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Forgotten Victims: A Qualitative Study of Familial and Intimate Partner Abuse of Male-to-Female Transgender Individuals in Central Kentucky

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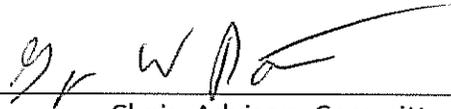
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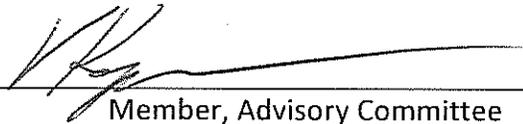
By

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FORGOTTEN VICTIMS:
A QUALITATIVE STUDY OF FAMILIAL AND INTIMATE PARTNER ABUSE OF MALE-TO-
FEMALE TRANSGENDER INDIVIDUALS IN CENTRAL KENTUCKY

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Eastern Kentucky University
in partial fulfillment of the requirements
for the degree of
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DEDICATION

This thesis is dedicated to the members of TransKentucky,
for changing my life.

ACKNOWLEDGMENTS

I would like to thank my thesis chair, Dr. Gary Potter, for his unwavering support of me and commitment to this project . Dr. Potter and my adviser, Dr. Peter Kraska, both convinced me that no research idea is too difficult or unobtainable, and without their encouragement, guidance, and faith in me, this thesis would have never happened. I would also like to express gratitude to Dr. Victor Kappeler, who served on the committee for this paper and has changed the way I view the world. I would like to thank the members of TransKentucky and U R Not Alone for their participation in this project. By meeting them, I have become a more open-minded, driven, and inspired person. I owe them an incredible amount of gratitude, not only for the experiences they shared for the composition of this paper, but also for giving me an impassioned interest in conducting meaningful research.

ABSTRACT

Previous research on intimate partner and familial abuse has focused on easily identifiable social institutions, such as “homosexual couple” or “mother/daughter.” However, transgender individuals do not always fit into the binary social definitions ascribed to family relationships. Little research has provided insight into cycles of familial and intimate partner verbal or physical abuse in the lives of transgender individuals. The efforts that have been made have shocking results and demonstrate a need for further and more in-depth research. The primary purpose of this research is to gain a rich understanding of the social dynamics affecting the lives of transgender individuals in central Kentucky; specifically, their family and relationship structures. Using an almost ethnographic approach, the researcher fully immersed herself in the subculture of the trans community, attending support group meetings and going out with the group members to places such as wig shops or used clothing stores in order to gain trust and acceptance. The findings were placed in the context of current theoretical literature about intimate partner and familial abuse.

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CHAPTER I

INTRODUCTION

Previous research on intimate partner and familial abuse has focused on easily identifiable and often dichotomous social institutions, such as “homosexual couple” or “mother/daughter.” However, transgender individuals do not always fit into the binary social definitions ascribed to family relationships. For example, a biological male transitioning into life as a female is often a married parent who does not fit the description of “husband” or “wife” and neither “mother” nor “father.” In studying domestic violence and related abuse issues, this often renders previous research studying traditional dichotomous relationships (“husband and wife”) inapplicable to transgender individuals.

Little research has provided insight into cycles of familial and intimate partner verbal or physical abuse in the lives of transgender individuals. The efforts that have been made have shocking results and demonstrate a need for further and more in-depth research. Nuttbrock et al (2010) used quantitative measures to analyze 571 male-to-female trans individuals, 80% of whom reported severe psychological abuse related to their gender issues; most of that 80% suffered the abuse from their parents (pp. 17). Quantitative research, though, does not always lend itself to a thorough understanding of the experiences of abuse survivors, as Koken, Bimbi and Parsons (2009) demonstrated in their in-depth interviews with twenty trans women of color who suffered physical and verbal abuse from family members. The shocking stories relayed by their informants caused them to call for further research in this area to inform practitioners who help the trans community cope, such as police officers and counselors (pp. 859). However, most academic progress in studying familial and intimate partner abuse of trans individuals has been of a purely psychological basis. Only recently has academia used criminal justice practice and theory to discuss trans abuse. Callahan (2009) used queer theory to explain how social workers often face criticism for assisting the socially ostracized trans community, and to suggest new efforts in the field of social work (pp. 88). Amnesty International (2005) used mixed methods research to relay the experiences of how transgender individuals who have requested police assistance in domestic violence situations, finding that almost a third of police departments in the U.S. do not have specific training for dealing with trans citizens (pp. 4), including major police departments like Los Angeles, Chicago, and San Antonio (pp. 14). Qualitative investigation into the issue revealed many incidents in which police refused to make an arrest in a domestic violence call, even when there were physical signs of battery, because the victim was “still a man” (pp. 84). AI also reported that many trans individuals are afraid to involve the police in domestic battery situations for fear they may suffer harsh verbal abuse from the officers, citing noteworthy examples of when this has occurred recently in the United States (pp. 87), or be arrested, too, if they are still biologically male and therefore perceived as more aggressive (pp. 84).

As AI points out, police and other practitioners are often untrained and uninformed on how to cope with the abuse of trans individuals. Policies such as “just arrest both parties” (AI, 2005, pp. 84) are ineffective at ending cyclical abuse, but academic research can yield answers on how to structure training for criminal justice and social work practitioners. This research employs Koken, Bimbi and Parsons’s technique of lengthy qualitative interviewing in order to gain a full understanding of abuse in the lives of trans individuals, focusing on harsh verbal abuse and physical abuse perpetrated by family members and intimate partners, with the purpose to inform criminal justice practitioners and other academics.

The primary purpose of this research is to gain a rich understanding of the social dynamics affecting the lives of transgender individuals in central Kentucky; specifically, their family and relationship structures. This research will gain a deeper perspective of how familial and intimate partner abuse affects these individuals, including but not limited to harsh verbal abuse, harassment, aggression, physical violence, and sexual abuse. The central research questions for this project include:

- 1.) What is transgenderism, and why is a study of gender important to abuse research?
- 2.) What is life like as a transgender individual in central Kentucky? What are the major day to day concerns of these individuals?
- 3.) What kinds of abuse do these people suffer—mental, psychological, emotional, physical, verbal, sexual, etc.? At what frequency and extent does the abuse occur?
- 4.) Who perpetrates the abuse?
- 5.) Is the abuse motivated by gender-related issues?
- 6.) How do the victims cope? Are they able to ask for help?
- 7.) Is the abuse cyclical—meaning, are trans people who were abused by their parents now in unhealthy relationships with abusive intimate partners?
- 8.) How does criminal justice literature currently explain abuse in regards to transgenderism?
- 9.) Where do the theoretical explanations of this phenomenon fit in with the studied population in this research, and where do they not? What are the strengths/weaknesses of these theoretical explanations?
- 10.) What recommendations need to be made to practitioners aiding the trans community: mental health counselors, social workers, police officers, etc.?

Before proceeding, it is important to include some definitions within this introduction. Intimate partner abuse and familial abuse are two social phenomena which continue to exist in modern American culture, in spite of increased social awareness, proactive legislation, and victims’ services outlets such as support groups and shelters. However, little academic understanding is available when discussing these phenomena in regard to transgender victims. Thus, some key concepts, namely, *intimate partner abuse* and *familial abuse*, must foremost be defined. The American Psychological Association (2011) categorizes both of these phenomena under the umbrella of “relationship violence” and posits that they encompass physical, sexual, and

psychological abuse, as well as stalking. Familial abuse occurs when such forms of abuse are committed by family members against other family members. The APA excludes child abuse and mistreatment of elderly persons, noting that they are “serious forms of abuse [involving] people who are ‘related’” but must be conceptualized separately to be properly studied or understood (p. 8). For the purposes of this project, abuse of children will be included in discussions of familial abuse. Meanwhile, intimate partner abuse occurs when any form of abuse occurs between significant others—spouses, dates, boyfriends and girlfriends, and sexual partners. The APA notes that abuse can occur whether the partnership is current or past, and that abuse may also occur in early stages of intimacy, even before a relationship has been sexually consummated (p. 9).

The abuse can occur in many different forms. Physical abuse encompasses acts of violence ranging anywhere from slapping to murder, but, according to the APA (2011), can also include acts of recklessness or endangerment, such as “restraining, leaving the person in a dangerous place, or refusing to help when the person is sick or injured” (p. 9). In a study of same-sex partner violence in Illinois, Tesch et al. (2010) defined physical violence as ranging “anywhere from the occasional slap, to severe beatings which require hospitalization; similarly, sadistic incidents of violent sexual abuse have been known to occur in the context of romantic relationships” (p. 526). This project will focus on physical abuse and, specifically, psychological, or emotional, abuse. To define psychological abuse, the APA actually borrowed its definition from the American Medical Association, which states that emotional and psychological abuse can include:

acts such as degradation, humiliation, intimidation and threats of harm; intense criticizing, insulting, belittling, ridiculing, and name calling that have the effect of making a person believe they are not worthwhile and keep them under the control of the abuser; verbal threats of abuse, harm, or torture directed at an individual, the family, children, friends, companion animals, stock animals, or property; physical and social isolation that separates someone from social support networks: extreme jealousy and possessiveness, accusations of infidelity, repeated threats of abandonment, divorce, or initiating an affair if the individual fails to comply with the abuser’s wishes; monitoring movements, and driving fast and recklessly to frighten someone (pp. 9-10).

The APA also describes harassment, stalking, and economic abuse (i.e., depriving someone of access to money) as forms of relationship abuse. They also offer an explanation of sexual abuse. Sexual abuse can occur in physical or nonphysical forms, such as coerced or forced participation in sex acts, assaults to the genitalia, or degradation. Within this project, due to its complexity and uniqueness, sexual abuse will be treated as a separate phenomenon and not part of this focused discussion of physical and emotional intimate partner abuse and familial abuse.

Now, importantly, one must define terms relevant to the focused population of this project: the transgender community. A transgender individual’s gender identity does not match the sex assigned at birth; a cisgender individual’s gender identity does match the sex assigned at birth. By accepting these definitions, one also accepts the

concept that gender is a socially constructed concept of “feminine” and/or “masculine” identity traits, and that gender may or may not match the sex one is assigned at birth. Thus, in this academic view, gender is a state of identity, of personality and psychology, and is not determined by physical traits such as genitalia. In this paper, *gender* will be used to describe an individual’s identity, and *sex* will be used to describe the physical identity an individual is assigned at birth or achieves through sexual reassignment surgery (SRS).

There is no uniform transgender individual. Transgender individuals normally can fit into three categories: *pre-op*, *post-op*, and *non-op*. A pre-op transgender individual is an individual who has yet to complete SRS but intends to; a post-op transgender individual has completed SRS. Post-op individuals are also called *transsexuals*. Non-op transgender individuals either have no desire to undergo SRS or, for physical reasons such as surgery-related health risks, cannot undergo SRS, and therefore live merely as *transvestites*; while retaining the genitalia they were prescribed at birth, they may have a gender identity that does not match their assigned-at-birth sex. Non-ops do not undergo SRS, but some still choose to pursue *hormone therapy*. Genetic women who take testosterone often grow facial hair and experience a deepening of their voices; genetic males who take testosterone suppressants as well as doses of estrogen actually develop breasts. At-birth males who identify with a feminine gender identity, regardless of whether or not they undergo SRS, are referred to as “MTFs” (male to females) or “transwomen”; likewise, at-birth females who transition into life as males as referred to as “FTMs” (female to males) or “transmen.” Both FTMs and MTFs can be *full-time* or *part-time*. A full-time transgender individual lives as the opposite gender day in and day out; for example, an MTF would be totally “out,” going to work, socializing, and carrying out her life as a woman. This is easy to accomplish if one is capable of *passing*. Passing is the process of being accepted as a member of the gender opposite that which is assigned to one at birth; for example, a male dressed in women’s clothing who walks down the street and is presumed to be a woman by strangers has just “passed” as a woman.

However, a part-time transgender individual does not live his or her life 24/7 in the preferred gender identity. For example, a part-time MTF may go to work presenting herself as a male, may interact with her children as a male, but then in private or when out with friends present herself as she really feels: a female. Part-time transgender individuals do not desire to live part-time but feel they must do so to avoid misfortunes, such as scorn, divorce, discrimination, rejection, being fired, harassment, and other negative consequences for coming out as a trans person. Therefore, a part-time transgender individual is far different from a *bigender* individual. A bigender individual lives as either both or neither gender, encompassing some typically male and some typically female qualities, dressing in a gender neutral manner. A bigender individual will usually keep the sex assigned at birth and interchange gender identity characteristics, sometimes day to day, presenting himself or herself sometimes as a female and sometimes as a male—all by choice, enjoying freedom of expression. A category also falling under the umbrella of the trans community is *cross-dressers*,

individuals who dress in the opposite gender's clothing or undergarments for sexually motivated reasons. Because cross-dressers seldom wish to live as the opposite gender identity "full time" (meaning, transition into life as the opposite gender), they would rarely identify themselves as transgender individuals, perceiving their desires as just parts of a sexual fetish.

CHAPTER II

LITERATURE REVIEW

With those definitions provided, one may now engage in a discussion of existing literature about intimate partner abuse and familial abuse of transgender individuals. This is a generally unresearched topic in crime and justice studies. Callahan (2009) noted that even some respected research in transgender studies is based on small collections of anecdotal evidence, and that the current lack of trans-themed research not only hurts public awareness of issues the transgender community faces, but also hurts other researchers seeking to understand or explain these phenomena (p. 89). Most current literature about transgender victimization focuses on hate crimes and discrimination issues, and in crime and justice research, little data has been collected “regarding the relationship of police to the LGBT community” (Wolff, 2007, p. 2), which will be discussed in this paper’s review of relationship violence. Interestingly, DiStefano (2009) accomplished the first research on sexual minority intimate partner violence in Japan, since the only few studies in that area done before had been conducted in English-speaking countries (123).

In the last two decades, there has been increasing academic attention paid to issues in the lesbian, gay, and bisexual community. Often, transgender individuals are looped into this community—hence, the added “T” at the end of the initialed expression “LGBT.” However, what most researchers fail to understand is that gender identity has little (or, as some would argue, nothing) to do with sexual orientation. Many transgender individuals do not consider themselves gay or bisexual. Therefore, the transgender experience still goes remarkably unresearched and masked under the umbrella of “LGBT” (Factor and Rothblum, 2008, p. 236). However, because of the lack of either qualitative or quantitative research data currently accumulated, it is difficult for academics to judge how much relationship violence occurs not only in transgender individuals’ lives, but also in lives of other LGBT community members. Tesch et al. (2009) described the difficulty even in quantitatively describing the frequency of interpersonal violence in same sex relationships, which still is underresearched (p. 527).

Old vs. New: Feminism & Transgenderism

Over the past forty years, crime and justice academics have turned to second (and now third) wave feminists to explain domestic violence. At the start of the battered women’s movement in 1970s United States, intimate partner violence was only conceptualized within the structure of cisgender, heterosexual relationships. Physical abuse was blamed on a complex socialization process in which, from toddling age, American males were taught to be aggressive, domineering, and violent. This view, of course, ignores the idea of the female batterer altogether. It is a “dominant social stereotype that women are not socialized to be violent or hostile” (Tesch et al., 2010, p. 528). Oddly, this is a view held strong today by some modern feminists, who believe

that relationship violence is caused mostly due to gender inequality and power imbalances between men and women, which “could be attributed particularly to the interactional expectations at the cultural level: the differential expectations attached to being a mother and father, a husband and wife” (Risman, 2008, p. 436). In his ethnographic fieldwork, DiStefano (2009) found that in Japan, many people assume relationship violence is a “nonissue” in same-sex or transgender relationships (p. 131). Since the 1970s, even very radical feminists have supported the traditional, gender-based explanation for relationship violence, which has, over time, made it difficult for the academic realm to conceptualize intimate partner violence in same-sex partnerships or transgendered partnerships. It is not the position of this paper to state that this notion is wrong, but simply that it is insufficient when discussing relationships involving transgender partners.

How Feminism Has Impacted Abuse Shelters

According to Hassouneh and Glass (2008) this narrow view of intimate partner violence and typical gender roles has actually put LGBT victims at a huge disadvantage, limiting their “access to vital social, health, and community services that (could) meet their needs” (p. 312). If “domestic violence can only occur when a man abuses a woman in an effort to subjugate his wife,” any other type of victim is left unable to validate his or her own situation (Tesch et al. 2010, p. 528). Hassouneh and Glass (2008) also point out a pattern of “traditional gender role stereotyping and homophobia” present in victims’ services, noting that many battered women escaping abusive lesbian relationships feel pressured to keep their orientation secretive. They explain:

Published research (indicates) that service providers and people in general are more likely to respond positively to battered women who conform to stereotypes of traditional femininity (p. 318).

Little research has been done describing the experiences of transwomen who have sought aid at abuse shelters for women, but, given the experiences described by participants in Hassouneh and Glass’s study, transwomen and transmen are likely to feel just as ashamed or embarrassed to seek services as were the lesbian survivors who participated in that research. Some shelters defend excluding services to genetic females only, stating that women will be “triggered or made uncomfortable by trans women” (Bernstein, 2006, p. 66). Tesch et al. (2010) points out that the Domestic Violence Prevention Act of 1985 and the Violence Against Women Act of 1994 granted protection for transgender survivors (p. 529). In an ethnography a transgender community in Japan, DiStefano (2009) found that the country had “no shelters designed for sexual minority survivors (of relationship violence)” (p. 136). He explains the plight of the trans individual in such an environment:

MTFs who can “pass” as women have been able to reside at domestic violence shelters, but these facilities are designed to deal with heterosexual women and the staff is not trained in the knowledge, sensitivity, or skills related to sexual minority issues. As such, most sexual minority women and MTFs believe they

would be uncomfortable in these shelters and, therefore, do not seek them out (p. 136).

The findings of DiStefano's ethnography conjure two important discussion topics: the lack of training in dealing with sensitive populations such as transgender communities and the reluctance of transgender individuals to seek out the help of social services, both of which will be discussed later in this paper. As Ard and Makadon (2011) elegantly stated, "The lack of cultural competency and informed support can re-traumatize the victim, leading the individual to return to their partner or stop seeking support" (p. 631).

Integrating Feminism and Transgender Research

In addition to claims of homophobia in the battered women's movement, academics are now increasingly becoming aware of the presence of transphobia in second wave feminism. West and Zimmerman (2009) discussed that radical lesbian feminists of the 1970s "demonstrated hostility...toward male-to-females transsexuals," who, in the view of many second wave feminists, "remained men, despite their transformed genitalia" (p. 119). Indeed, it has been the cry of many third-wave feminists that the second wave of feminism overlooked the plight of several cultural groups, such as African-American women, and now there is an increasing academic awareness that the struggles of transwomen and transmen have also been overshadowed by the issues facing the lesbian, gay, and bisexual community—a group which many transgender people feel they are not truly a part of. However, the interests of the trans community definitely fit into the goals of even the most generalized concepts of feminism. As Risman (2004) explained:

The feminist project is better served by finding empirical answers to particular questions and by identifying how particular processes explain outcomes in need of change. If our goal is to do scholarship that contributes to transforming society, the identification of the processes that explain particular outcomes is the first step in effectively changing those processes and subsequently the outcomes themselves (p. 435).

Despite the logical connections of why feminism should include the interests of the transgender community, West and Zimmerman speculated as recently as 2009 about "whether the contemporary feminist movement has learned solidarity from all this—and will embrace transgender feminists with open arms" (p. 119).

Current Understanding of Familial Abuse of Trans Youths

For many people, family members usually offer a refuge during emotional hardships or great pitfalls in life. However, for transgender youths, young adults, and adults all alike, the family can sometimes be the scariest place to turn. Many families are simply unaccepting of transgender members. Koken, Bimbi, and Parsons (2009) revealed in their qualitative study of New York City transwomen that:

many transwomen's experiences of rejection or violence begin in the family home. Many transwomen report having been punished for feminine behavior as children, forced out of their home, and/or rejected by their families (p. 853). Therefore, social service agencies, from battered women's shelters to substance abuse programs, are slowly adapting to meet the needs of transgender individuals. This is especially worrisome in the cases of trans children and teenagers.

Callahan (2009) stated that teenagers who are part of the LGBT community are bullied and harassed at school, and that currently public schools offer little solace from this:

Stader and Graca also stated that not only are lesbian, gay, and bisexual students not as likely to get good grades, but they actually skip school because they do not feel safe. Even though school districts are liable if they do not protect the students from harassment, it has been reported that many faculty and administrators do not intervene to stop harassment. In fact, "40 percent of the lesbian, gay and bisexual students... heard teachers telling homophobic jokes" (Stader & Graca, 2007. p. 18) (p. 89).

According to Callahan, these troubling school experiences are only worsened when the trans youths arrive home, where they continually face rejection, anger, disappointment, shame, and fear at the hands of unsympathetic parents. This abuse occurs regardless whether or not the youth is "out," as even someone trying hard to meet the expectations associated with their at-birth sexual identity may still be unable to live up to gender role norms. The "more negative attitudes" expressed by family of trans individuals can cause youths to become depressed, run away, or even engage in self-mutilation (p. 88). Indeed, in the medical field, clinicians are now starting to feel that the widespread presence of depression and suicidality in the transgender community is not from any type of identity crisis, but from "emotional distress" caused by "often hostile social environments" (Nuttbrock and Hwahng et al., 2010, p. 13). Nuttbrock and Hwahng found in their study of 571 MTF transwomen that "during adolescence, in particular, many MTFs are verbally taunted and physically beaten by family members...for not conforming to conventional gender role expectations" (p. 13). Indeed, nearly 80% of Nuttbrock and Hwahng's sample reported psychological abuse, half reported physical abuse, and the perpetrators "for both the younger and older respondents were most often parents or other family members during adolescence" (p. 16). This led the researchers to describe a "dose-response" relationship between abuse and depression—the more abuse an individual suffered in his or her youth for gender nonconformity, the more depressed he or she was as an adult. Although the intensity and frequency of abuse decreased with age for most of the respondents, the dose-response association was found to be true not only for depression, but also for suicidality (p. 21).

Evaluating Parental Responses to Trans Youths

Some academics would argue that transgender youths are the most at-risk population for transgender victimization. A study conducted by Lombardi et al. (2001)

found that “younger people have a greater likelihood of experiencing violence...transgendered youths who disclose their status are scorned, attacked, and locked into or thrown out of their homes” (p. 98). Family responses to a transgender child can be evaluated through several methods. Koken, Bimbi, and Parsons (2009) used PAR theory to assess their qualitative interviews with transwomen in New York City. PAR theory (Parental Acceptance—Rejection) measures how family members treat youths across four spectrums: warmth—affection; hostility—aggression; indifference—neglect; and undifferentiated rejection. In their study, 40% of the participants were classified as having come from “hostile and aggressive” family situations in relation to their gender identity, caused by harsh verbal abuse, physical abuse, and being forced out of their home. According to their research:

PAR theory would posit that the experiences of transwomen with their parents and/or major caregivers, particularly during the adolescent and emerging adult years when most begin the transition and coming out process, may be a crucial factor in determining many aspects of their adult relationships and mental health. It has been suggested that if the family reacts abusively to the disclosure of transgender status, it may be healthy for the transwoman to sever all ties with her family (p. 854).

Abandoning family members may seem like a bleak perspective, but it is the path that many transgender youths choose. However, the researchers indicate the outside world may not be much more comforting than the abusive family situation:

Many of these narratives reflect not only an aggressive and hostile reaction from parents and close family members to their transgender child, they also hint at the larger social stigma against transgenderism. For some families, the knowledge that others knew about their child’s “difference” increased their sense of anger and humiliation. For many of the participants, parental rejection led to being forced out of the home, often before the transwoman reached the age of 18 (p. 857).

In a comparative study of transgender individuals and their non-transgender siblings, Factor and Rothblum found that even in seemingly unabusive families, cisgendered siblings were likely to report their family as more supportive (p. 23), regardless of age.

Current Understanding of IPV Abuse of Transgender Individuals

Although many of the studies mentioned in the last section report that abuse ends or lessens with age for trans individuals, many transgender people inevitably enter abusive domestic partnerships as adults. This hints to the “cycle of abuse” theory present in academic thought about cisgendered heterosexual relationships, wherein an abused child grows up to become revictimized by an abusive spouse. Keep in mind that because children are socialized to fit specific gender stereotypes, many transgender individuals do not feel comfortable expressing their true gender identity until they are far into adulthood (particularly if they have been abused for not meeting gender norms as children). Therefore, many trans individuals are actually married parents before they

are finally able to come to terms with their transgenderism. It obviously can create a great deal of stress in a marriage when one partner reveals to his or her spouse that they feel they actually belong to the opposite gender identity; for example, a man telling his wife, "I don't feel like I am a man. I feel like I should have been born a woman." This is especially stressful if the individual seeks SRS, since that will change the sexual dynamic of the relationship. Inevitably, this can result in divorce. In a study of transgender adults and their cisgendered siblings, Factor and Rothblum (2007) determined that:

Although many transwomen are currently married, they are also the most likely group to have divorced. There is a great deal of diversity in the responses of female spouses to learning of and living with a partner's transgender identity and/or desire to expand their transgender expression. However, many spouses choose to end the marriage (p. 26).

Some marriages may be able to work upon an "outing" of a gender identity. However, some intimate partnerships who do not opt for divorce and choose to stick together do not necessarily "work." The partner of a transgender person may not understand what the other person is going through and may become spiteful, resentful, condescending, and hurtful. They also may struggle to convince their spouse not to go through SRS or transition into a life as his or her desired gender. The anger felt by both parties through these struggles can often result in emotionally and sometimes even physically violent situations.

Meanwhile, people who are already transitioning into lives as their preferred gender identities often find themselves staying single, for multiple reasons. One, they may wish to avoid gender-related abuse or problems suffered in previous relationships. Two, they may have a hard time opening up or a fear of rejection inhibiting them from pursuing romantic relationships. Three, they may not be able to find partners "who are open to a primary relationship with a trans person" (Factor and Rothblum, 2007, p. 26). However, this paper does focus on those who are either current or past victims of intimate partner abuse. Recent survey data has indicated that transgendered individuals were far more likely to experience intimate partner violence than even same-sex partnerships were (Ard and Makadon, 2011, p. 630).

In his ethnography of sexual minorities in Japan, DiStefano (2009) found that 23% had experienced intimate partner violence (p. 127). As for the nature of the violence, he explained:

They also reported that sexual minority physical IPV differed little from what they knew of heterosexual physical IPV, particularly regarding the tendency for a cycle of violence to occur wherein the level of aggression escalates over time, reaches a pinnacle of intensity, then returns to a state of calm before building up again to another explosion. Both exclusive aggression by one partner toward another and mutual abuse were reported (p. 128).

DiStefano also found occurrences of economic and emotional abuse in these partnerships (p. 130). While many studies point toward a lack of understanding of trans issues as being the root of intimate partner abuse, DiStefano found that economic strain

and unbalanced economic power dynamics caused much of the interpersonal violence for his study's participants (p. 133).

Misconceptions about Transgender Relationships

Tesch et al. (2010) highlighted three major misconceptions about domestic violence in the LGBT community. The first is that females are not violent. There is growing research which indicates that women are just as likely to abuse as men are. The second misconception is that heterosexual, cisgender partner abuse is far more severe than any LGBT partner abuse, because that dynamic involves a physically stronger man assaulting a weaker female. Even if a female is assaulting a MTF individual, abuse is not an entirely physical situation. The victim may be conditioned to be too scared or too guilty to "fight back" or may just hope the situation ends quickly. There is an inherently emotional and mental aspect of domestic violence that causes it to be a far more complex scenario than a typical boxing match. Thirdly, the final misconception is that the perpetrators are "butch" or "men," and the victims are women or "femme." In many transgender relationships, "femme" MTFs suffer at the hands of effeminate genetic women. Tesch posits that police officers who are not trained with sensitivity about the LGBT community will believe these misconceptions and "may not treat cases...effectively" (p. 527). Policing issues will be discussed later in this paper.

DiStefano (2009) criticized the academic world's lack of knowledge and understanding about intimate partner abuse in the lives of sexual minorities, blaming it on two things: lack of previous research, and, interestingly, "survivors' hesitancy or inability to report" (p. 132). He supplied ten major reasons why abused trans individuals do not share their stories. One, they fear that talking about their experiences will "out" them (remember, many transgender individuals are forced to still live part-time). Transgender survivors also can fear interaction with the police: that they will suffer further harassment, that a female perpetrator would not leave any forensic evidence to support their claims, or that the police will not do anything. Survivors also often believe abuse is a private matter between two partners who can resolve things on their own. They may also be resistant to seeking attention from doctors because they are uncomfortable discussing their transsexuality with medical providers, they believe their injuries are not serious enough, and, in the case of mental health, there is still as stigma attached to seeking help. Additionally, there is a "machismo of some FTM survivors" present that they will not be viewed as masculine if they seek relief from an abusive partner, and other survivors may similarly feel they will be ostracized from friends who are also acquainted with the perpetrators (DiStefano, 2009, pp. 135-136). Similarly, Ard and Makadon (2011) noted that "unique to the LGBT experience in particular (is that) outing may constitute both a tool of abuse and a barrier to seeking help" (p. 630). For a part-time transvestite, being "outed" may force him or her to endure abuse from a threatening partner—or simply be reluctant or afraid to ask for help.

Policing Intimate Partner Violence in Trans Relationships

As mentioned earlier in this paper, there are currently many misconceptions about domestic violence in the lives of transgender individuals that can influence police officers who have not been trained to deal with trans-sensitive issues. Additionally, many victims fear going to the police, as discussed in the previous section. In this segment of the paper, the current body of literature about policing transgender intimate partner and familial violence will be discussed. It is important to note, though, that there are several hot topics currently in crime and justice academia regarding the police and the transgender community, from the controversial debates on public restroom usage to a person's appearance not matching his or her state-issued identification card. In particular, police sexual violence against transgender individuals has been increasingly reported and is starting to be studied by the academic community. However, that is not the focus of this paper.

To fully understand issues in policing regarding domestic violence, one must look at both cisgender and transgender phenomena, many of which overlap. Just as DiStefano's study claimed that sexual minorities were unlikely to report domestic abuse, Gover et al. (2011) posits that even in cisgender relationships, domestic violence goes largely unreported (p. 17). However, "reporting of crime significantly decreases when the issue of bias is involved" (Wolff and Cokely, 2007, p. 3). As social thought increasingly accepts the idea of the female perpetrator, many police departments have tried to adapt their policies to fit this. Some departments who cannot determine which party was more aggressive will arrest both parties in a domestic violence situation; some will just arrest whoever shows less physical injury. Already faults have been found in these procedures, as results from the National Crime Victimization Survey show that women are far more often violently victimized by their partners, yet in recent years there has been a dramatic increase in female domestic violence arrests (Hamilton and Worthen, 2010, p. 1561). With such important discretion placed in the hands of the police, it is imperative to understand officers' ways of thinking. After conducting a study over three hundred police officers in the western United States, Gover et al. (2011) noted that:

Derogatory views that place blame on the victim's behavior may lead to high levels of frustration among officers and, in turn, result in inappropriate responses to domestic violence incidents (p. 623).

They further explain that these views are based on "individual beliefs and assumptions about domestic incidents, intimate relationships, and personal and contextual characteristics related to offenders and victims" and that this may be "based on demographic characteristics of the individuals involved." Gover et al. also states:

In addition, officers' own characteristics or attitudes may affect the way that they respond to a domestic violence case. An officer's gender, for example, may influence how he or she responds to the call and who is arrested (p. 623).

Interestingly, that same study found that 20% of the officers did not feel LGBT intimate partner violence occurred for the same reason as heterosexual, cisgendered IPV does; 20% also felt that the law should not extend the same protection to LGBT couples as it

does to heterosexual, cisgendered couples (p. 629). A similar study of a police department of almost 400 officers in Valencia, Spain, found that many of the police officers held patriarchal attitudes and felt that the survivors of intimate partner abuse were often responsible for their own victimization. The researchers believed this may have affected the officers' actions when handling domestic violence cases (Gracia et al., 2010, p. 192). Such an occurrence is especially pertinent when discussing transgender victimization.

One must take into consideration, then, the concept of transphobia and how it plays into police officers' use of discretion. Mogul et al. (2011) describes transgender individuals as "archetypes" who are already considered so deviant and outside social norms "that gender-nonconforming individuals are engaged, or about to engage, in (deviant) activity. This in turn justifies preemptive arrest before any (illegal) act can occur" (p. 53). They cite a Los Angeles study of 244 transwomen, where 37% reported experiencing verbal abuse from a LAPD officer (p. 86). They explain:

Gender nonconformity in appearance or expression gives rise to police presumptions of disorder, violence, and mental instability, among other qualities. Such presumptions are heightened when synergistically reinforced by equally powerful stereotypes based on race, class, or both. In routine daily interactions, police can be described as succumbing to "classification anxiety" (p. 67).

A survey conducted by Amnesty International (2005) found that 28% of responding departments do not provide any training on LGBT issues (p. 4); in a study of Illinois police departments, Tesch et al. (2010) found that 26% of responding officers stated they had been trained "in issues that could affect the gay, lesbian, transgendered and bisexual community" (p. 532). Despite a lack of training, in a study measuring members of the LGBT community's feelings about police responses to varying calls from 1992 to 2000, Wolff and Cokely (2010) reported a substantial increase in positive feelings. However, these positive feelings did not constitute entirely positive experiences, but what Wolff and Cokely called "mixed" experiences, where negative aspects were also included—for example, rudeness, indifference, or incorrect advice (pp. 16-17). Other studies have confirmed homophobic and transphobic attitudes from police officers after experiences of police mocking, ignoring, blaming, or harassing violent crime victims were reported (Mogul et al., 2011, p. 130). There is also an indifference present in police officers' responses, according to victimization surveys; especially for MTFs who are being abused by female perpetrators, officers seem unconvinced that the genetic female could be perpetrating the abuse. They may shift their investigative focus to the MTF or simply drop the case (Mogul et al., 2011, p. 138).

Another major issue involving police discretion of domestic violence situations is that of emotional credibility of the survivor. If police officers have preconceived notions about how victims should be acting post-assault based on gender role norms, they may be more or less likely to believe these victims. Dozens of studies have studied victims' reactions after violent crimes have occurred and concluded that there are no set standards for emotional response. Some victims are angry; some are still frightened;

some are full of guilt and self-blame; and many experience all of these emotions. These emotional responses are sometimes told calmly or numbly, sometimes tensely, sometimes restlessly, sometimes hysterically, and sometimes tentatively (Bollingmo et al., 2008, p. 30). However, experiments and surveys conducted with police officers in the United States have shown that they judge victims' emotional responses as indicators of credibility. However, this is another issue of policing domestic violence in the trans community that overlaps with current issues the cisgender community is battling as well.

It is evident that further training in domestic violence issues, particularly those especially pertinent to gender-related violence in the LGBT community, is necessary, and that research must be done evaluating the effectiveness of this training and how trans individuals who come in contact with police post-training feel. Gover et al. (2011) argues that "patrol officers may be poorly trained in the specific dynamics of domestic violence" and that topic-specific training may be the only way to counteract these officers' preconceived judgments and misconceptions about familial and intimate partner violence against transgender individuals to "improve law enforcement responses" (p. 624). Wolff and Cokely (2007) also suggest not only educating law enforcement, but involving police officers "as liaisons with members of the LGBT community and serving as advocates for victims of crime" (p. 12).

IPV Survivors and Non-Policing Social Services

Because the area of transgender victimization is so new to crime and justice academia, Callahan (2009) notes that there is not enough reported research "to assess the quality, quantity, and perceived adequacy of lesbian, gay, bisexual, and transgender related activities" with social service departments in the United States (p. 1025). Specifically in relation to intimate partner abuse and familial abuse of transgender individuals, it is important that social services be able to reach out to family members and spouses. Koken, Bimbi, and Parsons (2009) describe:

There is still a critical lack of available support services tailored to the unique issues of transgender persons and their families. Such services should address the difficult choices faced by transgender youth and their families such as whether to begin hormone therapy and at what age, surgical changes to alter the individual's body to be more feminine (or masculine, for transmen), and how best to navigate the child's gender identity in public environments, particularly at school, in order to maximize the safety and acceptance of the child. Increased support for families and a greater awareness of transgenderism throughout society is necessary in promoting acceptance of transgender people (p. 858).

Cooper (1999) describes the importance of counseling services in order to prevent emotional abuse and family turmoil, stating that unaccepting families are actually "griev(ing) the loss of a relationship as they understood it, and they need support and education in building a new relationship based on an unfamiliar gender dynamic" (p. 123). Counselors and social workers can be trained in how to intervene in abusive family situations, right down to teaching parents how to use preferred pronouns when

addressing their transgendered children or by helping a spouse come to accept that, post-transition, the marriage no longer clearly fits into a category of “gay” or “straight” (p. 124-125).

CHAPTER III

METHODOLOGY

Most data for this project was gathered through qualitative interviews with informants, who were found through networking (attending meetings of TransKentucky, a support group for trans adults in Lexington, Ky., and joining URNotAlone.com, a transgender social networking website). The same organization that hosts TransKentucky, GLSO (Gay and Lesbian Services Organization), also sponsors a support group for transgender youths and their families, but given the highly confidential nature of the group, the researcher did not gain access to those meetings. Individuals in TransKentucky who were willing to discuss being victims of gender-related abuse will be engaged in interviews, both phone and in person, depending on the informant's comfort level.

Data

The interviews lasted one to three hours and involved open-ended questions. Some informants were asked for follow-up interviews if they had a lot of information to share or if they needed to become more comfortable with the primary investigator. The design was purely qualitative, as the sample was too narrowed for elaborate statistical research, and also given that the goal of the study is to gain an in-depth understanding of the informants' lives that a quantitative survey or similar instrument could not yield. The qualitative nature allowed the words and experiences of these individuals, rather than any statistical assessment, to shape the findings of the research.

Data was also gleaned from a series of phone interviews with local counselors, psychologists, and doctors who specialize in transgender care. Endocrinologist Dr. Lisa Tannock, who actually treats many of the trans informants, asked that her identity not be changed in this paper, so she is the only informant who will be mentioned by her name in this project.

Setting

TransKentucky was founded in 2003 by a female-to-male transgender individual. Originally called Lexington Dress and Gender Alliance, it was a highly secretive organization with only five or six people attending each meeting. Most people only found out about the group if they knew one of its members; even their Yahoo group was extremely guarded. This was to protect the privacy of members. Now under new leadership, TransKentucky has expanded into a larger organization. Although they have no grant funding whatsoever and do not collect membership dues, they are able to meet once a month at GLSO's Pride Center in Lexington, Ky. Members travel from all over Kentucky to attend, since the only other recognized trans support group in the state, Sienna, is located in Louisville.

Upon the researcher's first attendance of a meeting, the members were informed that the nature and intent of the project, as well as the fact that they were speaking to a

graduate student from Eastern Kentucky University. No deceit was ever utilized in this research. Members were encouraged to speak to the primary investigator following the meeting or contact the investigator through e-mail or by phone if they were interested in doing interviews. No one was paid for this research. Anyone who wished to speak to the researcher one-on-one, outside of the support group, was asked to sign an informed consent form. Many of these individuals live “part time” (meaning, they cannot “come out” as the gender they feel they actually are, in order to satisfy employers, family members, spouses, or churches) and did not want their names to be shared with anyone but the primary investigator, so their names will be changed in the paper.

TransKentucky proved to be the most worthwhile endeavor to recruit informants for this research, but there were some issues of concern. Simply attending a support group meeting did not encourage immediate trust and acceptance by these individuals. Just attending the meetings for the first time is a huge step for many members; several informants talked about walking around outside the building, questioning whether or not they want to attend; one informant said she drove around for almost an hour before finally working up the courage to park and enter. For many trans individuals, their first TransKentucky meeting may also be the first time they’ve been dressed as the opposite gender in front of a group of people, and also the first time they have ever “came out” to anyone, so it can be a very anxiety-inducing experience. Their willingness to further divulge extremely personal and revealing information is reasonably questionable.

The current leader of TransKentucky pointed out that the average member is only active for, on average, a year and a half to two years: “Many people come to us in a time of transition, and once they find themselves, they tend to move on and don’t need the group as much anymore.” There were criticisms among former and current members who were interviewed for this project. The lack of structure in the group was mentioned by a few, stating that the meetings can often seem like unfocused social gatherings with no clear agenda. One informant also criticized the lack of allies (non-trans individuals who participate in the group to show their support). If more biological women would want to be part of the group, the informant says she would be happy to join, but as for now, “I don’t see the appeal in it. I don’t want to go hang around a bunch of guys like myself.” Another criticism was their lack of activism in the community. Although TransKentucky does participate in a pride parade yearly, they do not do as much community involvement and volunteer work as many nationwide trans groups, such as the Erie Sisters in Pennsylvania, do. However, the current TransKentucky leader notes that “we went through a brief period of activism, and our membership dropped immediately.” This is simply because many of the members are still closeted about their gender identity issues. If their spouses, parents, children, coworkers, siblings, and friends do not even know about these issues yet, it is understandable why they would not want to be seen out in the community, dressed as the opposite gender. Their current leader stated that activism is not on their agenda; their first and most important goal is to be there to help and support another through the transitioning process.

Sample

TransKentucky is a rather large support network, but with approximately only thirty members in attendance each meeting. From that group, 12 members demonstrated significant abuse patterns in their lives; therefore, their experiences will be highlighted in this paper. The youngest informant is 21, and the oldest is 64. The sample includes individuals born biologically male and female; the sample is varied, as some informants are living as male and some as female, and some are bigender or genderqueer. Ideally, ethnic diversity would be represented in the studied population, but the sample is almost completely Caucasian, with one Mexican-American and one Native American included in the sample. The researcher did not want to exclude valuable informants due to an overwhelming majority of Caucasian members of the group.

Potential informants were also gleaned by joining URNotAlone.com. URNA is a social networking site, similar to a MySpace or Facebook, for transgender individuals, their allies, and their “admirers” (typically men who seek sex with trans people). Members create profiles with descriptions about themselves, share photos, and can use a zip code search to find trans individuals in their area. There is both a private messaging system and also a public “wall” on each member’s profile, on which they can share comments that may be read by other members. URNA helped integrate the researcher further into the trans community, especially by introducing informants who were not members of TransKentucky to the project.

Evolving into Ethnography

This study employed ethnographic fieldwork in order to obtain data from April 2010 to January 2012, with occasional follow-up interviews, mostly via online instant messaging or phone calls, carried out from February 2012 to June 2012. The investigator fully immersed herself in the subculture of the trans community, including online message boards, social networking websites, joining a local university’s GLBT awareness group (The Alphabet Center) and visiting a transgender rights’ group at the University of Louisville (the T2s). She hung out at GLBT-friendly bars to meet people within the trans community, even attending drag shows. Not only were support group meetings and trans rights activities such as the Lexington Pride Festival and Fairness Over Main attended, but the researcher also went out socially with the group members to places such as wig shops, used clothing stores, coffee shops, bars, and restaurants in order to gain trust and acceptance. Those members of the support group who became primary informants to the researcher met the investigator for lunch or coffee in order to conduct the interviews in a comfortable, accepting environment that was unstructured and made them feel accepted and willing to share. True to ethnographic methodology, there were no set interview questions. The research flowed freely, with the researcher only slightly encouraging the conversation to occur unnaturally with open-ended questions or comments, such as, “Tell me about your journey,” or “How are things going with your dad?” To ensure the comfort of the informants, the interviews were not recorded but, with permission, the researcher took notes.

Despite the real-life illustrations and experiences qualitative research yields, ethnography “often produces strong negative reactions in the mainstream academic community” and is often considered less credible than mixed methods or quantitative research endeavors (Jayaratne and Stewart, 1991, pp. 90). However, this paper contends that its data could only have been collected through ethnographic fieldwork. Not only was the studied population too miniscule for quantitative analysis, this population would be unlikely to respond to an instrument like a survey. The methodology was also rooted in a feminist framework, although the conflicts between feminism and transgender research was noted in the literature review. However, as Reinharz (1992) pointed out, “It is not ethnography per se...but ethnography in the hands of feminists that renders it feminist” (pp. 48). Reinharz, among other academics, believe that qualitative fieldwork allows researchers to document the experiences of women more truthfully than quantitative methods, which they claim can overlook issues sensitive to gender (pp. 47); according to Reinharz, near-identical ethnographies may reveal starkly different accounts on the experiences of female activity, depending on the gender of the researcher. Ethnographic fieldwork does not have to study just women to be a feminist project, nor does it have to occur in a women’s-only setting. Inevitably, in a study of gender, feminist theory will affect the manners in which the researcher structured her research and interpreted the data.

Interactional Shiftwork

As the fieldwork for the paper was done by a female graduate student, many notions about feminist fieldwork came into play during the research. Some scholars have pointed out risk factors for women conducting research alone in settings that may have some risk potential—such as meeting a stranger from URNA at a bar. Reinharz (1992) explained that “in a society that is ageist, sexist, and heterosexist, the researcher who is female and young may be defined as a sex object to be seduced by heterosexual males” (pp. 58). Some female academics have stated feeling depressed and humiliated during field research because of these sex-related issues, and while this has encouraged previous field researchers to abandon their studies, the primary investigator for this paper utilized what Reinharz and other scholars call “interactional shiftwork.” Beyond regular attendance of the meetings, interactional shiftwork allows a researcher to set her own schedule, controlling the length and frequency of interviews. If an informant harassed or intimidated her, she could leave and resume research when she felt comfortable, whether it was a day or a week later. This method is an integral part of feminist ethnography, and a necessity during this research, as will be discussed later in this paper.

CHAPTER IV

RESULTS

Before one can engage in a discussion of intimate partner and familial abuse of transgender communities, one must understand the world in which these individuals exist, for it is very different than the lives of cisgender, mainstream individuals. This section will begin with a discussion of mental health issues found in the sample, which may have been induced or affected by the abuse suffered as children and within their adult lives, but will also expand to explain other issues affecting their lifestyles, including poverty, homelessness, medical problems, and employment problems, before launching into a discussion of the verbal and physical abuse suffered by these individuals.

Mental Health

The most predominant healthcare issue immediately plaguing the trans community studied is mental health. A few informants expressed deep suicidal thoughts, with two stating that they contemplate killing themselves daily. Several members of TransKentucky have shared their ongoing bouts with depression during meetings. Many are so severely depressed that they have lost interest in most aspects of their lives; one informant, who hasn't had a sexual encounter in over ten years and has little desire or expectation that she ever will again, told me that there are times when she will spend six or seven weeks at home, too depressed to go out. Some informants have discussed inadequate psychological care available to them. Most MTF TGs long to speak to a nonjudgmental female psychologist, but most cannot afford to see a psychiatrist or get a prescription to anti-depressants. Although the ones in better economic situations can afford hormone therapy, which has been shown to drastically decrease depression, for many trans individuals in the Lexington area, life is bleak and getting bleaker.

This report must also acknowledge the severity of gender identity issues among the informants. These are individuals who for their entire lives—not just a few months—felt that they were born into the physical body of the wrong gender. This has led to many problems in their lives socially, but has also, in many, created extreme depression, insecurity, loneliness, and thoughts of suicide. These feelings are not fleeting thoughts, but chronic issues. The only members who expressed recovering from depression were those who were on hormone therapy, in particular those who were “post-transition” or currently preparing for sexual reassignment surgery. As one informant explained, “Imagine looking in the mirror every day, and it’s not you who you see. You take your body for granted that *that’s* you, but for us, it can be a real heartache...can you imagine that even if when you were taking a shower, you feel out of place?” Another informant said, “I’m not totally upset with the gender I was given, but it’s not the gender I am inside...I’d rather my body look like how I feel. I have a totally female outlook on things, so it’s been a really strange life. But people don’t understand that. They think you’re crazy.” Even a transgender healthcare specialist interviewed for

this project noted that gender identity is often mislabeled as a psychiatric disorder instead of a real social problem.

Shockingly, *every* informant currently undergoing hormone therapy stated that it helped resolve their depression and made them feel physiologically better. According to Dr. Tannock, “It’s true, in general most patients feel great after receiving hormones; it’s what their body’s been craving their whole life,” she explained. “Depression, stress, anxiety--it all gets better, even before their body changes.” The changes she is referring to can include a change in face contour, hair growth, breast development, skin, and where the patients put on fat. However, many trans individuals cannot afford this expensive process. In the next several sections, other aspects of these individuals’ lives will be discussed in an attempt to better understand the world in which they live.

Understanding the Population: Poverty, Homelessness, and Other Important Issues

The Costs of Being Transgender

A common theme among the informants’ lives was poverty; many desired sexual reassignment surgery, but could not afford such a costly procedure. Dr. Tannock indicated that there are only two doctors in the United States who do MTF surgery. It is a lengthy process that starts at \$20,000 and goes up to \$50,000. The leading SRS gynecologist, Dr. Marci Bowers in California, has recently developed a one-step surgery (labiaplasty and other follow-up procedures formerly made the process longer, more painful, and more expensive). Additionally, MTFs often desire other expensive surgical procedures, such as breast implants, chondrolaryngoplasty (a tracheal shaving to remove the appearance of an Adam’s apple), and facial reconstruction. Some MTF TGs fork the large bills for electrolysis or laser hair removal. SRS for FTMs is even more costly, often adding up to over \$100,000. Internationally, the cost is less; in Thailand, SRS is usually priced around \$5,000, according to many informants who researched their options.

Hormone therapy is another extremely expensive process. Daisy stated her hormone therapy averages about \$120 a month. For many individuals, that added expense is out of the question. Summer is in an unhappy marriage which she cannot leave due to economic ties. As parents of an autistic child, she and her wife are forced to stay together to pay bills and care for their children. Although she longs to live as a post-op female, she has resigned herself to the fact that she will never get out of debt and be able to afford SRS or hormone therapy. She cannot even afford electrolysis (permanent laser hair removal) to get rid of her facial hair. Summer explains:

The only way anything [like electrolysis] will ever happen is for the marriage to go up in flames. I think [my wife] has been clear with me that she feels stuck by the finances. I won’t be the one to end it, I think. I am more practical than emotional.

Dr. Tannock, who administers hormone therapy to hundreds of Lexington-area patients, what her clients tell her is their biggest worry, she says it’s almost always money. “80%

who want the surgery can't afford it," she stated. Increasing their economic strain is the lack of insurance coverage for hormone therapy or any other transgender procedures. "There's a lot of bias from insurers, so the clients are having to completely self-pay." Jennifer even discussed how her military insurance emphasized at the beginning of the application that it would not provide coverage for transgender healthcare issues.

Jessica is one of several informants who told longed to have SRS but simply could not afford it: "My insurance doesn't cover any of this stuff, and my income is not very high at all. I just don't have the means to go from A to Z...I've read about guys doing this and being homeless, living in their cars. If I went a third of the way even, I'd be on the street. I can dream, but I don't know how to make anything else happen right now. I'm under great economic stress."

This deep financial strain is why TransKentucky as an organization has no money. Their current leader stated that at one time, they had decided to collect dues of \$5/month/member in order to generate funding, but they lost 20% of their membership immediately.

Homelessness

Homelessness is a serious issue facing TGs in the Lexington area. On the TransKentucky Yahoo group, a TG posted asking for support. She was not earning enough income to live on her own and was struggling to move back in with an unaccepting mother. After fights with her mother, she would leave and sleep in her car or stay at Wal-Mart for several days, because she had no place else to go until her mother would let her back in. Another member of TransKentucky is currently residing in a homeless shelter. When her company needed to lay off several of its staff, she was immediately picked as one of the layoffs. This was a great surprise to her, since she had more seniority than any of the staff members who were allowed to keep their jobs. However, she had recently transitioned and came out at work, so one must speculate if this was an act of discrimination. She ended up not being able to afford her home and bills anymore, and is staying in a homeless shelter while she tries to piece her life back together.

In addition to the other financial problems mentioned earlier, marital obligations have proven to be an economic strain for several informants, including Jennifer, who was married for 27 years. After coming out to her wife, Jennifer found the marriage was more on the rocks than ever. As with many of the trans informants, Jennifer's wife could not handle the idea that she may be married to a non-biological woman and became verbally abusive. After sleeping on the couch for six years so as not to lose custody of their daughter, Jennifer finally worked up the nerve to separate. She cannot afford to divorce her wife, and all of her retirement still goes to her wife to make their house payments and phone bills. Meanwhile, Jennifer now lives in an apartment alone and works two jobs to get by. "It's hard. I live paycheck to paycheck, but it was worth it to get away," Jennifer stated. These issues will be discussed later, in the focal points of the research results.

Employment Issues: Living in Fear

Many TransKentucky members discussed that they were only living part time because they could not go to work in “girl mode.” Some, such as full-timer Daisy, work for large corporations that have specific policies against gender discrimination or transphobic policies, so they are protected. Still, Daisy admits there was friction between her and coworkers after she made the transition. One MTF transgender shared the loss of her realty career post-transition, stating at one point she was in the top ten real estate agents in the Lexington area, but lost everything after she came out as a female. Stories like that evoke fear in the TG community. For example, Jessica points out that if she came out as a female, she would lose everything she had worked her career to establish. She says winning the lottery would be the only way she could have a fresh start as a woman.

Jennifer and Andrea have both faced a few issues at their places of employment, even without transitioning. Andrea is a truck driver who goes to work in guy mode, but says another driver noticed one day that she had on nail polish and seemed disgusted by it. “I have good reasons not to come job-wise. I don’t advertise or bend the gender at work, because I don’t want to stir the pot and get people upset and hating me. You get into all that stuff, and you have problems.” Jennifer, who experienced similar disdain after having pierced ears, also says she has learned “not to rock the boat.” Dorothy shares a similar sentiment. As a university English professor, she says, “I’m so shy that it was already an effort just to get into the classroom as a male. I just couldn’t do it as [my female self].”

Cross-Dressing, “Am I Gay?”, and Understanding Identity

Most informants were heterosexual genetic males who desired to transition into lives as homosexual women, and most stated that they were first able to explore their femininity through fetishistic interest in women’s clothing, but now have no sexual interest in women’s clothing. Some said that dressing as women makes them feel “relieved,” in the words of Summer, or as Jennifer stated, dressing brings about a “completeness, to match what’s on the inside.” Dressing can also be an “escape,” as Dorothy stated. The informants typically maintained that dressing hasn’t been a sexual turn-on since their pubescent years; Summer even recalls dressing in her mother’s clothes at the age of six—“pre-sexual,” in her words. Dorothy explained, “Maybe it did start as a fetish when I was eight or nine, but now that I’m comfortable living in a feminine mindset, it’s so far beyond that.” Andrea agreed: “The sexuality part of [dressing] vanished quickly. I feel better like this [in feminine attire]; it’s more who I am and what I am trying to get a hold of.”

Unlike biological women, TGs have few friends who can show them cosmetic tricks or give them fashion advice. And for many, asking sales consultants at stores is not an option. One informant shared a story of a shoe store clerk who kept asking who she was purchasing heels for, while she was in “guy mode.” Dorothy said that while first exploring her femininity, she would only buy women’s clothing at “acceptable” times, such as Valentine’s Day, to avoid the awkward conversations. Additionally, most of

those interviewed grew up in a time with very limited exposure to trans issues. They did not have the World Wide Web and other resources to investigate what was going on. Thus, many went through a period where they wondered if they were gay or not because they felt so effeminate. Jessica said, “The sexuality [of dressing] was expanding into more of an identity as a female. I discovered that I wanted to wear all women’s clothing and that I wanted to actually *be* a woman. I confronted the issue of ‘am I gay’?...A friend of mine says, ‘Yes, you are: you’re a lesbian.’”

Medical Problems

In addition to healthcare not being affordable, the informants described many problems trying to find non-discriminatory healthcare in eastern Kentucky. “As far back as I can remember, it’s been a struggle...I have been laughed at and stared at like I was a leper (by medical personnel),” she says. Patricia states that she feels like “entertainment” for her doctors when she has an appointment, and Cari also expressed fear of returning to her primary care doctor after she had been on hormones and developed breasts. If individuals are afraid to contact professionals for help with physical health problems, one can only speculate how frightened they must be to seek aid or relief from emotionally or physically abusive situations.

Familial Abuse: Growing Up as “Sick” Children

Most informants did not have their first experience with harsh verbal abuse from their spouses or intimate partners; most demonstrated a lengthy history of being tortured while growing up. Some of their anecdotes and emotions relayed to the researcher are shared here.

The Cycle of Harassment: From Bullying to Car Chases

Being an effeminate and nonviolent child, Jennifer said she was routinely beat up two or three times a week in middle school and high school by neighborhood bullies for being too “girly.” At home, her parents offered her no refuge, not understanding why she couldn’t stand up to the neighborhood bullies. They immediately assumed that, being a genetic male, Jennifer would be able to defend herself against any attackers, and were annoyed that their son couldn’t live up to those standards. Since reaching adulthood, this cycle has continued. She says that multiple times she has been harassed for dressing publicly; once, she left a bar after being ridiculed and had a transphobic man chase her in his vehicle. She had no one to help her.

Dorothy experienced a process of violentization growing up. As an undersized child—even today, she is barely 5’7”—Dorothy said she had to fight to get by. Her anger and resentment of the bullies who tortured her led her to become an extremely violent child. “I had to kick major ass growing up. I almost killed a kid once for making fun of me. I kicked him down the stairs and was strangling him. I had teachers pulling me off. But, I didn’t get shit from anyone after that happened...and that was okay, to be

identified as an angry guy [instead of a girl].” Dorothy (who, keep in mind, goes by a different female name than what is shared in this paper) actually created her “girl name” from her middle name. She says that as a child, she was always ridiculed for her very effeminate sounding middle name, but now she makes it work for her as a transgender individual. She also says her height works on her behalf now, as she can wear heels and not be stand out in a crowd, like many MTFs do. Dorothy even suspects she may have first started dressing out “to compensate for old shitloads of anger against society.” While she almost proudly justifies responding to being bullied by her pervasively violent lifestyle, it is clear that she has not been able to effectively deal with the abuse she suffered growing up.

Andrea, who is actually a straight male, was so effeminate that she was called “homo,” “fag,” and “gay boy” all throughout her childhood. Increasingly, she felt more comfortable wearing feminine clothing, such as “girl jeans,” to high school, but her parents would criticize her for it, and even the girls at school would ask her if she was gay. The harassment has continued into Andrea’s adult life, much like Jennifer’s. Even when in “guy mode,” MTFs still have groomed eyebrows, long nails, and effeminate mannerisms, so they are always facing the threat of being called “gay.” Andrea said she was leaving a convenience store once when a guy shouted, “Hey, that guy’s got an ass like a girl.” Andrea replied, “Well, the jeans wouldn’t look right if I didn’t have an ass.” The guy retorted, “What, are you a queer?” The conversation became heated, with the guy asking, “What if I just pound you right here in the parking lot?” Andrea agreed to fight the man and started putting her stuff in the trunk of her vehicle, but the man backed off, saying, “I’m not fighting you! You’re weird! You’re a freak!”

Physical Abuse from Parents

Andrea remembers countless fights with her parents about her desire to dress effeminately as a teenage boy. But some of the memories Jennifer and Dorothy have are far more traumatic. Dorothy remembers intense anger boiling in her as her father beat her, closed-fist, for “acting gay,” or especially when she was caught dressing in her mother’s clothes.

Jennifer, who started wearing her mother’s clothes at age five in secret, was often discovered in female garb by her parents. As a result, her father would whip her mercilessly, sometimes with a belt, sometimes with a foreign object, and sometimes with his bare hands. Her parents would tell her that she was a freak and mentally ill. “I hated my dad growing up,” Jennifer admits. Even after she became a husband a father herself, Jennifer could never live up to her father’s expectations. The memories of going to school with bruises and cuts from the severe beatings she suffered were too much for Jennifer to handle, and as an adult, she cut off contact with her abusive parents. Her father passed away before he ever got the chance to meet his son as post-transition as an adult female, and Jennifer says she has no regrets about that.

Patricia, when first meeting the researcher, identified herself as bigendered and bisexual, but later revealed that she feels she is actually a pre-op transgender and gay. A college student, she works a part-time job to help pay for her own bills but still lives at

home with her verbally abusive parents. She has grown her hair long, and her open-minded sister gave her a pink straightening iron for her birthday. Her parents and grandfather, present at the time the gift was open, were disgusted, and her mother confiscated the straightening iron. Patricia was labeled a “faggot” by her grandfather and father. She cannot afford to move into an apartment of her own without trimming down her class schedule, thus delaying her graduation, but she is afraid to live in the dorms because of how other genetic males may treat her. At a recent TransKentucky meeting, she burst into tears and relayed a recent night in which her mother repeatedly slapped and yelled at her. Patricia says she did not defend herself and simply retreated to her room after the incident, which was provoked by her desire to wear nail polish and a skirt. Even after sharing the event with the other support group members, she had no other options about to how to escape her situation; everyone else in the room was equally financially strapped and dealing with their own personal situations.

Still Not Understanding: Family Anxiety as Adults

Most informants with adult offspring have not divulged their gender identities to their sons or daughters, and none had told their parents. Jessica explains, “I can only imagine what would happen with very right-wing, traditional, god-fearing family if I came out to them.” Jessica says her life is “compartmentalized” because she is afraid her family would not speak to her anymore if they knew her desire to transition full-time. Additionally, Jessica and her wife are now separating because of her feminine identity, but Jessica has not worked up the courage to tell her very religious parents about the divorce. She states, “I don’t think I will ever tell them (why we’re getting divorced). Look, you don’t get divorced in my family. You don’t forsake the church. You don’t drink. There’s a lot of things you don’t do, and I’ve done them all. I haven’t even told them I’m getting a divorce again. Why put them through this?” She adds that she never plans to tell her son, who is in the military, that she feels she was born into the wrong gender.

Intimate Partner Violence and Verbal Abuse

Many informants are experiencing very deep marital problems because of their transgender status. Much of the verbal abuse reported seemed to result from a lack of understanding about transgenderism from the spouses of the informants. While there were some bisexual and homosexual informants, most were straight MTFs who consider themselves to be potential trans-lesbians, meaning they would still plan to date women post-op. Yet several reported being called “faggots” and similar demeaning terms by wives and girlfriends.

“You Sick Freak”: Verbal Abuse in Intimate Relationships

As discussed earlier in this paper, many of the informants began dressing young, ranging from 5 to 11 in age. For most, cross-dressing was a way to explore their

feminine side, which they did not understand until much later in life. Dorothy, like many of the informants, realized eventually that her dressing was something much more than sexual excitement or playing dress-up, but she was afraid to tell her wife about this whole other part of her personality and identity; thus, she could only be herself when her wife was not at home. But, as with many TGs, Dorothy was discovered in full girl mode one day when her wife arrived home unexpectedly. Her wife called her a “faggot” and a “sick freak,” and from there began a very stormy relationship between the two in which Dorothy’s wife persistently used insulting terminology to describe her. Dorothy’s wife had even had lesbian relationships in the past, yet she maintained that her husband becoming a transgender woman was inexcusable, because it was just “different” and “weird.” When Dorothy’s wife was struggling with breast cancer, she attended a free counseling service for spouses of cancer victims. She opened up to the nurse about her gender identity issues, and the nurse encouraged her to pursue life as Dorothy (and not a man) by attending transgender support groups, conventions, and parties in the region. Unfortunately, Dorothy’s wife passed away before these options were ever explored. While the psychological abuse ended due to the wife’s passing, Dorothy is still haunted by memories of the insults. During her interviews, she had a hard time maintaining composure when discussing her wife’s vicious remarks.

Andrea, who is twice divorced, was never discovered like Dorothy and never had the courage to tell either of her spouses about her gender identity issues. A single father whose first wife abandoned her and their children to live with a hyper masculine “biker dude,” claiming that Andrea did not satisfy her and was just not “man enough,” Andrea has certainly had her fair share of stormy relationships. Now that she is single, she says she does not plan to ever date again. Since her second divorce, Andrea has attempted to tell two girlfriends about her feminine identity, and “neither wanted anything to do with me then,” she stated. One girlfriend, whom she met at work, was so disgusted when learning Andrea desired to live as a woman that she threatened to tell their coworkers what a “pervert” and “sicko” Andrea is. The psychological abuse has warped Andrea’s mind to the point where she has resigned herself to the prospect of never again becoming physically or emotionally intimate with another person.

Jessica suffered a great deal of verbal abuse from her first wife, whose family “was a group of macho, traditional, machine-working farm types in rural southern Kentucky,” she says. “The men worked with their hands, in factories, talked big, were strong problem solvers.” Jessica says that her first wife idolized her very hyper masculine father and would constantly ask why Jessica could not be more like him. At her first wife’s insistence, Jessica grew a beard and wore what she calls “lumberjack shirts.” “She was profoundly disappointed in my lack of being a real man. I never measured up. But I wanted no part of their mainly world; I felt no identity with it.” This first wife dubbed Jessica “queer” and a “loser” when she frequently berated her for her femininity. Years later, the emotional scars are still present; when asked to define masculinity, Jessica replied, “Just ask my first wife. She’ll tell you it’s everything I could never be.”

Jessica's second wife was willing to explore her husband's femininity in the bedroom only, but the awkward sexual discourse eventually led to their split. Jessica recalls, "She repeatedly told me I was going to go further with it, and I denied it. She didn't really enjoy the femininity I was manifesting. She also felt diminished, I think." Jessica still hopes that she can "once again have an intimate sexual relationship with a GG [genetic female]...sometimes, that seems as distant as going to the edge of the galaxy." After both of her marriages' failures, she now fears being perceived as a homosexual or inadequate by intimate partners.

One TransKentucky member, Summer, gives a very detailed weekly discussion of her ongoing friction with her wife in a transgender-themed blog she writes, which proved to be very helpful to the research. She discusses day to day the fighting between her and her wife about a variety of issues, such as her desire to shaving her legs or visit wig shops. Emotional abuse is present in the relationship. Summer explains her wife's perspective:

When she gets going, she can be incredibly hurtful. She has told me more than once that I will never be a woman, that it is incredibly insulting of her to consider myself in the same breath as a real woman. [She says] I am a caricature.

Summer's spiteful wife has gone as far as to cut up her wigs, feminine attire, and hide cosmetics. Now, she only dress when she attends the TransKentucky meetings once a month. Even then, she usually has to arrive as soon as the building opens so she can get ready in the restroom, because driving dressed is usually not an option, with her wife and kids home. Although it might save their marriage if Summer's wife would attempt to understand transgender perspectives more, she has refused to attend TransKentucky meetings with her husband and is opposed to the idea of going to marriage counseling, convinced that her husband is "a psychotic freak who will never be a woman."

Jennifer said that her wife was also verbally abusive, like Jessica's first wife and Summer's wife. "She could tolerate other people, but not me," Jennifer explains. Jennifer said that for years, her wife would find her "girl mode" attire and throw it away. She would also speak violently toward her, calling her a "sick freak." After they separated, Jennifer's wife discovered that her estranged husband had gotten her ears pierced, and demanded they meet to talk about. "She kept saying, 'What about when you walk [their daughter] down the aisle? She wants a father, not a freak.'"

Lisa, another MTF informant, also went through a divorce due to not her first wife not being able to cope with her transgender lifestyle:

She would get upset and say hurtful things, then later, apologize. She called me queer, weirdo, freak—it just depended on how stressed she was that day about money issues, if she thought I was talking to someone on the computer, if she wasn't feeling well. One night I put on a teddy and she called me a sicko faggot.

Lisa remarried, and at first, her marriage seemed blissful. Her younger wife was open-minded and comfortable with her transgender lifestyle; she even was accepting when Lisa wanted to dress and go out in public. However, over time, her new bride became more and more reluctant to be married to a MTF transgender. Now, Lisa's wife accuses her of "turning gay," claims she is embarrassed by her husband's MTF lifestyle, and

threatens to leave Lisa. Thus, Lisa is reverting back into secrecy about dressing and her involvement in the trans community (such as being on social networking sites and attending support groups) so as not to upset her wife further.

Intimate Partner Violence

There was little intimate partner violence reported by the sample, and no FTMs recounted any incidents of IPV occurring. Dorothy briefly discussed being slapped by her wife during several of their heated arguments, and Jennifer recounted incidents in which her wife struck or pushed her. Both of these individuals state that they never left the situation or sought help, given that they were still genetic males being attacked by genetic females. Neither had shared the incidents with a counselor or social worker, feeling like they would be ridiculed if they stated they were upset at being struck by a woman.

CHAPTER V

DISCUSSION

The results of this study yielded extremely personal and troubling descriptions of verbal abuse and physical abuse in familial and intimate partner situations involving transgender individuals. It's important to note that in almost all the anecdotes relayed by informants, their transgenderism seemed to be at the heart of all the violence and abuse they have suffered. A lack of understanding about transgender lifestyles and an unwillingness to healthily cope with transgenderism has provoked their family members and intimate partners to lash out hurtfully. This issue separates the transgender victim from other abuse victims, and practitioners must acknowledge that often the abuser acts out of the inability to control the victim's gender identity.

None of the informants ever reached out for help. Dorothy and Jennifer discussed severe beatings at the hands of their fathers that, in spite of leaving bruises, were overlooked by schoolteachers. Many, such as Summer and Patricia, are forced to remain with their abusers for economic reasons, and do not seek police involvement out of shame and guilt. While a few have suggested going to counseling with their spouses—a request that is often denied—many victims carry the blame on themselves (like Jessica, who says she doesn't want to “put them through” any hardships, about her parents) and thus stay in their situations. Jennifer, Andrea, and Jessica, all middle-aged adults, also fear estrangement from their families if they tried to talk to them about their gender identities.

Additionally, many fear transgender individuals fear the police in general and are hesitant to involve them in their personal lives. At TransKentucky meetings, they share stories about encounters with the police; one MTF recounts getting pulled over for a traffic violation while dressed, and the officer making several disparaging remarks when her ID revealed she is a genetic male. Another MTF discussed having the cops called on her when she used a public women's restroom at her university. These types of stories have frightened the other trans individuals in the group to the point where they feel like nothing will be accomplished by involving authorities in their situations.

The research methodology selected for this study proved vital. By immersing oneself in the entire community—both virtually and physically—of transgenderism, the researcher was able to fully understand and appreciate the issues affecting those individuals on a deeper level than she would have if only conducted informal quantitative research. By gaining the trust of the informants and having them describe their lives in such detail, the researcher was able to glean a deeper level of awareness of the situations of intimate partner abuse and familial abuse affecting these individuals. Interactional shiftwork and feminist methodological concepts definitely aided the researcher. Male-to-female transgender individuals often seek the approval and companionship of GG allies (genetic females), which resulted in some uncomfortable situations during the data collection. Several informants became emotionally attached

and wanted to develop real friendships with the researcher, asking for movie dates and other ventures out. Sometimes this would be an uncomfortable issue to skirt, but interactional shiftwork allowed the flexibility to pick and choose which situations would best suit the researcher. For example, during one telephone interview, an informant tried to initiate a graphic sexual discussion, describing preferences and acts in vivid detail. After several attempts to steer the conversation away from sex failed, the researcher ended the interview early. Sticking to a set format of the interviews would have made that an issue, but the free nature of ethnography allowed the research to unfold smoothly. Similarly, one potential informant wanted to dress for the interview and refused to do so outside her home, suggesting the interview could be done over a bottle of wine. Unfortunately, this individual's unwillingness to meet in public prevented her from being included in the research, but as a young female researcher, it was a necessary precaution.

Limitations

Despite the friendship desired by many of the informants, particularly the MTFs, none of the individuals interviewed seemed willing to discuss physical violence at any extent. Given the turbulence of many of their intimate relationships and the harsh verbal abuse most of them suffered, it can be expected that at least one or two of these individuals had probably suffered some extent of physical abuse. However, one may also assume that they were afraid to reveal this for fear of the researcher's reaction. Perhaps being a *criminal justice* graduate student raised fear in the informants that the police or social services might be contacted if they revealed incidents of violence.

While the methodology employed was arguably the best suited for this project, it is inevitable that the project is extremely localized in the region of central Kentucky which TransKentucky most serves. The small sample size limited the widespread applicability of the findings, and also limited the demographics of the sample, which ended up being predominantly Caucasian. Additionally, only two FTMs agreed to be interviewed for the project, but neither reported any history of familial or intimate partner abuse, which makes the project exclusively MTFs, like many other published pieces of research about transgender domestic violence.

Furthermore, privacy issues prevented access to interviews with trans youths. The only anecdotes relayed about parent-to-child abuse, then, were from now-grown adults, who grew up in entirely different decades than the present. Therefore, this study cannot be used to paint a picture of how current trans youths' lives are, or what issues they may be facing. It would also be difficult to advise or inform any youth-focused practitioners from this study.

Implications for Further Research

Five interviews with police officers in Richmond and Lexington were conducted, revealing that there was no current LGBT training in these police departments and also

revealing some transphobia amongst officers (one police officer warned the researcher to be careful because “most serial killers are transgender”). It is a fault of this researcher that police training procedures, including intervention techniques and trans-sensitive issues, could not be analyzed. However, the focus on this research was to uncover the experiences, if any, of gender-based violence in the lives of central Kentucky transgender individuals. Studying how police officers and social workers are trained to respond to these situations would be a valuable piece of future research.

It is also worth mentioning that the subculture of Southern hypermasculinity will have an effect on the experience of transgender MTFs. Much of the verbal abuse suffered by these subjects were caused by their inability to conform to social stereotypes of how young boys and men should behave, both in their parents’ eyes and their intimate partners’. It would be worthwhile research, then, to compare the findings of this study in comparison with other parts of the United States and also other countries.

Conclusion

Intimate partner and familial abuse is a widely recognized issue in crime and justice research, but specifically looking at how these phenomena affects transgender individuals has been vastly overlooked through decades of domestic violence studies. Examining a small sample of 12 transgender abuse victims in central Kentucky yielded great insight to the subject, revealing the nature of the harsh verbal abuse and the physical violence, its cyclical presence in their lives, and their inability to seek help or escape the situations. A lack of understanding about transgender lifestyles, an unwillingness to accept gender nonconformity, and confusion with sexual preferences seemed to be rooted in many of the unhealthy relationships’ problems, both parental and intimate partner. Bullying also was apparent in several of the informants’ childhoods, unfolding into lives as adults where they always feel afraid. Many traits of these situations and the parties involved match quite well with typical abuse patterns found in cisgender relationships, but are starkly different in the roots of the abuse (inability to control gender identity). Thus, special attention is needed by social workers, counselors, and police officers who handle such cases, and also from sociological researchers who seek to better understand the problem of abuse of transgender individuals. The findings of this research are in no way universal, and thus more regional ethnographies of trans communities are needed, both those that focus on abuse patterns and those that do not.

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