

‘TransForming Practice’: understanding trans people’s experience of domestic abuse and social care agencies

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Chapter 1

Introduction: ‘TransForming practice’: understanding trans people’s experience of domestic abuse and social care agencies

1.1 Introduction

This thesis presents the findings of an empirical investigation of trans people’s narratives and their experiences of domestic abuse, their social care needs and whether these are addressed by social care agencies. Trans perspectives are largely absent from social care discourse, in general, and domestic abuse discourse, in particular (Fish 2006; Mitchell and Howarth 2009). Indeed, Mitchell and Howarth (2009: 61) conclude in their review of trans research that ‘there is almost a complete absence of research on accessing social care services for trans people’. By addressing the absence of trans people in discourses of domestic abuse, and highlighting the heteronormative nature of this discourse, I have identified and explored some barriers to social care intervention. In addition, the narratives of domestic abuse practitioners have added further insight to the analysis of professional practice with trans survivors in its current and potential form.

I begin with an overview of terminology which pertains to gender, trans identity and practice. This enables a better understanding of the complexity of trans identity and sets out the discursive parameters which have guided my analysis and discussion. An additional reason for providing clarity about my use of terminology intersects with my epistemological and ontological position as a feminist who employs a social constructionist paradigm. Therefore, I have also set out my ontological position in relation to other concepts central to this work (for example, ‘domestic abuse’ and ‘heteronormativity’).

A rationale for the project follows. This rationale presents a narrative summary of some key influences of my feminist politics. This narrative documents my move

from a feminist position which centres the problem of female oppression to one which encompasses an understanding of gender plurality and acknowledges the complexity and multiplicity of oppressions. This thesis reflects my feminist stance, however, I acknowledge that not all forms of contemporary feminism accept or include trans perspectives. This is summarised in the following extract:

Trans women in particular have historically been, and continue to be, marginalised and discriminated against within feminism, both as a result of widespread ignorance and discriminatory attitudes towards trans people in society as a whole, and due to the specific dismissal of trans rights and identities by some feminist theorists and movement leaders. (The F-Word 2013: online)

There is a diversity of feminisms and some accept trans, some do not. It has been suggested that the debate between trans and feminism is at an impasse (Sanger 2008). However, it is the continual exclusion and objectification of trans people, in general, which has been a driving force throughout this research project. This driving force interconnects with aspects of my personal and professional ethical code; within which are embedded the concepts of equity and social justice. These principles are to be found at the heart of social care practice. Thus, one of the objectives of this work has been to extract, from the narrative accounts of trans-identified participants and domestic abuse practitioners, some recommendations and indications in an attempt to *transform* social care practice.

1.2 Language and terminology

1.2.1 Sex and gender

The subject of language reform has been central to feminist debate since the late 1960s and 1970s and through this feminist discourse, the differentiated meanings of ‘sex’ and ‘gender’ were exposed. At the time, those ascribing to mainstream feminism were mostly white, middle-class grass-roots activists or sited within academia. These dominant feminist factions adopted a paradigmatic approach which incorporated understandings of ‘sex’ as based upon biological signifiers (genitals, chromosomes, hormones, secondary physical characteristics) whereas ‘gender’ was seen to be a social construct, something socially produced and performed (Kessler and McKenna 1978). Contemporary understandings range

from the continued emphasis on fixity in relation to sex and gender to more fluid notions of gender, sex and sexuality as socially engineered constructs (Butler 1990, 1993, 2004; Fausto-Stirling 2000, 2005).

1.2.2 Trans identity

Chapter two explores how trans identity and practices disrupt normative, binaried uses of gendered language with analyses of trans embodiment employed to cause rupture to the fixity of gender (Butler 1990, 1993, 2004; Fausto-Sterling 2000, 2005; Holmes 2002; Roen 2008). However, the English language is founded on understandings of dichotomous gender (we live in a world of men and women, male and female, masculine and feminine) where discourses (written, spoken, pictorial, symbolic) offer a limited range of terms and meanings for gendered identities and practices. These discourses and the structure and meaning of the English language are androcentric, built on hierarchical binaried gender and the exclusivity of our language privileges men and oppresses women; it simultaneously renders marginalised groups, such as trans people, invisible (Pershai 2006). Thus, language barriers exist which are immanent and which serve to exclude trans people from various aspects of social organisation and which denies citizenship on equal terms to that enjoyed by cisgender (non-trans) people.

Throughout this thesis I adopt the umbrella term ‘trans’ not to intentionally package all trans identities and practices into one homogenous cluster, but rather in an attempt to include the vast array of identities and practices which sit within, across or outside of the gender binary. Additionally, the term ‘trans’ can be read as a noun, verb or adjective. Trans discourse is confusing, however, as different writers use the terms ‘trans’ and ‘transgender’, and other terms, distinctly or interchangeably.

Whittle (2006) claims that:

A trans identity is now available almost anywhere, to anyone who does not feel comfortable in the gender role they were attributed with at birth, or who has a gender identity at odds with the labels “man” or “woman” credited to them by formal authorities. The identity can

cover a variety of experiences. It can encompass discomfort with role expectations, being queer, occasional or more frequent cross-dressing, permanent cross-dressing and cross-gender living, through to accessing major health interventions such as hormone therapy and surgical reassignment procedures. (Whittle 2006: xi)

For clarity, the identity description of trans woman (trans man) is used to mean an individual who was assigned a male (female) sex at birth but who identifies as female (male), but does not necessarily live as a woman (man) permanently, who participates in female (male) practices *or* who has transitioned to live as a woman (man) on a permanent basis (Whittle 2006; Hines 2007). The terms ‘trans woman’ or ‘trans man’ are not used uncritically and to avoid an essentialist and delimited meaning, this term includes anyone who may identify in a contingent or partial way as a ‘trans woman’ or ‘trans man’ and I acknowledge the discursive processes through which the notion of gendered personhood is constituted. This last point is taken up in chapters two and five which sets out my theoretical framework (chapter five) and which explores trans identity and practice in greater detail (chapter two).

Wilchins (2004) offers a succinct definition of trans identity which differentiates the context of temporality and between permanence/impermanence in relation to embodiment practices. Trans identity refers to:

People who cross sexes by changing their bodies (transsexual) and those who cross genders by changing their clothing, behaviour and appearance (transgender). (Wilchins 2004: 26)

To expand, some trans people identify with normative taxonomies of gender and sex identity within the male/female binary. In this case, the inner self is experienced as separate from the material body and trans narratives describe the dissonance felt between the psychological self and the sexed body with this experienced as being in the ‘wrong body’. The somatic experience of discomfort, or dissonance between the sexed body and psychological gender, is termed and medically diagnosed as *gender dysphoria*. People who identify as transsexual may experience gender dysphoria and subsequently they may seek more permanent solutions to their experiences of gender dissonance. Transsexuality, then, is

experienced within the gender binary. Yet, some trans people may not identify within the normative and delimited boundaries of gender, sex and sexuality and may consider their identity and practice to be gender non-conforming, or queer. The term 'transgender' (as referred to by Wilchins) initially developed to include all people who transgressed gender binary and who did not wish to undergo gender reassignment (gender reassignment is mostly pursued by those who identify as transsexual). The distinction between the terms 'transgender' and 'transsexual', however, raises a semantic challenge as one term implies a primary focus on gender and the other on sexuality. This has been highlighted by some transsexuals who have brought attention to the claim that the term 'transsexuality' primarily concerns gender and not sexuality (Monro and Warren 2004). Further to this, it is worth noting that trans/gender identity does not determine sexual orientation. Just as a cisgender (non-trans) person can be straight, lesbian, gay, bisexual or asexual, so can a trans person. As with gendered identities, taxonomies of sexuality are socially constructed (Wentling et al. 2008) and a trans person may identify with none of the categories described.

A theorisation of gender, sex and sexuality as differentiated concepts is to be found in chapter two and is interwoven throughout the findings chapters (chapters six, seven and eight). Although this thesis is not located within the discipline of gender studies, there is a range of terminology to be found within studies of gender which warrants further clarification here. The following brief summary of definitions enables transparency in relation to my conception of trans and gender non-conformity within a gendered analytical framework:

Gender: results from cultural processes for ordering and organising different types of people according to their bodies and behaviours and intersects with expectations and assumptions in connection with sex.

Sex: sex is a biological category which is conventionally classified into the two oppositional categories: male and female.

Cisgender: 'cis' derives from the Latin prefix meaning 'on the same side' or 'same orientation'. Thus cisgender relates to staying in the same gender ascribed at birth (Enke 2012: 18).

Gender identity: this relates to ‘one’s sense of self as a gendered person (for example, as man, woman, both, neither, or some other configuration of gender). A person’s gender identity may or may not match the sex assigned at birth or current legal sex... it may not conform to conventional expectations of maleness or femaleness, including expectations of what a man’s or woman’s body looks like’ (Enke 2012: 18).

Gender expression: ‘how people express, wear, enact, and perform gender through behavior (sic), mannerism, clothing, speech, physicality, and selective body modification’ (Enke 2012: 18).

Gender practices: I use the term ‘gender practices’ in close relation to the definition of gender expression offered by Enke (2012). My use of the term ‘practice/s’ conveys a sense of action or undertaking, and has connotations of the everyday but it is not universal or fixed and is located within differing socio-cultural contexts.

Heteronormativity and heterosexism: Heteronormativity refers to the ‘centring of heterosexual identities and experience, to the exclusion (or at least the marginalisation) of non-heterosexual ones’ (Erbaugh 2007: 453) and the concept of heterosexism is based on assumptions about the inferiority of lesbian, gay, bisexual and trans people (similar to the concepts of sexism and racism) (Fish 2006: 8).

Transphobia is ‘an irrational fear of, aversion to, or discrimination against people whose gendered identities, appearances, or behaviors (sic) deviate from societal norms’ (Serano 2007: 12).

1.2.3 Domestic Abuse

Within this project, the term ‘domestic abuse’ has been adopted for two reasons. First, in recent years the term ‘domestic abuse’ has become more widespread in usage amongst practitioners and public bodies. Secondly, the word ‘abuse’ (as opposed to ‘violence’) can engender a multidimensional understanding; whilst including violent acts, it also refers to abusive behaviours, coercion and misuses of personal power. In addition, the term ‘domestic violence’ is often read as ‘physical violence’ (Itzin 2000: 357). Over recent years, the domestic abuse arena has grown in scope and includes practices that were previously hidden; for

example, forced marriage, female genital mutilation and ‘honour’-based violence. For the purpose of this thesis, my use of the term ‘domestic abuse’ is based upon the definition of ‘domestic violence and abuse’ proffered by the Home Office. The Home Office (2012c) states that ‘domestic violence and abuse’ constitutes:

Any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. The abuse can encompass but is not limited to: psychological; physical; sexual; financial; emotional... This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. (Home Office 2012c: online)

A framework for understanding domestic abuse, including a discussion of definitions, is explored in greater detail in chapter three.

1.3 Rationale

1.3.1 My gender politics

In 1997 I was employed by a small, grass-roots agency, whose primary aim was to support women and children escaping from domestic abuse. We were affiliated to the national body, Women’s Aid Federation England (WAFE) which was, and remains, a national movement with local affiliated organisations. My Women’s Aid agency was founded on collectivist principles; all members enjoyed equal power and decision-making responsibilities. The agency’s structure was flat; there was no hierarchy. Our aims and objectives fit with WAFE’s overarching feminist principles of empowerment, self-determination and equality.

Throughout my adolescence and early adulthood, I had developed my affiliation to feminism, but my ‘feminist consciousness’ lacked depth in terms of my understanding of the socio-political issues linked to female oppression within patriarchal hegemonic structures. Thus far I had experienced life as a woman but as one who had benefitted from other more privileged subject positions: I am white, heterosexual, able-bodied and have a middle class family background. I

had the capacity for critical reflection, but had not experienced the world in relation to other common sites of oppression such as race, religion, or sexual orientation. I was alert to the adversity that my colleagues and the users of our agency had endured, and how their own subject positions were critical, but, at the time, I did not think to locate myself, and my own particularity, within their experiences of oppression.

My new role required me to work with women; as colleagues and clients. I found myself surrounded by wise and active feminists dedicated to the fight to end domestic abuse and to the empowerment of women in general. The opportunity to work within a framework which engaged with my feminist politics produced within me enthusiasm, fervent anticipation and this nurtured my commitment towards developing my social care practice. I thrived in the women-centred environment and revelled in the culture of empowerment. I had found the perfect site for furthering my political ethics as well as my social and moral consciousness.

After a year of employment, I made a decision: I was going to buy a new car. I was delighted to drive around in a vehicle that was new and smart. Yet, I did not tell my colleagues. Three days into the working week, someone asked me if the new and smart looking car outside was mine. I confessed. We agreed how ridiculous it was for working women (us) to feel awkward, embarrassed even, at admitting to acts of self-indulgent spending! That night on the drive home I considered whether my reticence at sharing the news of my purchase was ethics based; was it wrong to financially and materially benefit from the consequences of women's oppression? Or was my feminist consciousness pricked by my act which could be considered as masculinist and as a male-oriented practice, or a display of my materialist values? This memory stands out for me as an example of my reflexive practice but also as the start of my internal dialogue which sought to question the partitioning of male/female identity and practices.

Two years later I left the organisation. By this time my political self had transformed; I was a feminist with a more sophisticated consciousness and understanding of multiple sites of oppression in addition to (dichotomous) gender.

Initially I had loved being part of a female-only organisation, but I had begun to question some of the fundamental tenets of a female-only group. Before my departure, we (members of the agency) had debated the benefits of allowing men to join WAFE organisations, knowing that others had permitted male representatives to sit on management boards. My agency was firmly rooted to a policy of a female-only membership.

Privately I questioned the blanket policy of excluding men in domestic abuse work as we were supposedly working within a patriarchal structure within which men played a critical role. In addition, we were working to end male violence against women and I wondered about the utility of excluding the key actors in our attempts to understand and ‘fix’ the problem. I began to question the agency’s fixed position in relation to partitioning gender divisions and adhering to notions of separateness. In addition, although I did not feel like I was part of a radical feminist group, some of my colleagues conflated issues linked to their sexual and gendered identities. I was the sole heterosexual woman within the group; my colleagues had personal, political and professional boundaries that often blurred. I would never decry the motivations or achievements of my former colleagues – which were noteworthy - I include this observation as part of my reflexive account; my observations helped me to form my own particular feminist ideology. However, there is a critical view of the empowerment model (which continues to have primacy within Women’s Aid ethos) which posits that some empowerment approaches have been ‘defined *for* relatively powerless people by those with vested political or professional interests’ (author’s emphasis) (Tew 2006: 34).

Tew takes a critical lens to conceptions of empowerment and presents an observation which maps on to the mainstream and normative way in which domestic abuse has been traditionally addressed by feminism; that is, domestic abuse was positioned as a tool through which cisgender, heterosexual women were oppressed by cisgender, heterosexual men. Furthermore, this narrow, delimited discourse of domestic abuse is incongruent with emerging discourses and literature which shows that domestic abuse has wider gendered implications and is to be found amongst non-normative sexual and gender communities (Donovan et al. 2006; Hester and Donovan 2010; Scottish Transgender Alliance

2008; Roch et al. 2010; Brown 2011; Donovan 2012; Hester et al. 2012). Yet, the founding ideology of WAFE, and indeed my agency, embraced the so-called stable notion of universality. The universal category of woman seemed to undergird our philosophy and values; yet in contradiction our daily practice strove to include and attend to the particularity of individual women who came into our services. By the time I left the agency in 2000, the notion of difference was gaining increasing importance in response to our service user demographic and geographical position as a city-based provision.

By 2003 I had spent a brief time employed by the Equal Opportunities Commission (now part of the amalgamated Equalities and Human Rights Commission). As a legal caseworker I had advised and supported a number of trans people who had experienced high levels of discrimination within the workplace. The remit of the work was limited by the inevitable bureaucratic working arrangements found within medium-sized organisations. However, what I gained from this experience was invaluable and furthered my understanding of gender inequality and alerted me to the plasticity of gender as a so-called fixed aspect of social division. I left the Equal Opportunities Commission and within weeks I found myself employed as the manager of another Women's Aid agency.

By this point I had, however, reached a different philosophical and political understanding which saw the division of men and women, and the exclusion of men from practices and movements that sought to end women's inequality and oppression, as futile. My viewpoint can be summarised in this quote from feminist historian Judith Bennett (1989):

This division between women as victims and women as agents is a false one: women have always been both victims and agents. To emphasize either one without the other creates an unbalanced history. Women have not been merely passive victims of patriarchy; they have also colluded in, undermined, and survived patriarchy. But neither have women been free agents; they have always faced ideological, institutional and practical barriers to equitable association with men (and indeed with other women). (Bennett 1989 cited in Kleinman 2007: 8)

As with the majority of domestic abuse agencies, we were based within a refuge building which offered accommodation to women and children fleeing domestic abuse. One day the doorbell rang and a man stood on the doorstep. Colleagues and refuge residents alike were on red alert. Was he here to cause trouble? Was he a perpetrator who had come to look for his missing partner? The man looked unwell and appeared nervous. He stated that he knew that the building was a refuge and asked if we could help him; he was being abused by his partner. All we could offer was to send him away with the telephone number for the local lesbian and gay switchboard services. I began to question more intensely the utility of the divisive gendered nature of domestic abuse services.

My history with women's groups ends there. In 2009 I went on to qualify as a social worker and entered the world of statutory social work. The purpose of sharing this brief fragment of my biography is to illustrate how my traditional (by this I mean as located within the binary framework and founded on dominant ideology) feminist politics have been challenged by lived experience. In turn, this lived experience has influenced my epistemological and ontological position, which is both feminist and constructionist and employs a critical paradigm to interrogate fixed notions of gender identity and practice. Chapters two and five explore my theoretical framework in greater detail.

The choice of my PhD topic results from my personal and professional experiences as narrated above. During my training to be a social worker (from 2007 to 2009) I undertook a case study of a Women's Aid agency and my master's dissertation explored the agency's potential to support trans women who were experiencing domestic abuse. My PhD work is an extension of this. In addition, the rationale for my choice of PhD topic is interwoven with my personal and professional values which centre on concepts such as social justice and equality. It also reflects my unrelenting desire to 'make a difference' to the lives of people who experience social injustice and inequality.

1.3.2 Understanding trans identity, subjectivity and personal life

Research on trans subjectivity should be underpinned by understandings of trans identity and practice and located within everyday social contexts such as the family and wider contexts such as citizenship frameworks. At the start of this project I anticipated that trans participants would focus on their domestic abuse experiences in the telling of their life stories. However, early on in the fieldwork stage, I learnt that trans people's subjectivity and subject position is intrinsically entwined with their trans identity and this was the voice that was heard above others. As such, participants' identity as trans impacted on all other areas of social and personal life (Smart 2007). It became apparent that in order for my research practice to be ethical and stay true to the presenting data, my responsibility was to ensure that trans people's voices were centred and prominent throughout this work.

1.3.3 Understanding trans people's experiences of domestic abuse and professional practice

The need for research which focuses on trans survivors of domestic abuse has been implicated in extant domestic abuse research and in literature which explores the impact of transphobia, heteronormative bias and gender role stereotyping as, it has been argued, that a combination of these can put trans people at risk as domestic abuse is not recognised, accepted and is even stigmatised within trans communities (Balsam 2001; Hassouneh and Glass 2008; Scottish Transgender Alliance 2008; Roch et al. 2010; Brown 2011; Hester et al. 2012; Turell et al. 2012). Whilst some attention has been given to violence perpetrated against trans and gender non-conforming people, Fish (2006) argues that trans activism and discourse has concentrated on violence outside of the home, whilst domestic abuse has been neglected. As such, trans people belong to the group of 'hidden victims' of domestic abuse (Gelles 1997: 96).

The heteronormative nature of domestic abuse discourse perpetuates the hidden nature of trans survivors, whilst other factors impact upon the absence of trans people as users of social care. These factors include: the fear of a transphobic

response; stigma; and the fear of outing (Fish 2006; Whittle et al. 2007; Mitchell and Howarth 2009). To combat the rhetoric of inclusivity, but failure to provide services to trans people, an increased understanding of the needs of service users is warranted. This understanding demands input from both trans people and practitioners alike. Hence, I have collected the narrative accounts from both in an attempt to extract some recommendations and indications for social care practice with trans people.

1.3.4 Research Questions

Drawing from my own subject position and lived experience, I have increasingly questioned the existence of the gender binary as an immutable conception and considered the impact of living within this dichotomous framework within the context of contemporary personal life (Smart 2007). In relation to contemporary society, domestic abuse is now acknowledged as a pervasive and widespread social problem. As a domestic abuse specialist, my personal and professional interests converge and this has led me to pursue research which seeks to explore the following questions:

1. In what ways do trans people narrate their experiences of trans identity and practice in relation to intimate, familial and other social contexts?
2. How and why do trans people experience domestic abuse within the context of intimate and familial relationships?
3. What are the social care needs of trans people, who experience domestic abuse, and how are these met?
4. What barriers do trans people experience in accessing formal social care and how can services offer accessible and appropriate provision to trans people experiencing domestic abuse?

Chapter five outlines my methodological framework and considers some critical issues in relation to the research process (for example, my ‘outsider’ status, power and ethics).

1.4 Summary of chapters

Chapters two, three and four are theoretical chapters and each incorporates a review of the relevant literature. The inclusion of three theoretical chapters results in an unconventional structure, however, I felt that each chapter was essential in order to enhance an understanding of the three critical themes of this thesis: firstly, the unique social positioning and subjectivity of trans people; second, the complexity of domestic abuse; and third, the (hetero) normative discourse and practice of social care and domestic abuse work. In addition, the content of each of these three theoretical chapters underpins and connects with one of the three findings and discussion chapters and, ultimately, this interconnection enriches the knowledge produced through my interpretation and presentation of the research participants' voices.

Chapter two is entitled 'theorising trans identity, practice and citizenship' and explores normative discourses and the influence of poststructural, feminist and queer perspectives to conclude that a queer sociological approach is of value in an analysis of identity and practice (Siedman 1996; Roseneil 2000; Hines 2006, 2007a). The latter half of the chapter concerns debates around citizenship which are analysed in relation to trans identity. Citizenship discourse incorporates principles that underpin social care practice (for example, the concepts of 'rights' and 'equity') and the discussion in this chapter informs subsequent chapters which discuss the findings of this research.

Chapter three diverges from the subject of trans identity to provide an evaluation of contemporary understandings of domestic abuse and its impact on families within the context of the family and intimate relationships. This chapter moves from an evaluative account of definitions, typologies and risk factors to a discussion ground in the theoretical perspectives of domestic abuse. Throughout this chapter, I have interwoven the trans perspective by expanding gender normative definitions, models and theories of domestic abuse.

Building on chapter three, in chapter four I outline an evaluation of the contemporary models of service intervention in the contexts of feminist praxis and the framework for domestic abuse intervention. I consider the value of critical and

ethical practice models, recognised to be core elements of professional social care practice, in relation to the potentiality of domestic abuse work with trans survivors.

Chapter five is the chapter on methodology. Here I outline my feminist social constructionist epistemology and ontology which has a number of theoretical and philosophical influences including poststructuralism, queer sociology and ethnomethodology. Foucault's work on discourse, as a body of knowledge, is utilised within the methodological framework as the notion of discursive practice or structure provides a lens through which I have interrogated the research data. Research data was collected through interviews and the analytic framework is discussed in order to demonstrate the specific approach to treating all data as narrative. These narratives were treated with an analytical approach called 'the Listening Guide' which requires multiple readings and, ultimately, multiple voices are heard (Mauthner and Doucet 1998, 2008).

The next three chapters present a discussion of my findings. Chapter six incorporates stories of trans identity and explores trans participants' daily negotiations of gender, family and intimacy. This discussion is located within the temporal settings of childhood and early adulthood and intersects with conceptions of identity and gender identified in previous chapters and in relation to regimes of heteronormativity, stigma and compliance (Foucault 1979, 1989; Goffman 1979 [1963]).

Trans people's experience of domestic abuse in familial and intimate contexts is explored in chapter seven and produces new knowledge additional and counter to the heteronormative versions that predominate. Standard forms of domestic abuse (emotional/psychological, physical, sexual and financial abuse) alongside concepts of intimacy, relationality, heteronormativity, stigma and transphobia are analysed across trans participant's narratives to produce a discussion of trans people's specificity (Goffman 1979 [1963]; Fish 2006; Hines 2006, 2007a; Erbaugh 2007; Serano 2007, 2012).

Chapter eight evaluates the existence and value of support networks before moving to an analysis of current professional practice with trans people. This chapter draws from the narrative accounts of trans-identified participants and domestic abuse practitioners to produce a critical analysis of current and potential practice with trans survivors of domestic abuse. Finally, the concluding chapter aims to draw together this thesis in a summary of the key findings with recommendations for future practice and further research.

1.5 Chapter summary

This chapter has striven to stimulate a better understanding of the lack of research on trans people's lives in the social sciences, in general, and in social care, in particular. Knowledge gaps require academic attention and I aim to add to the small body of work that is emerging which explores trans people's experiences of domestic abuse, their social care needs and whether these are addressed by social care agencies.

Within this introductory chapter I have set out to explore two key concerns that pertain to my methodological framework. First, language and terminology surrounding trans communities is complex and ever evolving, therefore I have provided a summary of the terminology I adopt in my discursive representation of i) trans people's lives and ii) the perspectives of domestic abuse practitioners. I have also included a glossary of terms which is attached as Appendix 1. The second point relates to motivation. Throughout the research process, I have reflexively considered my 'outsider' status as a cisgender, heterosexual research student in relation to trans participants and as a result I begin the 'rationale' section with an extract from my personal biography. This serves to engender transparency and a deeper understanding of my motivation to conduct research within and across trans communities.

A brief summary of the structure of this thesis is presented. As hinted at above, I have adopted a slightly unconventional structure as rather than presenting a separate literature review, this has been incorporated into three theoretical chapters (chapters two, three and four), the first of which follows this opening chapter.

Chapter Two

Theorising trans identity, practice and citizenship

2.1 Introduction

Research on trans subjectivity should be underpinned by understandings of trans identity and practice and located within social contexts such as the family and wider contexts such as citizenship frameworks. This chapter begins by mapping out a brief chronology of trans theorising within discourses of medicine and sexology before introducing the influential work on trans subjectivity which was developed by Harold Garfinkel during the mid 1960s. Although Garfinkel's (1967) text, *Studies in Ethnomethodology*, is groundbreaking, this work is firmly rooted within normative discursive frameworks which emphasise dichotomised versions of male/female and heterosexual/homosexual. This dominant position is discussed in relation to what has been largely accepted since the 1970s as a view of sex as biologically determined, and gender as socially produced. However, the broad inter-disciplinary literature on gender and sex has increasingly incorporated debates questioning the essentialised and biological foundation of the sexed body (see, for example, the feminist poststructural writing of Judith Butler (1990, 1993) or the work of Fausto-Sterling (2000) both of whom explore a paradigm of the social and cultural production of gender *and* sex.

Evident in literature exploring trans subjectivity is the influence of the 'poststructural turn' in social theory, and this is discussed in relation to Michel Foucault's concepts of discourse, governmentality and biopower (1979, 1980, 1989, 2008). As Foucault's work has been recognised as catalytic in the development of queer thinking (Seidman 1996), the queer perspective, and its deconstructionist tendencies, is acknowledged as influential in the increasing academic interest in trans perspectives. This includes, for example, the labels of trans, transgender and transsexual, the importance of 'passing' and gender non-conformity. Whilst gender, sex and sexuality are distinct categories, gender crossing often leads to issues of sex and sexuality being enmeshed within the trans

perspective, thus trans sexuality is considered as another aspect of identity and social practice.

Finally, a discussion on trans identity and practice interconnects with aspects of citizenship and as this thesis is concerned with the potential for professional practice with trans people, notions of equality, fairness and rights are evoked. Thus, models of citizenship (feminist, sexual and trans) are analysed in relation to trans subjectivity and aspects of this discussion are returned to in later chapters which present the findings of this research.

2.2 Earlier understandings and Garfinkel's contribution

The categories of gender, sex and sexuality were subject to Victorian scrutiny; procreative sex was seen as natural with anything else considered to be deviant or unnatural. This paradigm created a powerful legacy for familial sexuality for heterosexuals, with any identity or practice outside of the heteronorm viewed with negativity or rendered invisible. The family ideal positioned monogamous, married partners within a heterosexual gender dichotomy with femininity synonymised with passivity in response to the demands of male sexuality and the need for procreation (Wykes and Welsh 2009). This version of hegemonic heteronormativity endured and was institutionally legitimised through the family model, religion and law.

Early in the twentieth century, understandings of trans identity and practice emerged within psychological, psychoanalytical and sexological literature but trans phenomena was pathologised as a psychological defect of character (see, for example, the work of Freud and Havelock Ellis). The term 'transvestite' was coined during the 1920s by Dr Magnus Hirschfield, then during the 1950s Dr Harry Benjamin popularised the term 'transsexual' (Stryker 2006). Benjamin's (2006, [1954]) polemic against psychotherapy as a curative in cases of transsexualism represents an influential moment in the history of trans discourse. He posited that the likely cause of transsexualism was the combination of constitutional, psychological, and hormonal factors. In 1952 Benjamin acted as medical adviser for Christine Jorgensen; one of the world's first, and most widely known, male-to-female transsexuals to undergo surgical re-assignment.

In 1967 Garfinkel's *Studies in Ethnomethodology* was published. This text represents groundbreaking development in sociological theory. Garfinkel confronted the traditional academy in its tendency to theorise social structures whilst neglecting important aspects of subjective social life such as gender. From research with a group of intersexed people (all of whom had 'anatomical irregularities') Garfinkel produced an analysis of the daily negotiations of an intersex woman (Agnes). Garfinkel summarised the experiences of his group of research subjects in relation to the social context at that time:

In each case the persons managed the achievement of their rights to live in the chosen sexual status while operating with the realistic conviction that disclosure of their secrets would bring swift and certain ruin in the form of status degradation, psychological trauma and loss of material advantages... the work of achieving and making secure their rights to live in the elected sex status...within the socially structured conditions in which this work occurred I shall call 'passing'. (Garfinkel 1967: 117-118)

Nineteen year old Agnes came from a white family and she was the youngest child in a sibling group of four. Agnes was living in her chosen gender within the existing social, cultural and medical frameworks; these frameworks were built upon normative ideals of male/female. Garfinkel's account of Agnes's self-management in relation to her physiological condition, within the context of daily life and relationships, illustrated the sophisticated strategies and embodied practices that she had developed in order to accomplish living in her chosen gender. She 'passed' as 'convincingly female' having a feminised body shape and breasts whilst she also had masculine genitalia (Garfinkel 1967: 119). It seemed that her intersex condition resulted in male internal and external genitalia with high levels of the female hormone, oestrogen, causing secondary sex characteristics.

Recognised and raised as a boy until she reached seventeen years old, the biographical accounts of Agnes depict a constant internal struggle with feminine leanings and the desire to adopt a permanent female role. Agnes finally left her home town and forged a new life with a female identity. Following thirty five

hours of conversation between Garfinkel and Agnes, he formulated his theory of gender as a 'situated accomplishment' (1967: 121). However, unbeknown to Garfinkel, and as confessed by Agnes some eight years later, since the age of twelve she had been taking oestrogen (prescribed for her mother following a hysterectomy). Agnes's narrative was bound up with her transsexual identity and not the management of an intersex condition. Garfinkel included an update of this new data as an appendix to *Studies in Ethnomethodology*. The motivation of Agnes to produce a narrative of embodiment based upon a medical condition, rather than a psychological one, reflects the cultural climate of that time. Additionally, this provides an example of the legitimacy of one discourse (an anatomical discourse of normative embodiment) over another (a discourse of psychological defect or deviancy). This is congruent with Foucault's (1979: 140) theory of 'biopower'; translated through the lens of gendered and cultural normativity, the discursive production of power serves to govern and regulate subjects which in turn support hegemonic imperatives.

Whilst Garfinkel's text inspired further empirical research, which interrogated dominant medical discourse and its limited application of the gender binary, the deception perpetrated by Agnes could have had resounding implications for Garfinkel's theoretical and ontological claims of gender as socially produced. Methodologically, Garfinkel was open to critique for his interpretive application of Agnes's fabricated story which, in turn, was translated by Garfinkel into a sociological perspective. In addition, the integrity of the research project's aims, and the means of reaching those aims, was brought into question by Agnes's deceit.

Nevertheless, out of Garfinkel's work emerged a marked adoption of the ontological paradigm of gender as socially constructed (for example, see Kessler and McKenna 1978). This perspective mapped on to feminist claims that male hegemonic objectives were achieved through the social engineering of categories, roles and institutions which maintained power inequality and women's subordination. Many second wave feminists adopted this paradigm of sex as biology and gender as constructed (Friedan 1963; Greer 1970; Millett 1970) whilst concurrently rejecting trans people as outside of the universal category of

women. For more radical feminists, transsexuality was, and remains, positioned as a form of false consciousness and seen as patriarchal subterfuge, serving to perpetuate oppressive gender roles and the dominant hegemony (Raymond 1980). In a conference paper, Whittle (2000: 3) notes, with irony, that transphobic standpoints 'assume that biology is destiny, despite all that feminism seems to say in opposition to this in terms of the pre-determination of sex and gender roles'.

2.3 Normative understandings

A paradigm of sex as biologically determined and gender as socially produced is delimited by its understanding within the dichotomous sex binary of male and female. Human bodies constitute sex markers but the notion of biological sex is complex. It can be linked to as many as fifteen different elements ranging from genitalia, hormonal sex, chromosomes, brain sex to psychological and spiritual sex (O'Keefe 1999; Davey 2011). Yet, it is genitalia alone which are inspected at birth and determine the dyadic category to which one is ascribed. Once a baby is sexed then processes of gender socialisation begin. If a baby has ambiguous genitalia then a decision is made based on approximate likeness and the infant may undergo surgical intervention to mould genitals to versions of normative male or female appearance. O'Keefe (1999: 28) argues that 'a person's physical sex can never be a matter of certainty and is always a process of dynamic development'. Indeed, it would seem that the category of sex presents as much more complex than dominant understandings suggest, as although all fetuses start as physiologically female and remain female or develop as predominately male, there are many genetic permutations that can unfold. When intersexed people are born, their biological sex is not easily classified as male or female; they may have biological (anatomical, hormonal, chromosomal) signifiers of both sexes or a complex mix. There are many congenital intersex conditions and estimates of the proportion of the population who may be classed as intersex vary; 1.9% is cited by Fausto-Sterling (2000). UK-based Gender Identity Research and Education Society (GIREs) claim that around one in every one hundred babies are born with some type of sex differentiation anomaly caused, for example, by chromosomal abnormalities (GIREs 2006) and the NHS estimate that one in four thousand UK citizens are being treated for gender dysphoria (NHS 2012). These

figures are statistically significant and represent a proportion of the population who can be said to be resisting the normative discourses produced in relation to living within gendered boundaries. However, these statistics are limited as they do not capture many of the people who live outside of the gender binary, who do not seek medical treatment and, moving away from pathologising discourses, not all trans people will experience gender dysphoria and some can experience their difference in a positive or accepting way (Lev 2004). The difference between intersex people and trans people is noted and no attempt is made to conflate the identities and experiences of these distinct populations, however, there are similarities in that both experience wide-scale misunderstandings, discrimination and oppression.

Often gender role stereotyping is initiated prior to birth on the identification of a foetus as male or female during pre-natal foetal scans or amniocentesis testing. Gender is used to define and categorise babies, children and adults. Gender is enmeshed in everyday social relations and offers a means of recognition which is usually identified on a first encounter with an individual, it leads to the enactment of particular roles and the gender binary offers the framework by which people know how to regulate themselves (Sanger 2010). On a macro-sociological scale, gender provides a means of regulation as governance takes places against a backdrop of gendered citizenship; official documentation signifies gender (for example, passports and driving licences) and state policy and services are founded on accepted gendered differences and norms (for example, the biological role of women is to bear children which is then associated with the cultural role of primary caregiver).

Roen (2008) argues that the binary framework is a fantasy and Holmes (2002: 88) notes that 'bodies are not neutral pages waiting to be inscribed with the same message by the same means'. Fausto-Sterling (2000) disputes the notion of dichotomous gender in her discussion of the constructedness of gender, sex and sexuality where gender and sex take various forms. Fausto-Sterling's argument is persuasive and she uses examples of cultural disparity to demonstrate how social worlds are organised differently in relation to sex and gender. To illustrate this argument, Fausto-Sterling draws on a range of literature which spans temporal,

cultural and spatial contexts. Fausto-Sterling examines Ancient Greece to modern day through her analysis of counter-heteronormative practices, for example, through her discussion of people who identify as a 'third' gender. The effects of colonialism are deconstructed in relation to sex and stratification with contemporary examples given: for example, a small section of the Yoruba community in Nigeria employs chronological age as a social ordering device to create and maintain a hierarchy reflected within the Yoruban dialect which employs age - not sex - related pronouns.

A constructionist approach undergirds Ekins and King's (2006) conceptualisation of trans phenomena which incorporates narratives of gender-oriented *migration*, *oscillation*, *negation* and *transcendence*. *Migration* refers to the permanent movement from one gender to another (as in the case of transsexualism), whilst the notion of *oscillation* opens up opportunities for temporary *or* permanent gender crossing with movement back and forth across the genders. *Negating* one's gender relies on processes of 'ungendering' (for example, in sissy boy practices) whereas *transcending* gender recognises a subject position which moves across and beyond the gender binary enmeshing masculine and feminine signifiers, identities and practices. Ekins and King (2006) offer a conceptual framework which is grounded in a synthesis of trans people's histories, case studies and gendered narratives. Using normative understandings of gender, Ekins and King have devised a model for understanding (trans) gender which incorporates gender binaried subjectivity with a queer imaginary to recognise, accept, validate and incorporate a rich breadth and depth of conforming and non-conforming gendered identities as part of contemporary social life.

2.4 Contesting the binary: poststructural influences

The work of French historian and philosopher, Michel Foucault, represents a major contribution to poststructuralist writing. Foucault identified discourse as the source through which meanings, knowledge, power and notions of subjectivity and identity were produced (1979, 1989). For example, in his analyses of sex and sexuality, Foucault proposed that formations of both are discursively structured whilst concurrently historically and socially situated (1979). As such, Foucault renounced essentialist notions of identity (Probyn 1997; Sanger 2010). By

implication, the notion of trans is similarly discursively constructed in accord with temporal and social circumstance. In Foucault's work the *History of Sexuality: Volume I* (1979: 43) he positions homosexuality as a socially produced category and even pins down the construction of the 'homosexual' label to the year 1870. Foucault is careful to distinguish this as the first time that certain sexual practices were demarcated as being homosexual and outside of normative (hetero-) sexual practices, in doing so he pointed to the long history of homosexuality across centuries and throughout civilisations. Foucault uses this distinction to undergird his proposition of constructed subjects which support hegemonic (heteronormative) ideals.

Through hegemonic governance, power is discursively produced, and therefore homeostasis is maintained. In a discussion of what he terms as '*biopower*', Foucault (1979: 140) argues that discursive practice acts as a technology through which to control bodies. These processes emerged in the late eighteenth century and were intended to manage populations. Biopower incorporates a governing function but differs from disciplinary power and centres on regulating bodies in relation to births, deaths, reproduction and illnesses. Therefore, biopower has a regulatory effect in producing populations to align to normative frameworks (in the case of gender this means fitting with binary taxonomies of gender, sex and sexuality). Trans identity clearly disrupts the operation of biopower. However, an analysis of contemporary medical and legal discourse demonstrates a changing socio-cultural-legal perspective in relation to trans identity which, in turn, maps on to Foucault's conception of biopower as subject to temporal and cultural variation. Recognition and acceptance of trans identity is evidenced through various policy guidance documents and legislative change: for example, the introduction of the Gender Recognition Act 2004, the Equality Act 2010 and the updated Standards of Care for health and care professionals (WPATH 2011).

Foucault's conception of biopower relies on Othering practices which act as regulatory apparatuses to maintain hegemonic principles and the dominant order (Foucault 1979, 1989; Wilkinson and Kitzinger 1996). In this way, bodies (and consequently, subjectivity) that are considered to be Other are marginalised as an essential process in the preservation of the hierarchical order of hegemonic

gender. The result of this Othering process is that man/woman, male/female and masculine/feminine are maintained as the essentialised and singular model for gendered life. What is more, to be Other is to be unrecognised within this dominant hegemonic dualism (Butler 2004). This point has been taken up by queer theorists who have deconstructed the gender/sex/sexuality dualisms of masculine/feminine, male/female and heterosexual/homosexual (Seidman 1996). In addition, trans activists and the academy have interrogated cultural history to identify a plethora of gender non-conformity within indigenous populations, past and present, and identified a ‘third gender’, and others, to encourage a move away from delimited dualistic taxonomies (Fausto-Sterling 2000, 2005; Lev 2004). Yet, it can be argued, the power exerted by hegemonic groups over Others is control over these processes of representation (Wilkinson and Kitzinger 1996).

This demonstrates how, although Foucault neglected gender in his analyses, ‘he certainly gives us tools with which to consider how power is exercised across gendered and sexualized bodies’ (Probyn 1997: 138). Applying his concept of ‘governmentality’ (2008 [1978-1979]), which details the organised hegemonic practices through which subjects are governed, it is evident that Foucault’s analysis offers an attractive hypothesis for feminist and trans theorists. Mapping Foucault’s concept of governmentality to trans subjectivity, in a way similar to that of biopower (as discussed above), within recent years discursive practices can be identified which are less adversative. For example, subsequent to the introduction of the Equality Act 2010, which includes gender reassignment as a protected characteristic, in December 2011 the Home Office published ‘Advancing transgender equality: a plan for action’ as part of its equality strategy for ‘Building a Fairer Britain’ (2011: 5). Firmer recognition of the need to improve trans equality and inclusion is long awaited and may have resulted from a more visible trans population. However, there is little evidence of a considerable shift in social attitudes and, although scant, the body of literature on trans subjectivity and lived experience suggests that transphobia, oppression and discrimination are present in many areas of public *and* personal life (Gamson 1998; Valentine 2003; Whittle et al. 2007; Scottish Transgender Alliance 2008; Mitchell and Howarth 2009; Roch et al. 2010; Brown 2011). This body of work suggests that the social structures immanent in Westernised communities result in

everyday experiences of discrimination and oppression for those who do not subscribe to mainstream norms and ideals. Evidencing oppression and marginalisation, in Mitchell and Howarth's (2009) review of trans research and literature, they found indications of transphobia within cisgender people's attitudes towards the trans population, high rates of transphobic hate crime and substantial evidence of discrimination within several areas of public life such as education, employment, housing and leisure.

In the *History of Sexuality: Volume I* Foucault operationalised the concepts of power and relationality, resistance and discursive practice. Foucault sited power as relational, rather than something to be owned and he claimed that 'power insofar as it is permanent, repetitious, inert, and self-producing, is simply the over-all effect that emerges from all these mobilities' (1979: 93). Throughout the literature trans identity and subjectivity can be located within a range of interdisciplinary discourses, and it is plain to see how non-conforming gendered identity and embodiment has been pathologised, subjugated and debased. The commonalities and precepts underpinning these discourses are heteronormative and dualistic in relation to gender; thus power is produced in association with and complementary to binaries of male/female and heterosexual/homosexual. However, Foucault's thesis maintained that power is local and produced on a relational basis, and does not constitute something which is universal and omnipotent. Foucault's work has been criticised as being overly deterministic, bound up with his pre-occupation with dominance and power at the neglect of agency and resistance (McLaughlin 2003). Although, through the discursive production that Foucault identifies, emerge sites for resistance; as power is produced through language and discourses of, for example, legal, criminal and medical subjects (the foci of Foucault's classic texts) spaces are opened up which allow for resistance through challenging the very construction of those subject positions. This perspective has utility in an analysis of trans experience as examples of transgression and transition across the gender binary offer individuals the opportunity to reject the restrictive gender positions into which they were born.

Drawing from Foucault and a range of other French poststructuralist writing (for example, Lacan and Althusser) in 1990, Judith Butler's influential work *Gender Trouble* captured feminist and queer imaginations in her proposal of gender as performative. Butler described the process by which one is ascribed one of two genders from birth; following which one's gender becomes naturalised and consolidated through a stylised repetition of actions. Butler engages with Simone de Beauvoir's now familiar trope that 'one is not born a woman: one becomes one' (1986 [1949]: 16). Butler frames this process (of becoming) as iterative; there is no teleological end. In *Gender Trouble*, Butler proposes that as gender is performative, identities are unfixed in that we travel between roles or identities. Butler outlines the potential of gender fluidity:

When the constructed status of gender is theorized as radically independent of sex, gender itself becomes a free-floating artifice, with the consequence that *man* and *masculine* might just as easily signify a female body as a male one, and *woman* and *feminine* a male body as a female one. (Butler 1990: 9, author's emphasis)

Whilst *Gender Trouble* disputes so-called natural distinctions of gender, Butler goes on to claim that gender is not a choice to be made; rather it is the socialisation process from birth through which gender is ascribed, enacted and reinforced. Whilst Butler challenges natural gender distinctions, in doing so she serves to minimise the agency of individuals through the predetermined set of gender performances which she describes (Hoxsey 2008). Butler goes on to elaborate her thesis of performativity as a conduit for the development of an individual as a gendered subject and states that:

Gender is always a doing, though not a doing by a subject who might be said to pre-exist the deed... there is no gender identity behind the expressions of gender; that identity is performatively constituted by the very 'expressions' that are said to be its results. (Butler 1999: 34)

Gender identity which is congruent with either of the two binaries, then, relies on an individual 'doing gender' within the conventional and normative traditions of male/female which are upheld and valued within the community within which that individual is located. Thus, in relation to gender performativity, this is situated; a position which is congruent with Foucault's thesis about the temporal and cultural

nature of constructed subjectivity. Using Foucault's theory of discourse, Butler's explanation of gender emphasises the discursive production of taxonomies of normative identity and practice.

In later work, Butler (2004) explores the 'undoing' of gender using trans perspectives to illustrate her argument. Butler (2004) explores the consequences of having one's gender 'undone' by others as resulting in the lack of recognition as a life worth living. In addition, Butler considers trans specificity and the territory that must be mapped and crossed to achieve validation and autonomy for an individual to identify their psychological gender. For example, in order to perform female practices one must effectively enact an 'undoing' of male ascribed gender. This undoing of male gender serves as a coping mechanism in response to the negotiations of daily life enacted through a gender identity that is felt to be antithetical. In this framing, the self-enacted process of undoing gender is deemed essential and an act of resistance. Butler argued that:

To flourish as a bodily being... not only does one need the social world to be a certain way in order to lay claim to what is one's own, but it turns out that what is one's own is always from the start dependent upon what is not one's own, the social conditions by which autonomy is, strangely, dispossessed and undone. In this sense, we must be undone in order to be ourselves. (Butler 2004: 100)

Monro (2010: 244) argues that the principles of poststructuralism and queer theory are 'pointing to the need for a more sociological position, which accounts for corporeal, material and social structures'. Poststructuralists tend to overlook the physical body and embodiment; both are critical for individuals who identify as transsexual, who offer narratives of being born in the 'wrong body' (Prosser 1998) and who suffer from gender dysphoria which is a recognised medical condition causing individuals to feel discomfort or distress in relation to their experiences of embodiment (WPATH 2011; NHS online 2012). Yet Foucault's theory of biopower, again, becomes applicable as through medical discourse and praxis the body is governed and controlled in a process which sees a trans individual only able to access gender re-assignment procedures (hormones, surgery) if they are able to obtain a medical diagnosis of gender dysphoria (WPATH 2011). Medical professionals in gender identity clinics conform to

traditional gender roles in their identification of ‘real’ candidates who are then granted access to re-assignment technologies. Traditionally, in the case of male-to-female transsexuals, medical assessment evaluates and validates whether individuals are ‘true women’ by exploring issues such as relationships with men, attitude towards caring for children and the capacity to work in female occupations (Fish 2006). Furthermore, Sanger (2010) found that trans people often attach great importance to such gender stereotypes as an attestation to their own gendered ‘realness’.

A further limitation of poststructural explanations of trans experience moves away from corporeal matters and embodiment to spirituality and points to the self-identification of some trans people, and non-trans, as having an essence: an inner self, in addition to the physical body. This essence transcends the effects of socialisation. Flax (1990) argues that:

Although claiming to see the self and concepts of it as socially and historically constituted, postmodernists do not adequately consider some of the most important social relations in self-formation (early mother-child relations, the sexual division of labour in child rearing). (Flax 1990: 210)

Some of these early life experiences may be salient in relation to trans subjectivity in terms of: gender, sex and sexual identity and role development; early and later life attachment behaviours; inter- and intra-generational domestic abuse; repeated patterns of domestic abuse.

2.5 Current understandings: queer and feminist perspectives

Foucault’s influence on the development of queer theory is acknowledged with his positioning of the subject adopted into the foundations of the queer perspective. Foucault claimed that the individual is ‘itself a parody: it is plural; countless spirits dispute its possession; numerous systems intersect and compete’ (1984 cited in McLaughlin 2003: 119). This deconstructive element of Foucault’s poststructuralism constitutes queer theorists’ theoretical explanation for those whose identity and practices are constructed, multiple and composite as people freely move across, within and beyond normative categories of sex, gender and

sexuality; no one identity marker remains constant as a self-defining element of subjectivity (Seidman 1996). Ekins and King's (2006) conceptualisation of 'transcendence' describes queer identity and practices which contest dichotomised gender by embracing both masculinity and femininity, blending or transcending male and female identity, roles and signifiers.

In part, queer theory developed as a backlash to the strict taxonomies adhered to and reinforced by liberal gay and lesbian commentators who regularly rejected identities or practices outside of the heterosexual/homosexual binary. This facilitated the emergence of a hierarchy of sexuality and sexual desire with heterosexuality privileged and validated as the sexual and social norm and homosexuality positioned as Other. Queer theory offers an alternative to the assimilationist trajectory of the socio-political objectives adopted by many of these commentators. Rejecting fixed nomenclatures of gender and sexual identity and practice, queer theorists argue that identities and practices are unfixed and mutable and are valorised as thus (Seidman 1996). Yet the neglect of particularity fails to recognise that some people can experience trans as homogenous. For example, some trans people do not view themselves as having fragmented and fluid identities, but identify with normative taxonomies of gender and sexual identity within the male/female binary. In these cases, the essential, inner self is experienced as detached from the material body, with somatic feeling described as being in the 'wrong body'. This subject position aligns with transsexual identity and independent of gender re-assignment, individuals who identify in this way can do so as male or female and not trans man or trans woman or queer or gender non-confirming, and so on. This is explored further in chapter six through the narratives of trans-identified participants.

Queer theory dominates cultural and academic space in relation to alternative sexualities with emphasis placed upon valorising difference. Feminist critics levy similar charges as those used against Foucault; queer theory neglects gender and matters pertaining to materiality. McLaughlin (2003) suggests that writers such as Judith Butler bridge the gap between feminism and queer theory and whilst contemporary debates focus on new understandings about identity, community and politics, these alternative perspectives, which engender ideas about

multiplicity and contingency, have had a destabilising effect on feminism (Richardson, McLaughlin and Casey 2006). Returning to Foucault's analysis, which sees social structures as discursively produced, from a feminist perspective this renders women as passive actors, and is problematic (McNay 1992). This clearly conflicts with emancipatory praxis which promotes agency, resistance and political action. However, reflecting on the past forty years of feminist scholarship and the historical rejection of trans people injects a provocative dimension which could position feminists as the dominant (hegemonic) party in the discussion of gendered subjectivity and subordination. This is evident in the trans/feminist antagonistic history which began with Janice Raymond's transphobic treatise and accusation that trans women had acquired a 'false consciousness' whilst criticising trans men for having masculinist aspirations in their pursuit of male privilege (Raymond 1980). Others have taken similar positions as Sheila Jeffreys (2003) has likened trans practices of body modification and gender re-assignment procedures as analogous to bodily mutilation. Historically, this Othering of trans people sought to partition trans within the gender debate and to make distinct subjugation and patriarchal control within the normative frameworks of male/female and heterosexual/homosexual (Wilkinson and Kitzinger 1996).

Sanger (2008) described the current debate between trans and radical (lesbian) feminists as an impasse whilst there is, however, a contemporary and growing body of feminist literature which embraces trans as a subject position and trans communities represent an aspect of social life worthy of academic study. In addition, across contemporary feminist discourse there is acknowledgment made in respect of trans inequality, discrimination and exclusion. A contemporary UK Feminist website, the F-Word, recently released a public statement:

Trans women in particular have historically been, and continue to be, marginalised and discriminated against within feminism, both as a result of widespread ignorance and discriminatory attitudes towards trans people in society as a whole, and due to the specific dismissal of trans rights and identities by some feminist theorists and movement leaders. We believe this is unacceptable: transphobia has no place in feminism. (The F-Word 2013: online)

Both third wave and postfeminist feminists claim inclusivity and difference as valued elements of their version of modern feminism. Postfeminism, albeit fraught with contradiction and contestation, provides a landscape for including trans into feminist politics, culture and academy. By postfeminism I refer to a shift in understanding and construction of gender identity and categories and some readings may infer elements of post-traditional, interpretive potentiality and flexibility (Genz and Brabon 2009). Hence it would seem that there is sympathy between postfeminist and queer perspectives as both engender pluralism as they move away from conventional and delimited approaches to gender, sex and sexual identity and classification. Gamble (2001), however, points to the opacity of what constitutes postfeminist politics, the lack of a central canon or agenda and the charge of being a market-led phenomenon (evidenced by the media-friendly Girl Power trope sponsored by the Spice Girls).

Third wave feminism is similarly informed by poststructuralism and engenders multiplicity, multiculturalism and engages with the poststructural challenge to a unified subjectivity. The difference between third wave and postfeminist feminisms is fundamental. Third wave feminism is tied to the previous second wave, but moves away from some of the previous criticisms (in particular, the fervent positioning of a universal category of woman) and embraces popular culture, tolerance, diversity, difference and a 'politics of ambiguity' (Gillis and Mumford 2004). Third wave feminists claim that postfeminism amounts to 'a very persuasive and pervasive form of hegemonic patriarchal power' (Gillis and Mumford 2004). Both contemporary forms of feminism would appear to embrace trans subjectivity albeit in different ways.

Moving further towards a politics of non-conforming gender, transfeminism crosses new terrain in an analysis of gendered identity (Scott Dixon 2006; Serano 2007, 2012; Enke 2012). For example, Serano's (2007) text *Whipping Girl* is a persuasive treatise on trans politics and the misogyny that undergirds transphobia and elaborates cisgender (non-trans) privilege. Serano differentiates between *traditional* and *oppositional* sexism. *Traditional sexism* is based on the belief that male and masculinity are superior to female and femininity (Serano 2007: 14). *Oppositional sexism* is 'the belief that male and female are rigid, mutually

exclusive categories, each possessing a unique and nonoverlapping set of attributes, aptitudes, abilities, and desires' (2007: 13). In Serano's (2007, 2012) framework, transphobia (and trans-misogyny) results from people's insecurities about having to meet gender norms and stereotypes in a culture where trans people challenge and undermine these very norms and the gender binary itself. Serano also explores the concept of internalised transphobia which, she argues, stems from transphobia; the origins of which are located within oppositional sexism.

Within trans communities beliefs held about the fluidity of gender identity vary widely. Some subscribe to notions of gender as unfixed and mutable, and positioned along a continuum, whilst others remain rooted to essentialist notions of transsexual identity which is fixed to a dichotomous category of gender. In this way, transsexual identity contests the queer perspective (Nagoshi and Bruzuzy 2010). In his discussion of a queer sociological theory, Namaste (1994) advocates for an approach which not only concerns trans subjectivity, but essentially does so within the wider framework of normative as well as non-normative gendered living. Hines (2007a) also supports this theoretical underpinning as beneficial to trans research and states that 'a queer sociology of transgender [which] sits on the intersections of deconstructive analyses and empirical sociological studies of identity formations and practices' offers a useful alternative to existing frameworks for analysing trans populations (2007a: 183). A queer sociological model employs key precepts of poststructuralism (that social constructions emerge through discourse and are temporally and culturally contingent and, as such, are fluid, fragmented and mutable) whilst simultaneously emphasizing the importance of subjectivity (Seidman 1996; Roseneil 2000; Hines 2006, 2007a).

2.6 Understandings of trans sexuality

Gender, sex and sexuality are complex areas for inquiry within social theory. Some theorists have argued to partition gender and sexuality debates particularly as sexuality has been neglected or positioned as secondary to gender (Sedgwick 1990). I argue that trans identities and practices inevitably reaffirm the interconnectedness of gender and sexuality by travelling across, between and beyond existing normative binaries of male/female and heterosexual/homosexual.

Sedgwick's *Epistemology of the Closet* (1990) is a key queer text and Sedgwick is one of many feminist writers who contributed to the development of the body of queer academic thought. Sedgwick persuasively argues that the heterosexual/homosexual binary is a critical element which asserts and secures societal structures and homeostasis. Yet in relation to homosexuality Sedgwick asserts that 'a whole cluster of the most critical sites for the contestation of meaning in twentieth century Western culture' has been missed (1990: 72). This can be applied to the neglect of trans as a site of contestation within the gender debate, or rather trans has been (and remains) positioned as low down within the hierarchy of gender oppressions. The discursive practices which have positioned trans as synonymous with inversion and deviancy have added to this hypothetical hierarchy.

Sedgwick mapped a range of sexual identifications which transgress the heterosexual/homosexual/bisexuality triad and moved away from bodily practices (genital sex) as a means of categorising sexual identities. Within her analyses, Sedgwick demarcated sex as purely biological (chromosomal) and immutable. Chromosomal sex is entirely separate from gender which is socially engineered and determined within the male and female binary. Sedgwick views sexuality as informed by gender, and vice versa, but the two are simultaneously distinct.

Whilst the social construction of sexuality has been theorised, the processes and experiences of embodied sexual practices are little understood (Jackson and Scott 2001). Following her examination of trans people's partnerships, Sanger (2010) advocates for an 'ethics of intimacy...with respect to intimate lives through the reconsideration of regulatory frameworks of governmentality, and the expansion of thought to include a diverse range of intimate options' (2010: 134). Whilst intimate partnerships do not necessarily infer sexual relations per se, Sanger binds (trans)gender to sexuality in a way which is persuasive and is adopted within this thesis. Moreover, trans identity and practice problematises normative sexuality categories in myriad ways. For example, the sexuality of transsexual people who have transitioned may be stable, may become uncertain or may change altogether (Aramburu Alegria 2010). However a previously heterosexual post-transition

transsexual woman, who began a marriage whilst identifying as a natal man, may continue to enjoy her relationship with her wife following transition, and continue to identify her sexuality as heterosexual. This is complex and this type of arrangement sits outside of heteronormative discourses of relationships, family and marriage. Reconfigurations such as this can trouble relationships as they have legal implications; marriages have to be annulled as two women cannot be bound within traditional marriage, and spousal rights may be compromised. There are considerable implications for those who wish to transition. Whilst civil partnerships have provided gay and lesbian people the opportunity to have their union recognised in legal terms, marriage remains the preserve of heterosexual partnerships. This privileging of heterosexuality serves to marginalise non-heterosexual identities and relationships and gives rise to the discrimination and oppression of lesbians and gay men (Scott and Jackson 2006).

Heterosexuality, in part, validates masculinity and femininity (lesbians are seen as not 'real women' and gay men as not 'real men') and masculine and feminine practices (Scott and Jackson 2006). Conservative male and female signifiers (for instance, clothing, hairstyles, behaviour) are similarly used to categorise and can serve to conflate sexual practices to gender identity (for example, butch/femme). As Scott and Jackson (2006: 235) note 'the normative status of heterosexuality is pivotal to the social ordering of both gender and sexuality'.

2.7 Marginalised communities

People whose gender identity and practice do not conform to traditional versions of male/female or heterosexual/homosexual face marginalisation and disadvantage in many areas of social life (Monro 2005; Hines 2006; Whittle et al. 2007; Mitchell and Howarth 2009). The societal processes and structures through which inequality is embedded can be understood in terms of discrimination, social exclusion and invisibility. Butler (1999 cited in Sanger 2010: 29) proposed that:

One could say that recognition exercises a performative effect, that one is to the degree that one is recognised, to the degree that one realises that modes of recognition are in discourse; there is a Foucaultian twist to the Hegelian formulation which then suggests that what we are is a

function of the discursive categories that are available for recognition.
(Butler 1999 [1997]: 287)

Discursively produced categories in western society are dichotomous with recognition as a citizen of either male or female sex. If one is not recognised as either male or female, then Butler would argue, one effectively ceases to exist. Gaining recognition within existing citizenship terms results in both gains and losses for trans populations (Sanger 2010). This is particularly so at the junctures of ‘coming out’ and transitioning and the costs of both can be catastrophic in terms of personal, social and economic loss. In his work on social stigma, Goffman (1979 [1963]: 12) distinguished between what he termed as a *virtual social identity* (that which is imputed by others) and an *actual social identity* (that which an individual can be proven to possess). Trans identity and embodiment complicates this dualism and where a cleavage between a virtual and an actual identity engenders a non-normative or negative quality, the discrepancy is named as a stigma. In trans people’s narratives, this stigma is bound up with the ambiguity or disparity of an individual’s psychological gender identity and the gender/sex which is ascribed at birth through an inspection of the physical body. This type of stigma can be identified as a self-schema (the ideas and beliefs that someone holds about themselves) but one which is temporally and culturally situated and subject to change. The self-imposition of a stigma (that is, gender non-conformity) results from an ontological perception of being born into and socialised in a world built on the gender binary.

Earlier in this chapter Garfinkel (1967) described the ability to pass which is ‘...the work of achieving and making secure [the] rights to live in the elected sex status while providing for the possibility of detection and ruin carried out within the socially structured conditions within which this work occurred’ (1967: 118). As such, passing is conceived as a strategy implemented to achieve a ‘normal’ status by one who has a non-normative, or marginalised, status. Consequently, a slippage in this achievement could result in a stigma or an unwelcome public revelation. Goffman (1979 [1963]) distinguished between what he termed as the discredited (those individuals whose stigmatising characteristic or trait is known or evident on contact) and the discreditable (those for whom their stigma is

unknown and not immediately perceivable). These are useful distinctions to reflexively consider when analysing trans identity and its impact upon the immediate social environment. This analysis also benefits from a poststructural lens to deconstruct claims of a socially discreditable/discrediting nature which serves as a reminder that such claims are cultural constructions which are subject to change over time and in spatial and cultural contexts. However, in a contemporary framing, a factor which moves a person from being discreditable to discredited relates to their ability to pass in their chosen gender. It follows that the ability to pass potentially negates any stigmatising aspect of a person's gender-crossing expression. As such, gender then can be seen as a distinct disciplinary and regulatory regime not only in the way it has acted upon the pre-existing subject (from the moment that their gender was ascribed at birth), but also in that it has shaped and formed the subject from that point onwards (Butler 2004). In this sense, the ability to pass is a technology of that regulatory power which is operationalised through the gender binary. This operation naturalises the hegemonic order and forecloses the consideration of gendered life outside of the male/female dichotomy. From a feminist perspective, passing may assist trans people in their desire for social inclusion, but at the same time, this supports heteronormative aesthetics of male and female promulgated within a male hegemonic framework (Aoki 2012).

In this framing, the concepts of stigma and social exclusion intersect. Monro (2005: 43) describes social exclusion as 'the way in which certain groups lack the resources to participate in wider society and face barriers to participation at institutional and cultural levels'. Trans people's social exclusion is argued to be entrenched and forms of trans discrimination range from media ridicule (Gamson 1998) to hate crime (Valentine 2003); although increasing public tolerance is evidenced by recent successful television airings (for example, 'My Transsexual Summer' a Channel 4 broadcast during 2012) the growth in popularity of the localised 'Pride' events and a vibrant visibility in the cyber-world. Within the overarching context of citizenship, research by Tee and Hegarty (2006:71) explored public support and opposition to the civil rights of trans people in the UK, employing the concept of heterosexism as a 'tentative model for prejudice against trans people'. The study found there to be more opposition to trans civil

rights among ‘men...non-White, non-British, religious, authoritarian and heterosexist participants and those with little previous contact with gender minorities’ (Tee and Hegarty 2006:77). There were differences in prejudice towards sexual and gender minorities as the researchers found that there was no predictable correlation between the two, nor was prejudice based on conceptual confusion of the two groups. Tee and Hegarty (2006: 78) suggest that ‘both prejudices might be rooted in right wing authoritarian acceptance of, and reliance on, authority to punish those who transgress social norms’. Whilst these findings have importance in relation to the trans perspective of marginalisation, the study sample was modest and although attitudes and beliefs were measured, behaviours or behavioural intentions (such as hate crime) were not. The findings do, however, support existing research which suggests widespread marginalisation and disadvantage for trans populations (Whittle et al. 2007). This raises doubts about the potential for trans people to exercise their citizenship rights on an equal footing with their cisgender counterparts.

2.8 Understanding Citizenship

Citizenship has been broadly defined as the collection of rights and responsibilities which establish socio-political membership and enable access to benefits and resources (Turner and Hamilton 1994). In an analysis of citizenship different traditions can be identified which vary across geographies and cultures. For example, European states variously emphasise the relationship between citizenship and concepts of welfare, social class, and the public/private divide. Across Europe levels of citizenship rely on local government, nation state and European Union conventions. Analysis of western citizenship is predominantly concerned with class and social integration within capitalist economies. A liberal model of rights alongside minimum state intervention in a free market has underpinned the western citizenship model which integrates a tripartite system of social, political and civic rights (Marshall 1950). Additionally, in Britain the notion of citizenship has come to represent fairness and justice (Walby 1997).

‘Citizenship’ is, however, a contested concept which is culturally and historically situated. Moreover, the discursive framework, within which citizenship sits, is open to charges of ethnocentrism as the ‘citizen’ has traditionally been considered

to be white, male, heterosexual and able-bodied whilst women, trans and non-heterosexual people have largely been neglected in citizenship discourse (Monro 2005). There have been challenges to this in literature proposing new models such as those of feminist citizenship (Walby 1997) and sexual citizenship (Evans 1993).

Another tension within citizenship discourse links to the dichotomised notions of universalism and particularism. A critical question asks whether citizenship should be based on a universal model which is all inclusive of minorities, or whether a framework which incorporates a groups-based approach with recognition of the differentiated rights to citizenship is the superior alternative. Commentators point to the exclusionary potential of both, particularly in the case of sexual politics and normative gender discourse, which constructs certain practices as unacceptable (Turner and Hamilton 1994; Bell and Binnie 2000). Moreover, if a universalist concept of citizenship is applied, then what of notions of inequality, social exclusion and marginalisation? Do these concepts cease to exist in terms of their current understanding as they diminish in the achievement of an equitable and inclusive society? I would argue that citizenship is deeply affected by social structuring divisions such as gender, class, ethnicity and (dis)ability and that, whilst rights and responsibilities of citizenship should be applied and enjoyed equally, as with identity, people experience citizenship differently and it is this argument that will be explored through an analysis of feminist, sexual and trans citizenship.

2.9 Feminist Citizenship

Walby (1997) asked whether citizenship is gendered. Using citizenship as a lens to explore inequity between men and women, historical data supports the proposition of women's subjugation as closely associated with the institutionalisation of heterosexuality and provides many exemplars of male privilege. For example, in relation to political citizenship, women did not have the vote until 1918 and up until the latter part of the last century, in terms of civil liberties, married women had few rights to justice (they had little option but to accept physically abusive behaviours and the expectation to submit to sexual intercourse on demand). In addition, access to the labour market has been

restricted by gendered cultural norms and practices which positioned women as homemakers and men as breadwinners. Educational opportunities and labour market practices replicated these cultural norms; for example, apprenticeships were open to male candidates only (Walby 1997). Thus, despite the universalist rhetoric that dominates, evidence suggests that citizenship has been gendered to support male hegemony. An active response to this can be seen during the second wave of feminism through claims of the rights to sexual self-expression and self-determination, bodily control and the 'right to say no' (Richardson 2000). There is dissonance between these claims and the feminist backlash and rejection of trans people at the time with some vociferous transphobic activism (for example, the exclusion of trans women from the annual Michigan Womyn's Music Festival in 1991 – a policy which was reaffirmed in 2006 when a transsexual woman tried to enter the event) and through the publication of transphobic academic literature (Raymond 1980; Jeffreys 2003). So, whilst some feminists continue to make freedom claims in relation to gendered citizenship rights, others castigate and marginalise trans people for acting on their potential for self-expression and self-determination.

Walby (1997) argues that contemporary experiences of citizenship remain gendered. Citizenship literature has ignored women's interests by focussing on the public sphere of paid work, with little attention paid to personal life (for example, unpaid domestic work) which, by implication, has neglected to differentiate women and men's citizenship interests as distinct (Squires 1999; Monro 2000; Hines 2007b). It is this neglect that feminist models of citizenship critique in addition to the promulgation of masculinist versions of what constitutes the 'citizen'. Clearly, a prevailing focus on constructs of (male) citizenship and the male experience, which overlooks women and female experience, has implications for those who transgress the gender binary. In addition, the tendency of feminist theory to labour the distinction of sex as biology and gender as culturally prescribed has been foregrounded as in need of critical debate (Hird 2000; Sanger 2010). This dichotomised model of sex and gender has been contested by poststructural feminists such as Butler (1990, 1993, 2004) in her thesis of gender performativity and in her work on the discursive production of

gender and sex (and discussed earlier in this chapter). Fausto-Sterling (2005) adds to the critique by arguing that:

The sex/gender or nature-nurture accounts of difference fail to appreciate the degree to which culture is a partner in producing body systems commonly referred to as biology – something apart from the social. (Fausto-Sterling 2005: 1516)

By positioning cultural processes and structures as an equal partner to biology in the constitution of the sexed body, Fausto-Sterling (2005) contests the epistemological claims of those feminists who subscribe to biological essentialism in the arguments used to denounce patriarchy. Fausto-Sterling inadvertently supports an aspiration of trans equality. But currently those who move across, between or beyond the male/female dichotomy are hidden or marginalised within mainstream citizenship discourse unless, of course, they assume a male identity, whether temporarily or permanently, and enjoy the patriarchal privilege that this brings.

A feminist framework for citizenship has utility in generating analysis on the dominant ethnocentric discourse concerning modes of citizenship; this has placed women's interests at the heart of the debate about the public/private divide. Yet, whilst a discussion that speaks of women's specificity in oppositional terms to men has value, conversely feminist models have drawn on universal claims to women's rights. Poststructural perspectives charge feminism with homogenising tendencies by reducing women to a fixed, stable and universal category and postcolonial approaches further argue that mainstream feminist theory gives insufficient recognition to women of difference by virtue of ethnicity, culture, sexuality or (dis)ability (Butler 1990; Hill Collins 1998). These critiques render notions of a universal women-only feminist citizenship problematic. Yet if the category of 'woman' was employed in its broadest sense as an 'umbrella' term so that this included women of colour, women with disabilities, lesbians and trans women, then the model of feminist citizenship becomes much more complex as issues of diversity, identity and experience are conflated to produce a category, or a model, which is opaque and incoherent.

A continuing feature in the feminist debate on citizenship has been that between visions of citizenship as gender-neutral or as gender-differentiated with attempts made to displace the distinction between the two (Squires 1999). The debate explores whether women are the same as men and should thus enjoy the same rights and benefits, or whether women and men are intrinsically different and this difference should be valued and legitimised through a distinct gendered model of citizenship. A position of citizenship that is 'gender-blind' would undermine the very foundations of a feminist model and Monro (2005) debates a 'gender pluralist' approach which would allow a feminist model to sit beside other gendered models, such as ones that advocate the specificity of trans and intersex citizenship. This argument sits at the particularistic end of the citizenship continuum in that it enables each minority group to voice their rights. Monro (2005) notes that this model of citizenship engenders non-discrete categories as people are free to move across gender boundaries or belong to multiple categories concurrently, whilst other social structuring factors (race, ethnicity, age) complicate matters further. A further complexity lies within the possibility of a male category to include those who participate in non-stereotypical male practices (male homemakers, cross-dressers who do not identify as trans) and extant literature on feminist citizenship neglects to include a male perspective.

2.10 Sexual Citizenship

As with the feminist academy, scholars of sexuality studies have argued that mainstream models of citizenship do not identify or include difference in terms of sexuality (Evans 1993; Plummer 1995). Whilst the heteronormative model prevails, this serves to marginalise those who experience their sexuality outside of heterosexual practice, on an individual relational basis, in communities and within mainstream society.

The concept of the 'sexual citizen' was first discussed by Evans (1993) in his work which drew connections between sexuality and the capitalist market. Evans proffered an analysis of how the process of 'consumer citizenship' facilitated a distancing of morality from legality in that sexual identity has been re-branded as a lifestyle in order for market economies to target and prosper from some asset-holding sexual minority groups (for example, middle class gay men with good

disposable incomes – the so called ‘pink pound’). In Evans’s analysis, this group, whilst enjoying active citizenship in terms of their economic rights, remain ‘immoral citizens’ by nature of their sexual identity and practices. Those who hold little capital (for example, bisexuals, transvestites) have neither economic nor political citizenship and are thus marginalised (Evans 1993).

Evans’s analysis is persuasive, but for many who identify as trans, their identity and status is not a lifestyle choice, but rather it is a deeply enmeshed somatic sense of dissonance in terms of psychological gender in relation to embodiment. For trans people with economic capital, they may well enjoy citizenship as consumers but remain peripheral to full citizenship entitlement due to hegemonic social norms and institutions (family, religion, legal system) which exclude trans people from many domains of social life. Thus Evans’s thesis has implications for social policy relating to different modes and experiences of citizenship in connection with these taken-for-granted structures and institutions and trans perspectives.

Richardson (2000: 259) approaches the intersection of sexual, or ‘intimate’, citizenship with lesbian and feminist perspectives claiming that ‘rather than seeking inclusion and equal treatment...feminists have critiqued the rights and privileges accorded to heterosexuals’. Thus, claims to sexual citizenship rights can be criticised from a perspective similar to that levied at early gay and lesbian activists; that is, on assimilationist grounds as there is a tendency to seek non-heterosexual identities to be absorbed into the mainstream. This is an important distinction which has ontological implications with regard to trans citizenship as in actuality many trans people identify firmly within the gender binary; they seek inclusion and equal treatment as citizens in their chosen gender and not as a gender minority.

A broader approach to sexual citizenship is taken by other writers: for example, Giddens (1992: 2) deals with sexual relationships in modern society by proposing that within intimate life there are high levels of democracy and increased sexual and emotional agreement and equality. Giddens terms this relational mode as a ‘pure relationship’. Giddens illustrates his argument by situating gay and lesbian

communities as ‘pioneers’ who have been enjoying such arrangements for some time (1992: 135). Whether this claim is true or not, what Giddens does is frame intimate partnership, and indeed citizenship, as a sexualised process (Richardson 2000). Plummer (2003) frames intimate citizenship within broader societal contexts and uses the terms as a sensitising device to ‘hint at worlds in the making, worlds in which a public language of ‘intimate troubles’ is emerging around issues of intimacy in the private life of individuals’ (2003 cited in Grabham 2007: 36). By this Plummer refers to a new social order within which individuals experience less control over their lives as society is increasingly influenced by a powerful media, new technologies (including reproductive technologies) and globalisation. Richardson (2000) asks whether sexual citizenship should be theorised in universalistic terms or whether a more differentiated approach would allow for an all-encompassing discussion which engenders the broad range of identities and practices enmeshed within the overarching taxonomy of sexuality. Either way, where feminist citizenship critiques dominant citizenship discourse for its singular focus on public spheres of social life, attention to sexual citizenship builds on this to bridge the gap between the public and private.

2.11 Trans Citizenship

In combination, work on feminist, sexual and intimate citizenship has interrogated mainstream citizenship discourse to conclude that consideration of the complexity of gender and sexuality is absent (Richardson 2000). Extant literature remains firmly rooted in the heteronormative framework which sustains normative versions of citizenship as built upon a gender binary. Whilst feminist work on citizenship identifies existing analysis of the public/private divide as wanting (as mainstream discourse focuses on the public sphere), issues pertaining to the citizenship rights of trans populations span the public (for example, issues existing in terms of access to employment, welfare systems and services) and the private (for example, rights of choice in terms of gender expression in relation to partnerships and parenting). Plummer (1995) delineates intimate citizenship as a collection of rights which give people choice over their relationships, bodies, gender identities, emotions and desires. He proposes that this conglomerate of rights be added to Marshall’s tripartite model of citizenship and so ‘intimate

citizenship' rights becomes the fourth aspect in addition to social, political and civic rights. Wilchins (2004) adds a note of caution and asserts that trans people's rights have increasingly come to mean transsexual rights with advocacy within the community itself focusing on issues such as hate crimes towards transsexuals, access to medical intervention and changes to birth certificates; these are of interest mostly to those who wish to change their sex and who live within the gender binary. However, Plummer's attention to individual choice concords with Monro's (2003, 2005) discussion of trans citizenship and its general identification of concerns with self-determination and equality.

Monro and Warren (2004) explore the possibilities for trans citizenship whilst noting the considerable alliances found between gay, lesbian, bisexual, trans and feminist activism which are reflected in academic literature; the concept of trans citizenship interweaves with and draws from both sexual and feminist citizenship discourses. There is, however, tension between the sexual, feminist and trans models of citizenship with each attempting to delineate their own specificity (Grabham 2007). Trans citizenship can be distinguished from the feminist model which is rooted in the gender binary, and from sexual citizenship as it focuses on sexual desire and intimacy. However, in his analysis of intimate citizenship, Plummer (1995) does explore some forms of trans identification, and includes the principle of freedom to determine one's own gender identity within his model of citizenship.

Whilst trans citizenship has been allied to rights-based approaches, Monro (2005: 166) points out the limitations of rights-oriented models that 'they simply mean a replication of the dominant order, or assimilation of marginalised groups into the mainstream'. For many trans identified people, particularly those who identify as transsexual, assimilation into mainstream society is the desired goal. So the conventional citizenship model, which is built upon heteronormative ideals and dichotomous gender, conflicts with citizenship desires only in that the model should be broadened to include trans people. However, this broadening requires complex legal reconfiguration and whilst legislative change has taken place (for example, with the implementation of the Gender Recognition Act 2004 and the Equality Act 2010), this is far from complete (Sandland 2005; Sharpe 2007). In

addition, there is a minority faction of the trans population who do not wish to conform to gender binary identities and as ‘gender outlaws’ – a description to signify gender transgression in the context of identity, practice and social status – they reject conventional and universal citizenship rights (Bornstein 1998).

Making claims for a model of trans citizenship is problematic; it is complex and sensitive. Turner and Hamilton’s (1994) notion of citizenship is bound up with the idea of a collection of rights and responsibilities which raises the question of definition; what are these rights and responsibilities? Who defines them? Whose interests do they serve? The production of hegemonic discourses about sexuality and embodiment operationalise ‘dividing practices’ which separate the ‘normal’ from the ‘abnormal’ (Foucault 1984 cited in Sanger 2010: 31) or the ‘discredited’ from the ‘discreditable’ (Goffman 1967). Thus, discursively produced knowledge, according to Foucault (1979), serves the interests of the ruling elite and illustrates biopower; a technology of power which serves to control populations. Through the operation of this form of power/knowledge one becomes a subject, or citizen (Foucault 1980).

As discussed earlier, trans identity disrupts the operation of biopower which Foucault explored with context to the cultural and socio-political climate at that time (that is, a society built on convention and dichotomous gender). In contemporary society, evidence of a changing social climate is found through an analysis of gendered cultural norms (for example, those pertaining to family policy and practice) and in recent changes to legislation. In fact, the Equality Act 2010 is indicative of a trajectory in social discourse which moves from a medical to a social perspective; within the act itself it is stipulated that gender re-assignment is to be considered to be a social, not medical, process (Press for Change online: undated). However, the limitations of gauging social change in terms of legislation requires a critical understanding of how the gender binary undergirds equality legislation and consequently neglects trans people who identify outside of male/female or as gender non-conforming. Moreover, the umbrella term ‘trans’ does not point to the wide range of identities and practices found across trans populations. In epistemological terms, a framework which sites an individual as the expert, who can construct their experiences of social life in

terms of their unique gender status, may assist a model of trans citizenship to evolve which is universally inclusive and which embraces specificity. This aligns to a queer sociological perspective (Seidman 1996; Roseneil 2000; Hines 2006).

2.12 Chapter summary

In this chapter I have discussed relevant developments within contemporary sociological theory in relation to trans identity and practice. This began with a discussion of the influential work of Harold Garfinkel and his representation of Agnes, a transsexual who duped Garfinkel and others into believing that she had an intersex trait. Despite the changed circumstances of Agnes's narrative, Garfinkel's study led to his proposition of gender as a 'situated accomplishment' (1967: 121). Indeed it could be said that Agnes's success at 'passing' as an intersex woman with Garfinkel was an accomplishment in itself. *Studies in Ethnomethodology* marks the beginnings of a body of work which viewed sex as biology and gender as socially produced. The distinction between sex and gender has now been contested and the constructed nature of gender, sex and sexuality is debated.

Whilst feminism has a tumultuous history with trans scholarship and praxis, the influence of the 'poststructural turn' on contemporary feminisms facilitates a greater level of acceptance of gender diversity and is reflected in the influential work of Judith Butler (1990, 1993, 1999, 2004). In turn, this body of work has opened up the possibilities for trans theorising and recognition. The work of Foucault and Butler has influenced the development of queer theory. However, by neglecting specificity, embodiment and other social and relational processes, there is a danger that the queer perspective fails to recognise trans identity and subjectivity as heterogeneous and, particularly so, within different socio-cultural contexts (Flax 1990; Lev 2004; Hines 2006; Monro 2010). Therefore, a queer sociological perspective is promoted as a sociological theory which usefully moves beyond the confines of fixity and then returns to centre on the particularity of subjectivity and subject positioning. In addition, transfeminism presents an alternative lens through which to interrogate identity and citizenship by considering trans subjectivity as experienced and located within the prevailing and

hierarchised male/female binary (Scott Dixon 2006; Serano 2007, 2012; Enke 2012).

Finally, models of citizenship, which centre on gender and sexual minorities, offer a useful alternative to the majority of citizenship literature which is firmly wedded to the concept of heteronormativity. These alternative models also provide a framework for considering trans subjectivity, social exclusion and marginalisation. Yet, it is clear that a critical lens is needed in an analysis of trans citizenship as the very notion of citizenship rights can, and has been, synonymised with rights to medical intervention and processes of gender re-assignment. Wilchins (2004) highlights this as a leaning towards those who identify as transsexual and/or those who wish to permanently cross from one gender to another as opposed to those who wish to move between or beyond gender categories, or who temporarily cross gender boundaries. Recent legislative change (that is, the introduction of the Equality Act 2010) indicates that a socio-cultural, rather than a medical, discourse of trans identity and practice is gaining recognition, however, this socio-cultural discourse remains rooted to binary thinking. This may serve as another example of 'dividing practices' resulting from discursive productions (Foucault 1984 cited in Sanger 2010: 31). Notwithstanding, a model of trans citizenship is necessary and, as noted above, a queer sociological framework progresses an analysis of trans subjectivity by attending to specificity.

Chapter Three

Understanding domestic abuse and its impact on families

3.1 Introduction

Most gendered violence occurs within the home and the purpose of this chapter is to explore current understandings of domestic abuse and the family or family-type arrangements, children included. An increased knowledge of the theoretical perspectives of domestic abuse enables a greater understanding of its causes and effects in terms of impact upon the self, upon intimate and familial relationships and relations with children. The chapter connects with two distinct streams of thought of domestic abuse as intimate partner abuse and as familial abuse.

The aim of this chapter is not to provide a comprehensive debate about any of the issues covered here but to provide an overview of some of the main themes that help to facilitate a theoretical understanding of domestic abuse including: the domestic setting; definitions; typologies; prevalence; impact; theoretical frameworks; and the impact upon children. Throughout this analysis I will attempt to integrate a trans perspective using extant literature although I am bound by the diminutive body of work from which to draw.

This chapter will begin by offering a brief discussion of the changing concepts of the family and family life in order to provide contemporary context and to begin to deconstruct the myth of the ‘dangerous stranger’. Then a feminist paradigm of domestic abuse will be explored in relation to definitions and typologies. This feminist lens will be inter-disciplinary to incorporate a theoretical debate enmeshing ideas from psychology with a sociological standpoint. However, there are many models and paradigms which are not incorporated (including theories around personality, emotional intelligence and so on) as these underplay social and environmental factors and tend to focus on biological and psychological factors. The impact of domestic abuse will be explored in relation to adults and children.

3.2 Family life: trans people and changing contexts

The family and home continue to be central to sexual and social reproduction, and the differentiation between gender roles through gendered activities. The family is also the site for the majority of gendered crime and oppression (Walby 1992; Wykes and Welsh 2009). Past imaginings of the family positioned it as an institution, or structure. Morgan (1996, 2011) challenged this in his discussion of *family practices* proposing that families are what families do. There is, however, a standard model of the family that is assumed to exist in Western society which combines heterosexuality, monogamy, marriage and children within a shared living space. However, this standard model is contested by the very existence and prevalence of non-nuclear, one-parent and blended families amongst other non-traditional household configurations.

Contemporary sociology has explored the constitution of the family with recognition for alternative and more fluid relationship configurations and family-type arrangements such as ‘friends as family’ and ‘families of choice’ found within LGBT communities (Weston 1991; Weeks et al. 2001; Smart 2007; Lev 2010; Sanger 2010; Davies and Heapy 2011). Friendships have evolved to become a key source of emotional care (Pahl 2000). Hines (2007) found that amongst trans people’s relationships, the meeting of emotional needs was not a one-way trajectory as ‘emotional reciprocity’ was common. This was especially important in the lives of those whose relationships with family members had become estranged or difficult to negotiate. In addition, there have been changes in terminology to adopting terms such as ‘household’, ‘kinship’ with the potential for ‘critical associations’ with friends and acquaintances acknowledged (Davies and Heaphy 2011). All these shifts have ‘loosened the constraints’ and enabled existing terminology to be less restrictively defined and bound to the standard model described above (Smart 2007: 6). Despite this, the term ‘family’ generally connects with the notion of biological relatedness or connectedness through legal sanction (that is, marriage), along with geographical and emotional closeness.

That intimate or familial relations can be successfully conducted across distances or without legal or biological ties has led to another adopted term where relationship configurations are described as ‘networks’ (Smart 2007). This evokes

a business-like connotation of relationships which seems devoid of or limited in emotional content although it is, arguably, a term more inclusive of those who do not have biological or legal bonds. This stream of thought seems to engage with the individualization thesis which has explored, at macro-level (on a structural basis), the impact of increasing technology and declining traditionalism. At a micro-sociological level (that is, on a personal basis), individualization has led to an increased concern for self and sense of self-preservation and entitlement with regard to relationships, in particular, and social networks, in general (Giddens 1992; Beck-Gernsheim 2002). An example of how some individualization theorists represent contemporary personal life was portrayed by Giddens in his 1992 work *The Transformation of Intimacy*. Giddens explores the increasing egalitarian nature of relationships and proposes that a new form of intimate relating has evolved through the mechanisms of modernity. This democratic form of intimacy is enacted through a *pure relationship* which operates outside of traditional heteronormative structures of intimacy (Giddens 1992: 88). In this influential text, Giddens identifies same-sex relationships as pioneering in terms of providing a template for intimate relating which collapses rigid ideas of masculine and feminine role inequality and models of romantic love. Instead the pure relationship relies on acts of negotiation and notions of love and sexuality are tied to mutuality and reciprocity in terms of meeting individual needs. The pure relationship fundamentally shares power within the intimate connection, thus enabling the application of egalitarian principles to underscore everyday practices within the relationship itself.

The small, existing body of work on lesbian, gay, bisexual and trans (LGBT) family practices challenges contemporary claims that the rise in individualization has resulted in the declining importance of family and kinship. In addition, the growth in ‘families of choice’ and ‘friends as family’ indicates a challenge to biological definitions of the family and points to the transformation of intimacy which results in new familial structures and practices defined by other determinants such as reciprocity and care.

Whilst family research has explored the changing nature and contexts of family life, this research has also evaluated notions about the home relative to time and

space (Mallett 2004; Smart 2007; Morgan 2011) and whilst the body of LGBT literature serves to challenge traditional work on the family, it fails to, in part, in relation to spatial contexts. Contemporary families tend not to live in family clusters (for example, due to relocation following education or through work) and families are increasingly fragmented in terms of connectedness and their geographical closeness, thus friends have increasing importance in terms of meeting the practical, social and emotional needs that were once fulfilled by family members. These new configurations are not bounded by social structuring dimensions such as gender, sexuality, ethnicity and so on.

Feminist academia has paid considerable attention to the gendered nature of home life as a site for oppression; although this is disputed by black feminists who argue that for black women, the family is a site of resistance and solidarity (hooks 2000). Moreover, for trans people it may be neither or both. However, in a large-scale study of trans inequality, Whittle et al. (2007) found that 45% of respondents aligned their gender identity and transitioning to experiences of family breakdown, exclusion from family events (37%) and estrangement from family members (36%). In her study of forty self-identified trans people, Hines (2007) collected contrasting narratives of relationship breakdown and transformation upon 'coming out' as having a non-normative gender identity. Some participants, who had transitioned later in life, enjoyed marriages which had not merely survived, but were depicted as a means of coping for individuals negotiating complex emotions and unstable circumstances. During and following gender transition, changing practices of intimacy were to be found. Many relationships had moved beyond a sexual framework to one where the emphasis was placed upon friendship and thus everyday practices (displays of affection, care and articulated understanding) described intimacy beyond sexual coupling. Whilst the narratives described transformed roles and practices of kinship, similar changes could be ascribed to comparable long-term heterosexual partnerships. In addition, Hines' analysis has limited application as it is drawn from a relatively small cohort with similarities in terms of social and personal characteristics (all participants were White British and several were politically mobile as trans activists).

In Hines' study, the onset of transition – with its inevitable influence on family roles, practices and power dynamics – seemed to represent a temporal site of transformation. Many of the participants recounted irreconcilable differences that manifested in their partnerships at the point of, or prior to, planned transition. Yet, relationships often remained fluid and were open to being reconfigured into ones based on kinship bonds rather than of intimate and sexual partnership. Several ex-partners were counted as close friends and confidantes. This evidenced a level of acceptance in terms of acknowledging a partners' trans identity, whilst highlighting one of the challenges of negotiating the changes from being in a 'opposite-sex' to a 'same-sex' relationship, or vice versa (Aramburu Alegria 2010). Whilst Hines uses a queer sociological perspective to locate her participants' identities, roles and practices, the analysis lacks attention to the essentialist feelings and traditionally gendered views that were articulated by some of the participants' partners; for example 'I married a man, and you don't fulfil that role anymore' (2007: 133).

There is a dearth of sociological research on trans parenting. Psychologist Richard Green's (1978) clinical study is the only UK study to explore the impact of gender variance on the children of transitioning parents and which directly involved children. His findings were salient: children were negatively impacted by the separation of their parents which resulted from the trans-identified parent's transitioning, rather than their actual trans status. The impact of heteronormativity on gender development research and theory has influenced:

The enormous societal pressure on LGBTQ(ueer) parents to produce heterosexual, gender-normative children, and the expectations on their children, especially those questioning their own sex or gender identities. (Lev 2010: 268)

The multiplex nature of children's gender and sexual identity developmental processes are minimised in heteronormative discourses. Moreover, Lev (2010) highlights how the workings of heteronormativity and heterosexism result in a supposition that lesbian, gay, bisexual and trans (LGBT) parents will produce LGBT children whose life chances will be less than optimal in comparison to their heterosexual, cisgender peers according to the heteronormative paradigm.

3.3 The home as a safe haven?

The construction of the home as a safe haven, a place away from the pressures of the outside world where one could expect emotional support (Giddens 1992), has been contested with increased understanding of the nature and prevalence of domestic abuse. Indeed, violence and abuse within the home has been ever present but previously it was considered to be a matter of privacy, where the home represented a space where masculinity could be enacted through behaviour which was justifiable within the traditional paradigm of gender roles and responsibilities. For example, rape in marriage was only made unlawful in 1991 as hitherto it was considered that a woman's body belonged to her husband; this was known as the 'marital rape exclusion' (Lees 2000). Thus, one of the key aims of earlier feminist sociologists was to bring attention to the home as a 'private sphere' (aligning to notions of the 'public sphere' – of industry and commerce – to equalise the importance of these different areas of life) as a place where power was routinely exercised, mishandled and abused. Whilst influential, feminist foregrounding of the home as a space for female oppression can be criticised for privileging gender over other aspects of social division (for example, sexuality or class) and over a combination of gender and other elements: for example, sex, ethnicity and culture (Mallett 2004).

A considerable amount of research flowed from the early feminist literature. This explored hidden gender inequality within the family and home, domestic abuse, sexual assault and rape and Gelles (1997: 1) claimed that the family is 'society's most violent social institution'. There is considerable statistical evidence to support the assertion of domestic abuse as gendered and data shows that the majority of violent crime (including homicide) against women and girls is perpetrated by a male known to them (Wykes and Welsh 2009; Home Office 2012b). For example, the British Crime Survey (BCS) 2010/2011 found that six per cent of women (c. 900,000) and four per cent (c. 600,000) of men experienced partner abuse in the year prior to the report (Home Office 2012b). Also indicated was that of the total number of female homicides, over three-quarters (78%) of female victims knew the main suspect compared with over half (57%) of male victims and female victims were more likely than male victims to be killed by a current or ex-partner (47% and 5% respectively) but less likely to be killed by a

stranger (12% compared with 27%) (Home Office 2012b). As with other large-scale surveys, there are methodological limitations which should be borne in mind; for example, there are sampling issues with the BCS and there is a high likelihood that the BCS under-reports the real extent of domestic abuse overall (Walby and Myhill 2001). Despite this, statistical findings seem to support the proposition that the home does not automatically represent a safe haven. Indeed, although sparse, literature on domestic abuse suggests that in one in four relationships, whether for heterosexual or homosexual people, domestic abuse will occur and that 80% of trans people will experience some form of domestic abuse (Walby and Allen 2004; Women's Aid 2009b; Broken Rainbow 2013).

3.4 Definitions and measures of domestic abuse

Women's Aid Federation England (WAFE) is the largest third sector organisation in the UK working to end domestic abuse and WAFE states that:

Domestic violence is physical, sexual, psychological or financial violence that takes place within an intimate or family-type relationship and that forms a pattern of coercive and controlling behaviour. This can include forced marriage and so-called 'honour crimes'. Domestic violence may include a range of abusive behaviours, not all of which are in themselves inherently 'violent'. (WAFE 2007: online)

WAFE describes a pattern of behaviour. Until March 2013 the State definition, offered by the Home Office, differed as it suggested that domestic abuse may constitute a singular episode. The definition of 'domestic violence' was:

Any incident of threatening behaviour, violence or abuse (psychological, physical, sexual, financial or emotional) between adults who are or have been intimate partners or family members, regardless of gender or sexuality. (Home Office 2012a: online)

The significance of this now defunct definition is that it reflects a criminal justice agenda as the Home Office concordantly defined a singular event as domestic abuse with the intended outcome that any representative of the Home Office (for example, a police officer or court appointed official) would treat a singular incident as thus. Attention to singular events conceals the true picture of domestic abuse which is often found to have evolved into a pattern of multiplex and

repetitious behaviour yet it is singular events which are mainly recorded and represented in Home Office statistics. This was acknowledged by the Home Office as the new extended definition came into effect in March 2013. The new definition describes ‘domestic violence and abuse’ as:

Any incident or pattern of incidents 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 gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological; physical; sexual; financial; emotional. Controlling behaviour is: a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, exploiting their resources and capacities for personal gain, depriving them of the means needed for independence, resistance and escape and regulating their everyday behaviour. Coercive behaviour is: an act or a pattern of acts of assault, threats, humiliation and intimidation or other abuse that is used to harm, punish, or frighten their victim. This definition includes so called ‘honour’ based violence, female genital mutilation (FGM) and forced marriage, and is clear that victims are not confined to one gender or ethnic group. (Home Office 2012c: online)

Whilst this definition is clearly much more comprehensive, definitions of domestic abuse are problematic in other ways, and particularly so in relation to measuring prevalence using data from the three main sources: the records of police and other criminal justice agencies; crime and victimisation surveys; and other surveys (for example, domestic abuse services) (Wykes and Welsh 2009). Challenges arise from definitions (what is and what is not included) and interpretations (people hold existing views of domestic abuse, or violence, as physical violence only) and link to issues such as the reliance on victim/survivor’s disclosures and self-reports (a factor in the British Crime Survey). Previous analysis of domestic abuse research has found gender differences in the way that men and women represent the abuse or violence that they have experienced. For example, men will minimise the extent or level of abuse or violence directed towards them from female partners and minimise emotions such as fear (Dutton 2008). The Home Office definition usefully points to current and previous relationship connections. This is salient as in cases of harassment, stalking and homicide it is often estranged or ex-partners who are identified as the perpetrator.

The difficulty in adopting the term ‘violence/violent’ is that it can be misleading and obfuscates understanding of some forms of domestic abuse like financial abuse and more nuanced, but chronic, forms of emotional abuse. It is not uncommon for emotionally abusive behaviours to be discounted as domestic abuse by lay people but this type of behaviour can be insidious and terrifying as Walby and Allen (2004: 19) comment on the 11% of women (compared to 1% of men) who reported frightening threats in the 2001 British Crime Survey, as ‘the context of fear is an important element in the understanding of domestic violence as a pattern of coercive control’. Following a consultation process which involved representatives across the voluntary and statutory sectors, frontline practitioners, independent domestic abuse advocates (IDVAs), multi agency risk assessment conferences (MARAC) and the public, the Home Office has broadened its use of the term ‘domestic violence’ to the newly adopted ‘domestic violence and abuse’ (Home Office 2012e).

For some the word ‘domestic’ may imply associations with intimate partners and arrangements such as marriage and cohabitation and exclude wider or extended family (parents, siblings, those related through marriage (‘in-laws’)). Other issues are raised by relationship arrangements outside of the norm of heterosexual-combined living; for example, where a woman has a sexual relationship with a man or woman but they live apart and share no joint living arrangements at all. Furthermore, in police recording a ‘domestic incident’ may include incidences between intimate partners, family members but also those who have no biological or emotional connection, such as flat mates.

In relation to social categories, the WAFE definition makes an attempt to address difference and diversity by stating that:

[A]ny woman can experience domestic violence regardless of race, ethnic or religious group, class, disability or lifestyle... Domestic violence can also take place in lesbian, gay, bi-sexual and transgender relationships, and can involve other family members, including children. (WAFE 2007: online)

A further distinction between the two definitions is exposed; WAFE include children but the current Home Office definition refers specifically to adult relationships. Yet, children can witness domestic abuse (directly or indirectly – be present in an adjacent room); be coerced into abusive behaviours; be directly abused; and can be forced to watch abuse of their mothers (for example, in the instance of sexual abuse) (McGee 2000; Humphreys 2006; Mullender 2006). All of these constitute the emotional abuse of children at the very least and this is now recognised as ‘harm’ in statute in s. 120 of the Children and Adoption Act 2002.

With regard to those under 18 years old (effectively children in line with the definition of childhood constructed within the Children Act 1989), the Home Office definition of domestic abuse, in effect since March 2013, includes protection for those who are 16 and 17 years old. This is a response to the misalignment between the previous definition (which refers to adult relationships) and the government’s pledge in working to end domestic abuse aimed at girls and women. This is set out in the ‘Call to End Violence against Women and Girls’ strategy and action plan documents which address adult and teenage relationship abuse (Home Office 2010, 2011). The incongruity between the previous definition and knowledge about prevalence unfolded following the BCS 2009/2010 which indicated that young people aged between 16 and 19 years old age represented the age group most likely to experience intimate partner abuse (Home Office 2012c).

3.5 Forms of maltreatment and risk factors

This chapter has begun to explore how the dynamics and contexts for domestic abuse vary considerably. Singular incidents or patterns of abuse can occur between spouses, intimate partners, partners who live apart, from parent to child, from child to parent, between siblings and can include extended family members. Whilst the definitions discussed above offer ‘catch-all’ descriptions, the forms of abusive behaviours are myriad. These are captured in the table below which I have adapted from Browne and Herbert (1997) to reflect a contemporary context.

Table 1: Forms of Maltreatment

ABUSE

Physical abuse The infliction of physical pain and/or injury. For example, pushing, slapping, hitting, hair-pulling, biting, kicking, punching, use of objects, burning, stabbing, shooting, poisoning, physical restraint, female genital mutilation (FGM), killing, etc. Many of these can result in death.

Sexual abuse Sexual activity or contact without consent. For example, any exploitative or coercive sexual contact which includes fondling, intercourse, oral or anal sodomy, attacks on the sexual parts of the body, involuntary viewing of sexual imagery or activity and treating someone in a sexually derogatory manner, forced sex work/sexual exploitation/unprotected sex.

Psychological (mental) abuse The infliction of mental anguish. For example, forced isolation, using fear of physical harm to self or others, imprisonment, involuntary witness to violent imagery or activity, intimidation, use of menace/blackmail/suicidal threats or harassment, destruction of pets or property, controlling and limiting access to family, friends, school or work; use of phone or online environments to cause distress or intimidation, controlling or limiting access to a phone or internet.

Emotional abuse For example, regular criticism, humiliation, denigration, insults, name-calling and other attempts to undermine self-image and self-worth.

Financial/material abuse Unlawful or financial exploitation and/or control of funds and other resources needed for economic and personal survival. Forcing a person to be materially dependent.

NEGLECT

Wilful neglect Refusal or failure to fulfil a caretaking obligation, including a conscious and intentional attempt to inflict physical or emotional stress. For example, deliberate abandonment or deliberate denial of food, money or health related services.

Unwitting neglect Failure to fulfil a caretaking obligation, excluding a conscious and intentional attempt to inflict physical or emotional distress. For example, abandonment, non-provision of food, money or health-related services because of anxiety, inadequate knowledge, laziness or infirmity.

Some recognised categories of intimate and familial abuse may traverse the different forms of maltreatment identified. For example, where forced marriage occurs, this can include all aspects of abuse as categorised above. Indeed, it is more likely that a combination of the multiple forms of maltreatment is experienced rather than isolated incidences of singular and specific actions. Cultural variations do exist, however, in terms of definitions and measurements of abuse, there is a general consensus about much of the content of Table 4.1. It is further useful to consider these forms of maltreatment as dichotomised into ‘active’ and ‘passive’.

Table 2 Dyadic Classification of Forms of Maltreatment (Adapted from Browne and Herbert 1997)

	<i>Physical Abuse</i>	<i>Psychological Abuse</i>	<i>Sexual Abuse</i>
<i>Active abuse</i>	<ul style="list-style-type: none"> • Non-accidental injury • Restraint 	<ul style="list-style-type: none"> • Intimidation • Emotional abuse 	<ul style="list-style-type: none"> • Incest • Sexual assault and rape
<i>Passive neglect</i>	<ul style="list-style-type: none"> • Poor health care • Physical neglect 	<ul style="list-style-type: none"> • Lack of affection • Emotional neglect • Financial neglect 	<ul style="list-style-type: none"> • Failure to protect • Sex work

Whether abusive behaviour is active or passive (or a combination), it carries risks of physical, emotional and psychological injury and harm; this is discussed below. The above forms of maltreatment (physical / emotional / psychological / financial/

sexual) serve as indicators for domestic abuse, but other risk factors also exist. For example, the presence of children, including step children, can increase the risk of abuse happening and in 30% of domestic abuse cases, physical violence occurs for the first time during pregnancy (Lewis and Drife 2005; Rowlands and Roebuck 2012). For trans people domestic abuse can occur for the first time or increase in frequency and/or severity at the onset of or during transitioning. Other potential risk factors include: age; disability; substance misuse; mental health; and cultural/language barriers.

There are unique categories of abuse which carry additional and specific risk factors and these are: forced marriage, 'honour'-based violence, female genital mutilation (FGM) and identity abuse. Forced marriage is defined by the Forced Marriage Unit (2013: online) 'where one or both people do not (or in cases of people with learning or physical disabilities, cannot) consent to the marriage and pressure or abuse is used'. Closely linked to the problem of forced marriage is 'honour'-based violence (HBV) which is considered to be a form of domestic abuse that is carried out in the name of protecting the honour of a family and/or the community (Hague 2009). This is discussed in more detail below in 'family violence perspectives'. FGM is another form of abuse which has growing recognition as a human rights violation. It is mostly found in a number of non-Western cultures (mostly on the African continent) and FGM includes procedures that intentionally alter or cause injury to the female genital organs for non-medical reasons (WHO 2013). The procedure has no health benefits, can cause severe bleeding, infertility as well as childbirth complications increasing the risk of newborn deaths. It is estimated that about 140 million girls and women worldwide are currently living with the consequences of FGM (WHO 2013).

Lesbian, gay, bisexual and trans identity abuse is not uncommon and focuses on exploitation and isolation. For example, perpetrators control access to social networks and normalise abuse in LGBT relationships. Additional risks are recognised where this is the first same-sex relationship and in relation to the perpetrator's identity; this may be a former heterosexual partner or family member carrying out acts of (so-called) 'honour'-based violence (Rowlands and Roebuck 2012).

3.6 Theoretical perspectives on domestic abuse

In the early 1970s when the refuge movement emerged, theoretical explanations for domestic abuse were largely rooted in the models of patriarchy and heteronormativity which situated men as perpetrators and women as victims and survivors (Dobash and Dobash 1992; Mooney 2000; Erbaugh 2007). The macro-sociological model (that which pertains to broader society) was enmeshed with traditional feminist ideology where female oppression results from hegemonic masculinity, beliefs and practices (male/female gender roles are continually reinforced whilst male privilege, control and violence permeate society and result in women's subjugation). In this sense, domestic abuse can be described as purposeful and a 'technology of power' which serves to maintain male dominance (Foucault 1979, 1989). The practice of intimate or familial abuse helped to maintain the hegemony by reasserting male privilege, by governing women's bodies (through physical and sexual assaults) and women's consciousness (through emotional and psychological abuse). The control of female bodies as a means to sustain male hegemony is an example of Foucault's conception of 'biopower' (1979: 140) and the privatisation of domestic abuse served as a mechanism for maintaining social order by the reinforcement of gender inequality and female oppression.

The introduction of legislation to protect women from domestic abuse has resulted from feminist activism as obtaining a change in law to punish perpetrators was an ideological commitment of theirs. In fact, the legislative framework, as a form of social organisation, has been pivotal in the development of the domestic abuse arena particularly as activists sought official redress for domestic abuse perpetrators. Additionally, the social construction of key pieces of statute can be identified through an examination of high profile cases, which triggered a public response, and which ultimately led to a state response (which was to legislate). For example, the introduction of the Protection from Harassment Act 1997 reconstructed the notion of harassment as a nuisance to one of a criminal act (Wykes and Welsh 2009). The value of this feminist enterprise has been the acknowledgement of domestic abuse as a public, rather than a private, concern. A motivating factor in the campaign for domestic abuse to be recognised as a collective concern lies in the feminist standpoint that violence results from social,

cultural and political conditions and so this, as well as other oppressions facing women, requires a policy response. A further belief that underpins the work of the domestic abuse movement seeks to promote women as self-determining and resilient social agents; female empowerment is the ultimate goal. However, Donovan (2012) suggests that four broad ideas came to be widely accepted and constituted ‘the public story’ of domestic abuse as:

- I. A problem between heterosexual men and women;
- II. A problem of gender with a reliance on stereotypes of men as big and strong and women as small, weak victims;
- III. A problem of physical violence; and
- IV. A problem that occurs in violent or abusive incidents.

Ultimately, the micro-sociological view of dysfunctional heterosexual relationships and embedded inequality (often involving domestically abusive behaviours) was recognised and responded to through grass roots organisations which offered women-only spaces and saw women supporting women.

The feminist paradigm has been influential through the years, but feminists and activists have often promulgated gender-based political claims with limited empirical support (Dixon and Graham-Kevan 2011). Furthermore, this paradigm and associated discourse neglected and ignored people who lived outside of the ‘public story’. Subsequently, these ideas have been contested and there is now a wider consensus that there are multiple feminist understandings of domestic abuse albeit male violence against women is still viewed as ‘a special case, unrelated to other forms of violence and other forms of crime’ (Dixon and Graham-Kevan 2011: 1146). Notwithstanding, within feminist discourse, the centring of gender as the primary site for analysis has been developed through the work of colonial and black feminists (see Hill Collins 1998) and lesbian feminists (see Rich 1980) to include a more intersectional approach to social divisions. This draws attention to ethnicity, race, class, age, disability and sexual orientation. There is a growing literature on same-sex domestic abuse (Renzetti 1992; Henderson 2003; Donovan et al. 2006; Erbaugh 2007; Hassouneh and Glass 2008) and there is evidence that this issue has been incorporated into service delivery but not fully integrated into

feminist analyses (McPhail et al. 2007). Similarly, the two UK studies of trans domestic abuse emerged from trans activism rather than scholarly endeavour (Scottish Transgender Alliance 2008; Roch et al. 2010).

The originating feminist ideas about domestic abuse knitted together to form a model of *coercive control* (Stark 2013). This archetype was adopted in the UK by the Women's Aid movement and in the US it evolved into the conceptual Duluth Model and is represented in a Power and Control Wheel – see Appendix 3 (Pence and Payman 1993). Subsequently the Duluth Model has had considerable influence in the US and the UK in terms of service provision for victims and perpetrators of domestic abuse. The original model had limitations as it was based upon victim/survivor data and an updated version recognises additional risk factors including individual and psychological differences (Weldon and Gilchrist 2012). However, the model remains firmly embed in an ideology of patriarchy as the cause of male violence against women (WAFE 2007, 2009a; Domestic Abuse Intervention Programmes 2011a, 2011b). For example, in the UK the website of Women's Aid Federation England's (WAFE) claims:

All forms of domestic violence - psychological, economic, emotional and physical - come from the abuser's **desire for power and control** over other family members or intimate partners. (Women's Aid 2007: online, author's emphasis)

Attempts have been made to demonstrate that the Duluth model can be inclusive of minority groups and various permutations of the power and control wheel are to be found including a 'Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships' – see Appendix 4 (Texas Council of Family Violence undated). This includes theoretical concepts specific to these communities including homophobia, biphobia, transphobia and heterosexism. In addition, whilst WAFE clearly ascribes to the power and control perspective of male violence against women, acknowledgement is made that 'racist, homophobic and other discriminatory attitudes are also reflected in the nature of the violence against lesbians, gay men, disabled people and women and men from Black and Minority Ethnic (BME) communities' (WAFE 2009a: 8). Responding to recent legislative changes, including the implementation of the Equality Act 2010, in

2012 WAFE released a proforma document entitled ‘Transgender and Transsexual Equality Policy’ for its affiliated organisations to adopt if desired.

The *violent coercive control* (also known as *coercive control* (Stark 2013)), or *intimate terrorism* perspective, forms one element of a tripartite feminist model developed by Johnson (1995, 2008, 2011) along with *violent resistance* and *situational couple violence*. These three major typologies of intimate partner abuse are discussed here.

3.6.1 Intimate Terrorism

In one sense a pattern of violent coercive control - intimate terrorism – evokes a typical imagining of domestic abuse as it is the type that most commonly is brought to the attention of the criminal justice system, promulgated by domestic abuse agencies and, in extreme cases, the media. Intimate terrorism involves physical and/or sexual violence and combines with other non-violent tactics such as emotional/mental abuse, financial abuse, harassment (threats, intimidation), constant monitoring and following, invocation of male privilege, use of children, and victim blaming (Johnson 2011). A study of heterosexual relationships in the UK showed that 87% of intimate terrorism was perpetrated by males (Graham-Kevan and Archer 2003). For trans people a pattern of intimate terrorism also incorporates threats to ‘out’ to family, children or public bodies or incorporate a strategy of withholding or destroying items essential for gendered practices and expression.

Intimate terrorism is not exclusively found within male/female intimate relations and empirical studies have found evidence of intimate terrorism within lesbian relationships (Renzetti 1992) and as perpetrated by women against men (Hines and Douglas 2010). However, Johnson (2011) clearly indicates that this type of violence most likely represents a small percentage of the overall cases of domestic abuse between intimate partners. In addition, prevalence data from the US and UK, which identifies intimate terrorism, indicates that within heterosexual relationships, men are overwhelmingly the primary perpetrators and that misogyny and gender traditionalism have a role to play (Holtzworth-Munroe et al. 2000; Graham-Kevan and Archer 2003; Stark 2013).

3.6.2 Violent Resistance

The concept of violent resistance is self-explanatory and refers to the acts of retaliation or self defence which manifest in violent behaviours and can occur as an instinctive response on being attacked. One critical factor in this dynamic pertains to the physical differences between the abuser and the partner who is violently resisting. For example, in heterosexual relationships men are often considerably bigger in physique and more powerful than their female partners. Additionally, women who respond with violence can find it to be ineffective and may even escalate matters (Pagelow 1981 cited in Kelly and Johnson 2008). At the extreme end of this typology, incidences can result in death as women are driven to kill their abusers.

Until recently the majority of feminist activists and advocates characterised all women's violence acted out in intimate relationships as violent resistance with a reluctance to acknowledge female aggression against non-violent male partners or where mutual abuse occurs without the presence of coercive control as the central dynamic (Kelly and Johnson 2008; Stark 2013). Additionally, a common theme found within research was that violent resistance should always be seen and studied within the wider context of patriarchy and should be defined as a symptom of male abuse (Dixon and Graham-Kevan 2011). Knowledge held about violent resistance and female aggression remains partial although some literature is to be found (see Hines and Douglas 2010). Lev and Lev (1999: 47) raise a cautionary note in relation to trans domestic abuse as they suggest that transphobic violence allows people to 'identify the victims of violence as the provocateurs of violence'.

3.6.3 Situational Couple Violence

This type of domestic abuse is cited as being the most common form. In the US 40% of domestic abuse cases reported in general surveys are described within the definition of situational couple violence; comparable UK statistics are not to be found on a large scale although, in the discipline of psychology, UK research has employed and tested Johnson's typological frame with consistent results (see Graham-Kevan and Archer 2003).

What distinguishes situational couple violence from the other two types is that violence is not part of a general pattern of coercive control or self-defence, but rather it occurs when the conflicts of partners are unresolved, arguments spiral and abuse and violence results. This can manifest in isolated incidents but many cases evolve to be chronic and serious and even life threatening (Johnson 2011). Across academic discourse on domestic abuse there is contemporary debate about gender symmetry/asymmetry in patterns of behaviour and perpetrator types. Situational couple violence is considered to be the one type of domestic abuse where gender symmetry exists (Swan and Snow 2002; Dutton and Corvo 2007; Dutton 2008; Johnson 2011).

In his review of empirical data, Johnson (2011) concluded that:

Studies with mixed samples that give access to all three major types of intimate partner violence, and that make distinctions among the types, find that intimate terrorism and violent resistance are heavily gendered, and that situational couple violence is perpetrated about equally by men and women. (Johnson 2011: 291)

Many US studies employ the controversial Conflict Tactics Scale (CTS) and subsequently demonstrate gender symmetry, particularly in the use of physical aggression (Graham-Kevan and Archer 2003). However, the CTS is contentious as, it is claimed, it skews data (Hague 2009). For example, the most common use of the CTS is to identify specific and singular violent acts rather than more general patterns of abusive behaviour (Kelly and Johnson 2008). In addition, the CTS tends to show similar levels of male/female violence when incidences occur at minor levels. However, when presence, extent and severity of injury are factored into studies, domestic abuse is overwhelmingly experienced by women (Nazroo 1995).

The gender symmetry debate is dominant, complex and contentious. It tends to concentrate on gender to the exclusion of many other social and psychological variables that have been identified as having an impact upon the prevalence and form of domestic abuse. In Johnson's (2011) analysis, he does not indicate whether he is relying on heterosexual relationship data only. As already noted

current statistics indicate that in one in four relationships, whether for heterosexual or lesbian women, domestic abuse will occur and that 80% of trans people will experience some form of domestic abuse (Walby and Allen 2004; Broken Rainbow 2013). Suggestions about why domestic abuse occurs in trans people's relationships connects with existing theories about power and control and points to concerns about prevailing and dominant heteronormative ideology (Broken Rainbow 2008; Roch et al. 2010).

An additional variable often found within incidences of domestic abuse relates to alcohol and/or substance misuse. When comparing alcohol and/or substance use between heterosexual and lesbian women, there are strong indications that lesbian women are more likely to use alcohol and/or drugs than heterosexual women (McDonald 2012). Interconnecting these data rather than treating them discretely raises implications and there are many other variables and connotations which potentially skew domestic abuse data and knowledge. The status of someone who transgresses gender or who does not conform to traditional concepts of gender problematises claims of gender symmetry or asymmetry further. Indeed, in a report prepared for the Home Office, Hester et al. (2012) suggest that experiences of domestic abuse are especially common to individuals who identify as trans. Demonstrating the limitations of trans research, the claims of Hester et al. (2012) arise from a focus group held with fifteen trans-identified people, none who had experienced domestic abuse but who offered their opinion in the absence of trans-identified volunteers to participate in the study to talk about their experiences of domestic abuse.

In addition, Dixon and Graham-Kevan (2011) point out that much of the research supporting a gendered perspective lacks scientific rigour and has derived from work with samples selected from refuges or accident and emergency departments. Unsurprisingly, these samples have high rates of male to female violence, occurring mostly in cases of intimate terrorism. This type of 'clinical fallacy' (Strauss and Gelles 1999) results from the use of partial samples (representing gender abuse as asymmetric) which are then extrapolated to the wider population.

3.7 Family violence perspectives

Many sociological theories adopt a systemic approach to looking at family life with domestic abuse seen as a relationship device within the family system; for example, control is asserted through the use of aggression as a means of emotional expression (Browne and Herbert 1997). Within trans relationships it has been reported that non-trans perpetrators use their partner's or family member's trans status as justification for abuse due to the emotional stress caused to the perpetrator (Roch et al. 2010; Hester et al. 2012). The family violence model represents an influential theoretical perspective which proposes that a family holds an attitude and has adopted certain 'scripts' where the use of violence and abuse is a means of communication and/or resolving conflict (Weldon and Gilchrist 2012). As with a feminist perspective, the family violence model assumes that a perpetrator will use blame, minimising and denial as part of the process of rejecting personal responsibility for perpetrating abuse. There is an emphasis on the family environment as the site for violence and abuse as learned behaviour. This perspective has been at the foundations of the domestic abuse debate since its emergence as a social issue (Dutton 2008). Indeed, social learning theory has value in terms of providing a conceptual framework which illustrates the process by which values and norms about the use of violence are adopted as acceptable (Bandura 1977). It does not, however, explain the cognitive processes and affective reactions which are inherent within every episode of abuse (Dutton 2008). Nor does it adequately explain situations where domestic abuse emerges as a new, previously un-experienced, aspect of familial or intimate relations. Furthermore, the very existence of trans identity destabilises the foundations of social learning theory as trans expression transgresses the social conditions and ascribed identity present from birth.

Earlier theorising looked to social and cultural explanations and models, such as the social stress model of familial abuse (Gelles 1987). This emphasised factors such as poverty, unemployment, poor housing as causes of individual and family stress which caused frustration leading to aggression. This is a simplistic model, which negates class and economic differences. Its atomistic approach could be charged with anti-feminist sentiment in its diversion away from the structural root cause of domestic abuse; patriarchy and male privilege (Lombard 2013). WAFE

(2009a) suggests that this line of argument enables perpetrators to avoid responsibility and blame the victim/survivor or society at large. Indeed, WAFE states that ‘domestic violence is learned intentional behaviour rather than directly a consequence of stress, individual pathology, substance use or a ‘dysfunctional relationship’’ (WAFE 2009a: 8).

3.7.1 ‘Honour’-based violence and forced marriage

Progressing an analysis of domestic abuse in the ‘family frame’, the conceptions of ‘honour’-based violence (HBV) and forced marriage extend the definition of domestic abuse to the location of the community (Women’s Aid 2007: online; Home Office 2012c: online). It is generally agreed that ‘honour’-based violence (HBV) is carried out in the name of protecting the ‘honour’ of a family and/or a community; HBV is often linked to forced marriage and at its worst, it can result in death (Meetoo and Mirza 2007; Brandon and Hafez 2008; Hague 2009). Gill et al. (2012) argue that HBV comprises violence enacted against women within the patriarchal structures of the family, community and society and the justification for such violence is to protect the ‘honour’ of that family and/or community. In addition, within this framework, Gill et al. (2012: 75) suggest that ‘honour’ is ‘defined as a value-system with associated norms and traditions’. Thus, despite the usually positive connotations of the word ‘honour’, as a social construction, it can be used to justify violence, abuse and murder.

Increasingly HBV and forced marriage are recognised as contemporary social problems which are identified as needing a state and a global response (Gill et al. 2012). Yet there is a paucity of empirical research on HBV and forced marriage with some ambiguity and lack of consensus surrounding their exact definitions (Gill 2011; Gillespie et al. 2011). Moreover, the Western view is to see HBV and ‘honour’ killings as resulting from distinct cultural traditions yet there is a growing evidence base to suggest that HBV and ‘honour’ killings are not tied to any specific culture, religion or other social classification (Meetoo and Mirza 2007; Idriss and Abbas 2011; Gill et al. 2012). Thus, in order to understand HBV it is critical to look beyond culture, geography or religion and, instead, attempt to understand the meaning and construction of ‘honour’ in particular situations and within different communities (Gill et al. 2012).

Central to the workings of ‘honour’-based ideology are the concepts of shame and stigma with implicit demands placed upon identity and role to conform to gender normative discourses and demands (Goffman 1979 [1963]; Gill et al. 2012). ‘Honour’-based violence is enacted when an individual flouts the parameters of their gendered role and identity. Gill et al. (2012: 75) suggest that in cases of HBV ‘violence is necessary to preserve or restore the ‘honour’ of the family and/or community by removing ‘shame’’. Thus, violence enacted in the name of ‘honour’ is justified and legitimated. There are parallels between the discourse of HBV and trans domestic abuse and whilst Brandon and Hafez (2008: 1) argue that aspects of HBV form ‘part of a self-sustaining social system built on ideas of honour and cultural, ethnic and religious superiority’, I argue that (what I term) *transphobic ‘honour’-based abuse (Transphobic H-BA)* is enacted as domestic abuse within and across family (and intimate) relationships. So, whilst HBV ‘is a specific type of violence against women that operates through honour codes legitimised by patriarchal values’ (Gill et al. 2012: 76), so too is transphobic H-BA. The concept of transphobic H-BA is an extension of current understandings of HBV and results from ideas of honour, social stigma and heteronormativity which are firmly tied to cultural beliefs about gender dimorphism not only as superior but as natural and immutable. Indeed, in most societies the dominant culture is influenced and built upon a significant socio-cultural interplay based upon strictly defined versions of male/female and masculine/feminine.

I have developed my conception of transphobic H-BA using the participants’ narratives and this discussion is expanded upon in chapter seven. However, there is evidence to be found that supports the logic of my conception as extreme examples of transphobic violence can be mapped on to the theoretical framework of HBV with ‘honour’ killings resulting from the exposure of trans identity. In 1993 the rape and murder of trans male, Brandon Teena – resulting from the discovery of his trans status - was the first widely reported and documented unlawful killing of a trans person (Halberstam 2005). In recognition of the increased everyday risks for and killings of trans people, in 2009 the Trans Murder Monitoring (TMM) project was established to systematically monitor, collect and analyse reports of homicides of trans people worldwide (TGEU 2013).

Additionally, social networking and use of the virtual world reflect the increasing mobility of trans communities in attempts to monitor trans oppression and abuse through the operation of groups such as ‘trans media watch’. There is even a Wikipedia page entitled ‘List of Unlawfully Killed Transgender People’ (Wikipedia 2013).

3.8 The prevalence and impact of domestic abuse

One in four women will experience domestic abuse in their lifetime and the British Crime Survey 2010/2011 found that six per cent of women (c. 900,000) and four per cent of men (c. 600,000) experienced partner abuse in the year prior to the publication of the report (Walby and Allen 2004; Home Office 2012b). A true picture of trans domestic abuse is difficult to glean as there is a dearth of research and literature. Within a UK context, there are two studies in existence. First, the Scottish Transgender Alliance survey (2008) reports that a high rate of respondents (46%) claimed that they had previously experienced transphobic abuse in domestic relationships. Many reported incidents of verbal abuse but 17% had experienced transphobic threatening behaviour; 11% had experienced transphobic physical abuse and 6% had experienced transphobic sexual abuse. Then in 2010 another Scottish-based study was published by Roch et al. which again was a relatively small-scale study (with 60 respondents) and the authors noted the limitations of external validity and bias. Despite these limitations, the findings highlight the scale of the problem within trans communities. Key findings indicated that 80% of respondents stated that they had experienced some form of abusive behaviour (emotional, sexual, and/or physical) from a current partner or ex-partner, but 20% of those respondents did not recognise the behaviour as domestic abuse. With 73% of the respondents experiencing one or more types of transphobic emotional abuse, this represented the most commonly experienced form of abuse. Of ontological significance, are the findings that half of the respondents who had experienced domestic abuse, thought that it was ‘wrong but not a crime’ and 18% felt that the incidents were ‘just something that happened’ (Roch et al. 2010: 5). These respondents had constructed a version of their experience as something other than domestic abuse.

Overseas studies also indicate high levels of trans domestic abuse. A US study, the Gender, Violence and Resource Access Survey (1998) found that 50% of trans-identified respondents had been raped or assaulted by an intimate partner, although only 62% of these respondents identified their experiences as domestic abuse (NCAVP 2001). The finding of 50% seems high but Lev and Lev (1999) argue that sexual assault is a common form of abuse for trans people, with strong links to fear, misunderstanding and the inability to separate sexual identity with gender identity. In Australia, the first quantitative research project undertaken with 308 LGBT respondents found considerable levels of violence and abuse with similar patterns across the sample (SSDV WG 2006). Only two of the sample identified as trans, but the identity categories were limited to female, male, transgender, intersex and, it should be noted, that some transsexual people do not identify as trans but define themselves by their reassigned, or chosen, gender (Lev 2004). The overall finding was that 32.7% of respondents had experienced some form of domestic abuse in their existing or a previous relationship. There are commonalities between the findings of all the studies, in ontological terms and in relation to respondent's behaviour. A common theme in the UK and Australian studies is the level of secrecy adopted by trans survivors of domestic abuse: the UK study found that 24% of respondents told no-one of their experience and 57.7% of Australian respondents stated that they did not seek any support.

The impact of domestic abuse is multiplex and multiform. It includes: isolation from family/friends; decreased sense of self-worth or confidence; shame/stigma; poor health; physical injury; loss of income or work; poverty; homelessness; miscarriage/still-birth; emotional/psychological conditions such as anxiety and depression; and death. It is not uncommon for women who experience intimate terrorism (partners who use coercive controlling violence and abuse) to report that the psychological impact of their experience is worse than any of the physical consequences (Kelly and Johnson 2008). The interplay between domestic abuse and other social problems is increasingly acknowledged and supported by research. For example, in the UK, one of the three most common reasons given by people presenting as homeless to local authorities is domestic abuse (Shelter 2012). On a global scale, between the years 2000 and 2003 a multi-site study of women living with domestic abuse recruited 24,000 participants over ten counties

and found there to be serious health implications such as emotional distress, mental ill health, suicidal ideation and behaviour as well as serious physical injuries, chronic pain and degrees of physical incapacity (WHO 2012).

For women with additional needs, such as physical or intellectual disabilities, whilst there is a dearth of literature, where research has been undertaken, it indicates that domestic abuse occurs at similar or higher rates as for non-disabled women (Plummer and Findley 2012). Additional consequences link to exacerbated health issues (due to injury or withheld intervention/daily care). For lesbian, gay, bisexual or trans people there are additional fears such as the threat of being outed to family, friends, employers and/or public agencies such as children's social care departments where victims/survivors have children (Hassouneh and Glass 2008; Roch et al. 2010). It is the trans-specific potential of outing which has sociological significance within the pattern and dynamic of coercive control (Stark 2013) as it serves as a tool to punish and control; outing, or the threat of, is a technology of the powerful hegemonic gender that governs social life.

In Hines' (2007) study of trans people's intimate relationships, participants provided narratives of 'coming out' to their children. Reactions and subsequent relations with children were diverse with issues such as: a reciprocal caring relationship between parent and child (raising questions of safeguarding and appropriate parenting boundaries that were not adequately addressed by Hines); estrangement with adult children; transitory difficulties (problems during transition, but rectified thereafter); and the role of mediators in resolving tensions between trans parents and their children.

Gelles (1997: 1) described the home as 'society's most violent social institution', but in cases of domestic abuse the end of an intimate partnership can be the trigger for the onset of or increased use of abuse and violence. Indeed, women are at a greater risk of homicide at the point of separation or after leaving a violent partner (Lees 2000). On average two women each week are killed by their current or former partner and this constitutes over 35% of all female homicides in England and Wales (Flood-Page and Taylor 2003; Richards 2003; WAFE 2009b).

In some of these cases, abuse continues as part of the pattern of coercive control (or intimate terrorism) but for some, the process and context of separation can trigger a short period of one or a few episodes of violence or abuse where previously it had not been part of the relationship dynamic. Kelly and Johnson frame this as ‘separation-instigated violence’ and add this fourth dimension to Johnson’s typology of intimate partner abuse (Kelly and Johnson 2008).

3.9 Children and the impact of domestic abuse

Crimes against children are almost always gendered and, as with violent crimes against women, most are committed by men known to or related to the child and often within the context of the family and home (Wykes and Welsh 2009). There is a growing body of empirical work looking at the broader impact of domestic abuse on children’s lives. Current literature suggests that there are high levels of co-occurring domestic abuse and child abuse, where the two are often interconnected rather than discrete and unrelated (Cleaver and Freeman 1995; Hester and Pearson 1998; McGee 2000; Radford and Hester 2007; Stanley et al. 2010). Indeed, ‘domestic [abuse] can serve as an indicator for other forms of child harm’ (Stanley et al. 2010: 332). The interconnectedness of domestic abuse and child abuse is complex with children being subject to varied experiences such as directly or indirectly witnessing (being in a connecting room) episodes of abuse to being forced to perpetuate acts of abuse or degradation against their mothers.

The harmful effects of living with domestic abuse which can impact upon a child in a multitude of ways including: educational achievement; health, development and general welfare; attachments and relationships (through childhood and into adulthood); mental and emotional health; and social behaviour (Hester and Pearson 1998; McGee 2000; Mullender 2006; Stanley et al. 2010). McGee (2000) collected empirical data on the impact of domestic abuse on children (in heterosexual families) and discovered that children feared the involvement of social services in their lives and held anxieties about being removed and separated from their parents and families.

The high level of domestic abuse in general populations is reflected in referrals to children’s social care departments as Cleaver and Walker (2004) found that three-

quarters of the 866 initial assessments that they audited, across 24 local authorities, identified the presence of domestic abuse, substance misuse and/or parental mental health problems. Gilchrist et al. (2003) found that out of 336 convicted domestic abuse offenders alcohol featured in 62% of the incidences and 48% of the 336 offenders were dependent on alcohol. Other research indicates strong links between the presence of domestic abuse and substance/alcohol misuse and parental mental health problems – the ‘toxic trio’ (Sheppard 2001; Humphreys and Thiara 2003; Humphreys 2006). Where the toxic trio exists, parenting capacity can be significantly compromised. With regard to social work intervention in children’s lives, this has been criticised (Humphreys et al. 2011; Stanley et al. 2010) and Hester (2013) proposed a ‘three planets model’ which connects and integrates the three critical areas of practice: domestic abuse work; child protection work; and child contact.

In terms of lasting impact, there are several perspectives of the intergenerational thesis which link to other theories such as social learning theory and attachment (Bandura 1977; Bowlby 1971). Yet, research findings are inconsistent (WAFE 2009a). Dutton’s (2008) review of thirty years of domestic abuse research cited studies which had found that most children who had witnessed domestic abuse did not grow up to become abusers themselves. However, psychological studies which have explored the cognitions of male perpetrators have shown that views are held around notions of male entitlement and that ‘violence is normal/acceptable’ where perpetrators have experienced childhood abuse, neglect and/or insecure attachments (Ehrensaft et al. 2003).

Although there is a dearth of literature on teenage relationship abuse, a recent study has been influential, prompting a government response. In 2009 the NSPCC published the UK’s first study into teenage domestic abuse which suggested that abuse within teenage relationships is a ‘significant child-welfare problem’ with 25% of girls and 18% of boys reporting some forms of physical violence, and one in three girls having experienced some form of sexual abuse (Barter et al. 2009: 4). The Government responded by releasing a strategy to end violence towards women and girls and has subsequently become more targeted in its

implementation of the successful Teenage Relationship Abuse campaign (Home Office 2012c).

3.10 Chapter summary

The last decade has seen an upsurge of academic interest in domestic abuse with an expanding range of literature on intimate and familial abuse as research has moved into previously uncharted territory. Moreover, academic interest and research has been conducted with ‘fresh eyes’ and outside of the dominant feminist paradigm. Work is moving into areas such as women-to-men violence, abuse within adolescent relationships and the cognitive characteristics of perpetrators (Hines and Douglas 2010; Home Office 2010, 2011; McDonald 2012; Weldon and Gilchrist 2012).

The move away from the traditional, heteronormative model of domestic abuse where patriarchy is the fundamental cause and its maintenance is the outcome, has enabled researchers to offer new theoretical paradigms. Johnson’s (1995, 2008, 2011) model has been influential and subsequent research has, overall, been congruent with his three major typologies. There is value in distinguishing amongst typologies of intimate and familial abuse as this can lead to better decision-making, more effective perpetrator sanctions and programmes as well as improved support for victims/survivors with intervention tailored to the different characteristics of the abuse and its effects. Johnson and others have used quantitative data to identify that the most commonly reported type of partner abuse is situational couple violence but it is also acknowledged that there are methodological concerns around under-reporting and the accuracy of self-reports (linked to denial and minimising) in cases of intimate terrorism (Johnson 1995, 2008, 2011; Graham-Kevan and Archer 2003; Kelly and Johnson 2008).

Johnson’s model has been explored in conjunction with other theoretical models, such as attachment and loss, and by including additional variables such as poverty/low-income and race/culture (Bowlby 1971; Graham-Kevan and Archer 2003; Leone et al. 2004; Tasso et al. 2012). However, including social stressors or psychological factors into the debate about gender symmetry/asymmetry in domestic abuse is problematic. For example, Wykes and Welsh (2009) point out

that rarely is masculinity the focus of blame or explanation when violent crime is perpetrated by men against or amongst other men but attention drawn to alcohol as causal, failing families or other social factors such as race or religion. Where violent crime occurs between males and females the pattern is different and men are most often the perpetrator, with women as the victims and those involved are usually known to each other or related. Again, masculinity is rarely addressed yet the femininity of the victim is often under close scrutiny and linked to blame (Wykes and Welsh 2009). Whilst the gender symmetry debate rages on, as with most discourse it is firmly located within the gender binary with little attention paid to those who transgress this dichomotised gendered world.

In summary, the scope of this chapter is to provide a foundation of knowledge about how domestic abuse (intimate and familial) manifests, the impact this has and some of the current theoretical perspectives that serve to aid our understanding. Where possible I have drawn from literature which includes trans-specific perspectives, but contemporary knowledge about abuse within trans intimate and familial relationships is limited (this is discussed further in chapter seven).

Chapter Four

Professional practice within the domestic abuse arena: a discussion of existing and potential frameworks

4.1 Introduction

There are two primary aims of this chapter. First, I will provide an analysis of the contemporary models of service intervention in the contexts of feminist praxis and the current domestic abuse framework. Secondly, the value of critical and ethical practice models are discussed and recognised as core elements of professional social care practice. As understandings of trans subjectivity and lived experience are limited, a secondary aim of this chapter is to provide a theoretical backdrop to illustrate some of the issues relevant to the potential for critical social care practice with trans people who experience domestic abuse (Fook 2002; Jones et al. 2008). The emphasis on *potentiality* is dyadic. First, within the sphere of social care and social work intervention, trans communities are largely invisible (Whittle et al. 2007; Mitchell and Howarth 2009). Second, knowledge held about the subjectivity of trans people is partial and recognised as a restriction to gaining a deeper understanding of the social care needs of trans people, in general, and in relation to delivering social care interventions, in particular. Thus, I will begin by exploring the difficulties in attempting to evaluate the social care needs of trans communities by highlighting challenges linked to current research and literature.

A selection of the central underpinning concepts of the Women's Aid movement are analysed to provide context to the current framework for provision and the limitations of these are evaluated in relation to trans identity and practice. McPhail et al. (2007) offer an alternative to the traditional feminist perspective on domestic abuse practice which moves from a model (which incorporates perspectives at micro- and macro-sociological levels) to advocate for a more individualised approach to practice with people who've experienced domestic abuse. The Integrated Feminist Model is undergirded by a gendered perspective

on domestic abuse but opens up the debate about who perpetrates and who suffers from domestic abuse by confronting the heteronormative assumptions of traditional feminist theory. A brief overview identifies the main aspects of contemporary practice provision with some critique of the multi-agency contexts within which domestic abuse work is increasingly situated.

As stated above and elsewhere throughout this thesis, trans people are largely invisible as users of social care and within the domestic abuse arena in particular (Fish 2006; Whittle et al. 2007; Barron 2009; Mallon 2009; Mitchell and Howarth 2009). Therefore, this chapter seeks to offer a discussion which considers the potentiality for domestic abuse work with trans service users within a social care practice setting.

The notion of ethics is a vital element of intervention as a code of ethics has been described as a defining feature of any profession (Banks 2006). As a feminist ethic of care model has been suggested to largely underpin social care practice (Wilks 2005), this has been analysed for its virtue in practice with trans communities. I will argue that a feminist ethic of care model has utility. However, a narrative approach to ethics moves further towards a mode of intervention that enables practice with trans communities as it centres subjectivity and focuses on personal stories as a starting point to gain an understanding of trans people's complex experiences of social and personal life.

4.2 Understanding the social care needs of trans communities

Trans-identified victims of domestic abuse inevitably have social care needs yet, it has been argued, most trans people do not access public sector support for a number of reasons. These reasons result from the unrelenting inequality and discrimination which impact upon trans communities and which ranges from hate crimes to long-term unemployment (Valentine 2003; Kenagy and Hsieh 2005; Fish 2006; Whittle et al. 2007; Whittle et al. 2008; Hines 2008; Mitchell and Howarth 2009). In a UK-based study by Whittle et al. (2007) it was found that 47% of trans people do not use public or social facilities for fear of discriminatory treatment; either by being refused access or by this access being somehow restricted. In this framing, 'fear' interconnects with the concept of stigma

(Goffman 1979 [1963]). Commenting on the workings of stigma within public contexts, Smith (2007: 462) claims that ‘the process of dehumanizing members of a community is not unusual, atypical, nor out-of-date’. At the level of governance, there is recognition that trans people are excluded from public life and experience marginalisation in general and this is evidenced through the document ‘Advancing Transgender Equality: A Plan for Action’ (2011) published by the Home Office. This document sets out a strategy to increase equality in relation to educational opportunities, the labour market, public services and public attitudes. However, there is no evidence or readily available data about how successful this action plan has been to date.

More empirical studies are to be found in US-based literature although these mostly focus upon health or health-related, as opposed to social, needs. Kenagy and Hsieh (2005) did report on the gendered difference of ‘social service’ needs of trans people using data from a study of 184 trans-identified respondents; although all were identified as either trans female or trans male and thus, this study is still confined to the boundary of the gender binary. Other limitations with regard to generalisability are noted by the authors in relation to the snowball sampling technique employed, and to demographic and geographic variables (questionnaires were conducted in two cities several years apart). However, the findings hold interest as there appeared to be little difference between the genders in terms of practical social needs (job training, accessing legal or housing services) whereas within the family frame there were ‘significant gender differences in the perceived needs for parenting skills, family planning and child care’ (2005: 17). The authors note that the reason for gender differences was unclear and that further research is needed.

Addis et al. (2009) completed a meta-narrative review of literature concerning the health, social care and housing needs of lesbian, gay, bisexual and trans older people; a total of 187 papers or chapters were retrieved and 66 were included in the review. The authors state ‘this review found no research which included results on transgender groups’ (Addis et al. 2009: 655). The authors also noted that Brotman et al. (2003) assert that research that claims to include trans people rarely does (cited in Addis et al. 2009: 655). Ironically, this charge is one that

could be levelled at Addis et al. (2009) who, throughout the paper, purport to include trans perspectives (evidenced in their use of the abbreviation LGBT), yet admittedly they found no literature which represented trans subjectivity.

This line of critique problematises existing LGBT literature and raises epistemological concerns. Conflating the subjectivities of lesbian, gay, bisexual people, whose experiences of social life are likely to be told from the standpoint of sexual citizenship (Evans 1993; Plummer 1995, 2003; Bell and Binnie 2000) and trans people, whose specificity is enmeshed in gendered identity, takes on a homogenising effect by negating the distinctiveness of the very lives under scrutiny. The ontological value of conflating diverse personal narratives is, without question, erroneous and produces simplified versions of complex lives. So, to understand the social care needs of trans or gender non-conforming people, a feminist epistemology should adopt a critical perspective which embeds and valorises a multi-dimensional approach to identity and subjectivity.

4.3 Current understandings: feminist praxis, social care and domestic abuse

In chapter three the emergence and development of the domestic abuse movement (also known as the ‘refuge’ or ‘Women’s Aid’ movement) was discussed in relation to the theoretical framework used to understand domestic abuse as a social problem. Since the 1970s dominant feminist theory has undergirded domestic abuse activism and models for intervention, although recognition of and activism against domestic abuse can be dated to the first wave of feminism (Mooney 2000). Reinforcing the heteronormative and feminist history of Women’s Aid, the Women’s Aid Federation England (WAFE) website states that:

We recognise that women and children have a right to live their lives free from all forms of violence and abuse, and society has a duty to recognise and defend this right. Domestic violence is a violation of women and children’s human rights. It’s the result of an abuse of power and control, and is rooted in the historical status of women in the family and in society. (WAFE undated: online)

Women’s Aid emerged from the Women’s Liberation Movement and grew from the mobilising force of feminist ideology and out of the political organising of feminist activism. The domestic abuse movement developed three strands

connecting to praxis: *safety* for the survivor; *punishment* of the perpetrator; and *reformation* of the perpetrator and in terms of the survivor's recognition of violence as abuse (Engle Merry 2009). Each strand essentially follows different logic. Safety seeks to improve a survivor's life by separating them from the perpetrator. Punishment relies on the authority of the law to deter and sanction perpetrators, whilst a reforming strategy targets both perpetrators and survivors and aims to change understandings and decisions about how people enact their gendered identity and role. Translating these three strands into practical responses has resulted in a contemporary framework of service provision including: refuge accommodation; outreach and community-based support; educational/personal development programmes for women (for example, the Freedom Programme); mandatory programmes for male perpetrators accessed through criminal justice pathways; private or voluntary sector provision for perpetrators to access on a voluntary basis; multi-agency contexts; and children's work. The efficacy of domestic abuse service provision varies in terms of spatial and economic contexts as there are nationwide service and funding disparities (Coy et al. 2009).

Gendered perspectives on domestic abuse have now diversified, but overwhelmingly mainstream service delivery remains rooted in the traditional feminist paradigm. For example, the domestic abuse movement has consistently sought redress through a reliance on the criminal justice sector; a strategy which connects with the positioning of domestic abuse as a public, not private matter. Mills (2003) vehemently critiques this 'overreliance' and asserts that mainstream feminist achievements in the areas of the judiciary, social policy and social care often results in negative or detrimental consequences for survivors and perpetrators. Furthermore, the dominant feminist paradigm does not easily embrace the trans perspective. For example, Tew (2006: 34) critiques the concept of empowerment (which is one of the central tenets of the Women's Aid movement) and argues that some empowerment models have been '*defined for* relatively powerless people by those with vested political or professional interests' (author's emphasis). Conceptually, Tew's critique of empowerment maps onto the mainstream and normative response of the domestic abuse movement; that is, domestic abuse has been positioned as a means by which cisgender, heterosexual women were oppressed. This delimited and heteronormative discourse of

domestic abuse is incongruent with the evidence-base which suggests that domestic abuse is widespread amongst non-normatively defined sexual and gendered communities (Hester et al. 2006; Hines and Douglas 2010; Hester et al. 2012; MacDonald 2012; Weldon and Gilchrist 2012) (see discussion in chapter three). Sokoloff and Dupont (2005) argue that:

We exist in social contexts created by the intersections of power (eg race, class, gender and sexual orientation) and oppression (eg prejudice, class stratification, gender inequality and heterosexist bias). No dimension, such as gender inequality, is privileged in explaining domestic violence. Most important, gender inequality itself is modified by its intersection with other systems of power and oppression. (Sokoloff and Dupont 2005: 43)

Indeed, distinctions of ethnicity, sexuality, class and disability potentially compound a trans person's marginalised status. Sokoloff and Dupont's (2005) claim represents a serious challenge to traditional feminist ideology and current service provision. With regard to ethnicity, there are several studies that point to the insufficient recognition of the multi-ethnic profile of the UK and thus cultural needs are not met and cultural assumptions can act as barriers to social care (Lawler 2000; Burman et al. 2004). In 1999 Patel argued that national strategies for tackling domestic abuse failed a large percentage of black and minority women as they did not address the need for legislative reform for women fleeing domestic abuse who have insecure immigration status. There are some signs of progress evidenced by, for example, the introduction of the Forced Marriage Unit albeit this area of work is under-resourced and over-stretched. Similarly, for women with disabilities, funding deficiencies result in inadequate service provision and 'sometimes a lack of commitment to the issue' (Hague and Malos 2005: 45). Burman et al. (2004: 336) surmise that 'minoritized women face the same obstacles in leaving violent relationships as white or cultural majority women – money, childcare, housing, transport'. It is noted, however, that by relying on existing, yet bounded, literature to illustrate difference, I have slipped into a heteronormative discourse of domestic abuse where men = perpetrator and women = victim/survivor.

Within social care literature, Webb (2009) takes a contrasting view altogether and makes a cautionary observation that:

Social work should be ‘indifferent to difference’ by transcending the politics of difference...highlighting difference can lead to a latent form of xenophobia in people, a partitioning rather than an understanding. This is precisely the thing that social workers imagine they are not going to do! (Webb 2009: 309)

Webb highlights the sensitivity required when moving from theory towards praxis. Yet, in practice other constructs (for example, power) are actualised and inherent within human interactions and Webb (2009: 1) argues that ‘social work is fundamentally about the use of various kinds of power’. Hugman (1991: 43) identifies a process where service users become ‘socially constructed as objects of an occupation’. There is an overlap between Hugman’s proposition and the history of the interaction between trans communities and the medical profession (as representative of the profession that trans people are most likely to engage with) and, it could be argued, trans and gender non-conforming identities have been subject to pathologising and homogenising discourses from the start of this association. Yet, Wentling et al. (2008: 51) note that ‘transgender communities are as diverse and heterogeneous as any other population’. Indeed, ‘there is difference in difference’ (Dworkin and Yi 2003: 270).

4.4 Expanding the traditional feminist paradigm

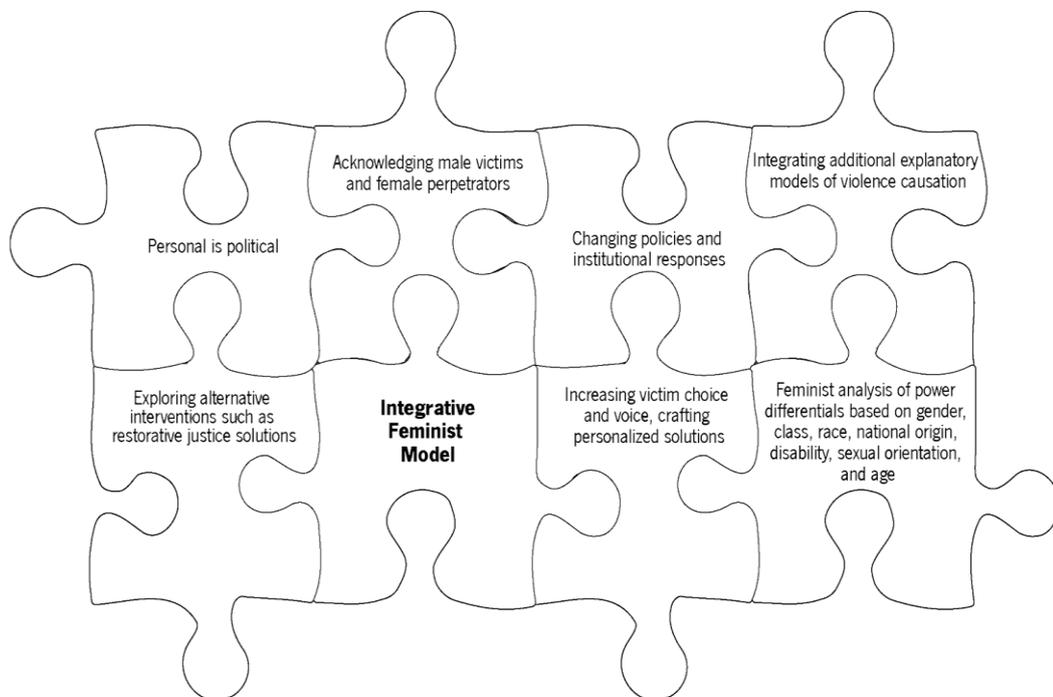
McPhail et al. (2007) extend the traditional feminist model for practice by proposing an Integrative Feminist Model (IFM). This model offers a broader conceptual framework, for example, by having capacity to incorporate psychodynamic and interpersonal theories as well as theories pertaining to trans and gender non-conformity. The model does so whilst maintaining a ‘commitment to locating the roots of violence within gender (and other forms of) oppression’ (2007: 825). The IFM advocates individualised and holistic assessments to determine the motivations of both perpetrators and victims/survivors, the dynamics of their relationship and possibilities for intervention. This mode of practice may facilitate a more systematic and cohesive approach to service delivery which simultaneously incorporates an interdisciplinary focus. McPhail et

al. (2007) provide justification for broadening the theoretical framework of domestic abuse by stating that:

These additional theories [narrow] the focus to personal etiologies of violence and at times [challenge] traditional feminist theory to be more inclusive of other oppressions. (McPhail et al. 2007: 827)

The elements of the IFM are indicated in Figure 1 below.

Figure 1: Integrative Feminist Model



Moving away from the structural barriers for domestic abuse as located in patriarchy and male hegemony, and by refocusing on individual subjectivity, the IFM addresses some of the existing critiques applied to the domestic abuse movement (Mills 2003; Tew 2006). Additionally, the IFM expands the gendered perspective of domestic abuse to incorporate the female role in violence against men, women and children and which could be extended to incorporate trans-

identified victims/survivors. Acknowledging female violence is incongruent with earlier feminist theory and remains a thorny issue for contemporary feminists as it aligns with victim-blaming and minimising discourses (McPhail et al. 2007). Yet from a trans perspective, this blurring of the male/female distinction in domestic abuse discourse enables a more progressive and inclusive model to be explored. Furthermore, there is a growing body of work on the identification and analysis of behavioural patterns and typologies of domestic abuse which, even if their production has been limited to within the male/female binary, their application is not (Kelly and Johnson 2008; Dixon and Graham-Kevan 2011; Johnson 2011).

4.5 The framework for contemporary domestic abuse practice

As noted above, there are several types of intervention offered by domestic abuse agencies which are located within the non-statutory practice framework. This includes: refuge accommodation; community-based support; helpline and online support; and multi-agency contexts. Most domestic abuse agencies subscribe to Women's Aid Federation England (WAFE) which currently has over 500 member organisations affiliated and WAFE claims to help over 250,000 women and children each year (WAFE 2013: online). Refuges offer short-term accommodation to people (predominantly women with or without children) fleeing domestic abuse. Overwhelmingly, refuge accommodation reflects the heteronormative assumptions about domestic abuse in terms of their women-only eligibility criteria and this claim is supported by statistical data. For example, the Women's Aid Annual Census 2008-09 shows that only 3% of women in refuge accommodation identified as lesbian or bisexual and no trans-identified residents were recorded (Barron 2009). Refuge organisations are able to use provisions contained within the Equality Act 2010 in order to maintain this women-only criteria and in order to apply women-only employment practices. Community-based work incorporates outreach and floating support services (floating support is targeted to help people maintain housing tenancies) both of which enable people to remain in their own homes and communities whilst being supported to leave domestically abusive relationships, through judicial processes or to remain free of domestically abusive relationships. Again, the WAFE annual census shows that only 2% in community-based services identified as lesbian or bisexual, and

0.1% of service users of community-based services identified as trans (Barron 2009).

During the past ten years, a multi-agency context has become an intrinsic aspect of the domestic abuse field taking the form of multi-agency forums, partnerships and through the development of the MARAC (multi agency risk assessment conferences). Multi-agency forums and partnerships oversee domestic abuse policy and provision within a geographically bounded locality and MARAC's co-ordinate and review the assessment and intervention of cases where domestic abuse has been assessed as posing a high level of risk (Robinson and Tregidga 2007). The establishment of the MARAC (and the development of independent domestic abuse advocacy (IDVA)) has helped to transform the domestic abuse arena and the MARAC, in particular, relies on multi-agency collaboration.

MARACs are typically organised and chaired by the local police authority. On a national basis, the work of MARAC is supported and monitored by CAADA (Co-ordinated Action Against Domestic Abuse), a national charity set up to support:

a strong multi-agency response to domestic abuse. [CAADA's] work focuses on saving lives and saving public money. CAADA provides practical help to support professionals and organisations working with domestic abuse victims. The aim is to protect the highest risk victims and their children – those at risk of murder or serious harm. (CAADA undated: online)

A risk assessment tool (entitled CAADA-DASH Risk Identification Checklist, known as *the RIC*) determines domestic abuse cases as low, medium or high risk with those deemed to be at high risk referred to the local MARAC and/or an IDVA service (independent domestic violence advocate). Cases deemed to be low or medium risk are referred to outreach services. In November 2012 CAADA published 'Insights National Dataset 2011–12' which contains data from more than 2,500 victim cases and 'it is the largest dataset of its kind in the UK today and provides a detailed profile of service users, support provided and outcomes achieved' (CAADA 2012: 1). 92% of service users identified as female, 3% as male, for 5% no gender was recorded and none of the service users were recorded as being trans.

As with social care and social work in general, there have been criticisms about the lack of efficacy at a multi-agency level in domestic abuse work (Welsh 2008). Critiques of multi-agency settings include micro- (personal) and meso- (community) level challenges including: social care and the problem of domestic abuse are seen as women's work; the proliferation of differences in professional values, priorities and perspectives; the lack of true collaborative working (and the tendency to relinquish responsibility); communication and information sharing inefficiencies (Stanley and Humphreys 2006; Welsh 2008). Welsh (2008) also draws attention to the lack of meaningful engagement of statutory social work agencies; agencies are often represented by women who have a personal interest in the issue of domestic abuse or who carry the burden of attendance. This indicates an over reliance on women dedicated to 'the cause' and reinforces heteronormative assumptions. Welsh's research found 'failings in the practical implementation of partnership in local areas and, in turn, in the philosophical ideology of partnership itself as a response to domestic violence' (2008: 182).

These criticisms are cogent as increasingly domestic abuse work is located within and monitored through a multi-agency setting. Aspects of this critique have specific relevance for trans people who, it has been previously noted, do not access public or social services for a multitude of reasons including their expectations of a transphobic response (Fish 2006; Hines 2007; Whittle et al. 2007). Research suggests that other barriers to services include the problem of gender role stereotyping and the proliferation of gender myths (domestic abuse perpetrators are butch or large, victims are femme or small) (Ricks et al. 2002; Hassouneh and Glass 2008). In his discussion of generic social work practice with trans people, Mallon (2008) distinguishes micro- and macro-level (institutional) established barriers to social care. Institutional barriers include: age; ethics; absence of services; trans as pathology; identity erasure. Personal barriers include: the economic barriers of oppression; and isolation. Mallon's attention to micro-sociological factors appears simplistic and neglects the many other personal barriers that may exist; for example, ones pertaining to health/ability, marital or partnership status.

Responses to domestic abuse are undoubtedly mainstream and based on the traditional, gendered constructions of ‘female = victim/survivor’ and ‘male = perpetrator’ (Erbaugh 2007). Few specialist trans, or even lesbian, gay, bisexual and trans (LGBT), agencies exist with under-funding prevalent and little infrastructure support (WRC 2010). Grass roots groups emerge and quickly disappear once funding runs out. There are geographical discrepancies, with rural areas lacking in services and information sources (Coy et al. 2009). *Broken Rainbow*, a London based organisation, is the only national helpline supporting LGBT people experiencing domestic abuse. Mainly run by volunteers, and shaped by a funding shortfall, the helpline operates for just 40 hours per week (although until recently this was limited to 15 hours due to a resource shortage). The most recent available annual report (for 2009/2010) shows that the helpline received 2,057 calls in the previous year; only 44% were responded to - the remaining 56% of calls were made during closed hours or when the line was engaged (Broken Rainbow 2010).

Within a statutory context, the presence of domestic abuse is almost always highlighted in serious case reviews which are conducted following a child death and media reporting often highlights the systemic failings of statutory services in high risk or high profile cases of domestic abuse and domestic abuse related homicide. In particular, police authorities are often charged with various failures including: a lack of understanding; lack of prioritisation; lack of implementation of policy and procedures and a lack of recording (Guardian 2006; BBC 2012a, 2012b). In 2009 Clare Wood was murdered by her former partner and following her death (and the much reported failure of the police in their response and protection of Clare) a public consultation was undertaken. This has resulted in a pilot scheme, the Domestic Violence Disclosure Scheme (also known as ‘Clare’s Law’) which allows people to request police information about their new or current partner. If intelligence is held, than a decision about whether to release that information will be made ‘where it is lawful, necessary and proportionate to do so’ (Home Office 2012d: online). The scheme is being piloted by police forces in Gwent and Wiltshire, with Greater Manchester (where Clare Wood resided) and Nottinghamshire forces joining before the end of the pilot in 2013. The benefits and limitations of the scheme are evident as the knowledge of a partner’s

abuse history may enable people to have choice in relation to their intimate partnerships, but commentators have argued that the scheme may be little more than a paper exercise and do little to keep people safe (Boggan 2013).

4.6 A Case for Critical Practice

The social care profession operates within a climate of negativity and is characterised by a 'deficit' culture which continually highlights its purported inadequacy to safeguard those most vulnerable in society. The profession's 'lack', 'neglect' or 'failure' is accentuated through media reporting and a quick review of the previous decades highlights many examples. In the 1980s the Cleveland Inquiry resulted from the child abuse scandal in the North East of England, the early 1990s saw the death of nine year old Victoria Climbié and the killing of Jonathon Zito by schizophrenic Christopher Clunis which resulted in wide-spread criticisms of the 'care in the community' agenda. Latterly, the death of infant Peter Connelly in 2007 has, too, been highly publicised and led to state sanctioned review. Some challenges for the profession have been identified from official reviews and these include: failures in multi-agency collaboration; lack of information-sharing; bureaucratic procedures; and missed opportunities in terms of safeguarding. The perpetuation of this 'deficit' culture positions the profession as:

fair game for persistent criticism, not only from politicians, the media and inquiries into apparent 'failures' to protect children and adults but also from some social work organisations themselves and from some academics and social work literature. (Jones et al. 2008: 1)

In contrast, there is a growing body of work which foregrounds best practice models, which promotes the value of a skilled workforce and practice wisdom, and which discusses how practitioners positively 'construct' social work in everyday practice (Parton and O'Byrne 2000; Fook 2002; Trevithick 2005; Jones et al. 2008; Munro 2011). However, whilst there is evidence of good practice across the profession, current literature indicates that trans communities are not adequately supported by social care services (Fish 2006; Whittle et al. 2007; Mallon 2009; Mitchell and Howarth 2009). To view the 'deficits' of the profession, or the poor public image of social work, as the main obstacle that

prevents trans people from accessing services (in line with their citizenship rights) falls short of providing an adequate explanation. There are broader, institutional and entrenched forces that impact upon and have resulted in the subjugation of trans people and their lack of visibility in public life (Bornstein 1998; Halberstam 2005; Stryker 2006).

Trans identities and subjectivities are complex and nuanced. Thus, adopting a 'critical theorising' perspective to practice is essential and constitutes 'a commitment to using such critique to not merely understand the world but to try to change it, for the betterment of service user's lives' (Jones et al. 2008: 18). The critical imagination in social care practice emerged during the 1970s as 'radical social work' and was heavily influenced by Marxist philosophy. This new form of practice was then defined as being about 'understanding the position of the oppressed in the context of the social and economic structure they live in' (Bailey and Brake 1975 cited in Jones et al. 2008: 19). Previously the casework model for practice had neglected wider structural forces which intersected with social problems as the demands of this practice model focussed on individual problems and failings (Ferguson 2008). There is a parallel between the atomistic casework model and the experiences of trans people who were (are) individually subject to the pathologising medical practices and discourses with no attention given to macro- concerns of bi-gender hegemony or heteronormativity.

Radical (or 'critical') social work involves the questioning of ideology and it is no wonder that this model was taken up by feminist and black and ethnic minority social workers. Yet this critical approach to practice both interconnects and discords with some of the concepts which underpin social work including: care (versus control); rights (versus responsibility); supporting social change (versus maintaining social order). The history of social work is complex with the very notion of social work claimed to be a contested term (Thompson 2000). However, within the history of critical (or 'radical') practice there is evidence of progress; critical practice has served to advance knowledge with regard to social structures, imbalances of power, inequality and oppression, the impact of which has meant that this knowledge has been integrated into social work practice and education although within limited contexts. The prevailing bias towards heteronormativity in

social care practice is one of these limiting factors. Movement away from the entrenched heteronormative model is hampered by its historic institutionalisation and legitimation through discourses of normative identity and practice (for example, male/female coupling and procreation) and through dominant institutions (for example, the family, religion, law).

Embedded within the critical practice model is the concept of anti-oppressive practice (AOP). This represents a value orientation towards countering oppression experienced by service users on grounds such as ethnicity, gender, age, sexuality and so on, in addition to more practice-specific values including empowerment and partnership (Parrott 2011). The ubiquitous principle of AOP in social care practice and social work education would benefit from being extended as currently it is located within normative discourses. There is a pressing need for the profession to consider more fundamental ethical dilemmas presented in everyday practice (Banks 2006; Jones et al. 2008). These dilemmas may be presented by people (and their problems) whose identity does not conform to standard versions of ethnicity, gender, sexuality and so on. Moreover, a professional knowledge base which incorporates an understanding of trans and gender non-conforming identity and subjectivity should be enmeshed within that ethical paradigm in order for practice to be effective and *fully* inclusive (Mallon 2008, 2009). That knowledge base can include: practice wisdom derived from professional narratives; personal experiences; historical and current political awareness; knowledge of the professional literature; the evidence-base; theoretical and conceptual analyses (Mallon 2009). Mallon (2009) proposes that an ecological perspective, where attention is paid to a person and their environment and the actors within it (for instance, family, friends, work, community), has value in work with trans or gender non-conforming service users. I add that taking a narrative approach to understanding the interaction between the person and their environment and to understanding the meaning that the individual places on that interaction, offers potential for social care practice with trans communities. Attending to personal narratives enables past and present stories to be told and, simultaneously, the identification of present and future needs.

4.7 Exploring ethics: a feminist ethic of care

From the outset of the domestic abuse movement, an empowerment model of practice was adopted and the WAFE website claims that the first stated aim of Women's Aid (undated: online) is to 'empower women who have been affected by domestic violence'. The empowerment model pertains to notions of participation, inclusion and self-determination and is congruent with a feminist ethic of care (Gilligan 1982, 1993; Tronto 1993; Held 2006). Tronto (1993) offers a broad definition of care:

On the most general level we suggest that caring can be viewed as a species activity that includes everything we do to maintain, continue and repair our 'world' so that we can live in it as well as possible. That world includes our bodies, ourselves and our environment, all of which we seek to interweave in a complex, life-sustaining web. (Tronto 1993: 103)

The 'ethic of care' model of moral development developed from the work of psychologist Carole Gilligan (1982, 1993), presented in her influential text *In A Different Voice*. Gilligan sought to offer a different perspective on moral development from that proffered by Kohlberg (Gilligan had worked alongside Kohlberg as his research assistant). Kohlberg proposed a theory of moral development termed 'the ethic of justice' which derived from research with a cohort of white, middle-class boys. Thus, Gilligan's empirical studies on morality distinguished between the moral development of girls and boys as different sections of the general population, rather than as a generalisable claim about morality in general and applicable to the whole population (as had been the case with Kohlberg). Gilligan's research methods took the form of discussion with participants about vignettes containing moral dilemmas. Relying on her interpretations of empirical data, Gilligan differentiated *care* and *justice* as two distinct moral perspectives, which seemed to connect to female and male respectively, that served to organise emotions and cognitions and which led to active responses to moral dilemmas in both public and private settings.

Gilligan proposed an 'ethic of care' within which care is represented as a bi-gendered practice. Gilligan asserted that females are relational subjects; their sense of self is formed through relational patterns with others, particularly in early

childhood but also in adulthood when female identity is located in and constructed through caring relations with others. Within the ethic of care framework, moral problems arise from tensions within relationships and moral failure results from failure to meet relationship needs and leads to feelings of abandonment and upset. Moral reasoning focuses upon uniqueness and the specificity of each situation. In contrast, moral reasoning within an ethic of justice model must be abstracted from the presenting circumstance in order to apply a general rule. From an early age, males are encouraged to be autonomous and independent, thus moral development progresses differently and, Gilligan argued, within an ethic of justice. Within an ethic of justice framing, moral failure occurs when rights and duties are interfered with and violation and oppression occurs. The solution lies in an approach to problem-solving based on the application of principles of objectivity, equity and fairness.

Within this theoretical frame, gendered cultural stereotypes are prominent. For example, in an ethic of care (women's) caring relations are characterised by reciprocity, interaction and identities are then situated within (female) social practices. Alternatively, in an ethic of justice, (male) 'moral decision making relies upon the application of an independent gaze, separated from social contexts' (Wilks 2005: 1252). As these gendered and cultural assumptions infuse the framework offered by Gilligan, it is possible to understand them as cultural constructs (Wilks 2005). It has been suggested that, in some cases, care and justice, as distinct and hierarchical approaches to moral judgement, should be better balanced or enmeshed (Held 2006; Postow 2008). Indeed, locating trans subjectivity in childhood may serve to automatically mesh some of these oppositional qualities, or show them to be plastic constructs which are easily moulded or mapped on to one another.

Gilligan stresses the criticality of relationships, particularity and reciprocity within caring practices. Gilligan's work was ambiguous about the ethic of care as being distinctly feminist; subsequently feminists adopted the ethic as compatible with the overall second wave feminist ideology (Wise 1995). Noddings (2002) distinguishes between care as an attribute, a virtue, and care as an aspect of relation. A person may genuinely care for (or provide care for) an individual but

not connect to them in a relational sense. In an ethic of care, it is this connection that is important and differentiates the relationship from others. Further, the practice of care should be reciprocal with both the needs of the cared for and the carer recognised (Brannelly 2011). These caring principles are congruous with the ideological commitment to the empowerment, connectedness and centeredness of women found within discourses that have emanated from the domestic abuse movement. The feminist perspective on domestic abuse continues to be bound up with notions of empowerment which is translated as self-determination at a micro-sociological level and unison against male hegemony at macro-level. Yet, such discourses neglect the coercive element of social care practice (and so domestic abuse practice) which can be found at both micro- and macro- levels of activity (Wise 1995).

An ethic of care, as delineated by Tronto (1993), offers an option to underpin practice with trans people and incorporates four key elements: attentiveness; responsiveness; competence; and responsibility. The value of embedding all four elements into social care practice with vulnerable groups is clear cut; *how* to do this with marginalised people is less so. *Attentiveness* requires the practice of care to be considerate to the needs of others and listening to and valuing personal stories can be of value, although complex, as multiple voices unfold, it can be difficult for practitioners to seek out the most significant element of the story being told. When trans people experience domestic abuse, a question for practitioners is whether the domestic abuse experience is the one that is most central, or do narratives of gender identity and trans subjectivity dominate? Furthermore, additional care should be taken as professional agendas and priorities can determine outcomes and detract from a response which is led by the trans person (the service user). Thus, *responsiveness* can be compromised and pre-determined. Responding to trans people is further complicated as there is no evidence-base for practitioners to rely on. If heteronormativity prevails in terms of attitudes, practices and cultural norms, how then can cisgender practitioners relate to and be genuine in their attentiveness and responsiveness to trans-identified or gender non-conforming service users?

In light of these difficulties, how can practitioners ensure *competency* when social care needs are unknown, unclear and/or sensitive in nature? Is ‘feminist social work’ (Dominelli 2002b) (that is, domestic abuse practice) really inclusive of trans or gender non-conforming people? The feminist ethic of care and other approaches to ethics sit within a postmodern world where ‘incredulity towards metanarratives’ (Lyotard 1984: xxiv) predominates. Additionally, expert opinion is differentiated and there are multiple truths and multiple narratives, all of which are valid. A further complication lies in the capacity of a practitioner to negate their power-wielding position to engage in a positive and therapeutic relationship with someone who may be disenfranchised. This, surely, is a *responsibility* of social care practitioners and is addressed by professional codes of conduct and ethics (BASW 2012; HCPC 2012). Yet, professional codes are defunct in the context of practice with marginalised communities if members of those very communities do not access those professions as, it is suggested, is the case for trans communities (Fish 2006; Hines 2007; Whittle et al. 2007; Mitchell and Howarth 2009).

Undisputedly, responsibility is an important dimension of care within a professional relationship, but it is one which is bound with ethical tensions and paradoxes. For example, whilst the goal of self-determination through empowering and relational caring practice is fundamental, within that caring practice there are potentially coercive powers (Wise 1995). This alludes to the possibility of an ‘ethics of influence’ (Milner 2001: 46). Another critique lies with the potential for absent, imaginary or poor connections or resistance towards forming relationships. This is especially cogent in work to support trans people as it has been suggested that trans people are entitled to feel distrustful or fearful of receiving social care services (Fish 2006). Rather than being aligned to obligation, Tronto (1993) argues that responsibility is firmly rooted within a set of implicit cultural practices and that therefore, responsibility emerges through the recognition of a need that should be met. However, cultural practices are not static, nor are they globally fixed. From diverse communities, emerge diverse needs and I propose that the first stage in the caring process of identifying and assessing trans people’s needs can be achieved by adopting a narrative approach.

Although the feminist ethic of care is congruent with the theory and activism of the domestic abuse movement, as a paradigm of care this was, and remains to some extent, essentialist in nature which is evident in its firmly rooted position within the binary model of gender. Banks (2004) argues that Gilligan's ethics of care and justice potentially serve to reinforce cultural stereotypes, or reduce men and women (and negates those who do not identify as either) to having one voice. However, this is only the case if the detail of an ethic of care is not considered and Gilligan argued that the association of the *different* voice with women is an empirical observation, and not absolute and fixed. Thus, the presentation of male and female voices as different helps to differentiate between two modes of thought and, additionally, outlines 'a problem of interpretation rather than present a generalization about either sex' (Gilligan 1993:209).

Whilst the unity of women was enthusiastically sponsored by second wave feminist activism and academy (through which the feminist ethic of care emerged), this universalist principle can be censured for its univocal treatment of 'woman', for its colonial trajectory, and for its disregard of the complex constructedness of identity. In addition to gender, some argue that the most overlooked aspect of social identity is ethnicity (Hill Collins 1991; hooks 2000) but other forms of social division are important too, including: sexual identity; (dis)ability; religion; and age. This neglect is reflected within domestic abuse discourse (Burman et al. 2004; Hague and Malos 2005). Hekman (1995) takes up this last point and by expanding Gilligan's original work, she proposes a discursive moral theory and argues that:

The discursive subject is neither relational, feminist, postmodern, or a product of theories of race and ethnicity, yet it borrows from each of these discourses. In this sense...it employs the tools available to fashion a concept that is both unique and a product of the resources at our disposal. (Hekman 1995: 109)

If we discursively produce our identities and subjectivities, the task for social care practitioners is to employ a means of enabling that voice(s) to be heard and for the meanings that are placed upon those identities and experiences to be valued. Whilst Gilligan's (1982) ethic of care emphasises binary gender in the context of

relationality versus autonomy, Hekman's (1995) proposition could be said to include more composite, fluid and contingent identity positions and thus has the potential to incorporate a trans perspective.

4.8 Reflexivity, narrative ethics and trans communities

Identity formation is multiplex and fluid. A mode of intervention, such as person-centred practice, which facilitates the centring of subjectivity through narrative allows aspects of identity and particularity to unfold from the start of engagement (Rogers 1965). However, the feminist ethic of care, as a mode of intervention, is rooted within a model of bipolar gender categories. Acknowledging some trans people do not view themselves as having composite and mutable identities, but identify with normative taxonomies of gender and sexual identities (that is, as a heterosexual woman or man) is equally important. In these cases, gender dissonance is experienced through embodiment as a cultural process with somatic feeling likened to being in the 'wrong body' (Prosser 1998; Serano 2007). In a sense, gender reassignment represents a process which aligns the physical body with the individual's psychological gender identity to restore a congruent, or normative, identity. In reflexive terms, for some trans people, it will be the story of the process which is critical and not the process itself. Narrative, then, represents a rhetorical device to illustrate a journey to a normative social position.

A constructionist approach to social care practice which incorporates narrative furthers the centring of particularity as the opportunity for storytelling is fundamental to enabling subjectivity to exist in a valid and valued state. This in turn can be represented in a model of ethical social care praxis. Constructionist approaches are found within social work literature (Parton and O'Byrne 2000; Milner 2001); within which a narrative approach to ethics is congruent and elementary. Indeed, although this area of work is small, it has value for social care practice as Parton and O'Byrne note that 'adopting a constructionist approach ensures that an awareness of values and ethics becomes central' (2000: 182). Subsequently, narrative as a mode for ethical practice has become recognised as a key element in the application of various disciplines including social work, medicine and psychology (Wilks 2005; Paulsen 2011; Porz et al. 2011; Baldwin 2013). The importance of discursive or dialogic representations of trans identity

and practice is critical to understanding the social positioning and experiences of trans people and those within their social networks. The construction of narratives (which account for identity, practices and notions of family, connectedness and relationality) are critical to understanding social life. Through a constructivist lens, narratives enable people to share their stories, that is, their 'narrative truth' (Plummer 1995), although this narrative truth is temporally, culturally and spatially contingent.

Wilks (2005: 1525) describes narrative as 'constructed of parts that relate to one another and are emplotted, i.e. the parts relate to each other causally'. Narratives may or may not be chronological, what is important is the interplay of each constituent part. In late modernity the construction of the self has been described as a reflexive project as Giddens (1991) asserts that:

A person's identity is not to be found in behaviour, nor - important though this is - in the reactions of others, but in the capacity *to keep a particular narrative going*. The individual's biography, if she is to maintain regular interaction with others in the day-to-day world, cannot be wholly fictive. It must continually integrate events which occur in the external world, and sort them into the ongoing 'story' about the self. (Giddens 1991: 54, author's emphasis)

There is, however, the need for a cautionary approach to prioritising narrative as:

One must also recognise the dangers associated with the levels of interpretation at the level of creation and re-creation in both the creator's and the recipient's minds. The creator interprets events as the narrative develops, and each individual recipient re-creates the narrative based on his/her previous knowledge and understanding. (Bold 2012: 17)

Therefore, narrative is not an 'objective reconstruction of life' (Webster and Mertova 2007: 3) but a telling of how life is interpreted and perceived. Notwithstanding, when there is little understanding of the social world of marginalised communities (for example, trans people), the ontological importance of narrative lies in the capacity to glean a better understanding of identity, practices and lived experience. This understanding has the potential to intersect with a strand of ethics to inform social care practice with trans communities as

Milner (2001: 18) notes 'narrative conversations are fluid, used to deconstruct problems before moving on to constructing solutions'. Paulsen (2011) extends Tronto's (1995) four elements to ethical practice by suggesting a bounded approach to integrating narrative into the caring professional relationship:

Caring is not, however, simply catering to every whim and woe of the other, it may consist of mindful guidance...setting limits... an attempt at influencing the life-story of the other. There is also the question of what one's caring does to oneself, and to outsiders excluded from one's caring. (Paulsen 2011: 29)

Paulsen (2011) argues that narrative is *native* to an ethic of care and generates insights that other ethical forms would not. Yet, a narrative ethic of care has been dismissed as demanding a low level of critical reflection. In contemporary social care discourse and praxis, a grounded and coherent analysis of the value of critical practice has been emerging for some time. This foregrounds the notion of the reflective practitioner and explores the ways in which practitioners can skilfully 'construct' their work (Schön 1983; Parton and O'Byrne 2000; Fook 2002; Knott and Scragg 2007; Parker 2010). Indeed, a narrative approach to ethics and practice relies on a reflexive response in order to make sense of the story being told relative to time, space, context and the self. Adams et al. (2002) state that:

Critical thinking leads to critical action, forming critical practice...critical practice is a cycle... part of a reflexive cycle. Reflexivity means being in a circular process in which social workers 'put themselves in the picture' by thinking and acting with the people they are serving so that their understandings and actions inevitably are changed by their experiences with others. As part of the same process, they influence and change others and their social worlds. (Adams et al. 2002: 3)

Thus, critical thinking, reflection and action conflate to form practice which can embed narrative as a mode to facilitate ethical and person-centred practice (Rogers 1961). Additionally, reflexivity and criticality are concepts which are seen as central to anti-oppressive practice. There are, however, critiques which highlight as problematic the emphasis on individual agency which is emphasised within the discourse of reflexivity. These critiques consider the structural constraints which may impact upon reflexivity and the potential for agency in

addition to the difficulties created by hierarchical relations of power which cannot always be detected in direct interactions (May 1999, 2011). Notwithstanding these critiques it is important for the voices of marginalised groups, like the trans participants in this research, to be heard.

Within the domestic abuse framework, there is a growing acknowledgement of the need to develop a practice model which moves away from the heteronormative bias which has hitherto shaped service delivery and there is recognition that domestic abuse is prevalent across LGBT communities. Wilks (2005) argues that the politics of identity is a starting place for anti-oppressive practice and a feminist version of ethics based on relationality and care, but he also argues that narrative takes this further by enabling practitioners to become alert to ethical issues as and when they arise. Whilst this form of critical practice appears to have value, Milner (2001) raises a salient concern in that for an individual a personal problem can appear so large and all consuming that it serves to silence and immobilise that person. For trans or gender non-conforming people, often the dissonance experienced in relation to their gendered identities and practices, overrides any other problems that they face. This immobilisation can become an impediment to effecting change in other areas of social and personal life. Additionally, in the history of trans people's contact with public services (primarily medicine and the police) there is evidence of an overt pathologising of trans identities and practices. Throughout this chapter I have explored some of the obstacles that trans people experience which limit their access to social care provision and which are complicated by trans history, mainstream ideology and entrenched institutional structures (Fish 2006; Whittle 2007).

4.9 Chapter summary

In summary, I have argued that extant research and literature which addresses the social care needs of trans communities is lacking and/or problematic and so when evaluating the potentiality for practice, attention to some fundamental principles is needed and a code of ethics is generally agreed to be foundational to social care practice (Banks 2006). In addition, national guidance for working with trans service users who experience domestic abuse, *and* which is ground in trans

subjectivity, would benefit. Within the field of domestic abuse, the model for practice incorporates some value-based concepts, such as empowerment and multi-agency collaboration, but a critical lens helps to show how the implementation of these presents challenges to practice (Mills 2003; Stanley and Humphreys 2006; Tew 2006; Welsh 2008). In addition, despite the rhetoric of inclusivity, the heteronormative model of domestic abuse prevails and this represents a considerable barrier to accessing domestic abuse services for people who identify outside of the heteronorm as trans or gender non-conforming.

Broadening the discussion to look at social care practice in general enabled a brief discussion of critical and anti-oppressive practice before moving to an analysis of ethics. Despite social work ethics being vigorously entwined with notions of anti-oppressive practice and the desire for social equality, the provision of an equitable and accessible service for all has not been achieved even when it targets trans communities. Hines (2008) discusses ‘the most comprehensive study of care within the transgender community’, undertaken by Johnson (2001) for the Beaumont Society, which exposed a severe dissatisfaction with community methods of care, particularly for ill, elderly and disabled trans people, with the provision of care mainly to be found within their immediate social circle (2008: 466). In addition, from their empirical study of the social care needs of trans people, Kenagy and Hsieh (2005) concluded that trans people require support with family-based concerns (parenting, child care, family planning) but that:

Helping professions are often unfamiliar with the unique identities and needs of transgender people. It is, therefore, important for human service professionals to understand the social service needs of this vulnerable group. (Kenagy and Hsieh 2005: 2)

A narrative ethic of care has potential to incorporate the multiplex and fluid constructedness of identity formation, practices and subjectivity if relevant and necessary. This forms one element of a mode of practice which centres narrative and the self as a reflexive project and is congruent with many of the values of social care practice. Historically, the practice of social care and social work within the domestic abuse movement has been built upon a relational mode which centres upon the concepts of empowerment, self-determination and a feminist

ethic of care. This movement has emerged and evolved against a backdrop which incorporates normative ideals of gender and sexual identity and practice. Daily exchanges of social care practice are firmly rooted in this heteronormative paradigm. This embeds the male/female and heterosexual/homosexual binaries. The feminist ethic of care has been criticised for reinforcing this binary system and for its leanings towards essentialism and universalism. To combat this, a narrative ethic of care incorporates relational practice but at a more atomistic level and has utility in developing a value-based practice model for inclusivity within domestic abuse work with trans communities. In relation to social care practice, Baldwin (2013: 3) claims that it is a profession 'so obviously narrative in nature'. Wilks (2005) agrees and concludes that:

We are a story-telling lot, we social workers. The stories that service users tell us and our reinterpretations and retellings of them form the warp and weft of our working lives. (Wilks 2005: 1249)

Wilks suggests that whatever the setting, social care practice is about the stories of people. In this framing, domestic abuse provision for trans people could incorporate a person-centred perspective which uses narrative to enable people to tell their stories of familial and/or intimate life and experiences of domestic abuse. Locating the individual at the centre of the storytelling practice would enable people to make decisions about what to tell and how to tell it. At the same time, practitioners would remain person-centred with gender enactments, gender history and gender identity taking a back seat to the primary concern of the individual's narrativisation.

Chapter Five

Researching trans: epistemology, ontology and methodology

5.1 Introduction

Researching trans people's lives as a cisgender (non-trans) researcher is a complex activity. Indeed trans people's lives are complex; trans identities and practices are diverse, trans narratives are multifaceted. This chapter discusses some of the complexities in relation to my methodological framework. First, my epistemological position is explored through a discussion of feminist research and by attending to some of the principles that I have adopted and which are influenced by the work of Stanley and Wise (1983, 1993, 2008). Within this discussion I sponsor the value of gender research which incorporates a feminist paradigm but is not limited to the boundary of work *with* women, *for* women and *about* women. Moreover, whilst this research is built upon feminist constructionist epistemology, it is influenced by the 'poststructural turn', and more recent writings on queer theory or more specifically 'a queer sociological approach' (Seidman 1996; Roseneil 2000; Hines 2007). In developing my theoretical base I have had to consider my own feminism and feminist 'way of knowing' and I have challenged myself to move outside of dichotomous gendered thinking. In doing so, I have been influenced by poststructuralist theory which positions gender (and sex and sexuality) as contested concepts (Butler 1990, 1993, 2004). In particular, Foucault's thesis of power and knowledge as produced through discourse is included within the analytic strategy (Foucault 1980). I will describe the benefits of adopting this composite approach in my research paradigm.

This is a qualitative project and I have used semi-structured interviews as the instrument through which to gather data. This interview data is treated as a narrative form, as the 'stories' (Plummer 1995) of trans people and domestic abuse practitioners. These stories illustrate and articulate participants' feelings, ideas, and experiences and at the same time provide understandings of how these

feelings, ideas and experiences have been evaluated, how meanings have been constructed. This will provide some indication about the circumstances under which these meanings have been constructed. Within the representation and interpretation of trans people's narratives, there is a focus upon the relational aspects of the participant's relationships with partners, family and friends, but also within broader social, political, cultural and structural contexts (Brown et al. 1991; Mauthner and Doucet 2008). It is this focus on relationality which has influenced my choice of an abductive strategy and a voice-centred relational method which form essential elements of the strategic and analytical framework (Brown et al. 1991; Mauthner and Doucet 1998, 2008; Blaikie 2009).

My normative (that is, cisgender and heterosexual) identity is reflexively acknowledged and the potential impact of my social location within the methodological process is discussed in terms of my 'outsider' status. Attention turns to the potential impact of my particularity within social interactions with the research participants. Indeed my capacity for reflexivity will be explored in the process of gathering and analysing people's narratives. This leads on to the issue of ethics. As a social work practitioner, over many years I have aligned my personal and professional ethics and I have become adept at unravelling and remedying tensions and dilemmas through my own internal reflexive dialogue. As there are dual strands at the interview stage (interviews with domestic abuse practitioners, and those with trans people), this will raise distinct ethical considerations.

5.2 A Gendered Paradigm: Feminism and a Queer Approach

There is a body of literature which considers the ways in which feminist research should be pursued, what constitutes feminist methodologies and how knowledge is produced (Stanley and Wise 1983, 1993, 2008; Hartsock 1998; Ramazanoğlu and Holland 2002; Harding 2004; Hesse-Biber and Leavy 2007). Ramazanoğlu and Holland (2002) propose some fundamental principles for gender research:

Any researcher who sets out to understand gender relations and grasp their impact on people's lives has to consider: how (or whether) social reality can be understood; why conceptions of sexuality and gender have some meanings rather than others; how people make

sense of their experiences; and how power inhabits its knowledge production. (Ramazanoğlu and Holland 2002: 2)

What is evident, however, is that when gender is central to social science research, it is overwhelmingly located within the normative dyadic framework of gender although within contemporary feminist literature, work can be found which includes sexual and gender identities and practices which sit outside of the gender binary (Rich 1980; Butler 1990, 1993, 2004; Fausto-Sterling 2000, 2005). One common agreement amongst feminists is that mainstream research is androcentric and masculinist as it is mainly produced by white, middle class, male researchers and academics who reflect western ideals (Letherby 2003). Criticisms of androcentrism and heterosexism in the social sciences at large, can similarly be found in trans studies (Fish 2006).

Masculinist forms of knowledge production within social science research have been associated with positivism, quantitative methods and objectivity, whilst feminist qualitative research has been criticised for its bias and lack of scientific rigour (Franklin 1997). However, the critique of the 'objective researcher' is increasingly visible across a range of disciplines (Law 2004). Some feminist researchers have embraced qualitative methods as fundamentally feminist and have argued for the pursuance of research which values interpretivist approaches to understanding social life (Oakley 1981, 2000). I argue that a feminist research paradigm ideologically connects to research on social inequality because feminism - as a critical form of politics - has an underpinning emancipatory aim (Kleinman 2007; Talbot 2010). Stanley and Wise (2008) expand this point when they argue that:

Feminist methodology matters because it is the key to understanding the relationship between knowledge/power and so it has epistemological reverberations. It also provides important tools for helping to produce a better and more just society, and so it has political and ethical reverberations too. (Stanley and Wise 2008: 222)

In their earlier influential work, *Breaking Out*, Stanley and Wise (1983, 1993) provide an analysis of feminist epistemology and ontology which remains contemporaneous and relevant. The following principles, which can be drawn from *Breaking Out* (1983, 1993) and Stanley and Wise's later work (2008), have

been used to underpin the feminist paradigm of this research. These principles include:

- i. The researcher is located 'on the same critical plain' as the researched (Stanley and Wise 1993: 8). The researcher does not enjoy epistemic privilege, rather there is equity within the researcher-research participant relationship in terms of 'knowing';
- ii. The researcher is not an objective, neutral observer but constitutes part of the research;
- iii. All research is conducted through the medium of the researcher and should take into account 'the personal' in relation to knowledge production;
- iv. A reflexive approach takes into account the subjectivity of the researched *and* the researcher;
- v. Reflexive research practice analyses how subjective positions may affect the production of knowledge;
- vi. It is, however, the feminist researcher who takes centre stage in 'making sense' of the world of the researched;
- vii. The knowledge produced by this 'making sense' is not superior to that produced by the research participants, it is just different. Both the researcher and the researched make contestable knowledge claims;
- viii. Feminist research should be undertaken by feminists but does not have to be *on women*; it is not limited to the category of 'woman' in terms of research participants, experiences or research topics. Feminist research can include men, non-feminists and trans people;
- ix. Knowledge is constructed: it is culturally and historically situated;
- x. The existence of structural inequality as 'fact' and external to people's experiences should be questioned;
- xi. There are many 'feminisms', 'woman' and 'man' as categories are diverse and fluid and, as such, 'female' and 'male' identities and practices are myriad. Furthermore gender identity which sits outside of the binary categories is just valid.

Stanley and Wise (2008) conclude that:

Knowledge is necessarily constructed from where the researcher/theoretician is situated, and so feminist knowledge should

proceed from the location of the feminist academic and work outwards from this...all research contexts are grounded and specific, and therefore the knowledge-claims which feminist researchers make should be modest and recognize their particularity and specificity. (Stanley and Wise 2008: 223)

Thus, it is critical that the researcher's theoretical paradigm is transparent. My epistemological and ontological position aligns with feminist social constructionism which is applied with a queer sociological lens (social constructionism is discussed below).

A queer sociological paradigm adopts the view that social reality can be constructed, deconstructed and reconstructed. Social reality is unfixed, and subject to cultural and temporal variances, *but* a queer sociological approach refocuses to include an empirical position of identity formation and practice and, as such, it offers a useful alternative to existing frameworks for analysing trans phenomenon (Hines 2007). A queer sociological model employs key precepts of poststructuralism (for example, social constructions emerge through discourse) whilst emphasizing an important focus on subjectivity (Seidman 1996; Roseneil 2000; Hines 2006, 2007). In the analysis of trans people's narratives this has clear relevance: for example, in opposition to deconstruction approaches, a queer sociology of trans acknowledges and also valorises narratives of embodiment. Within the context of interviewing domestic abuse practitioners, engaging with queer perspectives is apposite too as Gorman-Murray et al. (2010: 110) point out that 'the notion of queer...seeks to challenge the processes which normalise and/or homogenise certain sexual and gender practices, relationships and subjectivities'.

Drawing from poststructuralism, a feminist ontology which is open to the questioning of constructed, normative taxonomies of male/female and heterosexual/homosexual has value in research with a hidden community which encompasses a wide range of identities and practices which may sit within, outside or across normative frameworks. Queer thinking (as a scholarly approach) rejects the notion of bipolar gender and sexuality sited along a continuum and argues that subjects and subjectivities are unfixed, fragmented and perpetually changing. Whilst my feminist location intersects with queer, it does so

by positioning queer as a mode of conceptual or theoretical engagement (Browne and Nash 2010). Queer theory argues against fixed attributes of the self whilst subject positions are not delimited by biological certainties. So, gender and sexuality are re-imagined as social constructs (Browne and Nash 2010). The constructedness of gender as a category is congruent with mainstream feminist ideology and the feminist framework implemented within this research.

Within a feminist application of poststructuralism in general, and through engagement with queer thinking in particular, there is a risk that a feminist position may become disparate and disconnected (Stanley 1990). Thus, a queer sociological paradigm provides a more grounded position in relation to subject positions and subjectivity. Moreover, Stanley and Wise (1983, 1993, 2008) set out a distinct epistemological position (which they site within a *feminist sociology*) which is congruent with a queer sociological approach to research (Seidman 1996; Roseneil 2000; Hines 2006, 2007).

5.3 A Poststructural Influence

A queer sociological position is clearly influenced by the *poststructural turn* in social theory, social research and the discourse which centres on knowledge production. Michel Foucault's (1979) analysis of sexuality, as a concept constructed at a specific point in history and as a regime of disciplinary knowledge which structures social life and social relations, has received interdisciplinary interest. Foucault's work has impacted upon the development of a queer approach in general as Spargo (1999: 8) notes that this collection of work 'was the most important intellectual catalyst of queer theory'. Whilst queer theory is not adopted within this methodology, its theoretical relevance in an analysis of trans is acknowledged. By this, I mean that queer theory's attention to subject positions is respected as a move away from the limitations of normative, dichotomous gender categories, identities and practices. Although, a queer sociological approach has more influence as an analysis which emphasises particularity and engenders normative and non-normative categories, identities and practices inside and outside of the gender binary. Foucault's analysis of power and knowledge, in terms of production and regulation, resonates with

feminist research which should always be grounded in a desire to understand power relations (Ramazanoğlu and Holland 2002).

It is Foucault's use of the term *discourse* which influences the theoretical underpinning of my analysis (1979, 1989). Foucault considers discourse to refer to a socially constructed body of knowledge which is temporally and culturally contingent. This body of knowledge is organised, distributed and regulated by those in dominant positions (Talbot 2010). Thus, knowledge does not emerge from things, people, structures, and institutions as *truth*, but rather knowledge is something which is produced. For example, in his analysis of power, Foucault describes how power is not a property of hegemonic groups (for example, men, the upper class, capitalists) but rather power is deployed by dominant groups through discourse. Power is not something that is held, it is something that is practiced (Nealson 2008). Foucault claims that it is through institutions that those in positions of privilege maintain and control power through discourses and do so by creating boundaries, rules and categories. Using Foucault's notion of discourse as a theoretical lens the data collected for this research will be explored in relation to power relations. These power relations are those that are constituted within the discourses of domestic abuse and social care and I will juxtapose that which is revealed with the possibilities for trans-identified service users.

McLaughlin (2003) notes that discourse is:

in Foucauldian terms... made up of rules that authorize what is the correct form of speech, action or word, within its boundaries...[Foucault] distinguished discourse from ideology by claiming that discourses do not hide from sight something real...things emerge though their interpretation in discourse'. (McLaughlin 2003: 116)

Much of Foucault's work on power considers how people have been discursively constructed as legal/medical/sexual subjects. In relation to sexuality, the impact of this discursive structuring is to discipline subjects and reinforce certain understandings about sexuality and gender. Foucault concludes that as 'the scope of possible subject positions is delimited by the governing force of discourses, subjectivity is disciplinary' (McLaughlin 2003: 119). This disciplinary effect takes place within the male/female and heterosexual/homosexual binary; it is this

which queer scholars use to contest discursive practices which do not accommodate alternative practices and identities (Browne and Nash 2010). The socially produced subject is not a disciplined and passive individual, but is an active agent within the processes which serve to discipline them.

Within a study of trans people, which explores their construction as (existing and potential) service users of social care, Foucault's work on discursive practice and structures has utility as a means of analysis of trans people's subjectivity in relation to social care and citizenship. Furthermore, chapters three and four show how dominant discourses in domestic abuse and social care are predominantly found to be based upon heteronormative ideals of intimacy and family life. Indeed, adopting Foucault's position, which sees socially constructed phenomenon as historical and culturally contingent, domestic abuse is a prime example of an accepted social problem, constructed as such only in contemporary discourses. Previously domestic abuse, within the confines of a heterosexual marriage, was discursively constructed as a private matter and regulated through discourses of law, citizenship and the family (Wykes and Welsh 2009).

As knowledge is socially produced and is contingent, mutable and situated, to interrogate that knowledge, it is imperative to attend to *contextual sensitivity* (Silverman 2006). In research on trans people's lives this attention has facilitated an analysis of how individuals construct so-called stable phenomenon such as the family or identity whilst paying attention to the different contexts in daily life. This ontological position suggests a social reality that is in flux, fragmented and unfixed. Thus, in my analysis, I have striven to develop and maintain reflexivity. I have been attentive to the feminist principles championed within this research and which relate to equity, empowerment and partnership whilst bearing in mind my subjective position as constituting part of the act of producing knowledge claims.

Other literature, which is influenced by poststructuralism and a constructionist epistemology, has been drawn from. For example, Fenstermaker and West's (2002) concept of 'doing gender' and Butler's (1990, 1993, 2004) theses on performativity, embodiment and recognition. In ontological terms, this body of work encompasses notions of gender as a 'situated accomplishment' (Garfinkel

1967: 121). These sets of ideas have constituted part of a theoretical grid which sees the normative construction of gender as a barrier to full participation for those who do not fit with normative ideals of constituted sex and gender. This has implications for meeting needs (resulting from domestic abuse) and accessing services (social care): 'needs' and 'services' represent discursively produced phenomenon and structures that are largely built on normative ideals.

5.4 Foucault: power, sexuality and the implications for gender

In the first volume of the *History of Sexuality* (1979), one of Foucault's best known works, he provides an interrogation of sexuality as a function of power. This text represents a persuasive counter-narrative to the established portrayal of the transformation of sexuality from Victorian times to modern day. Whilst Foucault's analysis does not attend to gender per se, it does provide an analytic framework through which to examine sexualised and gendered identities and experiences (Probyn 1997; McLaughlin 2003; Sanger 2010). In addition, gender, sex and sexuality are often conflated as concepts with significant overlap and interplay. Indeed, the notion of trans inevitably transgresses the fixity of gender roles, sex roles, gender and sexual identity and practices.

In the *History of Sexuality*, Foucault questioned the 'repressive hypothesis', the widespread belief that our natural sexual drives have been repressed, and he argued that sexuality constituted an essential feature of identity, but through discursive practices the production of knowledge about sexuality became situated. To evidence his claims, Foucault sites the creation of the 'homosexual' to 1870; that is not to say that homosexuality was not practiced before this point in history, but it was not previously identified as Other to heterosexuality. The impact of delimiting and regulating sexuality through discourse, Foucault claimed, is a stabilising effect on society which consequently works to the benefit of hegemony. He describes this regulatory function as *biopower* (1979: 140). There are many feminist texts which converge with Foucault's ideas and apply them in their exploration of gendered phenomena such as family, motherhood, sexuality and prostitution (Rich 1980; Smart 1992). Within my methodological frame, I have used a parallel notion of gender as socially constructed and one which is to be found in hegemonic power-producing/socially stabilizing discourses. For

example, within medical discourse, the treatment of transsexuality is strictly regulated in terms of gender reassignment within the dichotomous male/female binary. Similarly, examples of gender-specific legislation, such as the Gender Recognition Act 2004 and the Equality Act 2010, operationalise a conception of binary gender.

Foucault explored various discourses (for example, psychoanalysis) in relation to sexuality. Psychoanalysis enables the dominant person, the analyst, to interpret people's narratives and to relate individual behaviour in terms of their repressed sexuality, or deviant inclinations. In doing so, dominant and normative discursive projections of sexuality are reinforced, and supposed normative aspects of gender identity, social power and order are maintained. In a feminist analysis of psychoanalytic discursive structures, (hetero) sexuality could be represented in a hackneyed fashion: female identity is characterised as submissive and nurturing whilst male identity is analogised to physical and mental strength. I have used this example to indicate the utility of building Foucault's ideas within an analysis of non-normative gendered subjects, and their constituted selves, in relation to dominant discourses and areas of social life.

As Sanger (2010) suggests, there are aspects of Foucault's reasoning about sexuality which correspond with an investigation of (trans) gender. The themes that I have applied can be succinctly described as:

- I. Normative gender is socially produced;
- II. Ideals of normative gender are constructed through discourses (bodies of knowledge);
- III. These discourses are produced and disseminated by dominant groups;
- IV. Social order is regulated and maintained through discursive practices.

Whilst this summary could be criticised for its lack of sophistication in terms of what can be described as complex ideas, I have employed these concepts in a simplistic fashion in order to simultaneously apply them, with caution, accepting their limitations as discussed below. My discussion and application of Foucault's work serves a number of purposes. First, it has enabled me to clarify my understanding and application of the term *discourse* as a move away from the

delimited notion of discourse as language. Second, by introducing the key findings contained within Foucault's analysis of sexuality in Volume I (1979), I have outlined some motifs found within modern dialogue about queer and trans. In alliance with Foucault's view of power, my analysis has explored power to be something that is practiced and not held, which links to the notion of biopower and the historical and cultural contingency of, what Foucault (1979) describes as, a technology of power, something that regulates and stabilises social order.

5.5 Limitations: Foucault and Feminism

Foucault's influence on sex and gender work is considerable and he continues to provoke academic discussion. As a strand of feminist thought, poststructural feminism is arguably more relevant, in terms of contemporaneity, than some other established forms; for example, Marxist feminism (McLaughlin 2003). Foucault and dominant feminist perspectives share unease with the Enlightenment concepts of truth, logic and rationality, and for those who have adopted a social constructionist schema, Foucault's work holds attraction. However, feminist critiques of Foucault are persuasive. For instance, Foucault's grand narrative ignores gender as a category and he applies a theoretical blanket universally across our subjective experiences. Thus, there are gaps and inconsistencies within his analyses (McLaughlin 2003). Foucault's gender blindness legitimates allegations of a narrow, androcentric version of Western culture within his work (a common criticism of French poststructuralist writings).

Foucault's 'most spectacular failure' (Dean 1994 cited in McLaughlin 2003: 121) is the precedence he gives to notions of discipline and dominance over questions of agency and resistance in his analysis of power. The emphasis that Foucault places on the effects of power upon the *docile body* is reductionist in that, along with notions of agency and resistance, it ignores autonomy and (feminist) consciousness (McNay 1992). This feminist consciousness is that which drives the feminist project and which seeks to discover, understand and appraise gendered lives. Thus I have used Foucault's work carefully; I have drawn from his work, and within my analytic strategy I have interwoven his key concepts of discourse and biopower in order to engage with a queer sociological position in relation to trans subjectivity and citizenship (Foucault 1979, 1989). This has

facilitated a deconstructive analysis of social life whilst locating the subject as a social agent open to scrutiny as an individual and not just as a socially constructed subject who is merely a product of hegemonic power.

5.6 Methodological Framework

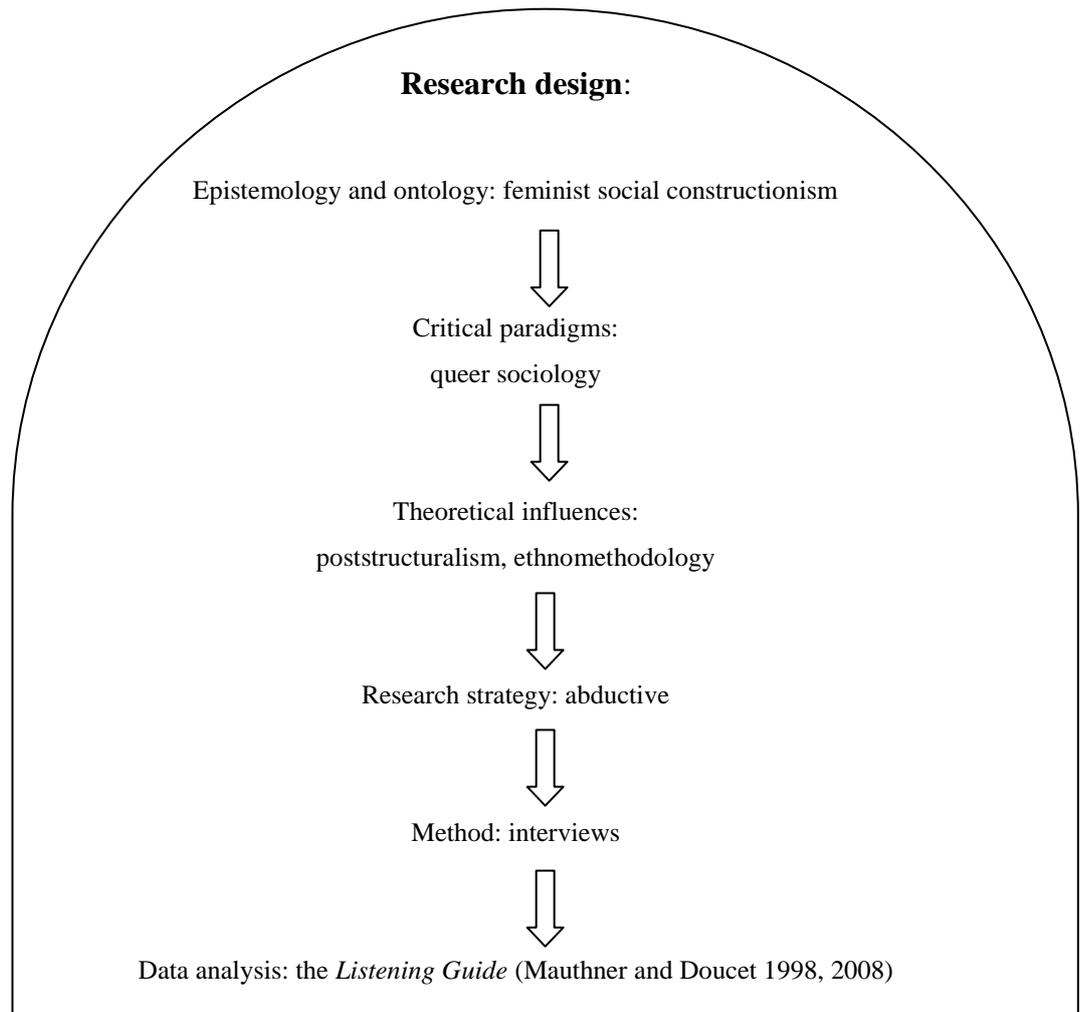
The design of this qualitative research locates the methodology, ontology and epistemology within a feminist social constructionist paradigm. What distinguishes a constructionist paradigm lies in the researcher's epistemological and ontological stance as Bryman (2012: 33) describes how 'social phenomena and their meanings are continually being accomplished by social actors... (and) are in a constant state of revision'. This paradigm considers that research participants and the researcher's accounts of the social world are constructions. A constructionist epistemology and ontology are antithetical to a position of objectivism which proposes that 'social phenomena and their meanings have an existence that is independent of social actors' (Bryman 2012: 33). Yet, constructionist approaches have been criticised for being too narrowly applied; in relation to interviews, data would seem to only describe the reality of that interview. However, Holstein and Gubrium (2002) have countered this critique in their description of the interview as active. The notion of an 'active interview' facilitates an analysis of the dynamic connectedness between the questions of *what* and *how* (Silverman 2006: 132).

By adopting this approach, the research design leans towards ethnomethodology. Ethnomethodology is a philosophical position, as opposed to a method, which does not assign itself to any one method, rather the appropriateness of a method relies on the adequacy of that method to study the particular phenomena under scrutiny (Garfinkel 2002). Key ethnomethodological ideas are allied to the other influences discussed so far. Ethnomethodology was advanced by Harold Garfinkel (1967) as felicitous in an investigation which seeks to expose the implicit and explicit rules by which social actors are guided to live gendered lives. In complement with my other philosophical influences, Garfinkel reported on the 'constructedness' of sex and gender categories. Thus, one of my adopted guiding ethnomethodological principles focuses on the performative aspects of social life, and explores this through discourse and this is congruent with constructionism

and poststructuralism. The perspectives of feminism, social constructionism, poststructuralism and ethnomethodology address epistemological, ontological and philosophical concerns and interweave to theoretically undergird the methodological framework.

In chapter three I concluded that knowledge about abuse within trans intimate and familial relationships is limited and elsewhere I have noted that there are only two previously published reports in the UK which have explored trans domestic abuse (Scottish Transgender Alliance 2008; Roch et al. 2010). These voluntary sector initiatives have focused on intimate relations whereas I have included familial contexts. As there is a limited source of literature on trans domestic abuse, my reading has incorporated a range of texts on gender and identity and this has influenced the philosophical and theoretical influences identified above.

Figure 2: A Qualitative Project



5.7 Research Strategy

I employed an abductive research strategy which is congruent with an overarching constructionist paradigm and takes the perspectives of those one is studying as ‘the empirical point of departure’ (Bryman 2012: 401). Abductive reasoning involves:

Constructing theories... from social actors’ language, meanings and accounts in the context of everyday activities. Such research begins by describing these activities and meanings and then deriving from them categories and concepts that can form the basis of an understanding of the problem at hand. (Blaikie 2009: 89)

An abductive logic enables the researcher to discover and describe the participants’ view of the world and to determine why they behave as they do by revealing the mutual knowledge, meanings, motivations and rules which underpin people’s actions. Our interaction with others and our interpretation of social exchanges and activity is rooted in *mutual knowledge* (Giddens 1979); this builds on the ethnomethodological themes described in the preceding section. The description of abductive reasoning thus far closely resembles inductive logic. However, the distinction lies with the emphasis in centring the participants’ voice and the need for the theoretical account to remain grounded in the worldview of those being researched.

In essence, an abductive strategy informs the process of description, and interpretation – staying as close to the participant’s narrative as possible – to discover how social actors construct meanings, how they make sense of the world around them and how they interpret social activity (the actions of themselves and others). From these accounts, technical concepts can be generated, or abstracted. The potential for researcher contamination can be addressed to some extent by ‘member validation’; that is, requesting participants to check the researcher’s account of their social world (Bryman 2012). This inclusive approach within the research process is aligned to the feminist principles which I have embraced. All participants were invited to check the full transcripts of their interviews; only one participant chose to do so.

5.8 Data Collection

Qualitative interviewing has defining characteristics, which have been beneficial to this project, and these include:

- Flexibility and an open-ended style;
- The focus on people's actual experiences rather than their general beliefs and opinions;
- The centrality of the relationship between the interviewer and interviewee (King and Horrocks 2010).

These characteristics align with the principles of my feminist methodology outlined earlier in this chapter and qualitative interviewing was chosen as an appropriate method to use for conducting research which was sensitive in nature. With regard to trans-identified participants, one-to-one interviews enabled emotionally challenging experiences to be shared with me whilst I could convey values such as empathy and respect, and simultaneously I ensured dignity and privacy. In relation to practitioner participants, a one-to-one environment facilitated a dialogue during which participants could confidentially discuss their work experiences, hopes, fears and personal views without any impact upon their professional status, role or relationships. Questionnaires would not glean such personalised or (in the case of trans participants) embodied narratives, and focus groups were rejected as I felt that the sensitive nature of the discussion could potentially stir emotions (a strategy for which was in place) and a group environment was unnecessary and so unethical.

Face-to-face, telephone and email interviews were offered to potential participants. Although direct contact was preferable, I recognised that there are multiple uses of the internet to make contact, recruit participants, collect and analyse data which are available to researchers and which continue to evolve and, as such, the internet offers a range of research instruments to social researchers (Burns 2010). Statistical data on internet access and usage justifies the pursuit of social inquiry using internet methods. The Internet Access Survey of Households and Individuals 2011, which measures access to the internet and usage in the UK, found that 77 per cent of households had internet access, half of internet users

connected using a mobile phone and that wi-fi (wireless) usage (at hotels, airports, etc) markedly increased from 0.7 million people in 2007 to 4.9 million in 2011 (ONS 2011). Moreover, since the 1990s there has been an increasing, geographically dispersed, diverse trans community in cyberspace (Whittle 1998; Formby 2012).

There are benefits and limitations to email interviews. Benefits include: the possibility to interview hard-to-reach groups without geographical boundaries or time constraints; both researcher and participants can make considered responses with re-reading and re-drafting; there is no requirement for audio recording or transcription, negating the possibility for error or inaccuracy; the ease for participants to write about sensitive issues; home is a safe and anonymous environment; and interviewer bias may be lessened (Bampton and Cowton 2002; Crichton and Kinash 2003; Burns 2010; Gibson 2010; Bryman 2012). However, email interviewing is an asynchronous method, hence it is vulnerable to drift or loss of interest. Boundaries were implemented to address this issue and email interviews were time bound over a three-month period. Five email interviews were held with trans-identified participants. Each email interview took a matter of weeks and contact was mostly regular and fluid.

Face-to-face interviewing offered important data (non-verbal communication, para language) which can never be extracted from email correspondence. Other benefits countered the weaknesses of email interviews: building rapport; spontaneity; reading non-verbal cues; short term engagement (Gibson 2010). Whilst telephone interviews offered a more direct form of interaction, as with face-to-face interviews, this is not without its problems. A key issue for many trans people links to their need to 'pass' and telephone interviewing does not offer the safety and anonymity that email interviewing does. Email and face-to-face interviews were offered to domestic abuse practitioners to maintain a flexible approach. Ten face-to-face interviews were held with trans-identified participants and nine with domestic abuse practitioners. No telephone interviews were undertaken; the reasons for this are unknown but this may be connected to the issue raised above in relation to the perceived difficulty in 'passing'.

A semi-structured interview format facilitated an analysis of how trans and gender non-conforming identities and practices (and in some cases, the process of transitioning) were negotiated within partnerships and familial relationships. The interview schedule is attached as Appendix 5. The manifestation of domestic abuse was analysed in terms of these intimate negotiations, with the family potentially representing a site of contestation, oppression and violence (Gelles 1997). Concurrently, interviews with domestic abuse practitioners provided insight into the subjective positions of those who strive to provide formal support to trans people experiencing domestic abuse but, who accept that there are both structural and personal barriers to providing services that are ethical, accessible and appropriate. In essence, the intersections of trans, domestic abuse and social care provision were explored when these three discourses converged (Mehrotra 2010).

Franklin (1997) critically discusses an approach to interviewing, termed the *information extraction model*, during which the interviewer ‘extracts’ from the interviewee their articulation of feelings, thoughts and ideas. The interviewer is active, whilst the interviewee (the subject) is passive. Oakley (1981) designates this interviewing technique as masculinist linking to scientific values of objectivity and distance in terms of relationality. Franklin (1997) suggests an alternative as the *shared understanding model* and the core aspects of this model were utilised during interviews for this project. A shared understanding model draws from the principles of ethnomethodology as it seeks to understand the interviewee’s rich and nuanced experiences of their social world. In epistemic terms, this assists with an interpretivist project which seeks to describe and analyse subjectivity in terms of helping to understand how meanings are constructed and which explores the discursive practices which may impact upon this process. A shared understanding model requires the (feminist) interviewer to encourage rapport, corroboration and genuineness in order to enable people to share their experiences through the production of their narrative accounts and, in this way, the interview represents a joint production (Mauthner and Doucet 1998). Bold (2012: 16) neatly sums up the value of using narrative in qualitative research as she asserts that ‘narratives necessarily tell of human lives, reflect human interest and support our sense-making processes’. In addition, noting the temporal

limits of working with narrative, Bold notes that narrative research ‘is not a search for truth but an acknowledgement of personal experiences as recounted at that moment in time’ (Bold 2012: 122). Plummer (1995) agrees and states that personal accounts represent ‘the narrative fit of what people say in the here and now: the work of stories in the living present’ (1995: 171).

5.9 Sampling and Access

There are two strands to my sampling strategy: the recruitment of trans people; and the recruitment of domestic abuse practitioners. The adopted sampling strategy employed non-probability methods via a combination of purposive and snowball sampling techniques (Bryman 2012). Whilst this ensured that I reached participants whose identity and experiences were relevant to the research aims, the limitations of this type of strategy are recognised. Indeed, the characteristic of the interview cohort does not claim to be representative but has ‘richness’ and the limits of making generalisations are similarly acknowledged.

In accordance with the sampling strategy, I adopted a variety of means in relation to the recruitment of trans people which included advertising through relevant websites, at conferences and through directly contacting LGB and/or T organisations. Making contact with national trans organisations proved fruitless but accessing local trans networks enabled me to connect to people who were outside of my social reach; I do not identify as trans, and I had no prior personal or professional contacts who identified as trans.

Recruitment was facilitated through the distribution of promotional materials, and through my participation in public spaces intended for trans communities (online discussions) and by attending trans networks and support groups. Whilst I encountered no specific problems in recruiting trans participants, I did spend a number of months researching trans networks, making contact and relationship-building with ‘gatekeepers’ (Bryman 2012: 151; Clark 2010). This proved to be invaluable and enabled recruitment of a cohort of trans-identified participants with a range of identities, experiences and standpoints. The participant group of trans people totalled fifteen with a variety of ethnic and cultural heritages and the ages

ranged from twenty-one to seventy years old. A breakdown of the personal characteristics of the interview cohort is included as Appendix 2.

To recruit participants to be representative of domestic abuse practitioners, I found a much more direct trajectory and found that my previous work with domestic abuse survivors facilitated speedy initial contact with a domestic abuse partnership. For my interviews with practitioners I adopted a sampling strategy which spread recruitment across the range of organisations within the partnership. I used a purposive sampling frame.

A difficulty in recruiting participants across the partnership emerged and discussing this with the partnership co-ordinator, we agreed that a common problem in the voluntary sector was a lack of resources (finances, staffing levels, time) and that this potentially impacted on people giving time to participate in the research project. However, I countered this by making it clear to agencies that I was offering a reciprocal arrangement: for the participation of individuals through an interview, I could provide information and advice on trans-friendly policy and procedures (through training, consultation processes).

The cohort of domestic abuse practitioners totalled nine and represented a range of professional roles including: refuge manager; partnership director; counsellor; independent domestic abuse advocate; housing project manager; and trainer. However, the body of data collected from these individuals was enhanced by three participants who straddled both groups of participants as they identified as trans and they were also involved in domestic abuse work.

5.10 Data Analysis

Through a constructionist lens, interview data was treated as narrative as participants shared their personal stories. The analysis of personal narratives is embedded within feminist research as second wave feminism helped to promote narrative inquiry as a valuable strategy in research design (Chase 2005). Moreover, a narrative approach to interviewing is congruent with the principles for this feminist research; principles which are drawn from the works of Stanley and Wise (1983, 1993, 2008). Narratives have demonstrated the research

participant's subjective perceptions, their personal interpretations and constructed meanings and have been treated as culturally, temporally and spatially contingent.

Analysis of the data has been aided by the *Listening Guide* (Mauthner and Doucet 1998, 2008). The Listening Guide provides a staged system to data analysis which facilitates the exposure of different voices within narrative accounts; it is a *voice-centred relational method* to data analysis (Brown et al. 1991). It follows that the method for analysis has a relational ontology at its core. This represents a focus on the social actor as a relational being who is embedded within a complex and wider view of social relations and people are thus viewed as 'interdependent rather than independent' (Tronto 1995: 142).

The notion of a voice-centred strategy to data analysis has taken precedence within this design as I have been minded to centre and reveal the voice of the participant. This type of strategy takes primacy within critical research which has emancipatory aims as this project has. I use the term *voice* in a bounded way, similar to Foucault in his 1984 lecture 'The Art of Telling the Truth' (1990), and so my interrogation of voice is concerned with subject positions and how meaning is created when a participant talks (or tell truths) *of the present* and *in the present*. Whether this voice is spoken or written (by way of different forms of interview data) my epistemological approach has been consistent in terms of not privileging one form over another (Jackson 2009).

In their representation of the *Listening Guide*, Mauthner and Doucet (1998, 2008) revealed their understanding and application of a voice-centred relational method to data analysis. I have drawn upon their account to construct a template for my data analysis strategy. This is summarised below:

Figure 3: Data Analysis Strategy - drawn from the Listening Guide (Mauthner and Doucet 1998, 2008)

Each narrative, or interview transcript, is read (or the tape listened to) on several occasions.

Reading 1: The purpose is twofold. First, to uncover the story, identify the main protagonists, look out for ‘recurrent images, words, metaphors or contradictions’ (1998: 126). In addition, a reflexive approach is required to the reading which considers how I respond to the narrative. A critical reading considers my social location, biases, assumptions, my emotional responses to the narrator. This reading is alert to the necessity of self-interrogation in relation to the ongoing process of data analysis.

Reading 2: The purpose is to find the voice of ‘I’ (1998: 128). In other words, this reading focuses on identifying the ways in which the narrator experiences, speaks and feels about themselves. The narrator’s voice should illustrate how they construct the story of their life and how they position themselves within their social world. This reading aims to maintain a focused analysis which centres the narrator’s voice(s) rather than ‘slotting their words into either our ways of understanding the world or into the categories of the literature in our area’ (1998: 130).

Reading 3: At this stage, the reading should examine how the narrator speaks about their personal relationships; with their partners, children, families, and the broader social networks within which they live their everyday lives.

Reading 4: This final reading involves locating the participant within the broader social, political, cultural and structural contexts.

Mauthner and Doucet’s (1998, 2008) interpretation of a voice-centred relational method and the approach of grounded theory are similar but they identify one key aspect of their approach as distinct in that it is interested in individual reflective processes as opposed to grounded theory which is more concerned with action and

interaction and not 'persons per se' (Strauss and Corbin 1990: 177). However, as strategies for qualitative data analysis both are ongoing, dynamic and complex processes.

The reading stages of analysis have the potential to be onerous in demands of time and this is countered within the author's commentary. Mauthner and Doucet (1998) describe a process whereby the researcher effectively 'tunes their ear'; the result is a speedier reading which maintains integrity and ends in similar processes as grounded theory, in that the evaluation reaches saturation point (where there are no further 'new' or 'challenging' emerging issues).

In the process of collating and comparing data (or narratives), I made use of the constant comparative method, an iterative process by which data are compared within and across subjects (Strauss and Corbin 1998). Again, this approach draws from grounded theory but adopts it as an approach, as opposed to a theory, which is 'concerned with the development of theory out of data ...[as] data collection and analysis proceed in tandem, repeatedly referring back to each other' (Bryman 2012: 567). The issue of whether face-to-face interview data and email interview data would present analytical challenges was addressed. In two of the five email interviews, I had met the participants prior to email exchanges and in relation to all five email interviews, rapport and a virtual relationship were developed before the start of the interview. Therefore comparing all transcripts, there was little difference in context, content and tone between those interviews that were conducted in a face-to-face setting and those that were conducted via email exchanges.

Axial coding 'linking codes to contexts, to consequences, to patterns of interaction, and to causes' was utilised in order to make connections and bring coherence to the coded data (Bryman 2012: 569). The analytical framework, incorporating axial coding and the constant comparative method, was undergirded by an abductive strategy as described above. I returned to the central themes through which the research questions have been interrogated in order to make sense of the data set by generating concepts, categories and theory. These themes include: the construction of trans; trans identity and practice; emerging patterns of

domestic abuse; the impact of trans or gender non-conforming identity, practice and/or transition upon intimate and familial relationships; the changing practices and sources of informal care; the social care sector and the trans community; anti-oppressive practice and trans women.

5.11 Defining a Mixed-Method Approach to Analysis

Mauthner and Doucet's (1998, 2008) *Listening Guide* steers each reading of the narratives (interview text), whilst the constant comparative method facilitates an analysis between and across narratives. The analytic framework is held together by combining the paradigms of feminism and constructionism. Both these emphasise the constructedness of identities, practices, meanings and interpretations. Locating these theories within a poststructural framework, enabled the research to analyse these constructions as located within discourse. The benefit of a dimensional approach, or theory triangulation, to analysis is that this facilitates a mixture of ways of understanding the data (Ritchie and Lewis 2003).

5.12 Research Ethics

Ethical implications are immanent within sensitive social research which is conducted with hidden communities. Renzetti and Lee (1993: 5) identify a sensitive topic as 'one that potentially poses for those involved, a substantial threat, the emergence of which renders problematic for the research and/or researched the collection, holding, and/or dissemination of research data'. The nature of this research clearly constitutes sensitive social research as trans identity and practice is considered non-normative and is marginalised, and domestic abuse is acknowledged to be a significant social problem. Guiding my ethical practice has been Butler's (2002) principles for social work research although these have been adopted as guiding principles and not as a rigid code. These principles include:

1. Respect for autonomy: referring to the moral obligation to respect an individual's autonomy so far as it does not negatively impact upon the autonomy of others;
2. Beneficence: that is, doing good;
3. Non-malevolence: avoid doing any harm;
4. And justice.

In the pursuit of any research, Carey (2009: 14) warns against an individual or system being treated as ‘an object of observation or study’. This clearly requires the consideration of ethics to be a negotiated, ongoing process which is person-focused and thus the notion of ‘research ethics’ is not about process, or a formal procedure by which ethical approval is granted (Gorman-Murray et al. 2010). Within this research, the ethical process has been dynamic and evolving and has received a reflexive response in order to acknowledge and address the power imbalance within the researcher/researched relationship and in relation to my cisgender identity in contrast to many of the participant’s who had a non-normative gender identity (this is explored further below).

The notion of *emotion work* is salient in sensitive social research and necessitates the regulation and management of the emotions of the researcher and the researched in order to ensure balance and ethical practice (Letherby 2003). A component of ethical fieldwork is the primacy of attending to emotional responses (McLaughlin 2012). As a social work practitioner with considerable experience of domestic abuse work, my professional expertise helped to ensure that I maintained a sensitive and responsive approach to the research participants although admittedly as a non-trans researcher I may have been unaware of ways in which participants experienced the research as oppressive. On a practical level, I have approached every individual equipped with information about counselling and supportive services. Furthermore, I was prepared with a strategy if, within an interview, the existence of current abuse was confessed; this did not occur. As part of my preparations for contact with participants, I produced materials which were provided to everyone and this included information about: informed consent; confidentiality; privacy and anonymity; data protection and storage; and the right to withdraw. Indeed, data and issues of confidentiality have been attended to in accord with university guidelines and the Data Protection Act 1998.

All research participants have been given a pseudonym, chosen by them and attention has been given to other identifying characteristics such as geographical location and employment. Some participants were happy to be identified and so some defining characteristics needed little attention. All other defining characteristics (that is, ones pertaining to gender or sexuality) are referenced as

per the participants' self-identifications. A prior consideration was made as to whether trans-identified participants were 'out'. However, this did not present any ethical concerns as all participants had completed or were in the midst of gender transitioning processes and were 'out' to family, friends and their immediate communities. The adoption of pseudonyms helped to preserve their anonymity and privacy in any case. Fundamentally, the strategies that I employed in order to observe participants' confidentiality and anonymity accorded with the basic principles of human rights and aligned with Article 8 (the right to respect for privacy and family life) of the Human Rights Act 1998.

5.13 Ethics and Risk

Modern society has become to be known as a 'risk society' (Beck 1992) and the concept of risk is central to the organisation of contemporary social life. Within sensitive social research, there are inevitable risks to both the researcher and the researched. Considerable attention has been given to the assessment and management of risk and a strategy unfolded early in the research design process. Within ethical processes the well-being of the researched is positioned as paramount whilst the researcher's welfare is less so (Dickson-Swift et al. 2008). To underpin my research activity with safe practices, I have consulted *A Code of Practice for the Safety of Social Researcher* (SRA undated) and this has enabled me to adopt a strategy for ethical risk management which has maintained my welfare and safety as well as that of the participants.

5.14 Reflexivity and Impact on the Field

The importance of reflexive practice and social research cannot be overestimated. This is summarised by May (2011):

The consequences of the content of ideas on reflexivity vary according to their interpretation against a background of pre-reflexive assumptions. Those require continual scrutiny in order to develop ideas from new experiences and understand the relations between the production, transmission and reception of knowledge derived from research. (May 2011: 87)

Within this research project the distinction between my cisgender, or non-trans, identity (as an outsider) and the trans or gender non-conforming identities

(insider) held by two-thirds of the research participants required ‘continual scrutiny’. The notion of the insider/outsider dichotomy has cogence in another fundamental way; in relation to the researcher/researched dualism. It is widely acknowledged that an outsider status may negatively impact upon participants in research as confidence in research process and findings become bound up with concerns of inaccurate representation and interpretation of subjectivities (Hesse-Biber and Leavy 2007). In a discussion of his research, Homfray (2008) considered his identity as a gay man as critical within his study of the gay and lesbian community. Homfray argued that commonality created an initial and omnipotent association without which his research findings would have suffered from bias. Homfray’s one-dimensional perspective neglects the fluidity and multidimensional aspects of identity. Other critiques of the insider/outsider dichotomy have ranged from concerns about the limitations of fixing subject positions in relation to essentialist realisations, to the potential for insider researchers to obscure knowledge production (Almack 2008; Yip 2008; Gorman-Murray et al. 2010).

Returning to the guiding principles of a constructionist epistemology, I have adopted a critical position in relation to the notion of a fixed insider/outsider status and consider that the subject position of the researcher and the researched are situated and evolving. Furthermore, I argue that commonality between the researcher and the researched, or the import of insider or outsider signifiers are salient in different ways and at different stages within the research. For example, whilst I agree that an insider position may provide opportunities within fieldwork (with regard to the value of personal contacts, ease of access to participants, and so on), when describing and interpreting the gathered data, a different, outside position may benefit.

In contrast to Homfray, McClennen (2003) provides a positive reflective account of her journey as a heterosexual researcher investigating domestic abuse within gay and lesbian relationships. McClennen asserts that to maintain professional ethics, one must develop and implement culturally-sensitive strategies (for example, educating oneself, immersing oneself in the culture). I have taken McClennen’s steer and found this to be invaluable in aiding me to source and

negotiate with 'gatekeepers' who assisted in the practical process of reaching research participants.

My profession of social work upholds reflective practice as synonymous with good practice and reflexivity has been identified as a key characteristic of feminist methodology (Stanley and Wise 1993, 2008; Skinner et al. 2005). I have used my skills in reflection and critical thinking in an attempt to understand the subjectivities of the research participants whilst locating myself and them within an intersectional framework of sexed, gendered, classed, raced and aged characteristics. Such an approach has promoted cultural sensitivity and competence and assisted in locating my particular subject position, and that of the research participants, within the broader and wider network of power and oppression. I ascribe my position to one proposed by Gorman-Murray et al. (2010):

All narratives are told in circuits of social power. When all research contexts are thought about in spatial terms as circuits of social power, then the researcher becomes alert to the relational processes in which the interconnections and interactions between individuals are made. (Gorman-Murray et al. 2010: 101)

In other words, distancing myself from the researcher/researched partition has facilitated a reflexive effect in which my research practice has moved away from the researcher/researched dichotomy towards an analysis of the interplay between the social actors (me and all research participants). Returning to Stanley and Wise's observation that all research is undertaken through the medium of the researcher, has allowed me to critically reflect upon the processes by which knowledge has been produced with that interaction and thus, the impact of researcher bias throughout the entire research process is recognised but reflexively considered.

Finally, whilst outlining my position, I also acknowledge that critiques have emerged in response to the call for reflexivity. For example, the discourse of reflexivity clearly aligns with the principles of poststructuralism but raises the question of what are the defining limits of what can be known when one's

position embraces precepts of deconstruction, reconstruction and uncertainty (May 1999). Critiques of reflexivity consider the structural constraints which may impact upon reflexivity and the potential for agency in addition to the difficulties created by hierarchical relations of power which cannot always be detected in direct interactions (May 1999, 2011). It is with these critiques in mind that I have approached this empirical project and I do not claim to interpret or present a singular reality, but a number of realities. I note the limitations of this work in terms of its transferability but argue that I have provided an important snapshot of trans people's experience of domestic abuse within a current socio-cultural context within the UK. It is this snapshot that can be used to improve a theoretical understanding in addition to policy and practice.

5.15 Chapter summary

This chapter has detailed my methodological framework. I have attempted to illustrate my feminist position through an analysis of my philosophical and theoretical influences which includes the work of Stanley and Wise (1983, 1993, 2008), Foucault (1979, 1980, 1989) and others. Whilst a feminist constructionist epistemology and ontology provides the overarching principles for my theoretical frame, this is also influenced by a queer sociological perspective which facilitates a broader paradigm of gender within or outside of normative frameworks (Seidman 1996; Roseneil 2000; Hines 2006, 2007).

Kleinman (2007) describes how feminist researchers enjoy a position of privilege from which to study inequality which affects women and other oppressed minorities, such as trans communities, and asserts that 'the point of understanding systematic inequality is to learn how to undo it, whether in small or big ways' (2007: 8). In essence, this research project is tasked with identifying aspects of micro- and macro-sociological inequalities which constitute barriers to social care support for trans people who experience domestic abuse. In order to meet the research objectives, I have collected narratives from trans people and domestic abuse practitioners and analysed these using a voice-centred relational method to ensure that the participants voices are central throughout the analysis of findings and recommendations for future research and professional practice with trans people.

As I hold an outside position in relation to the gender identity of the majority of research participants (and have the privileged position of having a normative gender identity), I have attended to issues of reflexivity and power as an essential component of social research (May 2011). In contrast to this research project, the majority of gender research is based upon dichotomised understandings of male and female and chapter two explores theoretical perspectives on trans identity, practice and citizenship and builds on some of the discussion of my theoretical influences contained in the earlier section of this chapter.

Chapter Six

Negotiating relationships: trans people's experiences of gender, family and intimacy

6.1 Introduction

Chapter two presents a theoretical framework for understanding trans identity, practice and citizenship and draws from earlier influences, such as the work of Garfinkel (1967), as well as poststructural and feminist perspectives before moving towards contemporary analyses proffered by transfeminism. This chapter utilises that theoretical framework to present a discussion which is shaped by the narratives of all the research participants who identified as trans. It presents a chronology in the representation of trans people's negotiations with gender identity within the context of familial and intimate relationships. At this project's outset I anticipated that an analysis of trans identity would form a much smaller proportion of the final thesis. However, in response to the voices of the participants, which indicated the consensual importance of trans subjectivity and subject positioning, I felt that a chapter which represents the participants' central voice was essential. Therefore, this chapter explores the negotiations of trans identity in relation to experiences of family life, relationality and intimacy.

This analysis begins in childhood and moves through adolescence into adulthood, which for many represented a period of acquiescence and of blending into the heteronormative model of life in general. I start by discussing narratives of childhood and early adulthood as these hold important clues for the intelligibility of trans people's biographical accounts. In essence, the discursive production of childhood and early adulthood helps to set context for individual subjectivity and provides insight into current practices of familial and intimate relations (including practices that are adopted and those that are discarded). An understanding of the individualised systems of norms, values and ideas about citizenship more generally is also facilitated through these narratives. These early narratives set contexts for understanding how and why many of the participants were compelled

to live in the gender role ascribed at birth. These tales of compliance demonstrate the regime of heteronormativity as a regulatory and disciplinary function of hegemonic gender (Foucault 1979, 1989). Furthermore, for many participants, living with a trans identity as a secret identity brought with it feelings of shame, guilt and perceptions of social stigma (Goffman 1979 [1963]). One aim of this chapter is to facilitate a conception of trans identity and subjectivity as this helps to move closer to an understanding of how gender non-conformity as a stigma can be understood as constituted and articulated through social practices and conditions.

Current understandings of trans people's lived experience with regard to the family, connectedness and relationality is bounded as there is a rather small, albeit growing, body of literature which explores trans subjectivity from a sociological standpoint (for examples, Hines 2007; Sanger 2010; Davey 2011). Moving to an analysis of trans people's lives addresses the impact of transitioning in terms of familial and intimate relationships. In the final section of this chapter I argue that the negotiations that occur in conjunction with transitioning are complex and difficult; the effects of which can persist and are outlined further in chapters seven and eight.

6.2 Secret lives: experiences of gender non-conformity

I start with an analysis of early gendered life to demonstrate how some aspects of childhood establish patterns in terms of affect, agency and relationality. This assists in developing an understanding of agency and practices in adult relationships with family and intimates.

6.2.1 Early memories

Poststructural explanations for the accounts of gendered enactments by those with non-binaries, multiform or conflicted identities, frame childhood memories as lived experience but ones subject to the boundaries of temporality, space, culture and the gender binary. The narrative of Julie (62, trans woman) depicted her experience as trans as one entwined with her earliest childhood memories as she said 'I think it can go back to when I was a toddler really and realising that I was different'. Julie demonstrated the impact of culture, time and space when

contrasting her early childhood experience of being trans with other biographical details:

I was brought up in the [country] and the only kind of difference was two gay guys and, again, there was lots of speculation about whether they were gay...That's the only kind of difference I knew in the [country] as it was a very mono-cultural place; white, working class.

Applying a poststructural lens to interrogate all the collected narratives serves to neglect elements of these stories which emphasise embodiment and it is the concept of embodiment as a cultural process which is an enduring motif found within the collected narratives. Several of the participants' narratives of childhood map onto the model of sex/gender which holds that biological sex is distinct from socially produced gender and reproduced narratives which incorporate the familiar trope of being born in 'the wrong body' (Prosser 1998). Fiona (63, woman with a transsexual history) and Tess (49, post-operative transsexual woman) clearly demonstrate this:

I was born a baby just like you; it's just that I had some male genitalia which didn't match. However, I felt and I knew that from the age of seven that there was something wrong. (Fiona)

In a drama class in school... we had to imagine we were a different person to who we were. That was the moment I knew I was a girl trapped in a boy's body. (Tess)

Thus a paradox is created by the application of poststructural explanations of childhood trans practices juxtaposed against embodiment narratives; this paradox lies in the lack of intelligibility between multiple and fluid elements of identity and the particularity of embodied experiences. In this way, participants' narratives can be better understood using a queer sociological lens (Namaste 1994; Seidman 1996; Roseneil 2000; Hines 2007). Many of the participants' representations of early memory reflect these paradoxical elements and a queer sociological framing helps to facilitate an analysis which addresses a lack of fixity in terms of enacted identity and embodied experiences whilst maintaining an important focus on subjectivity.

Experiences of gender dissonance were often coupled to notions of embodiment and were fixed to encounters with or feelings about opposite gender items, clothing or practices as Polly (70, trans woman) and Julie (62, trans woman) explained:

As I grew up I used to really look at [my sister] and admire her and think 'oh I'd love to be like you'. You know... wear the things she wore and stuff like that. (Polly)

I must have been four or five... We'd bought an apron for [Jane] so they tried it on me and I remember feeling acutely strange... it did kind of evolve from six, seven, eight or nine, that kind of age range. I cross-dressed a bit when I had the opportunity. (Julie)

At this life stage, the success of gender-crossing relied on gender signifiers (predominantly clothing) to reify opposite gender expression. In this way gender became a 'situated accomplishment' with the help of props to signify the gender identity felt and expressed by those participants (Garfinkel 1967: 121). These practices took place within a particular temporal and cultural site and participants imagined their younger selves transgressing binary gender, breeching gender norms and many recalled the pleasure they took from their embodied experiences and capacity for self-determination. Thus, trans practices represented a site of power, acquired through autonomy and self-regulation, and as resistance against the ascribed gender identity, norms and expectations which moulded and structured daily life. Roz (55, transsexual woman) demonstrated this at a very early age and throughout adolescence. She said:

[At age] four ... an elderly next door neighbour [was] looking after me, she put a pinnie on me and I had an extraordinary feeling. I wouldn't take it off and always asked to wear it when I visited... [From] 15 years onwards I stopped going away on the weekends with my family to our summer home, [on the] pretext [of] sports commitments and upcoming 'O' levels. So [Roz] used the time well. At late fifteen [years of age] I shaved my legs for the first time and went walkabout after dark, no hair ... so I pulled up my anorak hood. [It felt] absolutely amazing. [It was] super high risk small town ... in 1971.

What is common amongst the above extracts is the leaning to discursively locate childhood reflections within the male/female binary. These discursive productions

are also tied to a particular time period: the 1950s through to the early 1970s. The narrative of Max (who identifies as genderqueer – or as a femme male - and who, at 25 years old, was one of the youngest participants) suggested a subsequent generational shift, in terms of a broadening acceptance, or tolerance, of trans phenomenon. In early childhood Max was allowed to express his gender outside of dominant standards in relation to his ascribed female gender and he interpreted this freedom as resulting from his experience of positive parenting practice. Max was able to express his gender as emotionally and psychologically experienced and not as strictly defined by his sexed body and the female role predominantly and normatively attached to female sex (the pronoun ‘his’ is used but it is noted that neither ‘he’ nor ‘she’ is adequate or inclusive of Max’s genderqueer status). Notwithstanding, the boundaries for gender expression changed for Max when he reached nine years of age and the parental pressure to conform to gender norms increased. Contrasting his parents’ attitudes with that of his peers, Max stated:

I didn’t have the same interests or appearance as the girls in my class, and I didn’t have the same mannerisms or experiences as the boys in my class, and as a consequence I was more tolerated than included... I would say that the other children who I spent my time with growing up didn’t see me as either male or female so much as ‘other’.

This self-imposed Othering maps on to some of the attitudes held by other participants who considered trans subjectivity to be unique as Jenny (64, a transsexual woman) commented: ‘the experience of being a woman with a transsexual history is difficult to relate to anyone who is not transsexual’. Jenny’s statement raises methodological, epistemological and ontological issues in work conducted by a researcher who is cisgendered (non-trans). How I came to address such concerns whilst in the field was by maintaining reflexivity, remaining empathic and sensitive towards people who, like me, had experienced a form of gendered oppression and a domestically abusive relationship. Additionally, at the start of all interviews I explained the reasons why I was undertaking this research. Explaining my beliefs about difference, inclusion and social injustice along with a brief and relevant chronology of my work background helped to alleviate any concerns about my personal beliefs or agenda as participants were able to understand my motivations and world view and were then able to recognise me as

a 'trans ally' (SOC Trinity LGBT 2012: online). Methodological concerns are addressed in chapter five.

In chapter two the notion of Othering and Foucault's work are explored in relation to identity and practice. The operation of Othering, whether self-imposed or not, can have far-reaching consequences as it acts as a regulatory apparatus in correlation with Foucault's concept of biopower as hegemonic principles are maintained and the dominant order is reinforced (1979, 1989). The power exerted by hegemonic groups over Others is, arguably, control over processes of representation (Wilkinson and Kitzinger 1996). For example, speaking of what she perceived to be the dominant public paradigm, Molly (50, post operative transsexual woman/genderqueer) said 'I mean, we're the bad guy, we're the Jew' and Molly's colleague, Rose (40, bisexual woman) added 'we're the Other'. Molly's comparison of Jewish people (within the context of the Holocaust) and trans people illustrated Othering processes and Molly elaborated her strong sense of injustice and her belief in the widespread marginalisation of trans people in mainstream social life. Despite the homogenising nature of Molly's claim, to date academic research and trans activism in the UK has uncovered evidence to support the claim that trans people represent an oppressed minority (Fish 2006; Tee and Hegarty 2006; Hines 2007b; Whittle et al. 2007; Mitchell and Howarth 2009; Roch et al. 2010). Oppression and marginalisation occur throughout the life course for trans people as many participants shared their childhood and adult experiences of hate crime and Max noted:

I experienced quite a lot of physical violence from older boys throughout my childhood, but whether this was to do with my gender presentation or other things I don't know.

Trans narratives, however, do not necessarily follow a predictable or uniform path as with maturation and increased reflexivity, other forces come into play. Factors such as familial acceptance or rejection, personality traits and inner resources (such as resilience), as well as other forms of social capital impact upon early trans experience. Jenny (64, transsexual woman) discussed her formative years:

[During] adolescence a sense of self develops. If that image of self becomes formed within a paradigm of parental, peer and socio-cultural disapproval then the reality of the self is called into question.

Jenny suggests that identity as well as agency and resistance are neutralised or impeded by everyday forces; those forces emanate from systems critical to a child or young person's life (for example, the family or peers). Foucault's claim that the individual is 'itself a parody: it is plural' (1984 cited in McLaughlin 2003: 119) maps onto the image of identity as contingent and fragmented and one's selfhood 'is called into question'. Jenny admitted that 'the question became, how does one identify who is biologically male, gendered female and sexually attracted to female?' Accepting that this contradiction did not demand a resolution enabled Jenny to reflexively manage her emotional distress. Outwardly the solution required her daily presentation as a male and led her to enter adulthood and conform to dominant models of masculinity and heterosexuality.

6.2.2 Secret Lives: escalation, resistance and risk-taking

Representations of childhood and early adult life linked to discourses of: masculine and feminine embodiment; cultural gender norms and stereotypes; gender role expectations and performances (Butler 1990, 1993, 2004). Many of the stories revealed early memories of conflicted emotions and drives to resist the ascribed birth gender and enact 'true' gender identity as, for example, Roz (55, transsexual woman) recalled feeling a 'nonstop overwhelming desire to wear women's clothes'. Jane (54, pre-operative transsexual woman) described how 'I couldn't let it go... I was nibbling at it, pushing out'. Rather than an escalation, Dani (48, post-operative transsexual woman) described a vacillation in terms of her gender identity as she said:

I sort of didn't feel right from the word go basically... but being brought up in a Christian family and stuff like that... I got on with life... but it kept coming back throughout my teens.

Polly (70, trans woman) disclosed her pressing need to resist the constraints of her male ascribed gender which she managed through risk-taking practices.

If [my parents] were out I'd be dressed as [Polly] and I'd really enjoy it. I'd leave it until the last second, as the car came in the drive, I'd be taking things off. I don't know if it was the adrenalin rush or what it was. I wanted to be [Polly] for as long as I could.

Polly demonstrated how, when the opportunity arose, she actively disrupted the mundanity of her male gendered life to perform female practices and effectively enacted an 'undoing' of her male ascribed gender (Butler 2004). This undoing of her male gender served as a coping mechanism in response to the negotiations of daily life enacted through a gender identity that was perceived by Polly to be antithetical to that which felt 'natural' and right. In effect, this undoing represented a means to enable Polly's true gender identity to be accomplished albeit temporarily (Garfinkel 1967). Whilst Butler (2004) explores the consequences of having one's gender 'undone' by others as resulting in the lack of recognition as a life worth living, in many instances, here the act of 'undoing' gender represents a stage in a process that was deemed necessary by the individual in their resistance of a gender identity which was felt to be stifling and alien. Julie (62, trans woman) admitted that 'I cross-dressed...in secret' whenever the opportunity arose. In their discussion of a conceptual framework for understanding trans phenomenon, Ekins and King (2006) classify this type of trans practice as 'oscillation' as the individual moves from one form of binary gender expression to the other and back again. Cross-dressing practices map onto the category of 'oscillation' but an application of the label of 'cross-dresser' to Polly or Julie would be crude and neglectful of the complex intersections of other aspects of their identity and subject position at that time and the importance of their status as children.

Rachel (21, genderqueer) described a more complex 'undoing' of binary gender as she self-identified as genderqueer. She explained:

I identify as a male, intersex, lesbian woman (who fancies mostly men). The first two words refer to my visceral identity: I want a vagina as well, and feel as if it's missing, but I most likely wouldn't use it much! Then the latter two are the other bits; relationally I am a woman, but more like a lesbian or a tomboy than a heterosexual woman...I dress in a broadly-speaking feminine way, but with an unmistakably masculine edge, and this aesthetic appeals to me

generally, as in I like bookish and geeky things, which is coherent with a masculine-version-of-femininity-type-aesthetic.

As a pre-operative transsexual woman, Jane (54) started to transition in her forties but as with Polly, she spoke of her earlier risk-taking behaviour:

My fascination, my need to progress ... I wore tights under my trousers and I was really conscious of the fact that when you sat down at a table in a cafe that there would be a quarter inch of gap between the top of your trousers [and your shoes] and I had thoughts of this gap magnified.

Other risk-taking behaviour was more explicit and included Ann's (56, post-operative transsexual woman) theft of women's clothes from local shops and as a young adult at university, Roz frequently combined binge drinking with smoking cannabis. Roz admitted 'I would go out for extra booze wearing girl's sandals, nylons and very cutaway shorts'. In the desire to free themselves from the constraints of their ascribed birth gender, many participants framed their trans practices as liberating but located these within a moral framework.

I was always putting down how I felt about my gender; trying to suppress it. (Fiona, 63, woman with a transsexual history)

Some trans people get rid of all their stuff as something bad happens in their life and they see it as a punishment from God for being evil – me included. (Sarah, 65, heterosexual woman with a transsexual history)

The presence of several interrelated concepts peppered many of the narratives; these concepts were 'shame', 'guilt' and 'stealth'. The ricocheting acts of gender-crossing conveyed through 'oscillating' narratives (Ekins and King 2006), were often conflated with an accompanying emotional torment as Roz neatly summarised when recalling her adolescent feelings as:

a nonstop overwhelming desire to wear women's clothes [which were accompanied by] guilt [and] shame.

Polly, too, explained that her desire to wear female clothing brought testing emotions: 'those thoughts go out of your mind because you think you're wrong...you get this guilt; this real guilt complex.'

In trans people's lives the concepts of stealth, guilt and shame intersect with social stigma. In Chapter two the relevance of stigma in relation to trans identity and practice was introduced as an aspect of the social exclusionary and marginalising impact of living within a prevailing binaried culture (Goffman 1979 [1963]). Goffman (1979 [1963]: 12) distinguished between a *virtual social identity* (that which is imputed by others) and an *actual social identity* (that which an individual can be proven to possess). Trans identity and embodiment complicates this dualism as Jenny reflected:

In my case, identifying outside the gender heteronormative was not unlike looking through a transparent and impenetrable glass. I could 'see' who I was expected to be. It simply was not what I was.

Many participants recollected earlier feelings of incongruence, of having a conflicted identity, and consequently holding negative emotions of guilt and shame yet, at the time, their transgendered practices were hidden and unknown. Words used to describe affect or self-imposed attributes included: 'disgust' (Roz); 'embarrassing' (Julie); 'bad' (Ally, 24, trans male); and 'evil' (Sarah).

Polly illustrated this point further as by reflecting on her childhood cross-dressing practices, Polly provided an account of how the concepts of 'stealth', 'shame' and 'guilt' interlock. From an early age, Polly experienced interminable urges to cross-dress. She utilised all resources available to her and often used her mother's cosmetics and borrowed her sister's clothes when she was away at boarding school. Polly's father was a vicar and the family inhabited a huge vicarage which allowed Polly to have her own space and privacy in the old servant's quarters. The church hall regularly held jumble sales which provided Polly with regular access to donations of clothes which she would rifle through for female clothing to take and conceal in her playroom. Despite Polly's admission 'I was at my happiest when I was like that' (in female attire), Polly's desire to cross-dress and the accompanying guilt took parallel trajectories with mounting energy. Polly explained:

If [my parents] were out I'd be dressed as [Polly]... then I'd get this guilt complex. I'd go out gardening then as we had this great big garden. Then of course there would be a bonfire and I burnt those clothes on the bonfire [to] get rid, get rid of the guilt. Yeah, [I'd] burn the guilt, get rid of them all. Until the next sale and I got my choice of clothes again... terrible. There's me the son of a vicar and there's me stealing something which might have fetched three pence or sixpence... and this went on.

Aspects of this narrative intersect with several of the previous discussion threads: resistance (of both her normative gender *and* gender-crossing practices); escalation; guilt; and family secrets. The potential for Polly's clandestine behaviour to be exposed carried the consequence that her *difference*, her stigma, would be revealed as would her *actual social identity* (Goffman 1979 [1963]).

Polly alluded to the inherent risks of her actual social identity – her female gender identity – having a stigmatising effect upon her family as she interprets her trans practices as that which would be considered to be socially discrediting in ways connected to prevailing gender norms and social status within the context of her religious community. As Polly described:

You really fight against it. You don't really know why you're fighting against it, but you know you're going to upset people if you told them this is what you want.

In this sense, there is interplay between the perceived stigma (trans identity) and conservative notions of binaried gender norms, roles and identities and fixed notions about how these map on to acceptable versions of family configuration. Some of the narratives illustrated this interplay as a regulatory force, serving to reproduce dominant and normative patterns of family life.

In her discussion of contemporary personal life, Carol Smart suggests that family secrets can provide the supports for, rather than undermine, the structure of family life as 'secrets [serve] as a form of protection against hardship or vulnerability' (2007: 131). This kind of logic can be applied to families with trans-identified members where the existence of that trans member has stigmatising characteristics and thus threatens the homeostasis of the family system and its functioning in

wider contexts. Family secrets held sociological significance for a number of participants in their telling of family history and when incorporating some form of trans identity. These narratives represented ‘part of the constitution of ‘the family’’ and helped to demonstrate some of the complex intersections between power, inter- and intra-generationality and family practices (Smart 2011: 539). For example, Sarah (65, heterosexual woman with a transsexual history) said:

When I first came out to mum... she eventually told me that she thought my father had been a transvestite... yes there is definitely clustering of trans people and gay people within families.

Whilst Sarah’s female identity was not entirely accepted by her mother, she was not shocked when Sarah came out as trans. What Sarah’s narrative indicated was that a slight normalising effect had taken place by the very existence of more than one family member who had transgressed binary gender within a generational context. Although there remained an Othering process (symbolised through the non-trans family members strict adherence to hegemonic gender norms) Sarah was not alone in her trans practices and this enabled Sarah to seize some of the micro-sociological workings of power within the dynamics of her family of origin.

Where the trans identity of a family member was not kept a secret, that individual often became excluded from family life in another version of Othering practices. This Othering was overt in some narratives and nuanced in others. Marianna (41, trans woman) illustrated her exclusion from family life through her ‘coming out’ story:

They seemed quite open about it at first but within a week that was it. My brother was going down to my parents because by that time I’d decided to tell everyone. My parents were upset, everybody was upset. I was having to move out, get this flat, start my life... one brother was coming down to see me and to make sure that I was alright, not getting attacked and things like that. But my middle brother and his wife had nothing to do with me from then. They came to the flat beginning of October 2008 and I’ve never seen them since. My (five) nieces; I only have contact with my youngest niece, erm, we send birthday and Christmas cards. We have a chat on Facebook. She’s been round to the flat a couple of times. She’s the only one I have contact with – out of

all my nieces... That's what hurts the most... One of my nieces text me and said I'll never forgive you for what you've put Grandma and Granddad through.

The position of Marianna's family reflected the misguided assumption that trans is purely a lifestyle choice. Clearly demonstrating her agentic potential, Marianna, as with other participants, spoke about the decisions that she had made in terms of 'necessity' in order to live in a gender which she psychologically and emotionally identified with.

6.3 From compliance to transitions

As outlined within the introduction to this chapter, it was through the process of collecting stories that I was able to understand that the majority of adverse experiences, including domestic abuse, were secondary to the overwhelming importance of and impact from living with non-normative gender. Thus, moving from childhood voices, the next sequence in many of the participants' narratives meshed trans identity with compliance in terms of conforming to the birth assigned gender identity and functioning, to various degrees, within the heteronormative model of personal life.

6.3.1 Hidden lives: living within the heteronormative model

Many stories unfolded memories of what were considered to be essential gender performances but which were frequently disrupted, or 'undone', by acts of opposite gender expression (Butler 1990, 2004). These acts were often hidden and had stigmatising impacts in terms of emotional well-being and self-perception (Goffman 1979 [1963]; Smart 2007). Jenny (64, a transsexual woman) described how:

I learned to survive. I learned how to fool the world. In turn, the world allowed me to make a living and live a life. It was, however, not my life. It was [a] mechanism... this existence, the life of 'non-self' is what I choose to call it this, is a life without foundation and without meaning.

Like Jenny, the internalisation of stigma led many participants towards acquiescence as early adulthood, for many, meant conforming to heteronormative

ideals and standard versions of masculinity. Fiona (63, woman with a transsexual history) demonstrates this when describing how her early adult life was plotted along traditional biases relating to masculinity, heterosexuality and social class:

When I left school my work was organised by my father. I got an apprenticeship at fifteen where you did six years till you were twenty-one. I was a joiner/carpenter by trade. [I] worked in the macho industry of construction...Then I met somebody, fell in love [and] got married when I was twenty-eight.

In this extract Fiona depicts how her male identity mapped onto the heteronormative model in terms of her social and sexual role but she later explained how her feminine gender remained a hidden torment. Jenny too conformed to the social expectations associated with her birth ascribed gender as she explained:

My way of dealing with issues of identity and gender was to 'go underground'. I became what was expected of a heterosexual middle class male.

In contrast, Julie, rather than singularly address her confusion around gender, conflated her feelings with sexuality in an attempt to work out what exactly was going on within her inner self. She said:

And then I went to university. It gave me a lot more freedom. I couldn't put a label on what was wrong with me, but I knew I wasn't gay.

Tess (49, woman with a trans history) spoke of living in male role and adhering to social norms by getting married and having children but with increasing participation in transgressive practices:

I was keeping my gender totally hidden [from my family]. Even from me, I was keeping it in. I did have a stash of clothes for a while... you build up a stash and then you get rid of them... I used to go out when the kids were asleep, dressed [as a female]. I got away with it, but I might so easily not have got away with it.

Polly also lived up to the version of heteronormativity expected of her and coped with her conflicted gender identity through subversion and by accomplishing daily acts of femininity.

I progressed to working on the motorway, driving trucks, drinking a lot, being a real male person, but wearing knickers at the same time but no-one knew that. It was my little secret.

Prior to transitioning Marianna (41, trans woman) regularly left her home town and travelled one hundred miles to immerse herself in a city-based trans community. In her narrative, Marianna discursively produced this new-found social setting as a *safe space* which offered an environment in which she could explore her cross-gender desires and feelings (Serano 2007, 2012). Regular participation in this community setting helped Marianna to source and utilise *queer time and space* with like-minded people (Halberstam 2005). Marianna described how she was able to experiment with her feminine identity but these empowering experiences were overshadowed by what she perceived to be her deceit of her parents.

I started to learn about what suited me... I won a monthly competition 'erm 'Babe of the Month'... [but] I was going through an extreme amount of guilt because of my family.

The disconnect between various elements of Marianna's personal life was necessary in order to create the space to experiment with what she perceived to be her incoherent gendered self. However, the secretive nature of this behaviour was burdensome. Whilst Smart (2007) explores the nature of family secrets and suggests that they can scaffold elements of family life, many of the participants guarded their trans identity as a secret not to be shared for fear of repercussions. Marianna enacted her feminine identity in a community located a safe distance away from her everyday life where she lived with her parents and performed a heterosexual, masculine identity. Discussing adolescence, Max (25, genderqueer/femme male), too, felt compelled to comply with gender norms and admitted 'for quite a while I hid my true self, and did what I could to blend in and to be the person that everyone in my life seemed to want me to be'.

Early life experiences of conforming to gender stereotypes, maintaining secrecy and sustained emotions of shame and guilt inevitably impact upon critical areas of personal life and subjectivity. For trans people, emotions and embodiment can become entwined in a complex interchange resulting in internalised transphobia. Discussing the concept of internalised transphobia, Max posited that:

I think this is something that most if not all trans people carry around with us – sometimes more on the surface, sometimes more subliminally... it is a lot of hard work to be trans and not get dragged down by the gender stereotypes and cissexism which are so pervasive in society.

Living within the heteronormative model (whether out as trans or not) presents additional challenges in relation to self-image and emotional and psychological well-being. Whilst living in male role Tess's experience of internalised transphobia resulting in self-harming behaviour and self-imposed punishments termed by Tess as 'cutting the evil out of myself. I was just so bad or thought I was'.

Internalised transphobia stems from transphobia and oppositional sexism and these concepts are discussed further in Chapter two. Serano (2012) provides an analysis of how transphobia, and internalised transphobia, results from people's insecurities about having to meet gender norms and stereotypes in a culture where trans people challenge and undermine these very norms and the gender binary itself. Max reflected this position when admitting that he has had to consciously and psychologically address his own internalised transphobia as a person who identifies outside of any normative category of gender. Thus, the concept of 'oppositional sexism' influenced Max in his daily negotiations of living a life as genderqueer. Max elaborated:

One of the major barriers and delays in my coming to terms with my identity as a trans man has been the fact that due to the society I've grown up in, I struggle to not compare my body in an unfavourable way to the bodies of [cisgender] men. It has taken a lot of re-educating myself for me to get to a point where I now understand that I am no less of a man than a [cisgender] man, and as I say this is something I am still working on.

For most participants, who identified as male-to-female trans women, internalised transphobia resulted from oppositional sexism but this differed in context to Max. Born in male sexed bodies, yet emotionally and psychologically identifying as female, the notion that binary gender and gender norms are fixed and intransigent, seeped into the consciousness of many of the participants, the outcome of which can be read as internalised transphobia. Tess attempted to manage these feelings through acts of self-harm whilst other participants described a multitude of deviant behaviours and risks to health and well-being:

I did some research when I was doing my diploma in counselling and I found that over 50% of trans people had seriously contemplated suicide. I'm sure that's right... I used to live in a tower block on the 12th floor and there I did look out of the kitchen window and think that could be the answer, yeah. (Sarah)

(Discussing her previous employment) [I was driving] the big breakdown trucks [and] going out getting drunk on a regular basis. To that effect I am an alcoholic. (Polly)

Then I had lots of anonymous sex with strangers selected purely for superficial reasons (that and their willingness). (Rachel)

I argue that these extracts demonstrate the effects of hegemonic discourses working on a micro-sociological scale as participants found themselves living outside of heteronormative models of gender, sexuality and embodiment. In this way such discourses operationalised *dividing practices* and participants perceived themselves to be deviant by identifying outside of the norm, or as crudely put by Foucault, as *abnormal* (1984 cited in Sanger 2010: 31). Participants seemed to address their *abnormality* (that is, their trans status) through deviant practices which served as a coping mechanism and as a way to seize agency.

For several participants the move towards transitioning was gradual as was the appropriation of more permanent gender signifiers (names, clothing, hairstyles/hairpieces). Ann (56, post-operative transsexual woman) explained how prior to transitioning she changed her name by Deedpoll. Outwardly Ann presented as male, in congruence with her ascribed birth gender, but she began to make small, but meaningful, changes:

[In conversation] this police officer said to me ‘oh, if you’ve had your name changed, why don’t you dress as a woman?’ So I thought ‘right. Go for it’. So I used to be out at night dressed as a woman to see how I felt and it’s been hard.

Exploring this further Ann spoke about public harassment and violence which resulted in her making choices which, for many years, left her socially isolated. Ann attracted public attention and harassment as a result of, she feels, her lack of ability to *pass* in her female gender (Aoki 2012). Chapter two discusses Garfinkel’s (1967) case study of Agnes, a trans woman, and his analysis of her strategy for passing as female in normative contexts. Garfinkel was particularly interested in the macro-sociological regime of social exclusion and prejudice in gender contexts and how this connected to micro-sociological aspects of daily interactions and the notion of passing. In Ann’s case, her presentation as a female conflicted with the structural dimensions of gender norms. She admitted ‘nobody has shown me [how to] wear clothes. I bought what I thought suited me’.

Garfinkel described the ability to pass as resulting in ‘a situated accomplishment’ and as a strategy to achieve a ‘normal’ status (1967: 121). Consequently, a slippage in this achievement could result in a stigma or in unwelcome public attention with considerable consequences as in Ann’s experience of harassment and abuse which is discussed in Chapter eight. Max found that family and friends sought to encourage him through his transition in ways relating to his gender expression:

Most of those close to me have tried to ‘correct’ my behaviour since I came out in one way or another. For example, my mother initially kept telling me not to cross my legs, and my dad told me that I effectively need to toughen up, with regard to expressing my emotions.

Clearly, these ‘reminders’ are firmly tied to binary stereotypes of gender presentation but are delivered with sentiment that is intended to support Max to accomplish masculinised expressions of gender. Indeed, he recognised the good intentions of his friends and family in helping him to ‘pass’ (Aoki 2012).

6.3.2 Transitions, complexity and trans-positive family relationships

Every participant elaborated on transitioning from one gender to another - an oscillating story - or identified as gender non-conforming and narrated having an identity position which *transcended* the gender binary (Ekins and King 2006). All participants had crossed gender boundaries; some with the acceptance and support of family and friends, some without. Whether family members were trans-positive or not, Molly (50, post operative transsexual woman/genderqueer) felt that families inevitably had to negotiate a social process on learning that a member of the family was trans:

There's an assumption that they're going to grow up heterosexual. So you have a daughter. They're going to grow up and they're going to get married and they're going to have a nice house, a husband, nice kids and everything is going to be sweet and rosy. That doesn't happen anyway BUT that's the assumption in your head. SO, when your daughter doesn't do that, there's a social bereavement. No matter how you look at it, there's a social bereavement.

Likening the process to bereavement was a common analogy as Fiona described her partner's response when she came out as trans: 'my ex first saw [Fiona] as a woman who killed her husband. She grieved for about six months. It was a grieving process'. In relation to her own family, Molly said:

When I came out as trans and bi to my family [it] was the last time I genuinely spoke to my dad, properly... my mum doesn't pretend to understand, doesn't pretend to accept but she doesn't want to lose me. She says she loves me; she doesn't want to lose that.

In this sense, what Molly described was her mother's refusal to relinquish the 'mother-son' relationship, whilst being unable to understand Molly's trans or bisexual identity. Polly also experienced acceptance in a bounded way as she described how her mother had accepted that Polly chose to express herself as a female but at the onset of transitioning, Polly's mother cut all ties. The act of rejection can be translated as the symbolic reduction of the body to an immutable representation of the dualistic sexed, hegemonic and clinical imperative of male or female. By this logic, bodies cannot be recalibrated, nor can they be both or neither sex; male and female sex and gender are ascribed and fixed at birth.

Whilst a poststructural framing helps to interrogate Polly's shifting identity, one of the fundamental criticisms of poststructuralism is the lack of attention paid to corporeality, the significance of embodiment and the effects of socialisation (Flax 1999; Monro 2010). In Polly's case, her embodied experience and the decision to pursue bodily modifications were the catalyst for her mother's rejection as her mother demonstrated her intransigent attachment to normative models of embodiment. A queer sociological lens helps to understand Polly's situation more effectively as there is an important focus on Polly's non-normative gender identity, her somatic experience and an emphasis on her subject position. Importantly, it is the match of Polly's subject position with her exercise of agency which undergirds her decision to seek bodily transformations. Connecting at a macro-sociological level, as Polly exerts autonomy, she actively rejects fixed nomenclatures and resists the regulatory regime of biopower that so far has shaped and restricted her life (Foucault 1979, 1989).

Returning to a micro-sociological plain, from birth the family acts a primary site for self-validation but one that is bound by structural and institutional constraints through fixed notions of gender. Trans specificity has a destabilising effect on bi-gendered structures and institutions (such as the family) and so autonomy and validation are impeded, often resulting in losses. The most significant loss in Polly's case was her relationship with her mother.

There were few narratives that contained overtly trans-positive parental responses although Ann stated: 'I sat down and we had a good talk and they were very supportive'. Max described his parents' initial reaction as:

An attempt at bargaining: both my mum and dad tried to encourage me to pursue other options than coming out as trans.

Max reasoned that his parents were fearful about the social and personal repercussions of being trans and that 'they just don't want my life to be harder than it needs to be'. To demonstrate support for Max's capacity to determine his own future, his mother accompanied Max when he had gender reassignment

surgery and she provided post-operative care at home. Tess also involved her elderly mother in her transition journey as she explained:

The name I've called myself now, [Tess], my mum would have called me [Tess] if I'd have been born a girl, so that tied my mum into what I was doing.

Another similarity was found between the narratives of Max and Tess as Tess also sought to reassure her mother about the social implications of her trans status. Tess achieved this by taking her mother to her 're-birthday' party along with several friends (who identified as trans) and Tess reasoned that 'she was able to meet all these other girls, so she certainly knows I'm not alone. I'm not that weird'.

Taking a similar trajectory, a minority of the participant's birth children positively accepted their parent's new or changed gender identity contending the assumption that society, or the younger generation, is more tolerant of diverse gender practices and trans communities. Or rather, what is suggested is that the acceptance of trans identity is more complex and contentious when that identity is held by a family member or loved one. Notwithstanding, Tess demonstrated how trans identity can positively challenge the dominant discourse on familial roles and models of familial configuration as she noted:

Richard, my son, says I'm now going to be called Grandma Dad! It's quite nice.

This discursive challenge to normative gender works against Foucault's (1979, 1989) thesis of dominant discourse as a means to discursively construct a (gendered) subject and take an overall disciplinary effect as Tess's discursive production flouts the constraints of normative gender regimes. Through her transcending story and discursive practice, Tess demonstrates the blending of male/female familial roles (Ekins and King 2006). Transcending stories enable gendered identity or expression to take place outside or across normative, bounded and fixed notions of gender. Within Tess's family system this adaptation

of family practices helped to accomplish acceptance and creates a social role which is moulded to Tess's unique gender identity (Morgan 1996, 2011).

The reconfiguration of the parental role or title was not welcomed by all participants as Fiona explained:

[I] told my daughters to call me [Fiona]. When we're out they said '... don't we, [call you] mum?' But I'm not their mum. They said we can't get you father's day cards and I said I don't want them anyway.

Fiona was unequivocal when articulating her gender history:

I feel I should have been born female... like people say now 'are you transsexual?' and I say 'no' I am female. I'm proud to be female. It says female on my birth certificate NOW. It's just that I do have a trans history.

Yet, out of loyalty and respect for her ex-wife (with whom she had remained friends), she felt that it was inappropriate for her daughters to call her 'mum'. Molly found that the boundaries of terminology and her parental role were set for her and she used logic to address the emotionality of her relationship with her daughter:

[I] won't call [myself] a mum despite the fact that society keeps treating me like my daughter's mother and keeps calling me Sally's mum. Sally calls me daddy. [She] doesn't call me daddy in public because that would be terribly uncomfortable for those people around us.... I've got past labels, erm, Sally was created by Andrew. I'm responsible for what Andrew did and therefore I accept that responsibility. That's the intellectualisation of it. Emotionally sometimes I wish I was her mum, can't be, not going to happen. (Molly)

Molly noted that the emotional and psychological transition that accompanied physical transition ('from an internal dialogue process it's even more complex') was circuitous and unpredictable. Where participants had been able to maintain trans-positive relationships, the main advantage had been having family members who understood trans, not as a choice, but as something which is intrinsic and constitutive and consequently required some form of remedial action in order to enable a life to be lived fully.

6.4 Transitions and intimate partnerships

Chapter three outlines Giddens's (1992) influential work, the *Transformation of Intimacy*, which proposes that a new form of intimate relating which operates outside of the traditional heteronormative model has emerged. The 'pure relationship' relies on acts of negotiation and reciprocity and emphasises shared power within an intimate relational context. Marianna demonstrated her agentic potential within this framework prior to transitioning and whilst still living in her ascribed male gender. She explained: 'I was going to get married, but it didn't feel right' due to her conflicted gender and Marianna ended the relationship. In trans people's partnerships, however, the intersection of gender and the pure relationship model is multiplex as the heteronormative model prevails and permeates through social structures and dominant discourses. In fact, Molly noted:

I'm a trans person in a relationship with another trans person. It's a lot more common than you realise because negotiations are easier.

Dani (48, post-operative transsexual woman) chose relationships with other trans women but alluded to the trans community's distinct issues:

I move within the T girl circles and when I'm out and about I'm in T friendly venues, there's jealousy within the community. They know who I am and they haven't the nerve to come and ask me for a drink or a date or whatever and it's like you see them looking over their shoulder at you... before my partner now, the last one wasn't all the way out. Through meeting a mutual friend I found out she was two timing and doing other things... I tend to go for T girls [but] recently I've been thinking if this relationship that I'm in at the moment fails too, to look at a (non-trans) female possibly. (Dani)

On one hand, Dani's description of her intimate relationships maps onto the pure relationship model as she depicts partnerships founded on physical attraction, democracy and choice. Simultaneously, Dani alludes to social codes for relating which are based on heteronormative (monogamous) norms. Ally (24, trans male) admitted his difficulty in having relationships as he felt that:

I never got the time to mature emotionally in a 'normal' way. I've realized that I've had a lot of emotional upsets in romantic relationships, because I was seeking love and intimacy with the wrong people.

Molly felt that trans people's relationships were complicated by the nature of trans subjectivity:

There's also the problem if you're brought up, say, as a guy and you learn to have relationships as a guy and you then come to terms with yourself and you find a pathway... you then have to learn how to have a relationship with someone as yourself. I'm four and a half years post-operative and I will hold my hand up clean and clear; I still don't get it. I still don't know how [to have a relationship in my new gender].

A number of participants had chosen to forego intimate partnerships altogether as Ann concluded that:

One of the reasons why I've been so isolated because I've had to be careful of who I met... Because if I did go out and get somebody that was very abusive... so I had to shut myself away and that was out of bounds, that kind of thing.

After negotiating a period of 'bereavement' for her lost husband (Fiona's former male self), Fiona's partner, Joan, 'gradually understood it'. Separation followed as did the end of their marital partnership but Fiona stated:

My ex-partner – she's remarried – and she's my best friend, she's my soul mate still... she's the sister I never had.

Fiona and Joan's relationship was reconfigured to one based on kinship terms as they found themselves nurturing a sisterly bond and ultimately they exercised choice to articulate their family as they saw fit (Weston 1991; Weeks et al. 2001; Hines 2007a; Sanger 2010; Davies and Heaphy 2011). In addition to her full-time employment as a public servant, Sarah volunteers as a counsellor for trans people and found the impact of trans identity, within a heterosexual partnership, to be of utmost significance:

The wife married who she thought was a guy and now the guy doesn't identify that way any longer. So what does that mean for the wife...Will she then be perceived as a lesbian? And she may not feel comfortable with that... Erm quite often if they're more mature maybe the sex life isn't that important anyway. So they'll probably stay together or quite likely stay together for companionship. Others will feel totally betrayed and that's totally understandable erm you know, very often people hide it, lie, cheat to some extent, maybe not with another woman – except yes it is, but the woman is myself.

Despite attempts by some theorists to partition gender and sexuality debates, Sarah highlights the interconnectedness of gender and sexuality within intimate relationships. Within this connection there is often uncertainty and opacity regarding sexual identity and relationship status as trans blurs fixed and normative boundaries for existing partnerships (Aramburu Alegria 2010). Queer theory collapses delimited notions of gender and sexuality to offer a model for relating which deconstructs the sexed body in relation to the heterosexual/homosexual/bisexual triad. Thus, the queer perspective offers an alternative and the potential to remain bound in an intimate relationship without the pressures to conform to heteronormative ideals. However, none of the participants had remained in a relationship which started prior to transition or coming out as trans, and then through transition and beyond.

In addition, the majority of participants identified as transsexual (viewed either as a fundamental characteristic of their gender status or as an aspect of their gender history) and so many of the collected narratives are rooted in the heteronormative framework in relation to fixed ideas about male/female and masculinity/femininity. Additionally, these heteronormative-based narratives represent *migrating stories* as participants permanently crossed from one gender to another (Ekins and King 2006). As such, transsexuality (and the majority of participants' narratives) contests the queer perspective (Nagoshi and Brzuzy 2010). In an attempt to speak for trans people, by representing the voices found within the narratives, this critical feature of the data must be noted and the limits of the queer perspective articulated. Conversely, the queer perspective can be used to consider how material bodies can alter whilst sexuality remains unchanged. Marianna explained:

I knew that I was heterosexual. I've always been heterosexual. My heterosexualism hasn't changed. The only thing that's different is that I had more female partners to start with (when living in male role) and I've got a male partner now (living as a trans woman). I wouldn't say I was bisexual because I'm not.

Fiona alluded to the difficulties when trans intersects with traditional institutional contexts such as the family, religion and the juridical framework.

I know quite a few that have stayed with partners, you know, they've seen the relationship dynamics changed. I know some that've not, because of their religious beliefs, or who didn't go through and get their Gender Recognition Certificate straight away because of the marriage; because you have to be divorced to get the gender recognition.

Hegemonic discourses about gender, sexuality and embodiment are shown here to work through disciplinary regimes facilitated by the family, religion and the juridical framework and operationalised as *dividing practices* (Foucault 1984 cited in Sanger 2010: 31). For couples with a transitioning partner, this demarcation then results in changed parameters within the partnership dynamic. Foucault's distinction of dividing practices, which then distinguish between the normal and the abnormal, can be framed within the discourse of stigma (Goffman 1979 [1963]) and illustrated by examples from the collected narratives. Sarah said:

There was another client whose two children were involved in the student riots and taken to court. The wife didn't want the trans parent to be at the court because it might, she perceived, it might impact on the outcome.

Max found that on coming out as trans it was his material body that initially bore a symbolic, as opposed to an actual, stigma:

My partner at the time was honest with me about the fact that she doesn't feel as safe around men or around 'male' bodies, and that she may no longer felt safe around me... My partner was also open with me about the fact that she may no longer be attracted to me as my physical transition progressed... It was a strange experience because I thought that my partner's attraction and love for me, and knowledge

of me as a safe and respectful person went deeper than my appearance.

Through a process of embodiment, Max's body became a site for culturally ascribed meanings and emotions attributed by his partner, despite initially having a female sexed body. In his reflections, Max felt that politico-cultural aspects of his partner's lesbian identity affected his partner's view in addition to the changing dynamic of their relationship. Moving from an embodiment narrative to a focus on social practices, Max said:

My partner sees men as inherently misogynistic and disempowering, and my behaviours which she had previously appreciated such as my opening doors for her therefore started to annoy her and create distance between us, now that I was presenting as male. Instead of seeing this type of gesture as caring she began to experience me as misogynistic. For this and other reasons our relationship did not survive my transition.

In essence, the lesbian politics and standpoint of Max's partner, Lou, led her to adopt Othering practices at the onset of Max's coming out and prior to his actually physical transition. In Serano's (2007) conceptual framework this represents a position of trans-misandry and was enacted through Lou's emotional, psychological and physical rejection of Max and the relationship came to end.

Throughout this research participants and other contributors have demonstrated their belief that trans people should avoid initiating intimate relationships when transitioning. Marianna stated:

I do feel like saying to those people who are thinking of transitioning [that] relationships at the same time, unless it's a relationship you've already been in, relationships really are a 'no no' for the majority of people.

Marianna felt that transitioning carried or triggered a certain level of vulnerability:

When it comes to transgender people... it can be such a mixed bag of issues that people are carrying around. Not just for people that are transitioning or that are transgender but the actual people that they get attached to – so much

emotional baggage. People are self destructive and walking around out there. [There are] people who want to transition, or explore their identity [and are] having major issues; that [situation] can be twice as explosive. It's a minefield, adding double; does that create more chance of there being an abusive relationship?

6.5 Chapter summary

This chapter has highlighted the complex interplay between trans phenomenon and the negotiations of childhood through to adult life. Overwhelmingly participants' lives have been restricted and impacted by living within the strict regimes of binaried gender and heteronormativity. Yet, the desire and drive to enact their psychological gender was great for all participants. Many managed their desires and drives through temporary and hidden gender expression with the appropriation of gender signifiers (clothing and other items) to assist in the enactment of their gender identity. However, these practices brought about feelings of shame, guilt and stigma (Goffman 1979 [1963]). By deconstructing the collected narratives, the concept of stigma has been found to be enmeshed within the discursive productions of childhood, acquiescence and adulthood, family life and intimate relating with trans often identified as socially discrediting for participants, families and intimates alike.

Serano (2007, 2012) claims trans and trans female identity to be valid categories for enhancing the intelligibility of gender in all its forms. Rejecting stigma as an anachronistic concept, Serano argues for an enhanced appreciation of gender diversity but notes the limitations of living with dualistic hegemonic gender. Serano invites her readers to consider the privilege accorded to cisgender people through the hierarchical and naturalised construction of the gender binary. Moreover, she argues that sexism and misogyny inevitably pathologise all people on a trans, and especially transfeminine, spectrum. This claim has implications for the majority of participants in this research who identified as trans or transsexual women or women with a transsexual history. These implications are reified in the discursive practice of participants, through their transition narratives and in the analysis of familial and intimate relationships. The implications as shown above, are grounded in the theoretical frameworks of Foucault (1979, 1989) and Goffman

(1979 [1963]) and within the discourse of the Other (Wilkinson and Kitzinger 1996).

Finally, Marianna asserted that trans people should not have or pursue intimate relationships when transitioning gender. However, this, arguably, is naive and impractical. Most people rely on the dynamic mix of relationships (whether with family, friends or acquaintances) and these serve as validation at a fundamental level (Butler 2004). Yet, as shown within this chapter, trans identity and practice offers challenges to normative relational modes and for some participants this results in family exclusion or marital breakdown. Despite the potential for loss or exclusion, participants' narrative show that trans identity takes precedence in the practices and expression of participants and, ultimately, this enables a life worth living (Butler 2004).

Chapter Seven

Trans people's experiences of domestic abuse

7.1 Introduction

Chapter three explores current understandings of domestic abuse and draws on discourses which are mostly framed within the heteronormative framework and dominant feminist paradigm. This body of discourse is expanding, however, and increasingly work is being undertaken which produces new knowledge additional and counter to the heteronormative versions that predominate (see, for example, Donovan and Hester 2010, 2011). This chapter seeks to add to the sparse, but important, body of work on trans people's experiences of domestic abuse (Scottish Transgender Alliance 2008; Roch et al. 2010; Brown 2011).

This analysis explores trans people's narratives of domestic abuse in intimate and familial contexts. The chapter begins with an analysis of abuse experienced within intimate relationships and I have interrogated narratives against the widely agreed typologies of emotional/psychological, physical, sexual and financial abuse (Browne and Herbert 1997; Women's Aid 2007; Home Office 2012c). Aligning with Roch et al.'s (2010) study, the most common form of intimate partner abuse found is transphobic emotional abuse. However, this was often experienced in combination with other forms of violence and abusive behaviours in a pattern or strategy that can be interpreted as one of *coercive control* (Stark 2013). A feminist and queer sociological lens has been employed to expose voices and subjectivities which intersect with the concepts of intimacy, relationality, heteronormativity and transphobia (Seidman 1996; Roseneil 2000; Fish 2006; Hines 2006, 2007a; Serano 2007, 2012).

Thereafter, an analysis of domestic abuse within the context of family life is given. Within this discussion I argue that trans people's experiences of familial domestic abuse constitutes a unique form of domestic abuse which is undergirded by the prevailing dominance of the gender binary, its associated gender norms and links to heteronormativity. In this analytical framework trans identities and

practices undermine the very essence of traditional family life and, at times, are considered to be socially stigmatising within the context of that family and their community. It is here that I demonstrate the interplay with ‘honour’-based ideology and the intersectionality of domestic abuse, transphobia and stigma in a model of familial domestic abuse which I term as transphobic ‘honour’-based abuse. The conception of transphobic ‘honour’-based abuse can enhance an understanding of trans people’s experiences of domestic abuse and it draws on the cultural importance of the gender binary in a similar way that culture and religion are usually ascribed to discourses of ‘honour’-based violence. Transphobic ‘honour’-based abuse and the ideology of ‘honour’-based violence are both fixed to the concept of shame and stigma (Goffman 1979 [1963]; Gill et al. 2012). My conception of transphobic ‘honour’-based abuse is outlined in chapter three which forms a theoretical exploration of domestic abuse and its impact upon families.

7.2 Trans people’s partnerships and domestic abuse

As discussed in chapter six, intimate partnerships can be disrupted, displaced and complicated when one party discloses a trans identity and/or decides to transition to live in the gender that they identify with. For many years Molly (50, post operative transsexual woman/genderqueer) has been employed as the chief executive of an LGBT organisation through which she has supported and advocated for numerous trans-identified service users. She said:

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. If you’re in a good relationship you have good validation. If you’re in a bad relationship you have bad validation. And that’s the key.

In this extract Molly presents a discursive challenge to Giddens’s (1992) contemporary model of intimacy (which emphasises democracy and choice) as Molly’s paradigm is reflexively built upon and scaffolded by, not only professional experiences, but by her subjectivity and subject position. Molly suggests that normative models of relationality are ill-fitting in relation to trans

people's partnerships as trans people lack the personal history, inner resources and social capital that gender conforming people fundamentally enjoy and develop through the socialisation process. Molly suggests that this is just one of many reasons why abuse and exploitation is commonly found within trans people's relationships. She suggests that trans people have higher levels of vulnerability and are less inclined to resistance and self-direction within their intimate relationships even when these are domestically abusive. Additionally, Molly asserted that the prevalence of transphobic domestic abuse is compounded by 'the community's' lack of willingness to name domestic abuse and therefore recognise its impact:

The broader community does not want us to talk about [domestic abuse] as a subject because there is still a culture that gay is wrong. That being trans is wrong. That being a lesbian is wrong. That being a bisexual is wrong. It's not part of the broader culture. We still have a very heterosexist, heteronormative approach to relationships and we have that to bypass. Gay relationships do not have the same value as straight relationships. Trans relationships are even less valuable because they're not even seen as proper people in many, many cases. So you have a hierarchy of relationships.

In this sense, domestic abuse is not recognised as a social problem and, as suggested by Molly, a structural barrier to this recognition will remain until there is a greater acceptance of lesbian, gay, bisexual and trans identities and practices within wider society. It is the *public story* of domestic abuse (that domestic abuse is heterosexual male physical violence perpetrated against heterosexual women) that forecloses broader recognition of domestic abuse as a social problem found within marginalised communities (Donovan and Hester 2010; Donovan 2012). Yet, however limited the literature on trans domestic abuse and sexual violence, there are indications that trans domestic abuse *is* prevalent, manifests in varied forms and often incorporates transphobia and gender-focused attributes (Scottish Transgender Alliance 2008; Roch et al. 2010; Brown 2011; Hester et al. 2012).

7.2.1 Intimate relationships: transphobic emotional and psychological abuse

In Roch et al.'s (2010) UK study of trans people's experiences of domestic abuse, transphobic emotional abuse was identified as the most frequently experienced

with 73% of respondents experiencing at least one type of transphobic emotionally abusive behaviour. Trans-specific behaviours include threats to out/actual outing; destruction of personal items/medication/clothes that are essential for transitioning/passing in the acquired gender; verbal attacks targeted at part of the body that someone may be ashamed of/detached from; refusal to use someone's preferred names or the appropriate pronoun; criticisms of the trans body in comparison with idealised versions of the cisgender body; refusal of access to children whilst transitioning/post-transition.

Many of the narratives collected for this research contained accounts of transphobic intimate practices which could be categorised as emotional or psychological abuse. Describing her dysfunctional relationship with Alan, an older man, Marianna (41, trans woman) gave an overview of her feelings about emotional abuse as a nuanced experience:

What people don't talk about - the big issue for me - was the amount of energy I needed in that relationship with him, with the amount he was pushing on me all the time, emotionally. You talk about physical abuse and verbal abuse and in a way his neediness and attentions were emotionally draining. For me, that was the abuse... It was playing on [my] emotions, being draining, more of a physical abuse than the physical abuse that he did (discussed below).

In contrast, Julie (62, trans woman) experienced a wide range of explicit emotional and psychological abusive behaviours whilst married to Liz; a marriage that lasted almost thirty years. The onset of Liz's abuse of Julie dated from the start of their relationship when Julie was living in male role. Julie stated:

I cross-dressed even before we were married. She knew then... I think, within a few weeks of us first meeting she learned how to control me very effectively and still does... her strategy would be to shout and really shout and attack me in public and she learnt very quickly that I couldn't handle it... so sometimes she would tolerate [my trans identity] and sometimes she would get very, very angry with me.

Julie felt that 'twenty per cent of the time' Liz accepted her trans identity as 'on a good day she was very supportive and she'd buy me things'. However, for 'eighty percent of the time' Julie's trans identity made Liz 'angry, very angry... and that

lasted most of our married life from when I was 22 to when we split up when I was 50'. Liz employed various strategies of emotional and psychological abuse in order to punish and control Julie. Julie's narrative is peppered with incidences of intimidation in public and private spaces along with frequent criticisms and humiliation, insults and name calling, and the destruction of property. Conversely, Julie felt that the marriage was strong as she said 'I never sensed that [Liz] wanted us to split up'. Julie identified what she felt was the glue that held the marriage together as based on two relational aspects: love and shared parenting (the couple had four children). The workings of love within domestically abusive relationships has largely been neglected within the literature on domestic abuse (Donovan and Hester 2010) but it will not be covered here to any great depth as the majority of participants in this research did not discuss love *per se* within their domestically abusive relationships.

Julie did, however. Her narrative contained a story of love, enacted through marriage to Liz, but one which contrasted with unrelenting and escalating transphobic abuse in response to Julie's trans identity and practices. This juxtaposition demonstrates some of the complexity of domestic abuse. Julie's daily life was filled with nuanced experiences of degradation, humiliation and physical assaults which were interlaced with acts of kindness (represented by Liz's purchase of feminine items for Julie) in a complex mix of acceptance and rejection. This oscillation between acceptance and rejection kept Julie in a permanent state of tension; a common feature of *coercive control* and *intimate terrorism* (Johnson 1998, 2008, 2011; Stark 2013). Within the heteronormative framework of family life, the coercive control model of abuse is:

a strategic course of self-interested behaviour designed to secure and expand gender-based privilege by establishing a regime of domination in personal life. (Stark 2013: 21)

A different reading of Stark's definition is necessary in order to enable a direct mapping onto Julie's narrative and this reading should absorb an understanding of 'gender-based privilege' as 'cisgender-based privilege'. Thus, Liz enacted:

A strategic course of self-interested behaviour designed to secure and expand [her cisgender]-based privilege by establishing a regime of domination in [Julie's] personal life.

In this sense, many aspects of Julie long-lasting marriage are typical of the coercive control model of domestic abuse as the mix of emotional and psychological abuse was coupled with physical violence, financial and material control which combined to effectively undermine Julie's capacity for agency and decision-making within the family sphere and in her private life.

There are typical dynamics, as well as temporal and spatial dimensions, to coercive control and Julie's narrative illustrates these. Many of the participants' narratives demonstrated these dimensions in combination, many at the point of transitioning. Indeed, all of the narratives incorporated transition stories. The onset or process of transitioning can act as a trigger for domestically abusive behaviours; similar to heterosexual coupling where the onset of domestic abuse occurs during pregnancy (Lewis and Drife 2005; WAFE 2005, 2009b). Thus transitioning (like pregnancy) is a risk factor as it results in changed relationship dynamics and re-configuration as gender identity and practices, and sometimes sexuality and sexed bodies, destabilise and transform. Some of the narratives detailed the stalling devices of their partners in relation to their need or desire to transition. When Ally (24, trans male) was exploring his genderqueer identity (and not identifying as male or female), the actions of his then partner (who identified as 'MtF and genderqueer/non-binary') served as physical and emotional rejection. Retrospectively Ally makes sense of his partner's behaviour as constituting an act of transference ('she came from a very troubled household and had been emotionally, physically and sexually abused'). Ally explained:

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

Ally felt that his partner misused power within their relationship. She was fully cognisant of her actions towards Ally who found himself in a perpetually confused state which fluctuated according to his partner's acceptance and rejection (and even repugnance) of him. There are similarities between Ally and Max's (25, genderqueer/femme male) narratives as both their former partner's misused Ally and Max's trans embodiment as a means for ascribing negative messages and meanings and for seizing emotional and psychological control within the relationship itself. Their narratives were distinct as these mirrored dominant feminist ideological concerns that masculinised bodies represent the potential for violence and domination of female bodies.

Fiona (63, woman with a transsexual history) highlighted trans-specific aspects of emotional and psychological abuse:

[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.

The workings of 'outing' as a sociological concept are incontestably meshed with the principles and practices of Othering (Wilkinson and Kitzinger 1996). In this way, Othering represents a form of psychological abuse and a technology of heteronormativity and hegemonic gender which is then operationalised through the threat or act of outing. Simultaneously, the threat or act of outing is undergirded by the concept of the Other as deviant, abnormal and stigmatised (Goffman 1979 [1963]). As such, there is a complex, iterative relationship at play. The result is that the dualism of hegemonic gender is maintained and the potential disruption threatened by the trans partner is used to psychologically and emotionally control and punish. Rachel (21, genderqueer) illustrated this argument when describing how she was castigated for her 'failure to be normal'. Roz's (55, transsexual woman) 'failure to be normal' resulted in her isolation from home life. She said:

I was frozen out at home...lost most conversation with [Sally] and the kids. I did not think that there was any support available anywhere. I just gritted my teeth.

Fiona, Rachel and Roz described behaviours which are congruent with my re-working of Browne and Herbert's (1997) typology of psychological abuse as the threats to out and accompanying tactics of isolation served to control and inflict mental anguish. Outing/the threat of outing is a risk factor which has emotional, physical, social and financial implications for trans people at micro- and meso-sociological levels ('meso' pertains to the broader community context in which people live). The consequences may include: loss of relationships and family supports; loss of access to children; loss of employment; and exposure to social rejection, discrimination and hate crime (Whittle et al. 2007; Mitchell and Howarth 2009; Aramburu Alegria 2010; EHRC 2011b). Across the narratives there were examples of all of these social phenomena.

On a macro-sociological level, the workings of heteronormativity are filtered through norms of gender, family structure and community to provide a template for personal life. For some trans people who transgress the bounded nature of this template, there are consequences and Julie described how her ex-wife used her transgression as a justification for her abusive behaviours. Indeed, Julie tried to make sense of Liz's behaviours:

I think a lot of it was motivated by her childhood and her family experience. The impression I got was that she felt this huge sense of shame about me... and her language could be...considering her family were Christian she'd be effing and blinding at me, erm, she used everything short of killing me.

This extract highlights a common concept (shame) found across the narratives of childhood, adulthood and in the discursive productions of relational experience. Julie and other participants spoke about the shame they felt as children as an aspect of their trans identities and practices and one that was later located within their intimate partnerships. In Julie's narrative, she identifies the continued presence of shame but as something that decreased when her gender confusion increased and became all-consuming. Yet, shame continued to have a strong presence in Julie's life as it was then felt by her partner, Liz. Thus, the socially discreditable and stigmatising aspect of Julie's gender identity (Goffman 1979 [1963]) was omnipresent but the holder of the associated shame transferred from

her to Liz and eventually their children; a factor that she felt triggered daily episodes of abuse.

Another contributory to the emotional and psychological abuse perpetrated against trans people lies in the lack of understanding of trans as a gender identity and trans as a practice, rather than a lifestyle choice. Demonstrating her wife, Sally's lack of understanding, Roz explained how Sally conflated gender with sexuality when Roz initially disclosed her trans status:

I eventually told [Sally] when we were walking the dog. The first thing she said was 'do you have a boyfriend' which hurt me hugely as I have always been faithful and the thought of otherwise had never crossed my mind.

Following Roz's disclosure she and Sally made changes to family life which resulted in them selling the family home. However, their relationship eventually broke down following an incident which Roz described:

The night we exchanged contracts we went to the pub... [Sally] sat down next to an old ex-policeman and started kissing him and more. I just didn't know what to make of it. Later we left together and I felt quick sick. The marriage ended then.

In this extract Sally's behaviour suggests that she wished to punish Roz and cause emotional pain, knowing the impact of behaving intimately with another in a public space. One participant spoke about the tendency of cisgender partners to experience feelings of betrayal and deception on learning that they have a trans partner (although Sarah points out that 'the other woman' is actually their partner's trans identity). In this framing, Sally employed a quid pro quo strategy for managing her knowledge of Roz's trans status and own feelings of betrayal. Sally's abuse of Roz escalated:

I was subjected to continual verbal abuse during this year. It was so shocking to me. My world fell apart. She really went for me... this time was awful as I felt I couldn't be me... (Recalling one occasion) I sat on the stairs uncontrollably shaking. She walked past and said 'I thought you had this stuff under control' in a terrible way. I just did not know what to do.

The pattern of emotional and psychological abuse escalated and by the end of their life together, Roz also experienced physical and sexually abusive behaviours at the hands of Sally. The abuse ended when Roz moved out of the family home and relocated to another country. However, there is a range of literature which describes post-relationship domestic abuse and its inherent risks as commonplace (Hanmer and Itzin 2000; Davies et al. 2009; Home Office 2012b). Many participants had experienced transphobic emotional abuse following the breakdown of their intimate partnerships. Tess (49, post-operative transsexual woman) claimed that the new partner of her ex-wife used his employment as a police officer in a process of intimidation. Tess admitted that her ex-wife accused Tess of exhibiting sexually inappropriate behaviour towards their young daughter. Tess denied all allegations and believed that her ex-wife sought to punish Tess for the shame and embarrassment caused by her trans practices and thus she used her new partner in an attempt to maintain the psychological control that she had previously wielded against Tess during their marriage. It could be argued that Tess's ex-wife conflated trans practices with sexuality through her discursively produced allegation (which was never substantiated or pursued).

On a similar basis, Polly's (70, trans woman) narrative contained harassment and abuse experiences following the end of her relationship with June. This served to cause sustained psychological and emotional distress. Polly described her relationship with June:

She was great to have on your side but... erm [following our separation] I ended up with three cars kicked in, windows broken in the house... One night I think we had seven police there. That's when the windows got broken. They even had CCTV cameras on but there were objections about it [from neighbours].

In this extract Polly demonstrates a complex interweaving of psychologically abusive behaviours which appeared to be perpetrated as hate crimes but which were incited by her ex-partner. Polly feels certain that her ex-partner was behind the abuse as she explained that 'living in a [...] village – they are VERY close knit – if you sneeze in front of one person the rest of the village gets the flu. It was that close'.

Polly underwent a sustained period of abuse and harassment with many dimensions aligning with Stark's (2013) framework of coercive control and many of the acts perpetrated against Polly targeted her trans identity and had social isolation as an intended outcome.

Humiliation, insults and name-calling all serve to socially or mentally isolate someone and are particularly effective when executed as part of a coercive and controlling abuse strategy. Julie spoke about Liz's tendency to denigrate anyone who associated as or with trans:

My friends, or anybody, she'd use the most foul language to rubbish them...anybody who I'd be involved with outside of the family would be absolutely rubbished and trashed and she'd use the most violent language possible.

However, not all domestic abuse stories mapped onto the conceptual framework of coercive control (Stark 2013) and some contained discrete incidences or forms of psychological control and abuse. Molly (50, post operative transsexual woman/genderqueer) noted that 'I've got trans clients who don't get to see their kids. The domestic abuse is down to using the kids against them'. In addition, Sarah (65, heterosexual woman with a transsexual history) described supporting another trans woman:

I have another client...they run their own business and the partner really doesn't want them to present as female while running the business, so there is quite a bit of emotional blackmail as well. I don't think the trans partner would see it as blackmail but pressure – yes.

Sarah illustrates two important aspects of abuse highlighted by Fiona and Molly. First, there is a reluctance or limited capacity to name some emotional and psychological behaviours as abuse within the trans community. However, this is complicated on a micro scale by issues such as self-validation, agency and by transitioning processes. Second, at a structural level, the workings of public stories and concepts such as heteronormativity serve to obscure exploitation and abuse within non-normative relationships (Donovan and Hester 2010; Donovan 2012).

7.2.2 Intimate relationships: physical abuse

Within a typology of physical abuse, trans-specific behaviours can incorporate targeting areas of the body that victims/survivors feel uncomfortable or unhappy about as an aspect of their gender dysphoria. Physical abuse can also be enacted through assaults on surgically or medically altered body parts.

Across the narratives, within the dynamic of intimate partner abuse, emotional and psychological harm was often inflicted in combination with physical abuse as Jenny (64, transsexual woman) demonstrated: ‘pejorative remarks, punishments, belittlements, physical abuse and humiliations far too numerous to recount become a part of one’s life’. Julie described the emotional and psychological strategy that her ex-wife, Liz, employed which, too, incorporated physical attacks:

She certainly hit me many times... she once scratched me like that (Julie demonstrates)...Or she’d try to strangle me in some ways but the main way that she’d control me would be to shout and I mean shout, and slam doors.

Julie described a public display of physical abuse following a marriage counselling session that Liz had agreed to attend at Julie’s instigation:

Talking about the violence, I remember one day we went for couple counselling to [...] and I had the audacity – in her words - to question something with her in front of this counsellor and I could sense, she just went quiet, and shut up. After, she kicked out at me, physically and verbally, outside on the street in front of everybody. She totally shamed me. Kicked out at me, kicked my legs. Screaming and shouting how dare I question her in front of the counsellor and all this kind of stuff. So that was the end of that (in relation to counselling).

In Polly’s narrative of post-relationship abuse and harassment, she described how her ex-partner, June, incited others to perpetrate acts of physical abuse. Polly’s experiences could read as acts of hate crime but Polly was certain that these incidents were orchestrated by June as a way of trying to drive her out of the village where they both lived. Polly said:

I ended up with broken ribs when I took the dogs for a walk one evening [as] two local yobs jumped out from behind a tree, erm, and gave me a good seeing to. Next door would come over and have a go

at me, take my hair off me, take photographs of me without my wig, with no hair on. Even the police in the end said they couldn't do that much.

Polly's experience of physical abuse was transphobic in nature as her assailants targeted aspects of her gender expression which she considered to be essential to her everyday enactment of femininity. Polly's experience of abuse and harassment only ended when Polly left the village and relocated a safe distance away. Polly makes sense of the harassment that she experienced as having personal, temporal and spatial dimensions as the ultimate control that June could vicariously exert over Polly was to force Polly to leave the community.

Molly's narrative contained insight gained from her subject position as a trans woman and from her professional role as an advocate for trans people's rights. Throughout the years Molly has supported many lesbian, gay, bisexual and trans people who were escaping domestic abuse from their intimate partners and she spoke about one couple who 'every Friday night went at it hammer and tongues'. Describing what Johnson termed as *situational couple's violence* (1995, 2008, 2011) Molly's example demonstrated how the same partner always ended up 'completely emotionally and physically abused' but remained within the relationship which, Molly felt, was depended upon for self-validation. In another example, Molly described helping a trans woman to escape her male civil partner (she was not out as trans). The physical attacks and coercive control resulted in a complexity of risk factors which was bolstered by the fact that she did not have British citizenship. Molly explained:

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.

Where trans identity intersects with other marginalised social divisions (those of ethnicity, asylum status, age, (dis)ability, sexuality and others), there is increased risk and vulnerability within domestically abusive relationships. In the above extract, the lack of legal citizenship rights then took precedence once this

woman's physical safety was assured as her leave to remain in this country became the main priority. This illustrates how Molly's role in relation to assisting people to escape and survive domestic abuse supports some of Women's Aid (undated, online) principles of self-determination, gender equality and a life free from abuse whilst simultaneously Molly advocates for *trans citizenship rights* (Monro 2003, 2005).

In another example extracted from her professional narrative, Molly described the intersections of trans identity, domestic abuse and other social concerns (mental ill health, disability, alcohol abuse). She portrayed the distinct nature of the abuse and escalating risks that presented when social work services became involved:

Another case was, erm, a trans woman in a lesbian relationship [with] three kids. [The] trans woman [was] abused by her lesbian partner on a regular basis... Physically violence ensued, verbal violence and emotional violence, and torture. Kids used as weaponry...Social services helped about as much as a chocolate fireguard. In fact, they actually poured petrol on to the fire by accusing the trans woman of being some kind of deviant pervert. Erm, [during] the court case [they] painted a picture of the client as someone unfit to be a parent. They didn't say any kind of physical or sexual abuse had [gone] on. They implied the potential of this trans woman to be a pervert. The children were the reason that social services were brought in.

In a narrative similar to that of Tess's (where she was subject to allegations made by her ex-wife), Molly's service user was the victim of a heteronormative discourse employed as a device through which to exclude the identity and practices of trans people from the realms of what is considered to be normal and acceptable. Juridical discourses and legally defined boundaries were used as justification for actions which identify the trans person as deviant and (potentially) dangerous. Whilst this is an argument that could be situated within a criminological or even a citizenship frame, the domestic and relational aspects of these narratives mean that the experiences themselves result from a strategy of intimate partner abuse.

All narratives of physical abuse were told by participants who identified at the female end of the gender spectrum as either trans women or women with a

transsexual history. Where a male-to-female trans person experiences abuse at the hands of their cisgender female partner an ideological bind is created for the traditional feminist perspective on gender-based violence. On one hand, it can be said, that trans-female oppression results from discourse promulgated about hegemonic masculinity, beliefs and practices in a process of trans-misogyny (Serano 2007, 2012). Yet the perpetrator is female and ultimately she is the oppressor, not the oppressed. Fiona's statement below implicates some further opacity and dislocation found within discourses that contain stereotypical constructions of male/female violence and masculine/feminine gender norms.

There's male and female violence and I've seen somebody who looks absolutely fabulous as female but when it comes to violence they've changed, become very male... (Speaking about an acquaintance) when this trans women gets violent, she goes, you know, that shoulders back, that threatening stance, very male, she does that. That is still wired (in the brain)... now that person hadn't had the surgery but had the hormones, still got that source of testosterone even though they'd had the suppressants.

Fiona's viewpoint suggests that gender violence is rendered even more complex and dynamic through the interplay between socially constructed male/female stereotypes and norms and the biological aspects of physical sex and its varied constituent elements of brain, hormonal and chromosomal sex (O'Keefe 1999). This illustrates complexity within the debate which pits biological determinism against the socially constructed nature of gender. It is an area of knowledge which has yet to be explored within the context of trans people's experiences of domestic abuse and it is outside of the scope of this project.

7.2.3 Intimate relationships: sexual abuse

Sexual abuse can be considered to be exploitative/coercive sexual contact or sexual contact without consent and as with other abuse categories, there are trans-specific acts of sexual abuse which can encompass: sexual assaults on surgically or medically altered body parts or during transitioning period; targeted abuse towards parts of the sexual body that someone may be ashamed of or detached from, particularly if suffering from gender dysphoria; criticism and derision

around impaired sexual performance due to taking hormones or from surgical procedures. Rachel summarised her experiences of having sexual partners:

As for intimate partners; some have exoticised me, one raped me and then disappeared. Many don't want me in the first place, and for a large chunk that's about my gender.

Roz experienced transphobic physical and sexual abuse perpetrated by her wife, Sally, during their last year of marriage as Roz described this as being 'the very nuanced to the most obvious acts of physical/sexual violence'. Whilst the presence of sexual abuse was mostly absent within the narratives, it is acknowledged here that this does not necessarily mean that participants had not experienced sexual violence nor that the group is any way representative of the community as a whole. In fact, as part of a Home Office review on domestic abuse and minority groups, a focus group of fifteen male-to-female trans women was conducted and it was generally agreed by the participants that 'sexual violence was a hidden issue in the trans community' (Hester et al. 2012: 31).

Indeed, within the trans community sexual abuse is multi-dimensional and it is a contested concept. Marianna's narrative alluded to some of the unique and varied dimensions of transphobic sexual abuse. She described the fetishistic natures of some cisgender men (and some cisgender women) who seek out trans partners and she considered this to be one form of sexual abuse. Marianna represented the view that such men exploit their cisgender privilege and create tensions in the safe space inhabited by the trans community through acts of trans-misogyny (Serano 2007, 2012). She said:

There's some people that just like transgender women... but maybe if you had the surgery that would be another thing. I know that is the case for some people. Once you've had the operation they want [nothing] to do with you... I just feel there are some people out there who are predators. I'm not just talking about men, I'm talking about women as well.

Marianna employed the word 'predator' within the context of a sexual nature and in a way which was not tied masculinity. Marianna's description of sexual practices within the community that she once belonged, map onto and intersect

with Sedgwick's (1990) framework of sexualities which transgress the heterosexual/homosexual/bisexual triad and which move away from bodily practices (genital sex) as a means of categorising sexual identities. Whilst Sedgwick's conceptual framework has value as a means to validate practices outside the hetero/homo/bisexual triad, Marianna's narrative highlights the fact that without any wider recognition and acceptance of trans identity and practice which would help to negate fetishistic tendencies, this conceptual framework has limited value in relation to lived experience. Marianna illustrates how marginalised identities and practices maintain an Other status which ultimately increases risk and vulnerability and decreases agency, resistance and self-determination. She spoke of a heterosexual, married, cisgender man who was a member of her trans community and who frequently instigated short-term affairs with trans women. Drawing on her trans subjectivity and previous cisgendered life, Marianna had concluded that:

In a way he was having issues around his sexuality. It's not so simple as guys experimenting with their sexuality, there's so much more going on. For me until this day he's probably still in that situation where he doesn't want to leave his wife. He doesn't want to leave his kids. He's not happy. She's not happy. She knows he's messing about.

In Marianna's view the heteronormative model of family life, intimacy and relationality structures daily living but there are a minority of cisgender men for whom this is not enough and those men 'sexually experiment' with trans woman and were enabled to do so by infiltrating trans communities 'as it's a safe environment [for experimenting behaviour] that you couldn't get away with in normal, public situations.' The abuse of power and cisgender privilege, in this way, exploits trans people who begin a personal and intimate relationship with all the hopes and dreams for that which a new relationship can bring.

Describing her own experience of sexual abuse within the private realms of an intimate relationship, Marianna depicts an act of sexual exploitation which can be construed as sexual abuse within a re-worked typology (originating from the work of Herbert and Browne (1997) – see chapter nine). Marianna said:

I woke in the night erm we'd had a bit to drink. We'd been a bit intimate but I'd gone to sleep and I woke up and I feel embarrassed now [because] I shouldn't be like this (upset) but he tried to penetrate me.

Marianna shouted out and Alan, her partner, stopped. Marianna discursively framed her relationship with Alan (who had not perpetrated such an act before) as one that operated within a context of his constant emotional and psychological demands; she termed this as his 'neediness'. Marianna felt that this isolated incident resulted as she had told Alan that she needed to spend more time away from him to meet her work commitments; she was training to be a social worker. Although this sexualised act caused Marianna a great deal of distress, it was preceded and followed by a relentless strategy of emotional blackmail which gradually ground Marianna down. She stated:

Before he'd done what he'd done... I knew that he wanted me up there and he was saying 'I want you to come and live with me' and all that... I felt guilty because I wasn't able to do that and he did this on that night. The next day when I was going home, he was ringing me. He started to drink more, and he'd ring me saying 'I can't go on like this'. I felt such an idiot, but in a way I didn't want to split up even though he'd done what he'd done. I felt so stupid. I'd got clothes there. I had a lot of stuff there. Erm I said 'I can't. I'll be there in a couple of weeks'. He said 'that's no good I need you now, I need you now'. I thought I can't go on with this.

Marianna ended the relationship with Alan recognising that his behaviours were having a harmful impact on her emotional health.

7.2.4 Intimate relationships: financial/material abuse

Throughout the collected narratives, the problem of financial or material abuse was cited by a small number of participants and was trans-specific in context. Fiona explained how she encountered a couple (with one partner who was trans) when on holiday. She said:

They had got divorced but they'd stayed together... It turns out that [Ruby] still has a thriving motor business where they live and the wife had said 'we can stay together'. I thought 'that's very nice of her' [She said] 'but we'll get divorced. I don't want any publicity (in relation to Ruby's trans status)'... the wife kept telling me 'this is our second

holiday this year. We [were] in Bermuda and we thought we'd try the Dominican Republic'. I thought 'you've stayed for financial security and in a way you've used Rachel for that'.

Fiona became acquainted with the couple and shared her view of the wife:

You have financial security and you're not going to let that go. So, you laid ground rules. [Ruby] told me everything. There were ground rules that were all set by the partner. [In relation to transitioning], she could go through it [but] quietly.

In this scenario the prevailing heteronormative model acts of a regulatory mechanism through which the wife dictated the terms of her relationship with Ruby. She seized and maintained control of her partner's transition in order to maintain her privileged lifestyle and in an exercise which limited the potential for any discrediting impact upon *her* social status (Goffman 1979 [1963]). Fiona felt that this constituted financial and material abuse but that this is not uncommon in trans people's partnerships.

Julie spoke of a different form of material abuse employed by her wife, Liz:

On the mantelpiece were souvenirs from Spain, little china photo frames. One picture of my mam and one of my dad and they'd given them to me. They loved each other to bits all through married life. They were good parents... Anyway one day [Liz] was having a go at me and she picked them up and threw them across the room at me. They were broken to bits, which broke my heart really. They weren't worth anything but it was the emotional violence of it all and she knew that would hurt me greatly.

The destruction of material objects, especially ones that hold sentimental value, is in an enmeshment of material and psychological abuse. Evidently there was no financial value to Julie's destroyed possessions, but Liz was acutely aware of their sentimental meaning. The emotional pain felt by Julie was aggravated by the temporal aspect of this incident as both parents were recently deceased.

Through most of their marriage, Julie and Liz enacted traditionally gendered roles: Julie (living in male role) was a teaching professional and the breadwinner

and Liz was a homemaker, caring for their four children. Yet, Julie described how Liz controlled all of the family income:

All my pay went into a joint bank account. I had to argue for any money for myself. I never had anything...So if I wanted to buy, or bought anything feminine, for me, all hell would break loose as I'd be wasting money that should be spent on the family.

Liz attempted to quash Julie's trans identity by controlling and limiting her capacity to purchase the necessary aids to enact her femininity. Conversely, by restricting Julie's access to the family income and by castigating Julie if she transgressed the rules set by Liz, Liz attacked Julie's traditional masculine role performed within the context of their family.

When Julie and Liz's marriage eventually broke down, Julie explained how Liz continued to maintain dominance over Julie's agency and personal resources:

She wanted a divorce. So I said 'OK let's not argue over the divorce. Let's go calmly. Let's just do this'... so I gave her the house which is worth about £350,000 and I said I'll have my pension which was about £12,000 at that time which wasn't really equitable but was to placate her. I was fearful and I didn't want to get into arguments with her.

The threat of violence and abuse was omnipresent, serving as a powerful reminder to Julie of what could (and would) happen if Liz was made angry or upset within what usually are difficult negotiations following marital breakdown. Some of the impacts of domestic abuse can be lasting (with emotional abuse), others are often said to heal without enduring effects (physical violence). In Julie's case, the final consequence of financial abuse has had a long-lasting impact.

7.3 Families and the intersections of heteronormativity, stigma (Goffman 1979 [1963]) and transphobic 'honour'-based abuse (Transphobic H-BA)

'Honour'-based violence (HBV) is carried out in the name of protecting the honour of a family and/or a community; HBV is often linked to forced marriage and at its worst, it can result in death (Meetoo and Mirza 2007; Brandon and Hafez 2008; Hague 2009). Extreme examples of transphobic violence map onto

the theoretical framework of HBV with ‘honour’ killings resulting from the exposure of trans identity and embodiment. The following analysis moves away from the more extreme forms of HBV (‘honour’ killings) but takes elements of HBV to form a conceptual framework for the interrogation of trans people’s experiences of domestic abuse in familial contexts. Whilst Brandon and Hafez (2008: 1) argue that aspects of HBV form ‘part of a self-sustaining social system built on ideas of honour and cultural, ethnic and religious superiority’, I argue for an extension of current understandings of HBV by proposing a conception of (what I term) *transphobic ‘honour’-based abuse (transphobic H-BA)* which is enacted as domestic abuse within and across family relationships. Transphobic H-BA results from ideas of so-called ‘honour’ as it intersects with social stigma and heteronormativity. In this way, the phenomenon of Transphobic H-BA is firmly tied to cultural beliefs about gender dimorphism as natural and immutable.

7.3.1 Transphobic H-BA, shame and social stigma

The family is an ideological mechanism and one that is firmly rooted to a hierarchicised framework of hegemonic and binary gender. In most cultures man/masculinity is superior to woman/femininity within the fixed gender binary. In addition, Brandon and Hafez (2008) suggest that in gendered ‘honour’-based cultures the social status of the family as a whole takes precedence over a woman’s individual well-being. Mirroring this, Sarah noted how the honour of traditionally gendered families is upheld by the assertion of their normative status over and above the well-being of the trans family member as she had found that ‘there is a lot of emotional abuse around ‘I don’t want other people to know’’.

Fiona agreed and said ‘I think a lot of domestic abuse and even violence that trans people have gone through has come from the immediate family’ and Molly concluded that ‘family abuse is far more prevalent’. Rachel’s (21, genderqueer) experience of family practices (Morgan 1996, 2011) served as a constant reminder of the shame and difficulties that she brought to her family. She said:

[My step-mother] is particularly prone to passive-aggressive insults, especially about my apparent failure to be normal. Mum’s version of this is to tell me how much harder life is when I’m around.

Julie's description of family life echoed these attitudes as she found herself on the fringe of family life and castigated by her children. Julie explained:

It was terrible at home. It got worse and worse, [Liz] got worse and worse... My daughter [Anna]... I remember one day I found a letter on my desk in the house and I opened it and it said 'why don't you fuck off'...my daughter – it's painful (recalling the memory). She was re-enacting [Liz] I think, but it was clear that I had to go.

This incident took place around the same time as Julie was scheduled to have gender reassignment surgery. As Julie's transition progressed, her daily presentation became more explicitly feminine; Liz and their children become less tolerant of Julie and interpreted her very presence as socially stigmatising for the family as a whole (Goffman 1979 [1963]). In an act which could be construed as one to maintain their family's honour and status, Julie concluded 'they threw me out, to be honest'. Following the end of her marriage, Julie maintained regular contact with Liz for many years before this dwindled. Julie attempted to maintain some form of contact with her children (sending letters, cards and acknowledging birthdays and other special events) but she has been estranged from all her children since she fully transitioned in 1999. She has also been cast out by her extended family except for one member, a cousin who, as a gay man, shared an aspect of non-normative identity (although he has since died). Describing her brother's reaction to her trans identity, Julie said 'he found it embarrassing and very shameful'.

The response of families towards the social embarrassment or dishonour attracted by having a trans family member, was addressed by Marianna who indicated that her family wanted to mask the stigma of having a trans member in addition to having the shame of having a divided family. She said:

It's as if people don't want that split in the family and people still want to cover it up. I still get cards, a card will come and it will be addressed to Mr So-and-so [Jones] and that, still to this day, hurts me.

Discussing the children of trans parents, Sarah (65, heterosexual woman with a transsexual history) surmised that 'sometimes the children, particularly sons,

struggle with the concept that their dad is now a woman. I think part of that is ‘is this also going to affect me? Is it hereditary?’”. Sarah works as a public servant and as a volunteer counsellor for gender variant people. Drawing from many years of supporting trans people, she added: ‘there’s trans people who are excluded from seeing their own children unless they dress in male role’. The pressure exerted by family members on trans people to conform to birth assigned male and female roles through the adoption of traditional gender markers ensures the normative status of the family of origin. It serves as a mechanism through which to resist the shame and dishonour potentially attracted by having a trans family member. Indeed, when Sarah worked with a family from the Mormon religion, the trans family member was told: ‘I don’t want other people to know and OK if you do it, do it in private but don’t do it in public, or don’t do it in public and cause me to be ridiculed’.

Situating his narrative within the context of his blended White American/Indian family of origin, Ally (24, trans male) admitted that:

Lots of emotional abuse seeped out when I came out to my parents as trans. This was 2 years ago November. My dad, of course, made it sound like I would be a shame to all of my Indian family, and all of his friends. My mom told me she knew I was "gender confused" but thought I would grow out of it, and suggested that I go for “restorative” therapy. And I will never forgive her for that.

The crude and outmoded attempts of Ally’s mother to ‘repair’ the problem of her (then) daughter’s trans status symbolises an attempt to fix the social status of their family within the normative gender binary. In an act of transphobic H-BA, denying Ally’s trans identity thus negated the potentially stigmatising impact of having a trans son which Ally felt was seen to be socially discrediting within his immediate family and within his family’s Indian community (Goffman 1979 [1963]).

Sarah described working to support a trans woman whose life was tied to her family of origin in various ways:

A former client of mine...was involved in a family business and the business was run out of the family home. They lived next door in a separate house with outbuildings. The family did not want the trans person to transition at all. Even if they put nail varnish on their fingers they'd be escorted off the premises and told to clean it off and that sort of thing. Erm. Now the client didn't want to cause a total rift with the family because she had two nieces that she really loved and felt that she would lose contact with them if she did. The car that she had use of was owned by her mother and father and they said that she couldn't use it to go to a trans meeting, erm, they tried to get her to agree to not dress in female clothes within 5 miles of the home or whatever the distance was, they lived in a small village.

The personal narrative of Sarah's client highlights the workings of family ties, financial and material dependency and the operation of heteronormativity and stigma. She was given a particular (and non-negotiable) set of boundaries that controlled her gender expression and concurrently secured the normative status of the family within their village environment. The normative status of the family was a concern of Marianna's niece who, Marianna felt, had employed scaremongering tactics throughout the extended family:

She was saying things like 'I'm really worried about grandma and granddad because they'll get their windows put through and their house firebombed because so-and-so's transsexual'.

Marianna then asked 'is this really how everybody feels or have I just got some really stupid people in my family?' In an attempt to gain a deeper understanding of some of these issues (fear, stigma, stereotyping), it is important to acknowledge the interconnection between micro- and meso-sociological systems (family, community) and the workings of culture, social values and stigma at a macro-sociological level which are situated within a dimorphic gendered system. Using a poststructural lens, Foucault's (1979) concept of biopower helps to deconstruct this interconnection to understand hegemonic gender and heteronormativity operating at a micro-sociological level to regulate and control individuals through fear of being considered to be outside of the (hetero)normative; clearly trans bodies disrupt and displace the workings of biopower.

7.3.2 Transphobic H-BA, identity and heteronormativity

Trans people transcend or transgress heteronormative ideals of gendered life through their trans gender expression and embodiment. Enacting ones' gender identity, when it does not map onto normative identity, can result in identity abuse, the focus of which, often, is exploitation and isolation. For example, perpetrators can control access to social networks and normalise abuse in trans people's relationships. Conversely, the refusal to accept an identity as non-normative, or Other, and therefore deny the right to identify in their psychological gender, was demonstrated by Molly's account of working with a young trans person:

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

Transphobic H-BA is operationalised here in two ways. First, the gender binary is firmly asserted through the denial of Suki's trans identity and embodiment and through the assertion of assigned birth gender as immutable. Second, psychological abuse is effected by the threat of physical harm and laying down of rules that ultimately fix and control Suki's gender identity, embodiment and expression. The actions of Suki's father, as interpreted by Molly, clearly implicate key concepts of 'honour'-based ideology by connecting with the justification for actions which are carried out in the name of protecting the 'honour' of the family. In this case, Suki's disclosure threatened her father's masculine identity and the family's gender normative configuration. The subsequent actions of Suki's father were underpinned by heteronormative assumptions which are firmly rooted in the hegemonic ideology that male/female gender identity, roles and embodiment are natural and fixed.

The act of denying trans embodiment becomes an act of ‘undoing’ (trans) gender identity, but more importantly by withholding recognition, this recognition becomes a site of power by which the individual is differentially produced (Butler 2004). Thus, the act of denying trans identity denies that person any existence in their trans identity. Not only is Suki denied the capacity for agency and self-determination but she is actually denied rights to recognition and existence as a gendered person unless she enacts the gender that she was ascribed at birth and which is deemed to be congruent with her sexed body.

To the extent that gender, as well as sex and sexuality, are implicated in social norms, it is evident that these divisions are bound up with the question of power and with the problem of who qualifies as recognisably human and who does not (Butler 2004). Thus, the stakes are high as the consequences for individuals who identify as trans risk being identified as Other in a practice which effectively does not recognise the Other as a liveable life. Fiona demonstrated how her extended family refused to recognise her as Fiona by reinforcing their point of recognition and acceptance of her in her former male role as Steve. Fiona explained that ‘they buy predominantly male oriented birthday cards and Christmas cards with pint pots and footballers on and that’.

Unsurprisingly there is a high risk and prevalence of emotional and psychological harm amongst people who identify outside of normative gender and whose very existence is denied. The burden of a having a life unrecognised may be reflexively construed as one that is undeserving of life. Many of the collected narratives incorporated stories of poor self-image, risky behaviours (alcoholism, sex with strangers/sex work), depressive illnesses and, at the extreme end, suicidal ideation. Fiona represented the view that the enforcement of heteronormative gender and sexuality through ‘abuse and violence comes from within families [and] stops a lot from transitioning [and has] caused some suicides’.

Ally (24, trans male) experienced depression as an adolescent and by the age of 17 years old, he was diagnosed with Gender Identity Disorder by a therapist who was helping him to address his depressive illness. During this same period, Ally had been identifying as a lesbian. Ally depicted an act of psychological abuse and

neglect enacted by his father as he explained ‘my dad pulled me out of therapy as punishment for being gay’. The concepts of transphobia and homophobia undergirded Ally’s parents’ responses and fuelled their attempts to stultify Ally’s emerging identity. Similarly, Rachel’s (21, genderqueer) parents perpetrated explicit acts in their attempts to deny her the opportunity to express her non-normative identity. She described how a family holiday was originally booked without including her:

So I am going to France now... [but] I’m convinced dad didn't want me to go, which may or may not be true, but it's a very strong reflection of the impression he gives. He didn't book hold luggage even though he knows I need a range of clothes so that I can make sure I'm both comfortable myself and not generating tension.

In combination with her trans identity, Rachel has been diagnosed as having an autistic spectrum disorder which means that her health and well-being are tied to specific and interwoven aspects of identity and character. Thus, if Rachel is not able to express her gender as she needs to, her mental and emotional health becomes destabilised; this expression relies on Rachel’s access to the appropriate gendered clothing and other signifiers. Rachel described a range of behaviours across her immediate family which limited her gender expression, excluded her from family life and caused her emotional distress. Max’s (25, genderqueer/femme male) experience of familial abuse was also explicitly connected to his gender identity. Within Max’s narrative he shared an earlier, and very difficult, period of his life:

My mother’s partner at the time had a lot of power over me, and used this power to pressure me to wear dresses and make-up, which I hadn’t done previously. He also forced me to perform a female sexual role in my relationship with him, when I was aged thirteen to fourteen. This was probably the point in my life where I’ve felt most confused about my gender and sexuality, because I was being coerced into a female, heterosexual sexual role by my then father figure.

It is evident from Max’s complete narrative that his former step-father was a sex offender (he also perpetrated acts of sexual assault against Max’s younger sister). However, Max’s experience of sexual abuse was very much tied to his non-conforming gender identity and additional to the sexualised acts, Max was

coerced into performing a female role and adopting female signifiers. There were consequences for Max if he transgressed his forced femininity:

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

Similarly, Jenny (64, transsexual woman) described how her 'maleness was constantly in question' by her father:

On occasion I found myself with a bloody lip and tears in my eyes for trying on an article of clothing that was "not in keeping" [with her birth ascribed male identity]. In time I became rather skilful at the art of secreting things away. I was very frightened and confused and considered ending my life. I became convinced that I was something "in need of repair".

In a succinct statement, Sarah concluded that the acts of enforcing birth gender equate to 'saying to somebody 'you can't be who you are. You've got to pretend to be someone else''. The collected narratives highlight how the impact of coercing a trans person to adopt a heteronormative identity with the premise of maintaining a family's social status and normative collective identity are underpinned by transphobic ideology as trans identity is invalidated and rendered unrecognisable, unworthy and socially stigmatising (Goffman 1979 [1963]; Butler 2004).

7.3.3 Denial, rejection and transphobic H-BA

Stories of denial and rejection by families or family members were common across the narratives. For example, Fiona stated 'I've a brother who doesn't acknowledge me' and Rachel spoke of her brother: 'I am made to feel by him like a problem and he pushes me away and out of the family dynamic'. Rejection often took place within the context of transphobic 'honour'-based abuse which was undergirded by the heteronormative notions of family configuration and gender roles. Rachel discussed her father's denial of her trans identity as she said 'he

thinks my gender is an act'. This denial, Rachel felt, represented a strategy of 'emotional neglect' (Browne and Herbert 1997) as she expanded:

He uses emotional blackmail to manipulate me into never telling him anything he doesn't want to hear, never putting my needs first in the relationship and generally treating him as if I was a therapist playing the role of "son" for some emotional-releasing exercise.

Not all narratives of family dysfunction were abusive or overtly transphobic. Sometimes the behaviour of family members resulted from a lack of understanding and limited exposure to trans practices. Jane (54, pre-operative transsexual woman) described how her mother-in-law could not conceive of Jane's trans identity or her migration from male to female gender. She rejected Jane's trans identity through acts of denial and her interaction with Jane was fixed to Jane's former male role:

She's seen me in my full silver service uniform of skirt, buttoned female waistcoat, bright red nails to die for. I've got a name badge that says [Jane] which I don't hide. I sit closer than we're sat here and she still calls me [John].

Yet, Jane had neglected to help her elderly mother-in-law to fully understand her trans identity and her need to transition, instead Jane relied on her adopted feminine practices and female gender signifiers ('bright red nails to die for') to be read as a feminine identity.

In some cases the process of denial and/or rejection was triggered by the participant's disclosure or outing as trans. Molly's father refused to speak to her for thirteen years following her disclosure (they only spoke once again in the hours before his death). Describing his father's response to his disclosure, Ally said:

He's not an alcoholic by any means, but that night he got so drunk he could barely talk. He said I would always be his daughter and he would always love me... [He] wouldn't speak to me for a month. And then after that, it was something we were supposed to never talk about again, and I was supposed to prove that I was a worthwhile female human being.

The refusal to accept Ally's male identity resulted in a rift that led to Ally being estranged from parents for the past two and a half years. Ally admitted that 'I have given up hoping they'll 'come around''.

The act of rejection was often instigated or perpetrated by siblings. Tess explained that the onset of her transition represents the catalyst for her sister's rejection. Referring to her negative responses following her outing as trans, Tess said:

I've had less than ten negative responses. Two of whom were my brother-in-law and my sister... I've not seen them for several years now... I had direct contact before I started transitioning, as soon as I started they basically said 'get lost'... [We're] a small family... it would be nice to be in touch but there again I've got so many friends, it's untrue.

Tess framed her ability to cope with her sister's rejection as one that was offset by her choice to position her well-developed network of friends 'as family', or as her 'family of choice' (Weston 1991; Pahl 2000; Weeks et al. 2001). Fiona managed her brother's rejection and the subsequent exclusion from significant family events, such as her aunt and godmother's funeral, by describing the very close relationships that she enjoys with her own children and through her re-configured relationship with her ex-wife as *critical associations* (Davies and Heaphy 2011).

One of Marianna's brothers accepted her female identity and one did not as Marianna explained that since disclosing her trans identity 'my middle brother and his wife had nothing to do with me from then'. All five nieces, bar one, have rejected Marianna as she described:

I only have contact with my youngest niece erm we send birthday and Christmas cards. We have a chat on Facebook. She's been round to the flat a couple of times... In the December 2008 one of my nieces texted me and said 'I'll never forgive you for what you've put grandma and granddad through'. That really hurt me. I was really shook up about it... You feel like saying 'you silly little girl. If you only knew. If you only had half the things to deal with in life that I'm going through you wouldn't cope'.

Alluding to a difference in generational terms, Marianna struggled to come to terms with her nieces' rejection as she had anticipated that they would have greater awareness, empathy and, ultimately, acceptance ('you would think my nieces would have less issues'). However, the narratives suggested that inter- and intra-generational contexts held little sway over whether a trans family member was accepted or rejected. Rather, of greater sociological significance, is the interplay and risks presented by the volatility of familial relationships at the onset or during the process of transitioning. Polly demonstrated this interplay when depicting her relationship with her mother as Polly noted how initially her female identity was accepted by her mother, but then rejected once Polly begun the process of transition to live permanently in female role.

Whilst rejection narratives were common, it also became apparent that some participants had tendencies for self-exclusion and allowed familial relationships to drift. Ann (56, post-operative transsexual woman) described estranged relationships with her parents and siblings as Ann had denied herself a position within her family for fear of rejection by her family in a way that was similar to the hate crimes that she had experienced from members of the public in the community that she once lived. Over the years she had become self-reliant and autonomous. This is demonstrated in the extract below:

- Ann: That's one of the reason I wanted to move back to [...] because I wanted to get in touch to see if my dad was still alive. It's where my sisters are living. They've had children. All grown up, probably got married and had children.
- I: Did you find your dad?
- Ann: No, I've been too busy coming here (town of residence).
- I: Your life in (town of residence) is obviously very important.
- Ann: I don't want to have to go back to [...] and be isolated again. Shut myself away.

Ann describes a bind as she wishes to re-establish relationships with her family but does not wish to return to the community where she experienced harassment and hate crime and which had led to her withdraw from family and community life. Sarah described a complex web of relationships in the life of one of her clients:

Her father is dying and her sisters and brother in the UK are being difficult with her over who she is and she is saying that she didn't think she'd go to the funeral. Erm I kind of challenged her on that [saying] 'you'd regret that later'.... [It was because] the father has been turned against her. Now, I kind of suggested that was the father going along with the other siblings but that wasn't the real attitude of the father.

It is the workings of heteronormativity here that overrides family ties and relational aspects to exclude Sarah's client, Jo, as a valid member of the family system. Sarah suggested that Jo did not know whether her father had superficially colluded with her siblings or if he had genuinely rejected Jo because of her trans status. As such it was the actions of rejection by her siblings, which can be classed as acts of transphobic 'honour'-based abuse, which could have led to the permanent estrangement of Jo and her father. The complexity of relational dynamics was indicated through other narratives which demonstrated that participants were rejected or denied a place within the family by one family member who then expected other family members to collude and concur yet they admitted to the trans family member that this wasn't their intention or feeling.

7.4 Chapter summary

This chapter has presented a narrative analysis of trans people's experiences of domestic abuse exploring the relationship-specific manifestations within intimate and familial contexts. Using current understandings of domestic abuse, within feminist and heteronormative discourses, has proved to be of value by providing a skeleton of typologies against which to map trans people's experiences. This typology includes the categories of physical, emotional, psychological, sexual and financial abuse along with the recognition of 'honour'-based ideology as another strand under the umbrella of 'domestic abuse' (Women's Aid 2007; Home Office 2012c).

Many of the participants represented the view that relationships for trans people who are about to or who are in the process of transitioning are inevitably risky and problematic and even that relationships *per se* for trans people are fraught with tensions as Molly noted:

The problem is how we learn relationships. This is one of the problems I have with the whole heterosexual / gay thing. How do gay people learn their relationships? Gay people often learn their relationships the hard way. They don't start young. Heterosexuals start young. All the media, all the press, all the family around them is heterosexual. How do you learn to have a gay relationship?...There's also the problem if you're brought up as, say, a guy and you learn to have relationships as a guy and you then come to terms with yourself and you find a pathway... you then have to learn how to have a relationship with someone as yourself. I'm 4 ½ years post-operative and I will hold my hands up clean and clear - I still don't get it. I still don't know how.

In relation to intimate partner abuse, the voices of the participants illustrated how it is unusual for any one type of domestic abuse (emotional, psychological, physical, sexual or financial) to exist in isolation. In addition, it is evident here that physical abuse is not the presiding form of domestic abuse as within trans people's partnerships, transphobic emotional abuse is commonplace within abusive relationships. Moreover, it is more the case that the various typologies of abuse (emotional, physical, sexual, financial) occur in combination to form a pattern or strategy of coercive control and in this sense, feminist claims that power and control are the defining features of domestic abuse are upheld (Pence and Paymar 1993; Women's Aid 2007; Stark 2013).

Trans-identified participants who worked in paid or voluntary capacities to support trans clients pointed to the prevalence of familial domestic abuse as Molly noted 'I'd say family abuse is far more prevalent'. Fiona and Sarah agreed. An analysis of domestic abuse in familial contexts exposed findings of sociological significance which have led to my proposition that (what I term) *transphobic 'honour'-based abuse (transphobic H-BA)* is commonly enacted as domestic abuse within and across family relationships. Transphobic H-BA results from ideas of honour, social stigma and heteronormativity which are firmly tied to cultural beliefs about binary gender as natural and fixed. As such, transphobic HB-A is underpinned and sustained by the prevailing dominance of the gender binary, associated gender norms and heteronormative ideology. Within this framing, trans people destabilise and (potentially) subvert traditional family structures and thus trigger 'honour'-based ideology in response to their socially stigmatising presence (Goffman 1979 [1963]). This has resulted in the exclusion

of participants' in family life and the denial of trans identity in acts which refuse to accept the participants' gender as anything other than that which was ascribed at birth.

To conclude, using a feminist and queer sociological lens to expose trans people's voices and subjectivities, what is shown, within this discussion, is that the *public story* of domestic abuse has a delimiting effect on mainstream understandings of intimate and familial abuse and there is a clear need to explore and understand domestic abuse within marginal communities (Donovan and Hester 2010; Roch et al. 2010; Brown 2011; Donovan 2012; Hester et al. 2012). Molly felt that the limited understanding of trans subjectivity and social life, in general, stemmed from the macro- and micro-sociological presence of 'binary fascism'. A move away from 'binary fascism' to recognise, validate and include identities along a gender continuum would help to open up social discourses in general and discourses of domestic abuse in particular. In this way, trans people's experiences of domestic abuse would be acknowledged as a version of gender-based violence that is worthy of further investigation in relation to policy and practice.

Chapter Eight

Social inclusion, support networks and professional practice with trans people who experience domestic abuse

8.1 Introduction

In chapter six, the narratives of participants emphasised the primary importance of gender and identity in trans people's lived experience and storytelling practices. However, linked to these narratives were undercurrents which illustrated the unmet needs of people in terms of their social environments and everyday lives. Whilst the primary topic of this research (domestic abuse) is concerned within the private realm of the home, it is helpful to have an understanding of the overall social vulnerability and marginalisation of trans people and every participant recounted at least one incidence of public hate crime. Public and private contexts often overlap and appeared to in narratives of discrimination and abuse. Thus, throughout the analyses presented in chapter six, seven and eight, there is some movement between the spheres of the private and the public.

An exploration of the social care needs of trans participants is enmeshed throughout chapters six and seven in relation to two distinct areas of personal life: gender identity and experiences of domestic abuse. Throughout the narratives, voices were exposed which alluded to an array of social problems (unemployment, substance misuse), public violence (hate crimes, harassment) and vulnerability (sexual risk-taking, mental ill health). The first section of this chapter explores one of the recurring themes running throughout the narratives: social isolation. This analysis is concerned with micro- and meso- levels of participation and social integration.

Smart (2007) helpfully employs the term *personal life* as a point of departure from traditional studies of relationality which tend to be located within the 'family frame' and she widens the focus of relationality to including friendship, kinship and associations that span public and private settings. Indeed within the

narratives, the voices that related to micro-, meso- and macro-sociological environments were often enmeshed and intersectional. For example, narratives of gender were often transgressive, but some, pertaining to intimacy and family configuration, were peppered with suggestions that hegemonic ideology about heterosexuality and monogamy was integrated within individual belief systems. How trans-identified participants meet their social needs through relational practices is explored within an analysis of friendships and the development of formal networks.

The second half of this chapter considers the potentiality of domestic abuse agencies to enhance the formal support networks of trans people who experience domestic abuse. In this return to the themes of domestic abuse and specialist service provision, the narratives of trans people and practitioners are used as a lens through which to explore issues of accessibility and ethical practice. Across the research data there was little evidence to suggest that trans people access social care or social work services when experiencing domestic abuse; a finding which aligns with current understandings and extant literature (Roch et al. 2010; Brown 2011; Hester et al. 2012). Therefore, this discussion explores the potentiality of trans-friendly services using the perspectives of trans participants and domestic abuse practitioners to consider the barriers to service provision and to suggest some recommendations for practice.

8.2 Social care needs and social inclusion

Social isolation had been experienced by most participants to varying degrees in terms of longevity. Whether rural or urban, location was an additional factor which impacted, albeit in different ways. Resident in a semi-rural town, for many years, Ann (56, post-operative transsexual woman) had led a solitary lifestyle with little meaningful social contact with anybody in her local community. Her solitude was self-imposed and represented a coping mechanism, an act of empowerment which enabled Ann to live in female role. This solitude also safeguarded Ann against the public acts of harassment and abuse that had previously been a regular feature of her life. Fiona (63, woman with a transsexual history) described this covert lifestyle as living in 'stealth'. Demonstrating a spatial dimension, in

addition to the geographically bounded nature of her experiences, Ann alluded to her new town of residence:

Recently when I moved off the estate to [...] I've built the confidence and started going out, and socialising, and thought to myself 'I'm not going to lock myself away. I've got nothing to be ashamed of'.

Ann had moved to a town which had thriving lesbian, gay, bisexual and trans (LGBT) communities and Ann interpreted this to be a community where she could blend in. It is worth noting here that the term 'LGBT community' is increasingly used in policy, practice and research, yet there is little explicit discussion or agreement of what this term means to lesbian, gay, bisexual and trans people (Formby 2012). In order to recognise the heterogeneity within and between the communities and to validate the distinctness of people in general, I use the plural form. Helen (54, director of a multi-agency partnership) recognised this need too: 'there's always that thing that people get lumped into LGBT as if there is a single community and we all have the same identity and want the same things and, of course, there's that much diversity within. So [I] tend to say LGBT people'.

Acceptance of her female identity was something that Ann had yearned for:

In 2010 I wanted to move to London because it's fast in London and people are too busy getting from A to B (to notice you). People accept you for who you are.

Despite living in a town that incorporated LGBT communities, Ann continued to experience public harassment and, as such, she was resigned to this constituting an element of her daily lived experience. Ann gave some recent examples:

[I] went out on Saturday and went into this take-away and there was this lad verbally abusing me going 'Oh my God. Is that a man or a woman? ... At the hotel these blokes were in from Wales and said 'do you stand up to go to the toilet?'

Conversely, Tess (49, post-operative transsexual woman), who, both pre- and post-transition, also lived in a semi-rural town, demonstrated resilience in her

efforts to maintain a physical presence in her local community. She described daily trips to the town centre. Tess has a neurological disease and decreasing mobility. Increasingly she is reliant upon carers to make the daily trip.

By the market there's a blue cabin. I used to stand outside eating my butty and having my coffee. Now I've got to sit having my cup of coffee and my butty, but it gets me out and gets people seeing me. The way I look at it is at least I'm getting out and about. If anybody at all is out there thinking 'I'm trans and I daren't do it'. If I can do it, looking like a bloke like I do, you can do it.

Without carers Tess risked being socially isolated and house-bound most days. The impact of these daily trips resulted in a higher level of integration within the local community. Tess described an act of resistance by refusing to relinquish her independence and by attending to her desire to be a visible presence in the community and in her need for social interaction. However, in Ann's narrative, she demonstrates the regulatory power of hegemony and the workings of heteronormativity and stigma through the prejudicial and discriminatory actions of others (Foucault 1979, 1989; Goffman 1979 [1963]). The significance of the comments made by others is not just a matter of semantics, but illustrates the tension between Goffman's (1979 [1963]: 12) differentiation of the *virtual* and *actual social identities*, as strangers felt justified in making discriminatory utterances to effectively position Ann as Other to male or female. In doing so, she was effectively pushed to the margins of society purely for her lack of normative identity as perceived by others. Dani (48, post-operative transsexual woman) experienced similar as she was forced to move locality to escape a sustained period of harassment and abuse; as Dani terms it, she was 'run out of town',

Echoing Ann's previous life experience, Sarah (65, heterosexual woman with a transsexual history) drew from her subject position and from her experience as a counsellor to explore the difficulties that some trans people face when they go through the transitioning period.

Having grown up being taught that this is disgusting, you inevitably grow up thinking that you're going to get rejected by everybody and so you don't try anything. You hold back all the time. Effectively become hermits. I've seen that happen an awful lot. And some, to be

fair, erm, wallow in it, now whether that is internalised transphobia, so they feel they deserve to be despised I don't know. I suspect there is some of that.

The concept of internalised transphobia was a recurring motif throughout the narratives and was experienced throughout the life-course by many participants. Discussing her adolescence, Roz (55, transsexual woman) described her lack of connection with her immediate social world as 'it was very much like most of the rest of my life ... me as an observer on everybody else's world; shy, disengaged'. Roz lacked the support of friendships or other critical associations (Davies and Heaphy 2011) throughout her adulthood and she described the period prior to coming out to her wife and family:

[It] was the worst. I was always hiding; never ever felt I could approach ANYBODY about what was going on. [My e]motional [state] was, in hindsight, awful: not being able to be able to tell anybody anything left me feeling isolated and my whole life experience has been conditioned by that... Everything was kept to myself with a continual sense of disgust.

When participants experienced abusive relationships within the context of intimacy or familial settings, internalised transphobia and the associated affects of disgust and shame served to inflate participants' sense of self as inadequate and worthless. These issues were outlined in chapters six and seven.

Aspects of social presentation, for some participants (mostly trans females as opposed to trans males), became problematic as narratives spoke of the critical interplay between the ability to *pass* and acceptance. In some cases this interplay led to a risk to personal safety (Aoki 2012). Ann illustrated the importance of gender presentation when recounting her experiences of public harassment and abuse and she exclaimed: 'that's another thing, [being] isolated, nobody has shown me when I was wearing clothes, I bought what I thought suited me'. Ann described how her gender expression was incongruent and based on a stereotypical and hackneyed version of femininity in terms of clothing whilst her mannerisms, poise and voice were distinctly masculine.

Other participants identified that their gender expression would need to adhere to certain norms if they were to be recognised and accepted as female and Dani described a period of ‘people watching’ in an attempt to adopt an accepted version of femininity. Polly (70, trans woman) explained how important hair was to many trans women as ‘I think it goes on 90% - your hair is so important. It’s that important to me this [pointing to her hair] is over a grand’s worth’. On one occasion Polly’s right to express her femininity was denied. She depicted an incident where she was attended to at home by healthcare workers. Polly explained:

[Blood was] pumping out of my leg. I got on the settee and the ambulance men came in and I wouldn’t go [to hospital] because I hadn’t got my wig on and he wouldn’t put it on for me. Said it wasn’t his job. Said he wasn’t allowed to. So after all that, he just wouldn’t put it on.

In this narrative, there is clearly no duty of care that goes beyond attending to the presenting clinical matter. However, there is a concerning lack of attention to Polly’s dignity and privacy by expecting her to present her gender in a partial way in a public setting. In fact, Polly’s presentation would have embodied a range of culturally ascribed conflicted meanings and messages which intimidated both male and female gender. Thus, Polly’s recognition and acceptance as a female was threatened by acts which effectively denied her recognition in her chosen gender. Furthermore, this story was temporally framed within Polly’s narrative of abuse, during a time when her gender presentation was the foci for abuse and harassment. Polly’s escape from this life resulted at a later date following a mundane visit to a hospital consultant in another part of the country:

No-one took any notice of me. No-one bothered. I went out and about. It’s a different world up here. No-one gives a monkey’s. So I rang the estate agents down in [...] and said ‘sell my house’.

Seizing back control in her life, which had become one that was characterised by social isolation and daily enactments of abuse, was an empowering exercise for Polly.

8.3 Informal support networks: friendships

A small body of contemporary literature explores the value and status of friendships in the lives of lesbian, gay and bisexual people (Weston 1991; Weeks et al. 2001; Smart 2007; Davies and Heaphy 2011). This has helped to expand knowledge on personal life and relationality which has traditionally centred on the primacy of the family and family ties within the heteronormative framework. However, most participants discussed the value of trans-specific networks and groups as opposed to friendships, albeit there was some intersecting of the two. Molly (50, post operative transsexual woman/genderqueer) echoed this when she stated: ‘because of marginalisation... you develop your own format of family and your own format of family tends to be the community’.

Reflecting on his informal network of friends and solidarities, Ally (24, trans male) wrote:

I was lucky to have some very supportive friends, teachers, and a wonderful first girlfriend. I think my abuse history led me to seek friends, lovers, and mentors from a very early age. I don't know what would have become of me without these people.

Similarly, Max (25, genderqueer/femme male) reported positive relationships but ones bound by reciprocity:

It's been very much give and take. I've had to learn to accept that my family and friends will generally only understand my experiences to a limited extent. They have had to learn to accept that in some ways, I am going through a period of change and self-discovery which at times creates unfamiliarity and distance between us... underneath I have strong relationships... we have been willing to put in the effort to understand each other's viewpoints and, at times, give each other space and time to adjust.

Other participants experienced isolation prior to coming out or during their transitioning period, but found new friendships and networks to participate in which were constituted by other trans or gender non-conforming people. Fiona demonstrated this:

I have friends now, got absolutely loads of friends. Even my ex has said ‘I think you were afraid for people to get to know the real you. You had acquaintances but not friends’.

Friendships can be critical to people in both positive and negative ways (Davies and Heaphy 2011). Tess used the loss of established friendships as a springboard to search out new relationships in the safety of a trans community. She described the reaction of a former friend to her ‘coming out’ as trans:

[An] ex-friend of mine said I’d lose all my friends when I transitioned... And yes, maybe I’d not got as many close relationships in town as I once had, but my life has moved on. Probably five years or so ago, when I first thought about transitioning, I used to be on Google on some forums and which said what was happening. I found it so handy.

Information about social clubs provided Tess with a lifeline as she developed a new network of friends. Describing a social group that she attends, Tess said:

More than anything it’s [about] friendship. It’s also emotional support. You’ve got people doing similar things to what I did and to see what other girls are going through. You’re stepping out of the normal trap. You’re coming off the tracks to a certain extent. People don’t like you coming off the tracks. This is Britain. ‘You should be a proper man’ (said with irony).

The interconnection between the network configuration of i) forums and ii) friendships was reinforced on many occasions as Holly (51, lesbian woman, counsellor) summarised:

Some people might have other trans friends or friends that they’ve known for a long time who accept them. That’s the emphasis on where people get their support, apart from these forums.

The existence of a virtual (online) trans community has been acknowledged as, on a micro-sociological basis, it enables people to connect with empathic others and it has assisted in the mobilisation of a political trans community (Whittle 1998; Formby 2012). Marianna (41, trans woman) noted:

The internet is such an important part of the transgender community. You can't get away from that and to be honest I'd say that when you talk about support and what people can offer, a lot of the time, and being able to talk to somebody you've not even met, but you're really good friends with online in these chat rooms... When you're going through things, a lot of people are going through the same. So I think you do get a sort of friendship there.

8.4 Formal support networks

The constitution of formal networks differed but included: social groups; self-help groups; virtual communities; voluntary sector agencies; sites of voluntary work and employment. Most participants spoke of participating in networks or groups that had social or self-help objectives. Through her professional counselling work, Holly (51, cisgender lesbian woman) had gained a breadth of knowledge about informal and formal routes to support:

I've heard of people going to 'Sparkle' (an annual social gathering). Have you heard of that? ... I've made people aware of trans groups in (city), specifically for trans people. I think there's one at the lesbian community centre. I think there are a couple of others. I've sort of said to people 'these are there if you're interested'.

Many of the participants had frequented social groups including Marianna, Tess, Jane, Polly, Ann, Molly, Julie and Dani. Tess enthused about her experiences:

[Trans Group] was useful because I've just got to know so many people. They go to [Trans Group] and then they go out for a meal. A wonderful way to get to know people. When I could drive myself up, especially, it was brilliant. I also go to [...] which is a transgender social club.

The younger participants (Rachel, Ally and Max) were less involved in trans groups which were primarily focused on social activities, but they were mobilised through both virtual and actual socio-political activities pertaining to LGBT specificity and which often focused on equality issues. Marianna summarised the benefit of social groups in terms of her self-validation and confidence:

I got in touch with a few people from [city] community groups and it sort of really made sense to me. This is where I'm going. This is what I'm about.

Marianna had inner resolve but Sarah (65, heterosexual woman with a transsexual history) identified self-confidence to be a common barrier to active participation in the trans community. She said:

I think a lot of people lack confidence. I was one of them. I know I come over as quite a confident person these days but when I first started transitioning I used to go down to the village all the time and I'd be the one sat in the corner, nursing a glass of coke, all evening and not talking to anybody. It was through chatlines and then meeting people and taking them down the village because they'd never been down there.

When narrating her 'coming out' story, Julie (62, trans woman) described how she drew support from a range of trans-specific therapeutic groups and LGBT voluntary sector agencies to explore and experiment with gender expression in a process which helped her to differentiate her sense of sense as transsexual and not transvestite. At the early stage in Julie's transition, she had joined a support group for transvestites where she met two transsexual women. Julie explained:

I had this kind of sense that I felt more like them than the others there... I suppose to all intents and purposes I identified as transvestite and other people will have seen me as transvestite but there was this little chink of light.

In this framing, Julie's participation was not limited to social or cathartic benefits, but Julie was empowered by the very presence of other transsexual women as this enabled her to make sense of her feelings around gender identity. Thus, Julie's participation in a support group facilitated a process of self-validation. Marianna describes a similar experience resulting from a visit to a shop specialising in trans and transvestite clothing, prosthetics and hormonal supplements. The specialist shop is unique and was closely linked in to the city-based trans community that Marianna had started to access. She described her experience:

[The shop has] given a lot of people a key start for makeover, so it got to the point where I thought 'well, I'm not in relationships now' and I

thought 'this is something that I want to explore' because some of it made sense from what I was reading ... they did a makeover, erm, not very good... erm but all I can say is that I was in a skirt and I looked in this full length mirror and... it was like someone switching a light on in a room. I knew that was me, the real me in the mirror. I'd looked at myself in the mirror as a man, but there was never that connection whereas all of a sudden everything was coming into place. It just knocked me for six.

Marianna learned how to modify and tailor her gender expression through trial and error:

It was an unbelievable experience to go out actually dressed... then I started to learn about what suited me. Not t-shirt and tracky bottoms and pink fluffy socks like I've got on today but actually dressing more feminine – heels, skirts, but not tacky.

At a later point in Julie's biography, she benefit from help to address this critical area of gender (expression and presentation), an aspect of transitioning that Ann felt had been neglected for her. Julie explained:

I joined a group in [city]: a trans humanistic counselling and trans psychotherapy, a bit new agey. It was a group of about twenty people and [Isabel]. They all took me under their wing. They were great. First they said 'right we're going to teach you how to be a woman and how to get dressed'. And they did. It was great. [A] huge support.

The value of being included as part of an actual or virtual community is that it can create a safe space for experimental behaviour, although caution is needed in both environments as Marianna notes:

I'd get to some of the chat rooms on the internet and I was being careful, as a social worker, and you know you could meet people who could attack you, or rape you.... It's a big mixed up bag of either idiots or predators. The thing that people need to be more aware of is that online there are people who are just there to be nasty... its meant to be a community, but there's people who are competitive and bitchy... So I was very careful. I went to [the city] and I stuck with the lasses in the groups. Then maybe go to a nightclub and if I didn't I'd go straight home, to my hotel. Very security conscious, I didn't want anything happening to me.

The virtual community has an important role to play in the lives of many trans people (Whittle 1998; Formby 2012). Clearly there are risks, but importantly, it offers a trans-friendly space which represents a platform which people may use to explore their gender identity and expression. These spaces create a community where friendships are made and through which people are supported to realise their potential and enact their psychological gender. In this sense, the *community* represents both 'place' and 'practice' (Weeks et al. 2001). Yet, the concept of community can be misleading as connotations of unity, commonality and egalitarianism are uncritically assumed. Hines (2007: 606) suggests that trans communities are 'disparate and shifting communities, which are cut through with power relations and often fractious political positionings'. Mostly, participants agreed.

On occasion, Jane (54, pre-operative transsexual woman) had frequented a social group. She said:

I'd go and see all these people and I was quite in awe of them. What I didn't realise until I went back a second time a couple of years ago, was that a lot of them didn't present at work female. They went male. It was a bit of an eye opener because I actually go shopping like this...The actual realisation that I actually lived full-time, they didn't. To me this was a bit of a let down and a poke in the eye for them because I was doing of what they were envious of.

Jane makes two distinct points. First, she assumed that the group was founded on principles of commonality and Jane draws attention to the presence of some of the concepts explored in previous chapters, specifically deception and secrecy. Second, Jane identifies the existence of another issue of sociological significance: power. Jane's realisation that she was enacting her desire to live as a woman on a permanent basis, when others were not, was an empowering experience. Jane inadvertently drew attention to a slippage between the goals of a supportive and inclusive group environment with some of the exigencies of group dynamics.

Other participants extended their support network by undertaking voluntary work. Ann explained:

The reason I enjoy working at the volunteer centre, even though I'm only volunteering, A) it's something I enjoy doing – using a computer and B) helping people. I've been there four years and they're very supportive.

As a woman with a transsexual history, Sarah (65) drew from her subjective position to provide counselling support to other trans people and their families. In addition, she worked extensively with trans and gender-based organisations as an advocate for trans people's rights. Commenting on geographical disparities and the value of the virtual world, she said:

It's easy in Manchester...Blackpool, London, where you've got a network of people but its far more difficult if you're in isolated areas. We think the internet has given everybody contact with everybody else. It has to some extent but I am totally amazed how many [trans people] I come across who've never heard of other support groups and what is around for them.

Molly (50, post operative transsexual woman/genderqueer) disputed the availability of formal networks in the locations proposed by Sarah despite there being established LGBT communities embed within each. Molly explained that her Northern based LGBT organisation served clients from all over the United Kingdom including London and cities in the South as networks and services were not always easily accessed by those who needed them and that where there were resources, these were often under-funded and overwhelmed by service demand. She added:

We also have virtual clients as far south as Southampton. It's down to specialist knowledge and [the fact that] services in London aren't always appropriate.

Fiona participated in a range of voluntary endeavours and across a range of feminist and LGBT networks. However, Fiona identified as a woman who happened to have a transsexual history and she made a critical distinction in relation to her activities:

I'm passionate about women's issues because that's what I am. I've had one or two nasty comments when I said I do LGBT and I say 'yeah but I'm gay'. I do issues on trans. I'm not just focussing on trans

but I do focus on women's issues. I performed at the DIY feminist festival. I've written about domestic abuse and mental issues – issues for women.

Tess was in receipt of social care via a voluntary sector agency and had nothing but praise for the women who provided her care: 'I'm just so glad that the girls from [...] come. They must have had equality training of some description. They're so caring.' Tess's carers provided personal care (necessary due to her restricted mobility) and social support by enabling Tess to have daily trips to the town centre. In this sense, they formed a crucial element of Tess's support network.

8.5 Professional practice with trans people who experience domestic abuse

This section starts by exploring some of the specific barriers to services which were identified by both trans participants and domestic abuse practitioners. The cohort of practitioners represented a range of services and disciplines including: refuge (supported accommodation); independent domestic abuse advocacy (IDVA); multi-agency settings; counselling and therapy; public health and universal health services. However, it must be borne in mind that each narrative represents a discursive production which is very much fixed, not only to that person's interpretation of their role and their setting, but to a certain point in time and space. Temporal and spatial contexts are particularly cogent as there is great diversity in service provision across geographical boundaries throughout the United Kingdom, across rural and urban settings, and any snapshot of provision is unstable and subject to changes in accord with fluctuating state policy and funding (Coy et al. 2009).

A discussion is advanced which explores the potentiality for services and considers trans people's narratives and desires for respect and equality. The importance of power and ethical practice are considered in relation to trans specificity in order to produce some recommendations for future practice.

8.5.1 Do trans people access domestic abuse services?

The introduction to this chapter suggests that, on the whole, trans people do not access domestic abuse specialist services (Women's Aid 2009a; Roch et al. 2010; Brown 2011; Hester et al. 2012). This claim is partially substantiated through the narratives of domestic abuse practitioners as none had directly worked with trans-identified service users within the context of their current agency setting. However, it was acknowledged that trans people may have accessed some services, such as community-based support, without knowledge of or recognition for their trans identity and practices.

Holly (51, lesbian woman), a former domestic abuse specialist with over twenty years of experience, had insight into trans people's experiences of domestic abuse but this was gained through her more recent work as a counsellor specialising in providing therapeutic support for LGBT people. Similarly, Joan (52, refuge manager) was aware that one of the members of staff at the refuge where she worked was simultaneously employed at a generic youth project which had been accessed by trans-identified young people. Helen (54, director of a multi-agency partnership) described how the local domestic abuse helpline had set up a dedicated session for LGBT people but this had been fleeting and subsequently closed due to the lack of demand and as 'staff were saying 'we feel able to respond to calls any time'' (Helen).

Reflecting on her former employment within a local authority hostel for the homeless, Beatty (38, IDVA) recalled a pre-operative transsexual woman who had presented as homeless and who had subsequently been housed in a men's hostel. Demonstrating insight, Beatty said:

We couldn't have a pre-op transsexual in the (women's hostel). However, before they could have the surgical part of their procedure they have to live as a woman for x amount of months, years, and unfortunately they would have to be placed in [a men's hostel] which causes a whole heap of issues. You know, just using the same bathroom as men, and it just was not appropriate. I mean, they did write a policy eventually about not placing pre-op transsexuals in a men's hostel. They would try to put them in separate accommodation

or a bed and breakfast which was seen as slightly better. I'm not sure that was better, you know. We need to address it specifically. If someone is living as a woman then they need to be respected as a woman.

Despite the apparent lack of engagement with domestic abuse services, Beatty's narrative suggests that trans people are visible in communities and attempting to access some social care or social work intervention. Georgia (44, IDVA) felt that the inaccessibility of appropriate refuge services, in particular, was 'not insurmountable' as 'we have a lot of women who we can't get into refuge for various reasons and we have to house in a different way anyway'.

Another IDVA, Gloria (45) had not encountered trans people in her twenty-year work history with domestic abuse agencies, but through her part-time employment in a role that supports street-based sex workers, Gloria had knowledge of a trans female sex worker. Gloria explained that this woman had experienced harassment from other sex workers when they discovered her trans status:

It become that bad where this woman kind of removed herself from that work on the streets, yeah the trans woman. She left [the city] and, er, we've never seen her again because the response from the other women on the streets were really that bad. She couldn't comfortably come out without harassment from the other working women. I believe, at that time, she didn't disclose to anybody and it were just some characteristics of her body that were questioned by other women and... She must have said 'yes I am' and then she got persecuted.

Gloria's narrative depicted the treatment received by a trans sex worker and the transphobic response enacted by other 'service users': not professionals or members of the public, but people who shared a common status, situation and presenting issues. It is the perceived potential for a transphobic response which Whittle et al. (2007) identify to be a fundamental barrier to accessing public services.

8.5.2 Barriers to access: trans people's narratives and experiences of social care

Medicine was the first discipline to incorporate a reference to trans identity into its discourses and practices. Although this was, and remains to lesser degrees, within a pathologising framework, the acknowledgement and incorporation of trans was progress as it represented recognition for identities and practices that were outside of the conservative taxonomies of gender, sex and sexuality. Despite the historical interplay between trans and medicine (and one could assume an increased understanding from a medical perspective), many of the collected narratives contained contemporary stories of poor clinical and healthcare practice. These were not only in relation to trans-related intervention but also in terms of their social care and emotional health, and with regards to the lack of attention to dignity, respect and privacy. When Julie (62, trans woman) was in the midst of transitioning she endured a serious road traffic accident on her way to work and she described her arrival at hospital:

I was dressed like a guy but I had breasts, so about fifteen nurses came to have a look. I was too ill to... they came to see this freak person in A and E being operated on and then the doctor came to see me to stitch my leg and he said 'I see you're trans'.

The relevance of this extract is that many of the participants articulated comparable experiences, in different and similar contextual settings, where they had been made to feel that they were an anathema, or that they were 'public property' available to be inspected or interrogated. Subsequently many shied away from engaging with public services as research suggests (Fish 2006; Whittle et al. 2007; Hines 2008; Mitchell and Howarth 2009). As a social work student, Max (25, genderqueer/femme male), demonstrated insight of social care provision which was based on both personal and professional experiences. He commented:

I would feel neither safe nor comfortable approaching a social care agency which deals with domestic abuse, if I were in need of support. I do not feel that the agencies providing this type of support are yet at a point where they are willing and committed to engaging with trans people and learning about what type of support we need.

Max highlighted, as problematic, the guidance that has been written for domestic abuse agencies (by a national agency which supports a network of domestic abuse providers) which is based on the minimum legal requirements for allowing trans people to access services. Max raised an important point as the guidance that he refers to categorises people as male or female and effectively operationalises a conception of trans people as Other (Wilkinson and Kitzinger 1996). 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 which rely on Othering practices and which centre on the ‘trans’ aspect of people’s biography.

The lack of appropriate and available social care provision impacted on Julie when her long-standing marriage broke down. She said:

When I was really up the wall on my accommodation, there was a lesbian woman at Shelter who was very good, but as a trans woman there was no refuge and she said ‘yeah you’re fleeing from domestic violence but there’s nowhere for you to go’.

Julie described her subsequent interaction with a housing provider: ‘the discrimination was horrific’. Julie was mocked by two male staff members and the housing option given to her was to move to a house located within an area of deprivation which had a reputation for criminal activity and social problems and where Julie felt she would be made extremely vulnerable. Fortunately, Julie had alternative means and was able to draw on her ‘family of friends’ (Pahl 2000). On reflection, Julie recognised that she benefitted from personal power and resources which other trans people may be lacking and the literature suggests that many trans people have limited material power (finances, property) and lower levels of agency (Munro 2005; Whittle et al. 2007; Whittle et al. 2008; Mitchell and Howarth 2009).

Personal experiences of poor practice had led to Max’s viewpoint as he explained how the sudden withdrawal of his counselling support occurred during his

transitioning period. Counselling support was helping Max to address issues pertaining to his experiences of childhood sexual abuse (discussed in chapter seven). However, the counselling was offered through a women-only service and as Max's physical appearance became more masculine (although Max presents a very feminised version of masculinity), the service was made unavailable to him. He wrote:

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.

Evidently any duty of care or duty to manage risk was overridden by the essentialist priorities for providing services to identities fixed to the binary categories of male and female. Various areas of social care and social work have recently been criticised for their prescriptive and bureaucratic structure and processes (for example, Munro 2011) and Max demonstrates how rigid service delivery can employ potentially harmful practices. Joy (47, project manager of a specialist housing project) had considered the potential dilemma resulting from a transitioning person:

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'?

Joy admitted that the general consensus at her place of work was 'we'll just wait until it actually happens'.

As a public servant employed in offender management and as a volunteer counsellor, Sarah (65, heterosexual woman with a transsexual history) is well placed to make professional judgements about social care and social work services and she represented a similar view to Max and asserted that '[they] don't understand identity needs'. 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.

The belief of inferiority led people to feel that they were undeserving of help and so not entitled to mainstream or specialist support. Max felt that the onus was on mainstream services to directly provide services, yet a misnomer was in operation which held that the social care needs of trans people could only be met by specialist LGBT services. He said:

[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.

In this extract, Max raises an important question for this research: should trans people experiencing domestic abuse be referred to specialist services that are intended for trans people? This question is explored below.

Rachel (21, genderqueer) raised concerns of a practical, as well as ethical, nature, and which were of particular relevance for people who do not conform to normative gender categories or as trans male or trans female:

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.

In the latter part of this extract, Rachel refers to the misunderstanding or assertion that trans is a lifestyle choice; a belief which could result in praxis that could be described as transphobic or which equates to trans misogyny/mysandry in an attempt to undermine the very existence of trans identity and practice (Serano 2007, 2012). Molly (50, post-operative transsexual woman/genderqueer) explores this further at a structural level as she states:

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.

Molly has accumulated many years of experience of working across the voluntary and statutory sectors to lay justifications to her claim. She described the lack of engagement with trans communities as 'binary fascism' which was bolstered by ignorance and an inflexibility to move away from binaried thinking. Molly said:

You say the word trans, or transgender, you ask a number of people what transgender means, you will get an individual definition from each of them. All of which is ... partially right. The common one is someone who wants or has had surgery. When actually [trans is] an umbrella term.

8.5.3 Barriers to access: domestic abuse practitioners' narratives

Conceding to Molly's claims, the majority of practitioners expressed an awareness of trans identity and practice although there were misunderstandings and unfamiliarity with trans-related terminology. Furthermore, accommodating the claims made by other trans participants in relation to their experiences of social care, ideas about gender were largely fixed to binary understandings of male and female and, sometimes, this understanding automatically centred on the

physical (sexed) body. Joan (52, refuge manager) demonstrated this when recalling an overheard conversation:

I was out of the room and, erm, we've got one worker, who in another role works with trans young people, and so she and another colleague were having a conversation and they said 'yes, but what if they've got their bits still?' The other one said 'come on, come on, times have moved on.' So, you know, a lot of them won't have had an op, you just have to get used to that idea and why should it cause any problems?

The 'problems' often stem from misunderstandings, assumptions and attitudes; not necessarily those of professionals as highlighted by Gloria (45, IDVA) above. Indeed, Max (25, genderqueer/femme male) stated 'many of us experience a lot of transphobia and harassment in our day to day lives and come to expect it from services'. However, Gloria's observation adds a further dimension – the attitudes and agency of other service users. Joan attempted to apply this concern to the refuge environment:

I imagine that they'd be anxious about who else is there. What kind of lifestyle people are leading. What questions might be asked of them. One of the first things is, the rest of the women might be talking about the men, I guess in some way it might be a bit equivalent to someone who's fleeing forced marriage as someone who's in a slightly different situation, erm, and sometimes they feel a little bit left out from conversations and stuff like that, and also people's prejudices and how that can be worked through or what scope there is for doing that can be quite a challenge for the staff.

The recurring theme of space, and how space was used by service users and managed by practitioners, was illustrated in Gloria's narrative.

Then there were the problems of was she (the trans sex worker) allowed on the van or not. Well, if she's transsexual, still a man, and it's only meant for the women, the van. So there were those questions. Then that's policy and practice.

In this framing, Gloria brought attention to an emerging dilemma triggered by trans embodiment when a women-only service is presented with a trans woman, who has masculinised bodily features. Gloria's mapping of the dilemma to 'policy and practice' suggested a 'safety net' for decision-making in a move away

from, what could be seen as a moral judgement, to one that was bound to the agency's formal standpoint articulated through a written procedure. This demonstrates the workings of Foucault's (1979, 1989) conception of discourse as a regulatory apparatus as Gloria's 'policy and practice' was bound up with hegemonic ideology about what is acceptable in the normative framework of gender. Trans embodiment did not map onto this framework, in this scenario, as it was deemed that it would not be appropriate for a masculinised sexed body to share physical space with cisgender women who were considered to be vulnerable.

Helen (54, director of a multi-agency forum) also distinguished between the considerations of professionals and the responses of service users using a risk perspective:

When it comes to accepting someone in to a refuge, erm, where part of the risk that they're managing in their own head is 'how is this person going to be received and responded to by the other residents' because the staff are just not going to be there at night. We don't have any 24 hour staffing in (town) in refuges. Not at weekends... It doesn't just apply just to trans women. It would apply to anybody who could be more vulnerable or could have high support needs, complex needs, mental health needs.

Helen located this problem as one specific to the refuge environment which requires service users to share living space and often encourages therapeutic 'self-help' interventions through, for example, the sharing of experience. Thus, community-based services (IDVA, outreach) which mostly work with individuals on a one-to-one basis were not affected in the same way or to the same degree. Widening the analysis further in relation to her work in the healthcare sector, Sonia (45, public health specialist and domestic abuse trainer) claimed that:

[We're] constantly having to get it on the agenda at meetings and you're at the bequest of managers who've got an interest in the subject because if you don't it really does just fall by the way side because there isn't any statutory reason why they have to [consider] it. Homicide reviews are the only thing that we have to latch on to a bit because obviously they'll be a statutory requirement. Really it's just down to people's personal interest in domestic abuse that it's there at all... And if you think about who the senior managers are its all men,

so it's not going to be on senior managers' agendas. It is very male dominated even though the workforce is made up of women.

A common theme within narratives was that practitioners found themselves in a bind, having to operate in a binary model of gender, but wanting to accept people with non conforming identity. A senior staff member in a specialist housing project, Joy (47, project manager) deliberated:

In a way, I think why is it our business? That's the way I feel about other people's sexuality and that kind of lifestyle choice. It's kind of not our business. So, we might not even know. For all we know we have had a client living as a woman who wasn't. Erm and it's not for us to be ... too prying, unless that's something they are saying they need support around.

Joy contrasts gender identity with sexuality in an analogy that does not work. Trans embodiment raises different concerns especially for services which are deemed 'women-only' and operate within shared living spaces. Joy goes on to differentiate between trans male and trans female service users; a discussion which returns to the issue of the sexed body. Joy admits that a trans male (so, ascribed a female identity at birth) would be entitled to enter the service if partially presenting as a female, unless this was into shared accommodation and he wished to present as a male. There was 'no good reason' why entry into supported accommodation (for example, a single person's flat with additional support services provided) would not be sanctioned. Thus the question of access relies on two interlocking issues: gender presentation and the sharing of space.

Pathways into service provision were evaluated with regard to both referrals from professionals and self-referral routes (which occurred mainly via the domestic abuse helpline). Sonia (45, public health specialist and domestic abuse trainer) candidly described one of the barriers to referrals from health professionals:

I still think that domestic abuse, in terms of the public health agenda, is very much the Cinderella issue... I was told 'oh there are just so many other competing priorities'. Domestic abuse is just not [a priority]... how can domestic abuse NOT be a public health priority but it definitely isn't. So it's in that climate that we're working.

Helen (54, director of a multi-agency forum) observed an obstacle to self-referral:

I would imagine there are additional barriers for trans people in picking the phone up and believing that they would get a positive response or an informed, sensitive response through a telephone call.

There are more fundamental constraints at play in this scenario as many of the trans participants highlighted. 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. Practitioners recognised that the question of whether someone was openly living as trans, or not, was a critical issue that needed to be considered. Joan noted that this could be an obstacle to entering refuge accommodation:

It's about the physicality. It's about the shared space. It's about whether they want to stay and it not to be known or recognised or whether they would want, you know, to be out for everybody.

Some of the trans participants represented a view that trans people lack a feeling of entitlement to domestic abuse services. Holly (51, lesbian woman, counsellor) echoed this view when describing how, in her previous role as a domestic abuse practitioner, she had attempted to understand why trans women did not use the provision offered. Holly explained:

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.

One of the names of the services represented within this study was gender-specific; it featured 'young women' in the title. This effectively conveyed the message of eligibility and, it follows, exclusivity. Moreover, nationally the

majority of domestic abuse services affiliated as Women's Aid organisations maintain the standard name format of 'X Women's Aid'. Hypothetically, trans people's visceral response would be to feel excluded and rejected, and hence, assume that they have no entitlement to the services offered.

A small number of practitioners acknowledged difference and intersectionality. Yet, this was a critical matter for trans participants. 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. Joy (47, project manager) highlighted other aspects of social division: culture and age. She said:

It might be women that are very young... some of the women we worked with were in their 40s and that actually was quite a difficult blend to have. Certain group activities where somebody potentially felt that this other group member is old enough to be my mum, actually potentially old enough to be my granny, I don't like it. I don't want to mix with those people who I find oppressive, for whatever reason. Equally (there) can be issues around cultural clash.

The embedded complexity and conflict within groups and intersectionality of ethnicity, class, sexuality, (dis)ability, age, ethnicity and so on, was not attended to by most practitioners. Drawing on my own employment experiences ranging across domestic abuse settings (refuge accommodation and community-based settings), I am acutely aware of the multiplex tensions that are found and connect with these social divisions and other social and cultural factors such as different parenting practices and gender/sexual stereotypes. Joy noted 'there's a lot of work to be done with people so that they can be in a group together'. My position

(gained through experience of working in a refuge setting) concurs with Joy. Some of the constraints and tensions are based on the need for other service users to accept difference and diversity. From a professional perspective, Joy stated ‘[we’d need] to make sure that [trans people are] getting equal access, that they feel comfortable and safe’.

8.5.4 Domestic abuse service provision: changing discourses and contemporary practice

Helen (54, director of a multi-agency forum) reflected on past and contemporary provision:

When most of the services were women (only) services, the barrier, I presume, would have been about whether or not the person was perceived to be a woman, a female, to access the service. So, the potential barrier is the question of whether or not the person responding to them perceived them to be a female and that barrier is not there anymore in relation to the helpline, the IDVA service, the outreach and floating support service. It only applies now to the women’s refuges because they are the only services that are for women specifically. The others are generic services and it’s not an issue whether someone is male or female. It’s not a barrier to accessing the service but...I think the refuge is a different issue and set of barriers.

However, this is not as straightforward as it seems and Gloria’s narrative demonstrates how a trans woman’s presence on the street, a site which also represented her work setting, was deemed unacceptable by other sex workers and she was denied access to the services that were specifically for female sex workers indirectly through the public harassment and exclusionary actions of other sex workers.

Some of the other services that Helen spoke of (IDVA, outreach, the helpline) had recently provided services to men, but not (knowingly) to trans people. The ‘women-only’ accreditation of refuge accommodation is a stipulation which carries legal protection under the Equality Act 2010. However, none of the practitioners were able to articulate the legal parameters of the Equality Act 2010 in relation to ‘protected characteristics’ and the provision for justifying women-

only services. In relation to protecting the justification for women-only services, the essence of the new legislation differs little from the original Sex Discrimination Act 1975 except in its use of different terminology. Clarity around the legal position seemed to be obscured by, not only the recent legislative changes, but by the mounting pressure on domestic abuse agencies to be gender neutral, or bi-gender inclusive; demands which had become embedded in discourses of good practice but with insufficient guidance. Amongst practitioners there was a general consensus in terms of the citizenship rights of trans people which included the rights of access to appropriate services and practitioners acknowledged that guidance for good practice was needed (chapter two discusses trans citizenship in greater depth). Referring to the hypothetical situation whereby a trans person requested the provision of a social care service, Helen said:

[I] don't know if this has been tested out in (city). It would depend on the service that they were approaching, erm, how sensitive the staff there are at dealing with them at that moment in time. It could be a lottery in terms of who you first come into contact with.

Helen alluded to the disparity, amongst the network of practitioners that she worked alongside, in terms of insight for service users whose identities and lifestyles were incongruous with the mainstream feminist model of domestic abuse (perpetrator = man, victim/survivor = woman). Furthermore, Sonia (45, public health specialist and domestic abuse trainer) stated 'I was reading that not all feminists are understanding of trans people and that they're seen as taking on a stereotypical gendered role that feminists might have issues with'.

Holly (51, lesbian, counsellor) offered a contrasting view in her comment on the feminist history and ideological foundation of the Women's Aid movement that she had been part of for many years. Holly felt that the domestic abuse arena had undergone significant shifts in terms of its feminist praxis. She felt that the movement's fervency and unification had waned as the original activism and praxis led to a movement which was then assimilated into a more mainstream framework of public services (Wykes and Welsh 2009). Reflecting on the 1980's to present day, Holly said:

It was political and a lot of lesbians were political. Some women were even lesbians because they were political... There was that real grass roots... and something about social injustice and minoritised women and I think you're right, I think [domestic abuse] did become more on the public agenda and on the government's agenda and it did get more of the attention that it needed. And I think the other thing is, that I find interesting, is that Women's Aid refuges became more like businesses because they had to satisfy the funders. So, we started talking about contracts and service level agreements whereas before we'd get a grant from another charity and the model became more business-like and now more women who worked in business were attracted to the job because it was less like some mad feminist lesbians who hated men.

The viewpoints of Helen and Holly create a tension. On one hand, Helen suggests that there is a resistance to move away from traditional perspectives on domestic abuse whereas Holly suggests a less unified movement which has broken free of its historical bindings and lost its strong political motive. My experience of working across the domestic abuse sector resonates with Holly's as I too found that the strong political underpinning of the grass roots agency that I became involved with in the early 1990s was absent from the agency that I left in 2007. Notwithstanding her earlier comments, Helen admitted that there was a changing environment which represented an opportunity to move away from the delimited work of domestic abuse charities to address gender-based abuse and violence in other dimensions. She explained:

The event that we're organising for this International Day is with [Jane Smith] from the states who does a lot of work around pornography and the sexualisation of children and links with child sexual abuse, on the 22nd November. If we weren't involved in it, probably none of the voluntary sector organisations would get involved. We'll stick our neck out and do stuff. If we think it's important. We're not funded to do it as such but it's part of what we're about.

Financing domestic abuse services has long since been problematic as funding has been short term, insufficient and bounded in terms of the range of interventions to be offered. Thus, Helen can be described as an innovator in her activist approach to addressing, not only domestic abuse, but closely related problems based on gender inequality and abuse.

Holly's discursive positioning of the domestic abuse movement as less radically political and less feminist, was augmented in Beatty's (38, IDVA) narrative when recounting her previous employment with a local authority. Beatty had worked alongside a male IDVA. She said:

[John] was the lead for the LGBT before he became an IDVA. We'd never had a male IDVA before and even here, this is not allowed...which I find pretty reprehensible to be honest. I really don't believe in this 'women for women only'. Its rubbish, because I think then you're marginalising, aren't you. You're making a problem that doesn't exist... [John] was a fantastic IDVA; a great role model for women who are coming out of an abusive situation. You know, this is a man who believes that you have the right to respect and the respect to live freely and safely in your own environment. He also was the lead for the forced marriage protection order pilot in [large city] and assisted twelve women and children to obtain forced marriage protection orders against their abusive family members. So, a man, a good man can do an IDVA job as well as a good woman.

The very notion of a male domestic abuse worker operating alongside female workers and providing services to women who have experienced domestic abuse is a radical departure from traditional, and the majority of, domestic abuse services (including Beatty's current employer). Beatty's narrative is significant as she bases her claims that a man can do the same job as a woman in an area of practice subject to many pressures (service demands, inadequate funding) and which focuses on domestic abuse as a gendered concern. Crucially, Beatty demonstrates the potential for a changing discourse and praxis for domestic abuse practice.

8.5.5 Practice with trans people who experience domestic abuse: power, person-centredness and critical perspectives

Empowering practitioners to support trans service users was widely agreed to be critical in the pursuit of inclusive practice. This was addressed through the provision of trans equality training by one practitioner, Helen. However, the benefit of this was temporally fixed and forgotten in the subsequent years as this new knowledge was never consolidated through practice. Joy (47, project manager) illustrated a person-centred approach which sought to question her

existing knowledge, understand a trans-identified service user's perspective and the specific risks that domestic abuse presented (Adams et al. 2002):

To some extent you're learning from your client as much as supporting them without that being their role, but you know, I kind of do think that service users know a lot more about their own experience. So, we do have a lot of respect for service user knowledge and expertise so I think that would be something where we'd just be open to 'right what kind of support do you feel and know you need' and then we would be having to find out and learn more and there are members of the team who I think have got external experience and knowledge by chance more... and we'd just hope that we'd be able to get our heads round it quickly.

Beatty (38, IDVA) agreed. Her role as an independent domestic violence advocate required her to identify, assess and manage risk in partnership with the service user. Beatty expressed her commitment to a user-led service: 'I'm very much a person that believes that the service should fit the user, not the user fit the service...if I was to work with someone who was transgender I would fit my service to them for what they need'.

Georgia (44, IDVA) framed the delineation of cisgender and trans subjectivity as a difference of culture. Sarah (65, woman with a transsexual history) reinforced the need for person-centred practice and used a previous work experience as a metaphor to explain the importance of focusing on an individual and moving away from unnecessary (and unhelpful) practices such as labelling.

I think part of the problem is that [practitioners] don't know what your needs are and sometimes they think you've got different needs. There was a new department head for IT appointed in probation. Erm, [it was] my first meeting with him and I said 'you've probably been told I'm transsexual'. He said 'I'm not sure how I should deal with that'. I said 'just treat me as another female. That's what I am'.

Additionally, Helen advocated for practice which was based on individual need and on a case-by-case basis. She said:

Generally the message we try to get over the people when we're inducting them is 'don't make assumptions'. Just because someone looks or dresses a certain way, we don't want that to lead you to

making assumptions about what their culture must be, or think ‘they must think this’ or ‘they must be experiencing that’. The important thing is to be doing good assessments and to find out from them, ask them, find out from them what they’re experiencing and what they want. So the same would apply to sexuality or gender.

Whilst Helen, Georgia, Sarah and Joy advocated for a more personalised and critical approach to social care practice, Molly (50, post operative transsexual woman/genderqueer) noted the bounded and ethnocentric paradigms held by the majority of social care and social work practitioners:

When you’re trying to present [information about trans identity and subjectivity] to a bunch of cisgendered, heterosexual, white, middle class professionals in a local authority, you try to introduce those concepts. They don’t get it all, but then again they don’t get what gender is. They confuse gender and sex. If they’re not going to get that, they’re not going to get trans.

There is a danger that practice can become too atomistic by neglecting the subjectivity of service users affected by the wider dominant socio-cultural-political contexts and Molly hinted at concerns at a meso- and macro- level in the context of hegemonic ideology, policy and practice. Hence, there is a need for reflexive practice which takes structural factors into consideration. Some of these are entwined with and represented through policy and legislation and shifting cultural paradigms (HM Government 2004, 2010, 2011; the F-Word 2013). An additional problem, at a micro-level, connects with the potential to overlook or misrecognise the risks faced by trans people who are experiencing domestic abuse. Hence, there is a need for reflexive practice which takes account of personal and structural barriers, threats, risks, opportunities and protections. On an individual level some of the risks and threats these can be both similar and different to cisgender people and include: safety; isolation and lack of support network; additional issues (mental health, substance misuse); low income. In recognition for ‘an extra burden’, Georgia considered individual and structural pressures when trans people experience domestic abuse as in addition to the ‘burden of DV... they feel an extra burden...whatever pressure is put on from outside, from people who aren’t accepting of other people’s differences’.

Participants presented a powerful case which suggests that the social care and social work profession should extend the current framework for anti-oppressive practice which is built on normative discourses. A reconfigured framework should include more fundamental concerns. A critical practice framework, incorporating anti-oppressive principles, which has wider boundaries and accommodates the intersections of non-normative identities, practices and social characteristics, would help to facilitate a more inclusive, ethical model for practice. Furthermore, in our changing world where trans and gender non-conformity is becoming increasingly visible, understanding trans people's lives is fundamental to effective practice (Mallon 2008, 2009). Throughout the narratives of domestic abuse practitioners, there was a strong sense that services were delivered on an ethical and empowering basis and that the potentiality to support trans service users existed but went untested. Helen said:

I'd like to think [staff are] equipped in the sense that they can be relied on to be sensitive to whatever needs are expressed by service users and are not judgemental or phased by things. [They] will work with whatever people are prepared to tell them [and that] they're not shocked by things, and not judgemental. I hope we could rely on that with the people that we've employed and trained and inducted into their roles.

8.5.6 The way forward

Chapters three and four present an account of domestic abuse as a sociological concept alongside an evaluation of current domestic abuse service provision, the notion of ethical practice and the potentiality for narrative and constructionist approaches to intervention with trans people (Parton and O'Byrne 2000; Milner 2001; Wilks 2005). Supporting the case for a person-centred, narrative model for practice, Tess (49, post-operative transsexual woman) made a critical point: 'remember that people are people. You don't know people's life stories until you get to know them'.

Language and discursive practice are at the root of narrative and constructionist approaches and the importance of language and terminology was emphasised within numerous narratives. The notion that the use of gendered terminology

represented an impediment to trans inclusion (and thus inclusive practice) was recognised by many participants. Marianna described some of the tension created by terminology:

I'd say that I was a woman and I am now a woman because I've got a legal recognition even though I don't need to disclose that. Erm but if I'm explaining my past which I do like to, I would say that I'd define myself as a transsexual woman whereas a lot of people in the same situation as me would say that they're a trans woman... A lot of people who use (the term) 'trans woman' are politically involved and like to keep the umbrella term. But you'll get a lot of people who are really angry and they'll say 'no, I'm just a woman'.

With regard to other discursive practices, in particular the use of gendered titles (Mr, Miss) and pronouns (s/he), trans participants reflected the need for careful thought on the part of practitioners. Fiona (63, woman with a transsexual history) advised:

Never assume. [Ask] how would you like to be addressed? If you're not sure of somebody's gender, just ask. Also with trans people – I did a video called 'Getting it right' for sexual health services – about getting it right. You never, even though you may want to, talk about what they're wearing. At the end of day don't make assumptions. Basic things but sometimes we forget.

This type of approach to social care or social work intervention centres the specificity of an individual and attends to some of the fundamental social work values of respect and dignity. Sarah (65, heterosexual woman with a transsexual history) demonstrated the importance of a person-centred approach and the importance of moving away from the compulsion to label people:

There are always conversations going on, on the internet, about labels. Should it be transsexual, should it be transgender, should it be transgendered, should it be trans man, trans woman? In-betweenies was one that was used for a little while. I put my label [Sarah]. Yes I'm female and yes I have a transsexual history but as far as most people are concerned it's no more relevant than the fact that I've dived with great white sharks [and] flown a jet.

Sarah's standpoint is congruent with Giddens's (1991) conception of the self as a 'reflexive project' as she strives to 'integrate events...and sort them into the

ongoing 'story' about the self" (1991: 54). The ontological importance of narrative, then, lies in the potential it offers practitioners to make sense of the world of others as experienced and interpreted by them. It is noted, however, that adopting a narrative approach is relatively straightforward but it is the dominant heteronormative model that provides the obstacles to fully inclusive domestic abuse provision. Molly (50, post operative transsexual woman/genderqueer) felt that a paradigm shift was needed as 'frontline cultures need to change'. This bottom-up approach was felt by Molly to be the most effective route to change as 'management is easy to change. They can be pragmatic and understand they have legal requirements. They get it'.

In a discussion of Max's (25, genderqueer/femme male) narrative above, he inadvertently raised an important concern for this research: should trans people experiencing domestic abuse be referred to specialist services that are intended for trans people? This was a question for many practitioners who discussed the possibility of referring on to specialist LGBT services and/or accessing specialist advice to enhance their own practice. Helen questioned this need as she stated 'what I'm less sure of is if there are additional needs that trans people would want us to be addressing'. Georgia (44, IDVA) felt strongly that additional, or specialist, services were unnecessary as she stated:

I have no problem working with anybody. I think the biggest challenge is getting those people to come to us. I've recently worked with a man. They are the exact same circumstances as working with a woman. He's been treated no differently by his perpetrator to my female clients who are being beaten by men. Absolutely no difference whatsoever, [the female perpetrator has] possibly not got as much (physical) power having said that... but she treats him exactly the same as a male perpetrator would treat a female.

Marianna made an important point about trans people who identify as transsexual or who migrate from one gender to another through a transitioning process (Ekins and King 2006):

A lot of people who are transsexual think a long time about going through transitioning, so for them they've often built up quite a good

network so they'll know about support groups and they'll know about certain services.

An inference can be drawn that suggests that trans people who experience domestic abuse would not require domestic abuse practitioners to address their gender identity needs but to focus on the presenting issue (domestic abuse). Marianna also articulated her belief in the centrality of the virtual community as a vital source of social and emotional support and one which should be better utilised in the provision of social care and social work intervention. Holly agreed and commented on the therapeutic value of commonality and sharing experiences:

I think it must cut the isolation somewhat, just to know there are other people out there feeling similar things... I was just going to say that about people coming here (for counselling). They can present as whoever they want to be. They don't have to use any particular name, don't have to be any particular way... and I also say to people if they want to come in different clothes, however they want to come, just do whatever feels right...what's important is the person.

Holly was offering the possibilities for anonymity and privacy in a similar way to that offered by the virtual world. With regard to the two issues of anonymity and privacy, none of the practitioners made reference to the protection offered by existing legislation, specifically the Gender Recognition Act 2004, which stipulates various conditions which map onto the potential responsibility of a social care worker. For example, a 'public official' (a social care worker) should not disclose details of the trans status of a service user to another unless specifically consented to by the trans person. Procedural and practical concerns were raised by participants. Addressing the need for written guidance for professionals working with trans service users whether specifically in relation to domestic abuse or in general terms, Dani said:

There needs to be some sort of guide or something along those lines; a sort of ethics and guidelines. I know money is tight in many sectors but its people's well-being and [professionals] need to be aware of the groups that are going on in their area (to refer or signpost to).

Fiona, Max and Polly along with all practitioners identified the need for specialist training which addressed trans terminology, specificity and legal guidance. Fiona also alluded to the issue of a growing older population:

[It] has to be in training, not after. I do work for Age UK, I sit on a couple of boards. I'm a representative of older LGBT people. So now you've got issues for older trans people in care homes... A resource I work with (is called) 'It's not just about sex'. You get care workers who say 'she can't be a lesbian, she's 81'. I say 'what's her age got to do with her being gay?' She's been a lesbian from the day she was born. She'll be a lesbian the day that she dies.

In this framing, Fiona not only advocates for written procedures but for an ideological shift and a more fluid attitude. Max stated: 'I think that service users who are trans need social care professionals and services to adopt this kind of flexibility and genuine person-centeredness. Too often trans people's needs are either ignored or the individual is passed on to another agency'.

Finally, how domestic abuse services engage in promotion and advertising activities was discussed by trans participants and practitioners. There was consensus about the need to adopt more enterprising approaches to encourage service users from marginalised communities. Indeed, in her research, which looked at the reasons why trans women did not use Women's Aid services, Holly had discovered that:

There is a real gap [in service provision] and for service providers they're not going to the right places and advertising their services to this particular hard-to-reach group. We did try, we looked at doing a campaign but again it was very much around LGBT and we did posters and cards but again even for us we were trying to do the right thing but we didn't really know... where to put this stuff.

Notwithstanding, targeting potential service user groups in promotional activities can be effective as suggested by Georgia:

We have a lot of Asian women who come to us who never would have before, erm, and who access our service and I've noticed a dramatic increase in that as well. And I think it's because we are making a bigger effort in our advertising campaigns and like now we've got a

helpline specifically time set aside for homosexual and transgender (people) and that obviously helps doesn't it because we're out there saying come to us. Whereas before I don't think there was anything like that.

Max suggested that 'one thing that would make a difference is if a domestic abuse agency actively promoted itself as trans positive'. Indeed, Molly claimed that this strategy had enabled a number of social care agencies in her locale to reach trans communities.

8.6 Chapter summary

An analysis of the social care needs of trans participants is enmeshed throughout chapters six, seven and eight. In this chapter, the narratives of trans participants have enabled focus to be placed on the concepts of social isolation and integration in relation to the value of informal and formal support networks (friends, associates, social groups, virtual communities and so on). In addition, the narratives of professionals have been put forward but critically interpreted in the light of trans people's views. Factors which impact upon social isolation were identified to include both external and internal transphobia with participants providing candid narratives that exposed self-administered feelings of disgust and inferiority in addition to exposure to the behaviour of others through public displays of harassment and abuse. The impact of positive relationships has helped many of the participants to shoulder and deflect some of the negative impact from transphobia. Friendship with other trans people and participation within trans networks act as mobilising devices to increase the number of meaningful relationships and *critical associations* enjoyed by participants as they depicted a shift from feelings of social isolation to one of integration (Davies and Heaphy 2011).

Despite the rhetoric of inclusivity none of the agencies had knowingly supported trans people. Practitioners illustrated their individual and their agency's commitment to improving accessibility and service provision in general, however narratives also demonstrated the embed inflexibility of social agencies to think outside of the gender binary as attempts at inclusivity remained firmly rooted in a

model of gender as fixed to male, female or Other (Wilkinson and Kitzinger 1996). Indeed, despite one practitioner referring to gender fluidity, most other practitioners narrated their understanding of trans identity and embodiment as a cultural process fixed to the binary categories of male and female. Max described this as resulting from ‘a wider hesitancy amongst social care professionals around dealing with the unknown’ and whilst the agencies included in my study were concerned with doing ‘the right thing’, it would seem that an ideological shift is needed.

Indeed, when considering the potential for working with trans service users many practitioners deliberated whether or not they would need to refer on or signpost to more specific support to an agency which deals with gender identity issues. Beatty brought a common-sense perspective to this question as she said: ‘I’m a DV specialist, so I can’t see why they would be asking me questions so specific around gender reassignment because I’m working with them around DV’. This is the argument that I wish to present: that domestic abuse practitioners hold the expertise to work with trans people who experience domestic abuse. Just as the domestic abuse arena has adapted to working with different cultural enactments of domestic abuse (for example, female genital mutilation (FGM) or ‘honour’-based killings), practitioners should have the confidence in their capacity as domestic abuse experts who can adapt to working with people who identify as trans female, trans male or gender non-conforming.

Chapter Nine

Conclusion

9.1 Introduction

This concluding chapter serves to draw together my main research findings as I re-visit the research questions that have guided this project. Attention to these questions is interwoven throughout the remaining discussion. These research questions are:

1. In what ways do trans people narrate their experiences of trans identity and practice in relation to intimate, familial and other social contexts?
2. How and why do trans people experience domestic abuse within the context of intimate and familial relationships?
3. What are the social care needs of trans people, who experience domestic abuse, and how are these met?
4. What barriers do trans people experience in accessing formal social care and how can services offer accessible and appropriate provision to trans people experiencing domestic abuse?

I begin with a summary of the main conclusions gleaned from the narratives of trans-identified participants within the context of personal, family and intimate life. Narratives were analysed using a voice-centred technique which proved effective in helping to locate and centre the main voices found across the narrative data. These voices were those which primarily related to trans identity.

I then summarise the main findings in relation to trans people's experiences of domestic abuse to propose a model for understanding abuse experiences which includes trans subjectivity and the workings of heteronormativity, stigma and 'honour'-based ideology (Goffman 1979 [1963]; Brandon and Hafez 2008; Gill 2011; Gillespie et al. 2011; Gill et al. 2012). I end with a discussion which

considers the challenges to and recommendations for professional practice with trans people who experience domestic abuse.

9.2 Trans identity and the negotiations of self, intimacy and family life

The narratives of trans participants spanned stages of the life-course with most starting in childhood and ending in present day. These narratives highlighted the complex interplay between trans phenomenon and the negotiations of everyday life. Indeed, each narrative represented a personal journey fixed to or shaped by trans identity. As noted in chapter six, I had anticipated that trans people's narratives of domestic abuse would predominate, yet it was the experience and practice of trans which monopolised the content of the collected narratives. The centring of trans and gender identity was critical to each participant's subjectivity and subject position, overshadowing any other aspect of identity, social division or life experience.

All trans-identified participants demonstrated agency and resistance in their exercise of power over the so-called *docile body*. In this sense, the data exposed flaws in Foucault's (1979, 1980, 1989) theses of discourse, power and knowledge as Foucault privileged the concepts of discipline and dominance over questions of agency and resistance. Trans participants had actively resisted and rejected the regulatory regimes of *biopower* (Foucault 1979: 140) and ultimately, trans practices served to contest the hegemonic discourse of binary gender. As such, participants were not gendered subjects as a product of hegemonic power, but socially constructed subjects and instrumental in their own discursive productions. In relation to their gender presentation, whether during the enactment of the gender with which they identified, or whilst performing the gender role ascribed at birth, participants effectively described their ability to achieve 'a situated accomplishment' in relation to gender binary expectations (Garfinkel 1967: 121).

Notwithstanding, the lives of participants had been restricted by and impacted upon through the strict regimes of heteronormativity and binary gender. In childhood and the early years of adulthood, many participants had experienced guilt and shame and their trans identity and practices had remained secret from their family and, sometimes, intimate partners. Participants had managed their

trans identity through veiled and temporary expressions of gender and, often, by complying with the norms and expectations attached to the gender ascribed to them at birth. Whether their trans identity remained hidden or was known, many participants described experiencing internalised transphobia and considered themselves to be the family pariah whose very existence brought shame and stigma. Goffman (1979 [1963]: 14) described this kind of presence, or status, as being socially ‘discreditable’.

In essence, trans participants negotiated their identity, familial and intimate relationships by employing two main strategies:

- *compliance* (in relation to conforming to heteronormativity and gendered expectations) and;
- *covertness* (in relation to trans practices).

Many of the collected narratives depicted these strategies as amounting to coping mechanisms but which had limited value over a longer term. Ultimately, the desire and drive to live in the gender that they identified with became too great for participants and they chose to transition or express themselves as they felt was ‘natural’ and ‘authentic’.

In their adulthood narratives, participants made rhetorical claims of gendered liberation and freedom from the confines of dichotomous gender. However, most of the participants identified within the gender binary; only three out of fifteen trans participants identified as genderqueer and two out of these three simultaneously identified as principally male or female. This suggests that whilst trans identity transgresses the gender binary, most people who identify as trans do so within the binary framework. An outcome of heteronormativity, this may also result from the effects of guilt and stigma which emerged through childhood reminiscences but which seemed to persist as participants attempted to conform to some norms of gender (Goffman 1979 [1963]). Serano (2007, 2012) would suggest that this identification stems from the workings of oppositional sexism (the belief that male and female gender categories are rigid and mutually exclusive). Notwithstanding, that participants had transgressed their birth ascribed gender to live in the gender of their choosing provided evidence, to some extent,

that individuals were self-determining agents, taking action which can be understood within the framework for trans citizenship (Monro 2003, 2005). A model for trans citizenship is explored in chapter two.

The period of transitioning (where embodiment becomes a cultural process in an indeterminate, shifting state) was characterised as one which brought personal, intimate and practical challenges. Individuals were required to manage a myriad of physical, emotional, psychological, social, and sometimes financial, changes. Marianna (41, trans woman) suggested that transitioning represented a period in time that was the most testing for trans people's partnerships and that transitioning people should not pursue intimate relationships. Indeed, no participant had successfully completed their gender transition whilst in an enduring partnership, and many had lost familial relationships. Highlighting the overwhelming heteronormative propensity of socialisation processes and discourses, and the lack of role modelling, Molly (50, post operative transsexual woman/genderqueer) did not feel that relationship challenges were limited to transitioning periods and noted that 'the problem is how [do trans people] *learn* relationships?'

In an article written for the Guardian, feminist trans woman, Jane Fae takes a different perspective in relation to transitioning as she suggests it is a 'process [that] never ends' rather than a discrete episode (2013: online). Fae (2013) makes an existential claim when she connects her transitioning with the sense that:

'I'm home!' Speaking it now I could weep at that simple truth, recognising, though I had never been there before, a place that in my heart I never left: womanhood. I am home to a place where people speak, share, support and engage emotionally in ways that feel as natural as breath. (Fae 2013: online)

In this framing, gender transitioning begins in parallel to a new period of socialisation where one learns and adapts to the norms and standards associated with their acquired gender. This is a process enhanced by the dominant culture as transitioning people are surrounded by hetero- and gender normative discourses, role models and symbolic messages that relate to man/woman and masculine/feminine. This clearly relies on one identifying within the traditional model of the gender binary.

Located within the context of personal life and within broader debates of citizenship, Serano (2007, 2012) presents a powerful treatise which evaluates cisgender privilege and the pathologisation of trans identity. In the contexts of intimacy and family life, participants provided examples of cisgender privilege through their experiences of family and intimate life, particularly when narrating their experiences of rejection and exclusion. In their discursive production, participants described being subject to Othering practices whilst the cisgender status of other family members was privileged and protected (Wilkinson and Kitzinger 1996). Thus, the data suggests that the very process of transitioning offers challenges to normative relational modes and for some participants this resulted in family exclusion or marital/relationship breakdown. Despite the potential for loss or exclusion, participants' narratives suggested that trans identity takes precedence in the practices and expression of participants as, ultimately, this enabled a life worth living (Butler 2004). The question became; how does one manage the process of being considered as Other and rejected on the grounds of gender?

A critical factor which supported the successful negotiations of self, family and intimates was that accorded to connectedness and to the role of *critical associations* (Davies and Heaphy 2011). Critical associations were represented by friendships and relationships with like-minded acquaintances mostly found through support and social groups within trans communities. Both support and social groups were viewed as avenues where emotional and social needs were met. Molly noted that many trans people had a tendency towards relationships based on the principle of homophily as 'negotiations are easier'. Moreover, a central theme which pertained to social care needs was the widespread experience of social isolation and the existence and availability of support groups neutralised this need to a certain degree. The issue of social isolation was also identified in a recent study by Turell et al. (2012) as a problem which was identified specifically by trans people.

9.3 Trans people's experiences of domestic abuse

Chapter seven presents an analysis of the participants' narratives of domestic abuse within familial and intimate contexts. Current understandings of domestic

abuse, which are found within feminist and heteronormative discourses, proved to be of value by providing a typology against which to map trans people's experiences. Indeed participants' experiences correlated with the forms of domestic abuse contained within the traditional typological frame. This typology incorporates the categories of physical, emotional, psychological, sexual and financial abuse along with the recognition of identity abuse and 'honour'-based ideology as other strands under the umbrella of 'domestic abuse' (Women's Aid 2007; Home Office 2012c, 2012e).

The participants' experiences are captured in the table below which I have adapted from Browne and Herbert (1997). By expanding this typological frame to include trans-specific examples I have provided a contemporary and gender-inclusive context.

Table 3: A typology of maltreatment incorporating a trans perspective

ABUSE

Physical abuse The infliction of physical pain and/or injury. For example, pushing, slapping, hitting, hair-pulling, biting, kicking, punching, use of objects, burning, stabbing, shooting, poisoning, physical restraint, female genital mutilation (FGM), killing, etc. Many of these can result in death. Pregnancy is often a high risk time or specific target for physical abuse.

Trans-specific: targeting areas of the body that victims/survivors feel uncomfortable or unhappy about, particularly as part of gender dysphoria; assaults on surgically or medically altered body parts; coercing someone to get medical intervention to change parts of the body.

Sexual abuse Sexual activity or contact without consent. For example, any exploitative or coercive sexual contact which includes fondling, intercourse, oral or anal sodomy, attacks on the sexual parts of the body, involuntary viewing of sexual imagery or activity and treating someone in a sexually derogatory manner, forced sex work/sexual exploitation/unprotected sex.

Trans-specific: assaults on surgically or medically altered body parts or during transitioning period; targeted abuse towards parts of the body that someone may

be ashamed of/detached from; criticism and derision around impaired sexual performance due to taking hormones or from surgical procedures.

Psychological (mental) abuse The infliction of mental anguish. For example, forced isolation, using fear of physical harm to self or others, imprisonment, involuntary witness to violent imagery or activity, intimidation, use of menace/blackmail/suicidal threats or harassment, destruction of pets or property, controlling and limiting access to family, friends, school or work; use of phone or online environments to cause distress or intimidation; controlling or limiting access to a phone or the internet.

Trans-specific: threats to out/outing; destruction of personal items/medication/clothes that are essential for transitioning/passing in the acquired gender.

Emotional abuse For example, regular criticism, humiliation, denigration, insults, name-calling and other attempts to undermine self-image and self-worth.

Trans-specific: verbal attacks targeted at part of the body that someone may be ashamed of/detached from; refusal to use someone's preferred names or the appropriate pronoun; criticisms of the trans body in comparison with an idealised version of a cisgender body; refusal of access to children whilst transitioning/post-transitioning.

Financial/material abuse Unlawful or financial exploitation and/or control of funds and other resources needed for economic and personal survival. Forcing a person to be materially dependent.

Trans-specific: withholding money for personal items (for example, clothes or make-up) or medical interventions (hormones, electrolysis or surgery) or destruction of medication/hormones/clothes.

NEGLECT

Wilful neglect Refusal or failure to fulfil a caretaking obligation, including a conscious and intentional attempt to inflict physical or emotional stress. For example, deliberate abandonment or deliberate denial of food, money or health

related services.

Unwitting neglect Failure to fulfil a caretaking obligation, excluding a conscious and intentional attempt to inflict physical or emotional distress. For example, abandonment, non-provision of food, money or health-related services because of anxiety, inadequate knowledge, laziness or infirmity.

The value of this typological frame is that it draws attention to the trans-specific elements of domestic abuse which interlocked with other risk factors found within the narratives of trans participants. These risk factors span personal and public life and included: social characteristics (for example, age, ethnicity, culture, disability); transition status; internalised transphobia; social isolation; poor access to support networks; lack of family network; and limited economic resources. Whilst the data set did not allow for a comprehensive analysis of intersectionality, the findings suggests that the intersections of these risk factors with trans identity and domestic abuse experiences certainly complicated lived experience and impacted upon social care needs and help-seeking behaviours.

With specific focus on intimate partner abuse, the voices of the participants highlighted how it was more usual for a combination of types of domestic abuse (emotional, psychological, physical, sexual or financial) to be found. In these cases, the combination of abuses could be said to represent a pattern or strategy of coercive control and in this sense, and so my findings upheld feminist claims that power and control are the defining features of domestic abuse (Pence and Paymar 1993; Women's Aid 2007; Stark 2013).

In congruence with other empirical work on trans people's experience of domestic abuse (although this body of work is scant), transphobic emotional abuse was commonly found and represented the most frequent type of abuse perpetrated within both family and intimate contexts (Roch et al. 2010). However, where this study differentiates is in my explication of emotional abuse and the interplay with stigma. I refer to stigma in the Goffman (1979 [1963]) use of the term, where stigma interweaves with identity and the management of a stigmatised (or non-

normative) identity. Trans narratives of emotional abuse meshed with the concept of stigma to elaborate experiences which were constitutive of a form of domestic abuse which I termed transphobic ‘honour’-based abuse (HB-A). This is outlined in chapter three and explored further in chapter seven. My discussion in these chapters justifies my conception of transphobic HB-A which is underscored by the workings of heteronormativity, stigma and ‘honour’-based ideology and firmly tied to cultural beliefs about binary gender as natural and fixed. As such, transphobic HB-A is underpinned and sustained by the prevailing dominance of the gender binary, associated gender norms and heteronormative ideology all set against a patriarchal landscape.

In a model of transphobic HB-A, the very existence of trans identity serves as an anathema and trans practices were considered to be ignominious within family and intimate contexts. As such, trans status constituted a risk factor in an analysis of domestic abuse within a trans person’s personal life. However, whilst transphobic HB-A was found within intimate partnerships, it was more prevalent in familial relational contexts and trans-identified participants who worked in paid or voluntary roles with trans communities all reflected the notion that familial domestic abuse is more prevalent in trans people’s lives. Their assertions carried weight as they were built on both personal and professional experiences.

Using a feminist and queer sociological lens to analyse trans people’s narratives enabled individual voices to be identified and it is concluded that trans people do experience domestic abuse in ways similar to, and different from, cisgender communities. It is increasingly recognised within the academy that we need a greater understanding of trans people’s experiences of domestic abuse and this thesis has added to the scant extant body of work (Scottish Transgender Alliance 2008; Roch et al. 2010; Brown 2011; Donovan 2012; Hester et al. 2012). Molly felt that the limited understanding of trans subjectivity and social life, in general, stemmed from the macro- and micro-sociological presence of ‘binary fascism’. A move away from ‘binary fascism’ to recognise, validate and include identities along a gender continuum would help to open up social discourses in general and discourses of domestic abuse in particular. An analysis of gender-based violence which employed a gender continuum (as opposed to the gender binary) would be

more inclusive of trans and gender non-conforming identities in a process which would acknowledge and validate their experiences of domestic abuse. In turn, this recognition would provide justification for more work to be done to inform contemporary policy and practice.

9.4 Challenges, recommendations and indications for professional practice with trans people who experience domestic abuse

Roch et al.'s (2010) study of trans people's domestic abuse experiences has ontological significance as many survivors minimised their experiences of domestic abuse or did not recognise their experiences as abusive. The question of whether trans communities as a whole recognise or identify with the existence of domestic abuse was raised by several participants in this research. In a recent US based study, Turell et al. (2012) explored the lesbian, gay, bisexual and trans (LGBT) communities' readiness for the delivery of domestic abuse prevention measures. They concluded that, overall, only a 'vague awareness' of intimate partner abuse exists across all LGBT communities, but that other concerns were privileged over any recognition of domestic abuse by trans people (Turell et al. 2012: 300). Turell et al. (2012) found that trans people were marginalised within LGBT communities, and trans individuals spoke more often, with more urgency, about other issues such as isolation, discrimination and violence in the broader social context. These findings correlate with mine as throughout the narratives of trans participants, the themes of social isolation and oppression in public contexts were prominent. This presents a fundamental challenge to professional practice with trans communities as domestic abuse is not recognised or accepted as a widespread social problem in need of intervention. There are also risk implications for trans relationships in relation to issues of longevity and the embeddedness of abusive behaviours which do not get recognised, challenged or addresses.

Returning to the findings of Turell et al. (2012), a distinction must be made, though, which relates to the relational context of abuse as Turell et al.'s study focused on a narrow form which concerned intimate partnerships only, whereas I have looked at intimate *and* familial domestic abuse. Moreover, it is familial domestic abuse which was found to be more common across the narratives that I

collected. Therefore, not only do the abuse narratives of my participants contest the *public story* and heteronormative trajectory of normative domestic abuse discourses (Donovan 2012), but their experiences of domestic abuse suggest that domestic abuse is more prevalent in familial than intimate contexts in trans people's personal lives.

A further challenge lies within a broader tension which exists between the social care sector and trans communities and which has been explored by several writers (Fish 2006; Hines 2007c; Whittle et al. 2007). This tension is enmeshed with historical tensions between trans communities and the public sector and fears of a transphobic and discriminatory response. Therefore, it can be argued that work needs to be done to build a relational foundation which has at its core several principles including respect, trust and valuing difference. Benefiting the process of addressing and working through these tensions would be the implementation of the four key elements of an 'ethic of care' model: attentiveness; responsiveness; competence; and responsibility (Tronto 1993). Moreover, extending the 'ethic of care' paradigm - by privileging discursive practice - to a 'narrative ethics' model would be useful in the process of building this foundation (Wilks 2005) (this is explored in Chapter Four).

Trans participants and domestic abuse practitioners reflected this finding as trans participants appeared willing to engage with services but wanted to receive a person-centred approach. Practitioners felt that they would offer an anti-oppressive perspective through respect and empathy whatever the social location and personal characteristics of their service users; practitioners maintained a focus on their role which was to support people to live free from domestic abuse. However, none of the practitioners who took part, or the agencies that they represented, had knowingly supported trans-identified and/or gender non-conforming people who were escaping domestic abuse. Practitioners consistently articulated their individual and their agency's commitment to anti-oppressive practice and to improving accessibility for trans and/or gender non-conforming people. In this way, agencies had made attempts to extend normative parameters of the standard anti-oppressive model in a move away from heteronormative

assumptions about domestic abuse by offering gender neutral services which, for example, included men as victims/survivors.

Conversely, narratives also demonstrated the embedded inflexibility of social care agencies to think outside of the gender binary as attempts at inclusivity remained firmly rooted in a model of binary gender. This was reflected through eligibility for certain services (that is, refuge accommodation) and through employment practices. Some trans participants described a reticence within their community in relation to dealing with mainstream agencies. This reticence was concerned with the potential for lack of empathy, misunderstanding trans identity and the possibility of un/intentional Othering practices (Wilkinson and Kitzinger 1996). Notwithstanding, domestic abuse practitioners included in this study articulated the desire to do ‘the right thing’. There was some debate about how then this could be achieved.

One of the recommendations which is drawn from the body of narratives (trans participants and domestic abuse practitioners) is that agencies could be more active in their promotion as having an ethos which is trans-friendly or trans-positive. Participants felt that a simple statement added to literature or other promotional materials would send a powerful message about accepting people who do not fit traditional versions of binaried gender. In this sense, participants advocated for discursive practice which literally *and* symbolically accepted the diversity of gender identity within the context of the (potential) service user demographic. This is an important point as the majority of domestic abuse discourse, at large, reflects heteronormative assumptions and representations of domestic abuse. For example, the Women’s Aid Federation England (WAFE) website states that:

We recognise that women and children have a right to live their lives free from all forms of violence and abuse, and society has a duty to recognise and defend this right. Domestic violence is a violation of women and children’s human rights. It’s the result of an abuse of power and control, and is rooted in the historical status of women in the family and in society. (WAFE undated: online)

I suggest that a trans-inclusive, gender neutral statement might read:

We recognise that [all adults] and children have a right to live their lives free from all forms of violence and abuse, and society has a duty to recognise and defend this right. Domestic violence is a violation of [adult's] and children's human rights. It's the result of an abuse of power and control.

There was, however, uncertainty demonstrated by some practitioners who were unsure whether trans people who experienced domestic abuse would want to accept services from mainstream providers or whether the preference would be for support from LGBT support services. Some studies have found the latter to be common (Turell et al. 2012) whereas trans participants in this research represented the view that they were more concerned about the support being person-centred and respectful. Beatty, an independent domestic abuse advocate offered a grounded perspective when she commented ‘‘I’m a DV specialist, so ... I’m working with [people] around DV [and not gender]’. This is my conclusion; that the practitioners who participated in this research are domestic abuse specialists and they are best placed to support people (however they identify) to escape domestic abuse. Notwithstanding, the research data suggests that national guidance which is rooted in trans perspectives would be of value. Indeed, many participants (both trans and practitioners) offered the view that accessible and comprehensive guidance to refer to when necessary would help to encourage an appropriate and ethical response. This was in addition to training for practitioners. However, the limitations of training, which was not then consolidated through practice, was noted by practitioners and therefore having some written guidance to refer to was thought to counter this. It was thought that training and written guidance would equip practitioners with the insight necessary to understand trans and gender non-conforming identity and expression, in addition to the specific manifestations and complexity of domestic abuse in relation to identity and practices which are considered to be outside of social and cultural norms. There was a clear message from trans participants that practitioners should recognise trans identity and practice as different, not deviant.

Finally, participants suggested that *critical associations* (Davies and Heaphy 2011), within the setting of a group environment, were valued and beneficial. This

indicates that professional practice should not only be offered on a casework, or one-to-one, basis but a group programme approach could be explored. Indeed, within social work and social care literature, groupwork is acknowledged to be useful forum through which to deliver therapeutic and empowering interventions. In addition, social isolation is a clear feature of trans people's lives and groupwork has the potential to address this as a secondary benefit.

9.5 My contribution to theoretical debates

My contribution to theoretical debates can be situated across the disciplines of gender theory, trans theory, sociology and social work. I argue that my contribution spans new theoretical ground by drawing on the work of key theorists (Garfinkel, Goffman, Butler and Foucault) to interrogate rich data which incorporates narratives of trans identity, practice, citizenship, domestic abuse and social care needs. In particular, my conceptualisation of transphobic 'honour'-based abuse extends our theoretical understanding of domestic abuse in a specific context, whilst my broader discussion extends domestic abuse theory by adding a trans perspective. As such, my work adds to a very small existing knowledge base and breaks free from the heteronormative model that dominates domestic abuse discourse and practice.

In addition to contributing to existing theoretical debates about domestic abuse, this study helps to undergird contemporary literature which sponsors non-binariad approaches to understanding gender and gendered life. This body of theoretical work, in conjunction with trans activism, seeks to elevate trans people's social status to an equal footing in order to re-balance and eliminate trans inequality, discrimination and oppression. Similarly, an objective of this study was to develop a new theoretical understanding of trans subjectivity and lived experience in order to sponsor a more ethical, accessible and anti-oppressive approach to social care practice.

Following the recent body of work by Hines (2006, 2007a, 2007b, 2007c), I adopted a queer sociological approach to understanding trans (Namaste 1994; Seidman 1996; Roseneil 2000; Hines 2007). A queer sociological lens allows for deconstructing processes and gender fluidity in terms of identity, embodiment and

practice, thus providing a useful tool in an analysis of trans experience and transitioning stories. However, it may be argued that many of the trans participants within this study identified within the confines of the gender binary with some participants self-identifying as normatively defined ‘women’ but who happen to have ‘transsexual histories’ and thus an approach to (trans) gender which incorporates the potential for plasticity and movement, is redundant here. Yet, I argue that the deconstructive/reconstructive potential offered by a queer sociological approach is essential as without fluidity the trans participants could not identify as they do or have the ‘histories’ which they claim. Moreover, it is this element of poststructural analysis *in addition to* an emphasis on subjectivity which renders a queer sociological approach useful. Therefore, I argue that this research provides further evidence of the utility of a queer sociological approach to theorising trans people’s lives.

9.6 Locating myself within the research

In the methodology chapter I explored the concept of reflexivity as a crucial aspect of the management of this research project. Locating myself as a non-trans researcher I have been aware from the outset of my potential influences as an ‘outsider’ in relation to gender identification/embodiment/expression as well as within the context of the division between the researcher-researched roles. I have remained alert to my ‘privilege’, which comes from having a normative identity, in order that I would be responsive to any potential bias throughout my time in ‘the field’, in the stage of analysis and in the production of the final thesis.

Whilst it is not possible for me to fully appreciate the challenges of negotiating life as a trans person, I hope that by sharing my personal motivations, values and world view with participants I helped to engender a relationship based on trust and confidence, always mindful that such exchanges impact on the research process and findings.

9.7 Limitations and Recommendations

The methodological limitations of this study are explored in chapter five within which I attended to the difficulty of transferring the findings and conclusions of this qualitative project. In relation to the sample size, there were fifteen trans

participants and nine domestic abuse practitioners and clearly the size of this cohort impacts upon the validity of applying the findings and conclusions to the broader community. In terms of the characteristics of the participant cohort, a larger sample may have yielded a better range of diversity and difference in relation to ethnicity and culture although it should be noted that there was diversity across my participant group (see Appendix 2 for a breakdown of interviewee characteristics). Further work in this area should attempt to recruit a larger sample with greater diversity in relation to age, class, gender identity (trans males were under-represented) and ethnic/cultural background.

Using a semi-structured interview format (for both face-to-face and email contacts) proved beneficial in terms of incorporating a narrative approach to data collection and analysis and enabled the participants' voices to be centred and heard. Indeed, the structure and focus of the study was modified when it became evident that the experience of trans identity superseded the experience of domestic abuse. On reflection, however, when engaging with trans communities what I learnt was that the small, localised support networks were invaluable to the community that they served and future research may consider the value of focus groups particularly if working with established social networks. This may help to recruit a larger cohort, create (or inhabit an existing) safe space in which to discuss the sensitive issue of domestic abuse and may prove vital in helping to further links with gatekeepers to other networks and groups.

In relation to producing knowledge and furthering theoretical debates, the findings and conclusions found within this study suggests the need for further work. My thesis adds to the limited extant body of work on trans domestic abuse, which consists of small-scale, usually localised research projects (although I recruited trans participants from across England), *and* points to the need for further research. A recent trend in UK-based work has been to explore intimacy within trans people's partnerships but I advocate that further work needs to be undertaken to understand the complexities resulting from trans people's familial relationships, particularly where abuse ensues.

In addition, one of the recurring themes throughout this thesis is the lack of visibility of trans people within the public sector, in general, and social care and social work services, in particular. Clearly there are further research possibilities in relation to the barriers to accessing services and in order to develop more sophisticated models for practice with trans service users.

9.8 Chapter summary

One of my central arguments is that trans subjectivity is centred upon and shaped by identity and impacted upon by the persistent workings of heteronormativity, binary gender and dominant institutions (for example, the family and the legal system). However, the nature of contemporary family and personal life continues to evolve in terms of context, structure and practice (see chapters two and three). These observations should be considered in an analysis of trans people's experience of domestic abuse and social care needs where this analysis attempts to inform the design and delivery of social care interventions. What has been discovered through my analysis is that trans people's experiences of domestic abuse are similar to cisgender people in that they span the typology and forms of domestic abuse, yet there are distinct aspects of trans domestic abuse which includes attention to gender expression and stigma. In addition, trans domestic abuse employs specific strategies such as 'outing' and identity-based abuse.

This is the argument that I wish to present: domestic abuse practitioners hold the expertise to work with trans people who experience domestic abuse. Just as the domestic abuse arena has adapted to working with different cultural enactments of domestic abuse (for example, female genital mutilation (FGM) or 'honour'-based killings), practitioners should have the confidence in their capacity as domestic abuse experts who can adapt to working with people who identify as trans female, trans male or who are gender non-conforming.

In the design and delivery of services for trans communities, the domestic abuse sector can learn from the narratives of trans people who speak about the value and import of support groups and, on an individual basis, of the desire for interventions which are not only person-centred but underpinned by an understanding and appreciation of gendered difference. The casework,

individualised, approach relies on practitioners who are informed about trans and committed to ethical practice. This can be achieved by engaging in a training programme which is supported by policy guidance. By working in partnership, the domestic abuse sector and trans communities could engage in a process which produces a trans-friendly or trans-positive quality mark to ensure a programme of works which is rooted to trans perspectives and which is accessible and ethical. In summary, the way forward involves breaking down the barriers created by heteronormativity and the public story of domestic abuse to engender a partnership approach which, ultimately, helps to *transform* practice.

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Appendix 1

Glossary of terms

Note: This glossary seeks to enhance the way in which some of the terms are to be understood within the context of this work. These are not formal definitions.

Cisgender: ‘cis’ derives from the Latin prefix meaning to be of the same orientation. Thus cisgender relates to staying in the same gender ascribed at birth, or being non-trans.

Gender: the socially constructed roles, behaviour and attitudes attributed to men and women.

Gender expression: this pertains to how people enact, express and perform gender through behaviours, gesture and mannerisms, clothing and aspects of physicality, speech and other body modification.

Gender identity: this relates to one’s sense of self in relation to gender, whether binary gender or outside of standard configurations of gender.

Gender non-conforming: someone who does not subscribe to the dominant ideas of male and female identity or behaviour.

Gender practices: the term ‘gender practices’ is used in close relation to the definition of gender expression. The term ‘practice/s’ also conveys a sense of action or undertaking, and has connotations of the everyday but it is not universal or fixed and is located within differing socio-cultural contexts.

Genderqueer: someone who uses their gender variance to challenge dominant social categories of male and female.

Gender reassignment: this term intersects with medical discourses and relates to the medical/surgical procedures by which a person’s physical appearance and function of their existing sexual characteristics are altered to resemble that of the other sex.

Heterosexism: a concept based on the inferiority of LGBT people (similar to racism and sexism).

Heteronormative: a concept which promotes heterosexuality as the norm and which marginalises and excludes non-heterosexual lives.

Homophobia: the fear or hatred of gay, lesbian or bisexual people.

LGBT: lesbian, gay, bisexual and trans.

Queer: a reclaimed word. Also refers to those wishing to challenge gender or sexual binaries.

Sex: the dichotomous binary of male and female in the biological and physiological sense.

Trans (Trans Person/People/Man/Woman): an inclusive and umbrella term adopted by members of transgender, transsexual and transvestite communities or by those who do not conform to normative gender categories. Trans describes people whose gender identity is different from the gender category they were ascribed at birth.

Transgender: this refers to the choice that an individual makes to cross genders by changing their clothing, behaviour and appearance and live in their chosen gender, regardless of whether or not they have surgery.

Transition: the process of beginning to live full-time as the opposite sex and can include changing the physical body, through hormones and surgery.

Transphobia: the fear, hatred or discrimination of trans people.

Transsexual: a medically defined term which describes an individual who has been diagnosed with Gender Identity Disorder and who crosses sexes by changing his or her body.

Transvestite/cross dresser: refers to an individual, usually male, who dresses and acts in a manner traditionally associated with the opposite sex.

Appendix 2

Interviewee Characteristics

Trans –identified participants

	Pseudonym	Gender identity	Age	Date interviewed	Other personal characteristics
1	Julie	Trans woman	62	19/3/2012	White British. Retired on health grounds, former teacher. Lesbian and has a non-cohabiting partner.
2	Marianna	Trans woman	41	9/7/2012	White British. Social worker/PhD student. Identifies as a heterosexual woman in heterosexual relationship.
3	Polly	Trans woman	70	17/7/2012	White British. Volunteers in local radio and represents service users within a university setting. Identifies as heterosexual and has a long-term non-cohabiting partner.
4	Ally	Trans male	24	Email interview June 2012	White American/Indian. PhD student. Identifies as genderqueer in relation to sexuality.
5	Jane	Pre-operative transsexual woman	54	17/7/2012	White British. Employed by an agency in event management work.
6	Dani	Post-operative transsexual woman	48	17/7/2012	White British. Self-employed photographer. Identifies as a lesbian.
7	Ann	Post-operative transsexual woman	56	18/7/2012	White British. Currently unemployed. Identifies as a heterosexual woman.

8	Rachel	Genderqueer	21	Email interview July 2012	White British. Student. Identifies as a lesbian woman (mostly).
9	Fiona	Woman with a transsexual history	63	23/7/2012	White British. Retired carpenter/joiner. Performance poet. Identifies as a lesbian woman.
10	Tess	Post-operative transsexual woman	49	Interview 30/8/2012	White British. Registered as disabled. Former copywriter/community worker. 'Sexuality – I've not worked it out yet'.
11	Max	Genderqueer/ femme male	25	Email interview Sept/Oct 2012	White British. Social work student. Identifies as queer.
12	Roz	Transsexual woman	55	Email interview Aug-Oct 2012	Welsh. Architect. Did not disclose sexuality.
13	Jenny	Transsexual woman	64	Email interview Aug-Oct 2012	Mixed heritage American/Dutch. PhD student. Identifies as a heterosexual woman.
14	Sarah	Woman with a transsexual history	65	4/4/2012	White British. Probation officer and counsellor for trans people. Identifies as a heterosexual woman.
15	Molly	Professional identity: post-operative transsexual woman Personal identity: butch genderqueer (occasional girly femme).	50	15/10/2012	White British. Chief Executive Officer of an LGBT organisation. Identifies as bisexual.

Domestic abuse practitioners

	Pseudonym	Professional role	Age	Date interviewed	Profile
16	Holly	Counsellor	51	16/7/2012	White British. Previously worked for a domestic abuse agency for 21 years. Self-employed counsellor for LGBT clients and gets direct referrals from a gender identity clinic. Identifies as a lesbian.
17	Beatty	Independent Domestic Abuse Advocate	38	14/5/2012	White British. Identifies as heterosexual.
18	Georgia	Independent Domestic Abuse Advocate	44	16/4/2012	White British. Identifies as heterosexual.
19	Gloria	Independent Domestic Abuse Advocate	45	16/4/2012	Mixed heritage: White/Caribbean. Also employed at an outreach service for sex workers. Identifies as heterosexual.
20	Joy	Project Manager, Housing Project	47	12/6/2012	White British. Identifies as heterosexual.
21	Sonia	Project Manager/Trainer, Primary Care Trust.	45	28/5/2012	White British. Public health specialist/specialist in domestic abuse. Identifies as heterosexual.
22	Sally	Domestic abuse trainer	52	28/5/2012	White British. Domestic abuse trainer for children's safeguarding team in a Primary Care Trust.

23	Joan	Refuge Manager	52	23/7/2012	White British.
24	Helen	Director, domestic abuse multi- agency partnership	54	23/07/2012	White British. Identifies as a lesbian woman.

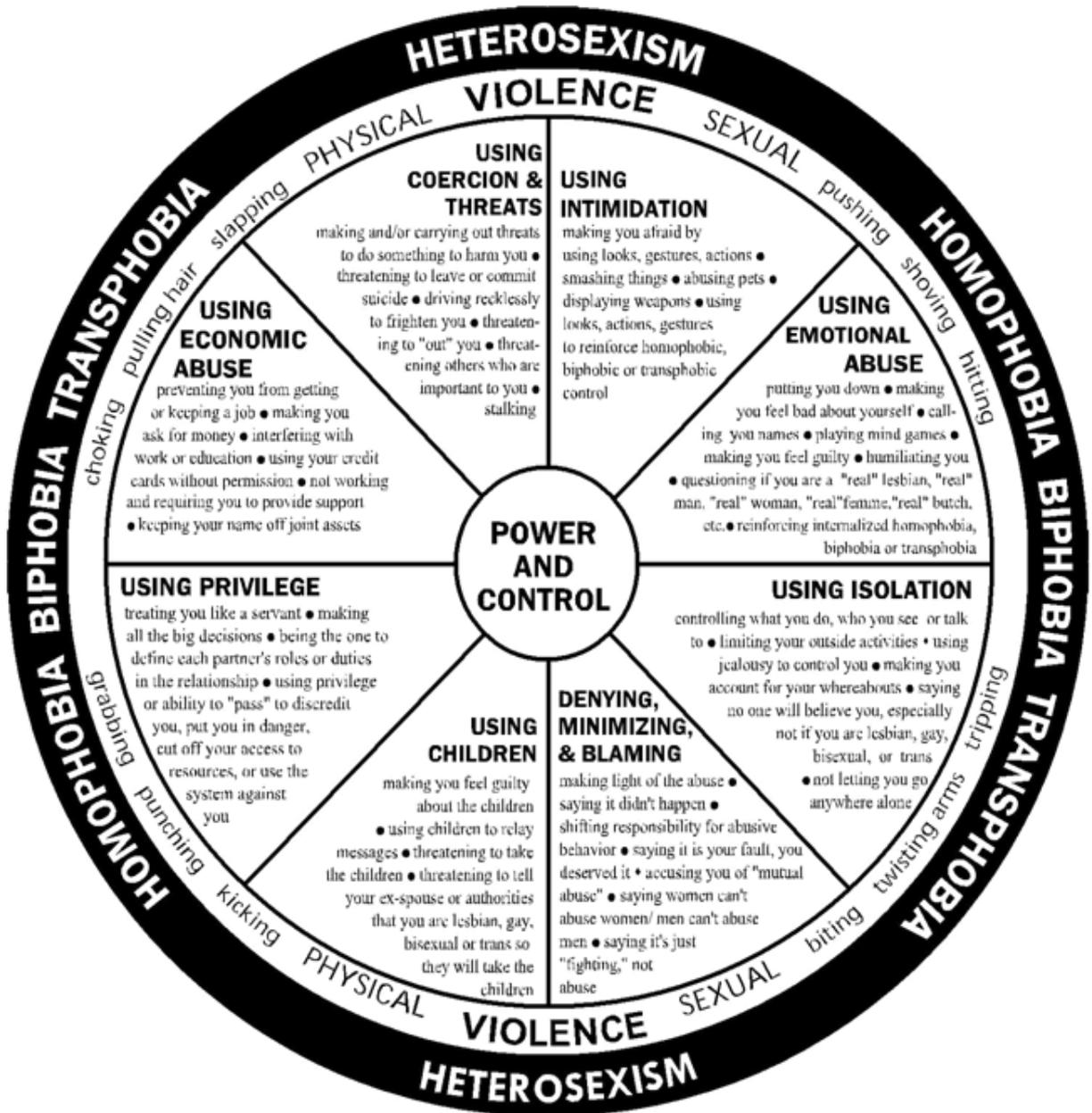
Appendix 3

The Power and Control Wheel (Adapted from Pence and Paymar 1993)



Appendix 4

Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships



Texas Council On
FAMILY VIOLENCE

Appendix 5

Reflections and Interview schedule

Trans participants

The aim of the research and three broad research questions were explained to each participant at the start of each interview. Throughout interviews participants needed little prompting or questioning. The questions were:

- Q 1 Please tell me about your experience of life as a trans person starting with your earliest experiences and tell me about how your trans identity and embodiment impacted upon relationships and family life.
- Q 2 Please tell me about your experience of or perspective on domestic abuse.
- Q 3 Please tell me about your experience of social care services or your views about how social care services could be made to be accessible for trans people.

A similar process was used for email interviews. All five email interviews were completed in a matter of weeks and communication was regular and fluid.

Domestic abuse practitioners

The aim of the research and broad research questions were explained to each practitioner at the start of each interview. Participants needed little prompting or questioning. The questions were:

- Q 1 Please tell me about your experience of supporting trans people who experience domestic abuse or your knowledge of any trans people who have accessed your agency's services.
- Q 2 Do you feel equipped to support trans service users?
- Q 3 What do you think are the barriers to accessing services for trans people who experience domestic abuse? How could services be more accessible?