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PHD CANDIDATE

Aaron Sylvian is a PhD candidate at CQUniversity. His proposed research focuses specifically on the Australian transgender experience of intimate partner violence. In 2020, Aaron graduated from the University of New England with a Bachelor's degree in Criminology, receiving the Vice-Chancellor's Award for Academic Excellence. He is soon to graduate from CQUniversity with a post-graduate Certificate in Research. The following research question guides his research project: What are Australian transgender people's experiences of IPV?

Introduction

The majority of research on intimate partner violence (IPV) does not include the voices of transgender people. The Australian Human Rights Commission [AHRC], (n.d., para. 16) defines transgender as "an umbrella term for people whose gender identity is different to that which was legally assigned to them at birth." Transgender individuals remain voiceless and invisible in studies on IPV. A literature review reveals a dearth of research studies exploring the experiences of IPV in transgender relationships in Australia. This article will begin by discussing the issue of how IPV is framed. Then it will highlight the lack of research concerning IPV in transgender relationships in Australia and the absence of transgender population data before moving on to consider the impact of publicly acknowledging IPV in transgender relationships. The unavailability of domestic violence support services, conflict with the police, underreporting of IPV, and finally, the differences in type and rates of IPV experienced across the lesbian, gay, bisexual and transgender (LGBT) subgroups will be examined.

Sexual orientation or gender identity?

IPV can happen in every type of relationship. Unfortunately for the LGBT community, IPV has been framed through a gender-based lens (Subirana-Malaret et al., 2019). As a gender-based paradigm, IPV typically equates to a cisgender man abusing a cisgender woman. Cisgender is defined by The AHRC (n.d., para. 4) as "people who identify their gender in the same way as was legally assigned to them at birth." Researchers need to reframe the issue from a heteronormative viewpoint and consider the similarities and differences between IPV experienced by the LGBT community and heterosexual relationships. Although researchers are progressively studying IPV among LGBT people, the focus has been on sexual orientation rather than gender identity (Langenderfer-Magruder et al., 2016). However, this body of research fails to explore how transgender experiences may differ from other LGB individuals (Barrett & Sheridan, 2017). Eight years ago, Goodmark (2013) remarked that transgender voices are absent from research studies on IPV in LGBT communities. Nearly a decade later, current research on IPV still fails to consider the experiences of transgender individuals (Workman & Dune, 2019).

Messman and Leslie (2019) stress that framing the issue of IPV in transgender relationships is impossible when studies about IPV exclude transgender people. Only a handful of studies have explicitly addressed IPV in transgender relationships, with most of these limited studies undertaken in the United States, Canada, and the United Kingdom (Cook-Daniels, 2015; Barrett & Sheridan, 2017; Roch et al., 2010). In contrast to other countries, Australian researchers have neglected to study the transgender experience of IPV.

The transgender IPV research vacuum


A recent literature review has revealed negligible empirical studies of IPV experiences in Australian transgender relationships. Although researchers have recently published articles on transgender health and well-being (ACON, 2019; Bretherton et al., 2021; Zwickl et al., 2019), sexual health (Rosenberg et al., 2021), suicidality (Zwickl et al., 2021), attitudes toward policing (Miles-Johnson, 2016), and the position of Indigenous transgender people (Kerry, 2014), there remains little research on IPV in transgender relationships in Australia. Campo and Tayton (2015) tried to address this issue with their Australian report on IPV in LGBT communities, but the report failed to convey the transgender voice. Researching IPV without transgender inclusion reinforces the heteronormative and cisnormative model and neglects the specific needs of transgender individuals (Brown, 2007; Goldenberg et al., 2018). However, global research data, albeit usually geographically limited, can help provide essential insights (Rogers, 2021). Notably, most studies agree that transgender people are more likely than heterosexuals or other sexual minorities to be physically, sexually, and psychologically abused by their romantic partners (Langenderfer-Magruder et al., 2016). The lack of research into the experiences of IPV in Australian transgender relationships makes my PhD research study timely and essential.

An absence of population data

Population data is critical for policymaking, planning, and research endeavours (Wilson et al., 2020). Wilson et al. (2020) maintain that demographic data can provide visibility and voice to underrepresented groups, guide resources, allow for advocacy, and counter misinformation and stereotypes. Stephenson and Hayes (2021) note that presently in Australia, we do not know how many people identify as LGBT, where they live or have any information about their health, economic standing, or relationships. Moreover, transgender population-based statistics are unavailable as there are no questions about gender identity included in the Australian Bureau of Statistics Census (Department of Health and Human Services, 2014). However, to capture the diversity of the transgender sub-group, the census must ask the right questions if we are to make accurate estimates of the number of transgender people in Australia (Carman et al., 2020). Taylor (2021) laments that the August 2021 Australian census, once again, failed to capture this vital information. Researchers will have to wait another five years to access this information as only the census can reliably collect this data (Churchill, 2019). In the meantime, researchers and advocates are currently unable to develop policies and programs that serve the transgender community and are limited in understanding this population's needs.

The nature of IPV in transgender relationships

Studies of IPV in transgender relationships require consideration of certain factors. Transgender people may fear that acknowledging IPV in their relationships will





pathologise transgender relationships as inherently unhealthy and abnormal (Barrett & Sheridan, 2017). Additionally, there may be concerns that public acknowledgement of IPV by transgender perpetrators will reinforce negative stereotypes (Barrett & Sheridan, 2017). American research studies have also revealed IPV experiences distinctive to transgender relationships (Brown 2011; Goodmark 2013; Tesch & Bekerian, 2015). For example, Quinn (2020) claims that some of the unique ways transgender people are abused by their partners are debasing their identity, refusing to use correct pronouns, and attempting to control their gender expression. Dolan and Conroy (2021) observe that another way transgender people experience IPV is through the threat of having their transgender status revealed without their consent, also known as 'outing.' Outing causes a myriad of problems for a transgender person. It can lead to issues with employment, housing, and finances, resulting in humiliation, isolation, disempowerment, and greater dependency on the abusive partner (Dolan & Conroy, 2021). Barrett and Sheridan (2017) also note two hazardous stages that increase the likelihood of IPV for transgender people. These are when a transgender person first tells their partner that they are transgender and, secondly, when they begin the process of medically transitioning (Barrett & Sheridan, 2017).

Barriers to service access

It is also essential to recognise the unique barriers faced by transgender individuals in accessing service provision support. Munson and Cook-Daniels (2020) indicate that transgender individuals are underserved by domestic violence support services. Even when transgender survivors desperately need help, they hesitate to contact local shelters due to fear of discrimination and violence (Bornstein et al., 2006). Moreover, the needs of transgender people are poorly understood, and there is a lack of sensitivity training for shelter employees (Fraser et al., 2019). Tesch (2020) claims that transphobic behaviour is prevalent in IPV shelters from employees and cisgender survivors living at the shelters. Munson and Cook-Daniels (2020) also contend that transgender people do not fit the stereotypical image of 'victim' as held by IPV shelters. Most facilities place people based on their gender (Mottet & Ohle, 2003). In the men's shelter system, transgender men face potential violence, while in the women's shelter system, they face the degradation of hiding their identities as men to access services that may better suit their needs (FTM Safer Shelter Project Research Team, 2008). Additionally, the likelihood that a transgender woman will experience violence in a shelter is nearly two and a half times greater than a cisgender woman (National Coalition of Anti-Violence Programs [NCAVP], 2018). A recent study recounted a story of a transgender man who, after experiencing physical abuse, claimed he could not find any emergency accommodation due to his transgender status (Strauss et al., 2017). Walker (2015) confirms that inadequate resources are one of the biggest obstacles transgender people face when seeking help. Mottet and Ohle (2003) suggest that with some minor policy and procedure changes, shelters can become safer places for transgender people while ensuring the privacy and safety of all residents.

Relationship with policing

There is a long history of conflict between transgender people and the police, resulting in widespread distrust, leaving transgender people resistant to reporting IPV (Greenberg, 2020).




Cummings (as cited in Miles-Johnson, 2015) believes that Australian transgender people presume any interaction with the police will involve suspicion, mistrust, and expectation of police brutality. The 2007 Tranznation Report by Couch et al. found that just over 18% of survey participants had reported crimes committed against them to the police. Of that 18%, a third reported being treated disrespectfully by the police. The 2015 United States transgender survey found that police had mistreated 58% of the respondents in the past year (James et al., 2016). When victims of a crime, transgender people view police significantly more negatively than their cisgender counterparts, leading to a reluctance to ask for police assistance (Dario et al., 2020). Miles-Johnson (2015) states that transgender people are among the most persecuted groups in society and are more likely to be mistreated by the police. Accordingly, Miles-Johnson (2013) claims that transgender people deliberately avoid police interactions. In an extensive online survey of LGBT Victorians conducted in 2020, 76% of those surveyed did not feel safe disclosing their gender identity or sexual orientation to the police (Victorian Pride Lobby, 2021). An unwillingness by transgender people to report IPV to the police reinforces the belief that intimate partner abuse does not happen outside of heteronormative relationships (Walker, 2015). The police and transgender groups must work together to mend this rift so that underreporting of IPV does not continue.

Consequences of underreporting

The underreporting of IPV by transgender individuals creates long-term problems for the broader transgender community (Miles-Johnson, 2015). Many LGBT people believe that they are not taken seriously when reporting crimes committed against them to the police (O'Halloran, 2015). ACON (2011) suggests that only one out of every ten LGBT people will report IPV to the police. However, according to the Private Lives study (Pitts et al., 2006), 61.8% of transgender men and 36.4% of transgender women had experienced abuse from an intimate partner. Without empirical knowledge of the types of IPV experienced by transgender individuals, resources and advocacy for transgender people will continue to be constrained and framed by heteronormative paradigms (Workman & Dune, 2019). O'Halloran (2015) remarks that the police referred only 6% of all LGBT people who reported IPV to support services. Nevertheless, legislators, advocates, and service providers are challenged to develop programs that prevent violence and increase support for transgender people due to a lack of in-depth data about IPV in transgender relationships (NCAVP, 2013). In the absence of national data on the prevalence and occurrence of transgender IPV, service providers cannot develop transgender-inclusive services, create violence prevention programs tailored to the transgender community, or accurately evaluate programs to support transgender survivors (NCAVP, 2013). Providing transgender people with support services that acknowledge their experiences and meet their needs is paramount.

Risk and rates of IPV



Differences are noted in the types and rates of IPV experienced across the LGBT subgroups (Sheer et al., 2019). International studies have shown that comparative rates (Turell, 2000) to higher rates of IPV (Langenderfer-Magruder et al., 2016) are experienced in



transgender intimate relationships compared with cisgender and same-sex relationships. Langenderfer-Magruder et al. (2016) also found that transgender women are more likely to experience IPV than transgender men and other members of the LGB community. The National Coalition of Anti-Violence Programs [NCAVP] (2013) reveals that transgender individuals were twice as likely to experience sexual violence in intimate relationships as their LGB counterparts. In an extensive American survey of 27,715 transgender people, James et al. (2016) found that IPV was experienced by 54% of respondents and that 24% had experienced extreme physical abuse from their intimate partner. The LBGTIQ+ Health Australia (2021) snapshot of mental health and suicide prevention statistics reported that compared to 13% of the general population, 53% of transgender people have experienced sexual violence or coercion. There is growing evidence that transgender people are at an increased risk for IPV, and studies like these recommend further research.


Conclusion

As can be seen, there is little research on IPV from the perspective of transgender individuals. Studies published investigating IPV in transgender relationships in Australia are scarce. Researchers are also unaware of how many transgender people reside in Australia due to a lack of population data. Studies on IPV involving transgender individuals warrant further consideration of the unique characteristics found within their relationships. Additionally, domestic violence shelters lack the infrastructure and resources to deal with transgender clients. Due to historical and ongoing friction between transgender people and the police, widespread distrust has developed, resulting in reluctance by transgender people to report IPV. Consequently, IPV is underreported by transgender individuals, which has long-term implications for the broader transgender community. Various studies have shown that transgender people are more likely to experience IPV than cisgender people or same-sex couples. This research study will create new knowledge and amplify the voice of transgender people so they do not remain voiceless or unseen.



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Would you like to know more about this study?

Aaron or his RhD supervisors would be happy to be contacted.

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