to sexuality and/or gender: “My cat doesn’t judge me for my outfit or who I fall in love with. Often when I am mentally and emotionally struggling or very upset my cat will come and find me, sit with me and calm me. (ID #298, trans, nonbinary, pansexual) I had a close relationship as a child and young person with the family dog. Perhaps in some ways she alleviated some of the aloneness.”” (ID #25, trans, nonbinary gender, pansexual)* **(Taylor et al., 2019, p.1105).**  *“I was kicked out of a LGBT support organisation for bringing up concerns of my trans friends.” Nora, 35 (South East)* **(Stonewall and YouGov, 2018, p12).**  *“I believe very strongly that many LGBTQ spaces are not welcoming to people of colour, older trans people and visibly disabled people, and have heard many testimonies to this effect e.g. fetishization, rude comments, not being allowed into clubs by door staff, not having events that cater to your needs, being misgendered or assumed to be heterosexual.” Sylvia, 20 (South East)* **(Stonewall and YouGov, 2018, p12).**  *“provide support to trans people before they’re ‘ready’ – i.e. until they feel other service users and staff would feel comfortable with it”* ***(Rogers, 2013, p.220).***  *“I find that the gay village can be incredibly transphobic. I have been groped in bars because people wanted to 'see if I had the parts'. This makes me feel unsafe and I don’t enjoy going out.” Luca, 22 (North West)*  *“There are no gender-neutral toilets in most LGBT bars I visited.” Harper, 40 (West Midlands)*  *There was evidence of transphobic abuse and discriminatory attitudes against trans people in some of the responses to this study:*  *“I am becoming very tired indeed of the list of initials which keeps being added to the initial G. We shall be having one for gay disabled dwarves next.” Edwin, 76 (South East)*  *“Whilst I try to be sympathetic to trans issues, they are not my issues and I don't see why I should be othered, judged or discriminated against for not espousing the trans cause or embracing transexuals as part of my community.” Stanley, 34 (Scotland)*  *“I am ashamed to say that I do not like the inclusion of trans people in LGB politics.” Abigail, 58 (Scotland)* **(Stonewall and YouGov, 2018, p14).**  *“[There is] a tendency to instead signpost trans people onto ‘specialist’ LGBT services, which in turn often don’t have much knowledge or services around trans issues in comparison to the support on offer for people who identify as gay or lesbian. Relating to this is a reluctance amongst services to provide support to trans people before they’re ‘ready’ – i.e. until they feel other service users and staff would feel comfortable with it, or until they feel they have enough training around trans issues. I’ve come across the excuse in a specialist LGBT service that the reason they hesitated for so long to expand their services to trans people was because they didn’t want the addition to be tokenistic; they wanted to have something substantial to offer trans people. Whilst I see this as a valid point, it can also be seen as a convenient excuse for exclusion, and for maintaining the status quo.”* **(Rogers, 2013, p.220).**  *“More than a third of trans people (36 percent) have experienced discrimination or poor treatment in their local LGBT community because of being trans”* **(Stonewall and YouGov, 2018, p.5).**  *“One of the major concerns that drives a lot of these fears is the fact that the sector is massively under-resourced to provide services, even with the basic services, and one of the things that is very clear is that specialist services within that for the LGBT+ services and BAME services are the most under-resourced, and so I do think it would be nice to see some more specialist trans and LGBT+ services being funded again because it’s a unique issue and it’s a unique way of experiencing domestic abuse if you’re a trans person or there might be a unique intersecting issue that you might want specific projects for or specific services for.”* **(Stonewall and NFPSynergy report, 2019, p.25).** |

1. The CPS defines ‘Honour-based violence/abuse’ as “a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code” (The Crown Prosecution Service, 2020). [↑](#footnote-ref-1)
2. ‘Deadnaming’ is non-consensually using a trans person’s ‘birth’ or ‘former’ name. Using a trans person’s deadname can make a trans person feel invalidated, and as if their identity is not respected. [↑](#footnote-ref-2)
3. Under the Gender Recognition Act (GRA) 2004 transgender people were afforded legal recognition of their gender through obtaining a Gender Recognition Certificate (GRC), allowing them to get married, have a civil partnership, and to obtain a new birth certificate in their gender identity (Government Equalities Office, 2018, P.221). The 2013 introduction of same-sex marriage (2020 in Northern Ireland) made it possible for an individual to change their gender legally without requiring a divorce. However, gaining the ‘consent’ of their spouse is still a requirement if they want to obtain a GRC. [↑](#footnote-ref-3)
4. ‘Passing’ refers to the ability of a trans person to be correctly perceived as the gender identity that they identify as, and therefore, not to be perceived as a ‘trans person’. [↑](#footnote-ref-4)