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ORIGINAL ARTICLE

Redefining Intimate Partner Violence Beyond the Binary to Include Transgender People

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Abstract Since the mid-1970s, the field of Intimate Partner Violence (IPV) has debated over gender differences in the perpetration of physical partner violence. However, this classical controversy has ignored transgender people since their gender does not seemingly fit the binary categories (male and female) first used to conceptualize IPV. Furthermore, sustained attention on this ceaseless argument has contributed to transgender people remaining invisible to the field of IPV. In this article, we redefine IPV to extend beyond the gender binary and invite the field to shift its focus to transgender people. Research suggests that as many as one in two transgender individuals are victims of IPV, but that multiple barriers prevent this group from acquiring protection that is afforded to others. Therefore, we propose that researchers direct their attention to this topic, and thus, inform police officers, victim advocates, and medical professionals who work directly to combat IPV for all.

Keywords Transgender · Gender identity · Gender binary · Intimate partner violence · Domestic violence

In the mid-1970s, a controversial debate began over gender differences in the commission of Intimate Partner Violence (IPV) (Dutton 2006; Straus and Gelles 1986). Since then, the discourse has viewed gender solely from a binary perspective, assuming perpetrators and victims of IPV are always male or female, and excluding transgender people. Furthermore, sustained attention on this controversy has contributed to transgender people remaining among the most impacted by IPV (Brown and Herman 2015; Courvant and Cook-Daniels n.d.; National Coalition of Anti-Violence Programs [NCAVP], 2013).

In this paper, we redefine IPV to extend beyond the gender binary and encourage the field to shift its focus from gender differences to transgender people. We first discuss the prevalence and experiences of IPV among this group, as well as consequences for having been neglected by researchers and professionals. The problems with the existing literature on this topic are also highlighted. Finally, we identify the need for more research about transgender IPV and explore the implications for having a more informed community of professionals.

Throughout this paper, the term, transgender, is used broadly to describe any individual who does not identify with the gender they were assigned at birth.

Prevalence and Experiences

While researchers debate over whether men or women perpetrate IPV more often, it's clear that alarming rates of IPV exist for transgender people, resulting in higher incidences of IPV overall. In a review of available research, Brown and Herman (2015) cited the lifetime prevalence as between 31.3 and 50 % for IPV among transgender people. In particular, three studies reported lifetime prevalence of IPV and sexual assault among transgender people as between 25 and 47 % (Brown and Herman 2015). A different study, which compared transgender to cisgender (non-transgender) people, reported that 31.1 % of transgender people had experienced IPV, compared

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to 20.4 % of cisgender people (Langenderfer-Magruder et al. 2014). And in the National Transgender Discrimination Survey (NTDS), which included more than 6000 transgender people, 19 % of participants reported being subjected to domestic violence, including partner violence, because of being transgender (Grant et al. 2011).

Some may argue that there is no reason to specifically focus on transgender people as IPV occurs similarly across populations. However, several authors suggest that IPV manifests differently for transgender people (FORGE 2011; White and Goldberg 2006). The types of abuse (physical, emotional, sexual, and/or financial) that occur in IPV among cisgender people occur in relationships that include a transgender person. But, in addition, an abusive cisgender partner may target vulnerabilities unique to transgender people and use these to dominate and control the individual (Brown 2011). For instance, the abuser may threaten to disclose the transgender individual's gender identity or birth-assigned sex to others who may respond negatively, such as employers or family members (FORGE 2011; White and Goldberg 2006). Likewise, an abuser can withhold finances that are necessary for transgender-specific medical services (e.g., hormones and surgeries) or items for expressing their authentic gender identity (e.g., clothing, wigs, make-up, and chest binders) (FORGE 2011; White and Goldberg 2006). Gender-specific body features, such as chests and genitals, are also often central to abuse. An abuser may insult the transgender person's unwanted features, such as those associated with their birth-assigned sex, and they may refer to these as reasons the transgender person isn't a "real" woman or man (FORGE 2011). Even more, gender-specific body features are often targeted during physically violent incidents (White and Goldberg 2006).

Community Response

High prevalence rates and unique abuse dynamics suggest the urgency to focus on IPV directed toward the transgender population. But instead, the professional community, which includes police officers, victim advocates, and medical providers, remains uninformed and insensitive to transgender people (Goodmark 2013; Greenberg 2012). As a result, transgender victims are less likely to seek services, and when they do, they are usually discriminated against, and in some cases, further victimized (Brown 2011; Grant et al. 2011). Thus, the relief provided to other IPV victims is not available to transgender people.

Police officers are commonly the first point of contact when IPV victims seek support. However, transgender people generally don't receive protection when they call upon police officers for help (Goodmark 2013). In fact, the NTDS reported that 22 % of transgender people had been harassed by police, 6 % had been physically assaulted, and 2 % had been sexually assaulted (Grant et al. 2011). Another study found even more concerning statistics that 66 % of transgender women had been verbally abused by police, 21 % physically assaulted, and 24 % sexually assaulted (Galvan and Bazargan 2012). The possibility of being discriminated against, and even victimized, has led transgender people to be less likely to turn to police for assistance (Grant et al. 2011; Greenberg 2012; NCAVP 2011). Therefore, police officers act as a barrier to safety for transgender IPV victims rather than a source of support.

Victim advocates and shelters are also places of refuge for IPV victims, but these do not provide safety for transgender people like they do for cisgender women (Greenberg 2012). According to the NTDS, when transgender people accessed domestic violence shelters or programs, 6 % received unequal treatment, 4 % were verbally harassed or disrespected, and 1 % was physically assaulted (Grant et al. 2011). Similar reports were made about rape crises centers: 5 % received unequal treatment, 4 % were verbally harassed or disrespected, and 1 % was physically assaulted (Grant et al. 2011). Transgender people may avoid services for fear of such negative experiences. In addition, many shelters maintain policies that exclude transgender people, incorrectly assuming that transgender women pose threat to cisgender women, rather than being vulnerable victims (Greenberg 2012). Some shelters assert inclusion of transgender people, but require individuals to have undergone trans-related medical interventions, and they further victimize individuals by conducting invasive body examinations (Namaste 2000). Due to these discriminatory policies and negative experiences, transgender people may choose to go without shelter services, even if that means continuing to reside with a violent partner.

Medical services are also an essential component for many IPV victims. But, in general, transgender people face discrimination when they seek help from medical professionals (Greenberg 2012). In the NTDS, 24 % of transgender women were denied equal treatment by doctors or hospitals because of being transgender (Grant et al. 2011). Pervasive experiences of discrimination have led the transgender population to generally distrust medical professionals and avoid services (Greenberg 2012). Therefore, transgender IPV victims are deprived of necessary medical interventions provided to others, which could have devastating lifelong consequences.

It's apparent that transgender people avoid seeking help from the professional community as they know services are not suited for them. In essence, many transgender IPV victims choose between remaining in a violent partnership and accessing discriminatory services. By continuing to neglect transgender people, the field of IPV is withholding safety and security for transgender IPV victims. At the same time, there is potential to educate community professionals to reverse this trend.

Research Limitations

The neglect of transgender people in the field of IPV is just as apparent in research as the professional community. In a review of available research, Brown and Herman (2015) found only seven studies which addressed the topic of transgender people and IPV. These studies offer a glimpse into transgender people's experiences of IPV. But even more, their findings suggest the need for additional research. To develop effective strategies for studying transgender people and IPV, the seven studies identified by Brown and Herman (2015) are reviewed.

LGBTQ Studies

Transgender people are commonly included in research with lesbian, gay, bisexual, and queer individuals since they all fall under the broader LGBTQ umbrella. This was the case in four of the seven studies reviewed by Brown and Herman (2015). Turrell (2000) surveyed 499 LGBT participants about their use of IPV resources, and 1 % ($N = 7$) identified as transgender women. In another study of IPV among LGBT people, Hester and Donovan (2009) surveyed 800 participants, and 0.6 % ($N = 5$) identified themselves as transgender in relation to "gender" (p. 168). When transgender people are so grossly underrepresented in LGBTQ samples, as was the case for these studies, no conclusions can be drawn specific to transgender people and IPV.

Also, in the latter study, researchers noted that an additional 11 participants identified as "other" in relation to "sexuality," and all except one of these individuals identified their "gender" as female (Hester and Donovan 2009, p. 168). This raises an additional concern for including transgender people with lesbian, gay, bisexual, and queer participants, given the differences between sexual orientation and gender identity. To clarify, gender identity describes a person's internal sense of being a man, woman, genderqueer, or some other variation of gender; sexual orientation is separate and refers to the romantic, physical, and/or sexual attraction one has towards others (Lev and Sennott 2012). Accordingly, researchers must avoid conflating sexual orientation and gender identity when studying the LGBTQ community. In addition, questions, including those to assess sexual orientation and gender identity, should yield valid and reliable data from diverse participants.

In contrast to the previously-discussed LGBTQ studies, Landers and Gilsanz (2009) reported relatively strong representation of transgender people in their study of health disparities between LGBT and heterosexual people. Transgender participants made up 3.3 % ($N = 52$) of the 1598 participants in the sample. Results revealed that 34.6 % of transgender participants, compared to 13.6 % of cisgender participants, reported ever being "threatened with physical violence by an intimate partner" (p. 11). Given the notable presence of transgender participants, this study contributes evidence that IPV is more common among transgender people. However, its data about IPV is limited to physical violence as researchers did not assess for other types of IPV, including emotional, sexual, and financial abuse.

Transgender people were even more visible in a study which sought to compare the lifetime prevalence of IPV among transgender and cisgender people (Langenderfer-Magruder et al. 2014). Transgender participants made up 10.7 % ($N = 122$) of the 1139 participants, and a phi correlation revealed a statistically significant relationship between gender identity and IPV ($r = .08$, $p = .0006$). Furthermore, a chi-square analysis revealed a statistically significant difference between lifetime IPV among cisgender (20.4 %) and transgender (31.1 %) participants, $\chi^2(1, N = 1139) = 7.52$, $p = .006$. Due to the relatively large number of transgender participants, this study further confirms the commonness of IPV against transgender people with empirical support. However, as in the previous study, participants were only asked whether they had ever experienced IPV. Hence, these studies suggest the need to add questions to assess for IPV.

Transgender-Focused Studies

Three of the seven studies reviewed by Brown and Herman (2015) focused exclusively on transgender people (Brown and Herman 2015). For instance, Clements, Katz, and Marx (1999) surveyed a total of 515 transgender individuals, including 392 transgender women and 123 transgender men. In their study, 37 % of transgender women and 27 % of transgender men reported experiencing physical abuse in the past 12 months. Of participants who endorsed recent abuse, 44 % of transgender women and 30 % of transgender men reported abuse by a partner. As noted in other studies, data collected about IPV for this study was limited because the researchers' primary focus was HIV risk, not IPV. So while this study adds evidence that physical abuse against transgender people is especially common, it does not elaborate further. In another study which focused on HIV prevention and transgender people, researchers found that 50 % of the 67 participants (all transgender women) reported experiences of IPV (Risser et al. 2005). But like the previous study, IPV was not assessed beyond participants' endorsement of having experienced it or not.

The main limitations found in research on transgender people and IPV, including underrepresentation among LGBTQ samples and insufficient questioning about IPV, are remedied in the following study. Roch, Morton, and Ritchie (2010) surveyed a group of 60 transgender and gender-variant individuals about their experiences of IPV. The sample comprised 46.7 % ($N = 28$) transgender women, 31.7 % ($N = 19$) transgender men, and 21.7 % ($N = 13$) other gender-variant. Results showed that IPV is even higher among transgender

people than suggested by other studies. To assess prevalence, participants were asked about specific behaviors considered abusive, and 80 % of the sample endorsed at least one type. However, when participants were simply asked whether they had ever experienced IPV, similar to questions posed by other researchers, only 60 % endorsed experiences of abuse. So, from this finding, it's clear that data about IPV among transgender people is more accurate when participants are given the opportunity to endorse (or not) specific experiences of abuse, rather than respond to general questions about IPV.

Since Roch, Morton, and Ritchie (2010) assessed different types of IPV, they came across a finding not reported in other studies. That is, "transphobic emotional abuse," described as abuse which targets transgender-specific vulnerabilities, was by far the most common abuse reported, endorsed by 73 % of participants. Once again, it's evident that various abusive behaviors and tactics need to be assessed when studying transgender people and IPV.

It's puzzling that transgender people continue to be understudied in the field of IPV, especially given the staggering prevalence rates reported by researchers. With reference to gender, the field has only continued to conduct research to refute alternative positions in the debate over gender differences in perpetrators, rather than examine a population particularly vulnerable to IPV. And even more important, by neglecting to research IPV among transgender people, community professionals remain without guidance to shield transgender victims from violence.

A Resolution for All

To resolve its neglect of transgender people, the field of IPV must take the following steps:

1. IPV must be re-conceptualized to extend beyond the gender binary. This dichotomous construction is useful for understanding IPV among some, but by default, it discriminates against transgender people.
2. Research studies of IPV should collect participants' gender identities that exist outside the binary, such as listing "transgender," "gender-variant," and "other" as options for gender categories. Furthermore, transgender participants can be identified by asking all participants to report their "gender assigned at birth" and "current gender identity."
3. When transgender participants are included in research of LGBTQ IPV, researchers must ensure that transgender people are adequately represented in their samples. As well, research methodology and conclusions should demonstrate an understanding of the distinction between transgender people and others in the LGBTQ community.
4. Transgender people should be a focus of IPV research efforts, and investigators must assess for the various types of IPV experienced by transgender people, including those unique to the population.
5. Most importantly, the primary objective of increased research must be to inform, promote, and generate legislation, policies, and procedures that direct community professionals to effectively protect transgender people.

With a surge of research to improve competency in the field, transgender people may more often report IPV, access services, and leave violent partnerships, therefore contributing to a decline in IPV. However, not everyone may respond favorably to these recommendations. Transgender people are commonly misunderstood and professionals may fear that caring for this group could jeopardize the safety of other victims. However, misconceptions like this have no empirical support and lead to discrimination against transgender people. The field may also be reminded of its mission to end IPV for all. To equally promote protection for all IPV victims, the field must redefine IPV to extend beyond the gender binary and to include transgender people.

References

Brown, N. (2011). Holding tensions of victimization and perpetration: Partner abuse in trans communities. In J. L. Ristock's (Ed.), *Intimate partner violence in LGBTQ lives* (pp. 153–168). New York: Routledge Publishing.

Brown, T.N.T., & Herman, J.L. (2015). *Intimate partner violence and sexual abuse among LGBT people: A review of existing research*. Williams Institute, UCLA School of Law. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Intimate-Partner-Violence-and-Sexual-Abuse-among-LGBT-People.pdf.

Clements, K., Katz, M., & Marx, R. (1999). *The transgender community health project*. San Francisco: University of California San Francisco.

Courvant, D., & Cooks-Daniels, L. (n.d.). Trans and intersex survivors of domestic violence: Defining terms, barriers, & responsibilities. *Survivor Project*. Retrieved from http://www.survivorproject.org/defbarresp.html.

Dutton, D. G. (2006). *Rethinking domestic violence*. Toronto: UBC Press.

FORGE. (2011). *Transgender domestic violence and sexual assault resource sheet*. Retrieved from http://www.avp.org/storage/documents/Training%20and%20TA%20Center/2011_FORGE_Trans_DV_SA_Resource_Sheet.pdf.

Galvan, F.H., & Bazargan, M. (2012). *Interactions of Latina transgender women with law enforcement.* Williams Institute, UCLA School of Law. Retrieved from http://williamsinstitute.law.ucla.edu/wp-content/uploads/Galvan-Bazargan-Interactions-April-2012.pdf.

Goodmark, L. (2013). Transgender people, intimate partner abuse, and the legal system. *Harvard Civil Rights – Civil Liberties Law Review, 48*(1), 51–104.

Grant, J. M., Mottet, L. A., Tanis, J., Harrison, J., Herman, J. L., & Keisling, M. (2011). *Injustice at every turn: A report of the national transgender discrimination survey.* Washington, DC: National

Center for Transgender Equality and National Gay and Lesbian Task Force.

Greenberg, K. (2012). Still hidden in the closet: trans women and domestic violence. *Berkeley Journal of Gender, Law & Justice, 27*(2), 198–251.

Hester, M., & Donovan, M. (2009). Researching domestic violence in same-sex relationships – a feminist epistemological approach to survey development. *Journal of Lesbian Studies, 13*(2), 161–173.

Landers, S. & Gilsanz, P. (2009). *The health of lesbian, gay, bisexual, and transgender (LGBT) persons in Massachusetts: A survey of health issues comparing LGBT persons with their heterosexual and non-transgender counterparts*. Massachusetts Department of Public Health.

Langenderfer-Magruder, L., Whitfield, D.L., Walls, N.E., Kattari, S.K., & Ramos, D. (2014) Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado: Comparing rates of cisgender and transgender victimization. J Interpers Violence*,* 1–17. doi: 10.1177/088626051455676

Lev, A. I., & Sennott, S. (2012). Understanding gender nonconformity and transgender identity: A sex-positive approach. In P. J. Kleinplatz (Ed.), *New directions in sex therapy: Innovations and alternatives* (2nd ed., pp. 321–336). New York: Taylor & Francis.

Namaste, V. K. (2000). *Invisible lives: The erasure of transsexual and transgendered people*. Chicago: The University of Chicago Press.

National Coalition of Anti-Violence Programs (NCAVP). (2011). *Hate violence against lesbian, gay, bisexual, transgender, queer and HIV-affected communities in the United States in 2010.* Retrieved from http://www.avp.org/storage/documents/Reports/2012_NCAVP_2011_HV_Report.pdf.

National Coalition of Anti-Violence Programs (NCAVP). (2013). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in 2012*. Retrieved from http://www.avp.org/storage/documents/ncavp_2012_ipvreport.final.pdf.

Risser, J. M. H., Shelton, A., McCurdy, S., Atkinson, J., Padgett, P., Useche, B., Thomas, B., & Williams, M. (2005). Sex, drugs, violence, and HIV status among male-to-female transgender persons in Houston, Texas. *International Journal of Transgenderism, 8*(2–3), 67–74.

Roch, A., Morton, J., & Ritchie, G. (2010). *Out of sight, out of mind?: Transgender people's experiences of domestic abuse.* LGBT Youth Scotland & Equality Network.

Straus, M. A., & Gelles, R. J. (1986). Societal change and change in family violence from 1975 to 1985 as revealed by two national surveys. *Journal of Marriage and Family, 48*(3), 465–479.

Turrell, S. C. (2000). Seeking help for same-sex relationship abuses. *Journal of Gay and Lesbian Social Services, 10*(2), 35–49.

White, C., & Goldberg, J. (2006). Expanding our understanding of gendered violence: violence against trans people and their loved ones. *Canadian Women's Studies, 25*(1–2), 124–127.