

TITLE: Forgotten Survivors: Analysis of the Phenomenon of Domestic Violence and Operative Proposals to Take Charge of Transsexual and Lesbian Women

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Introduction

The aim of this paper is to analyse Intimate Partner Violence³ (IPV) in cisgender⁴ lesbian women and heterosexual trans women⁵. We have chosen to focus on these different phenomena because both of them reveal the insufficiency of the classic *power and control wheel* created by feminist anti-violence organisers in order to analyse, understand and counteract domestic violence. In addition, the strict use of classical categories developed by the study of violence in opposite-sex couples has shown its limits too, as we will affirm in the “definition” paragraph.

We are referring to *lesbians* and *trans women* from within a “strategical essentialist”⁶ view, namely a way to present subordinate or marginalised social groups focusing (temporary) on a number of core elements and putting aside local differences in order to forge a sense of collective identity, and to create solidarity toward a specific social problem (Spivak 1987). As stated by Phillips (2010, p.48), strategic essentialism is a way to “[...] invoke a collective category – like the subaltern or women – while

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3 We will use *Intimate Partner Violence* rather than *Domestic Violence* because, as Ristock (2005) posits, the latter term is highly connected to heterosexuality and to stereotypical gendered roles.

4 Individuals that experience their gender identity as matching with the sex they were assigned at birth

5 We will use the term *trans women* as a way to “to refer to anyone who identifies as transgender, genderqueer, or gender nonconforming on the transfeminine end of the spectrum or as transsexual, MTF, FTF, or to any other person who identifies as female whose assigned sex at birth was male. I have chosen this phrase rather than “transwoman” or “transgender,” because there are people who identify as transsexual women but object to being called transgender” (Greenberg, 2012, p.203). More generally the term *trans* used here refers to people whose gender identity/identification is not congruent with the sex assigned at birth

6 In the context of gender studies, Essentialism is a philosophical approach that supports the idea that men and women are innately different. This idea is based on the assumption that the body, as a product of nature, is the origin of the essence of the human being.

simultaneously criticising the category as theoretically unviable. Though she [n.d.a. Spivak] subsequently distanced herself from what she saw as misuses of the notion of strategic essentialism, the idea that we may have to ‘take the risk of essence’ in order to have any political purchase remains an important theme in feminist theory and politics”.

In the first part of this paper we will discuss the topic of the definition of IPV, starting from a critique of the traditional rigid definition, grounded on a gender-based heteronormative framework. We will propose a contextual definition based on a postmodern intersectional framework, in accordance with the literature about LGBTQ IPV (David & Glass 2011; Greenberg 2012; Ristok 2005; Courvant & Cook-Daniels 1998). In the following section we will present the theoretical framework which underpins our interpretation of the problem of IPV and, in relation to survivors, draw upon the: *coercive control model* (Stark 1995), *minority stress model* (Mayer 1995) and *affirmative therapy models*. Furthermore, we will apply the *minority stress model* to analyse the specific features of discrimination against LGBTQ persons.

In the final part we will apply the conceptual tools provided by the abovementioned theoretical models and we will focus separately on the analysis of the peculiar characteristics of IPV towards lesbians and trans women trying to take into consideration the social inequalities that contribute to the establishment of an oppressive relationship. Finally, we will also try to outline some practical guidelines for professionals dealing with these phenomena, based on the literature about LGBTQ IPV, on the *affirmative therapy models* or on examples of programs that try to work outside the traditional domestic violence protocols.

Definition

Since the Sixties, the debate about violence against women has gained momentum, thanks, largely, to the feminist claims and to national cases such as, for example, Franca Viola⁷'s. *Second Wave* activists denounced the patriarchal structure of society (Morgan

⁷ Franca Viola was the first woman to refuse a shotgun marriage after being kidnapped and raped by her former boyfriend in 1965. In Italy rape was legally considered a crime against morality until 1996.

1970), in which the male control of power corresponded to a condition of distinct disadvantage for women of all social classes, cultural backgrounds and nationalities.

In this framework, acknowledged even by shelter services (Di.R.E 2012, p. 5), violence appeared to be understood solely as verbal or physical aggression, directed by a man against a woman, from a perspective which considered the male subject as powerful and actively evasive and the female as passive and submissive. (Davis & Glass 2011, p.16).

The feminist movement proclaimed the intention of emancipating the *Second Sex* (De Beauvoir 1949), but what emerged from the movement was a reductionist and simplistic view of the phenomenon: it involved only white, middle-class, heterosexual women, leaving untouched, differences based on membership of minority groups (Brooks 1981). The definition of the phenomenon is emblematic of the discussion above; the definition of “domestic violence”⁸ as “*violence perpetrated by intimate partner and/or by other members of the family group*” (Unicef 2000 p.2), locates the act in the specific location of the marital home and in the specific roles of husband as agent and wife as dependent. This makes it necessary to incorporate other events into schemas linked to constructs derived from the same patriarchal ideology in which the experience of victimisation is currently confined (Davis & Glass 2011, p. 16).

Saying that a man can be violent because he is “*aware he can do it*” (Code 1998 as cited in Ristock 2011, p.16), is a covert affirmation that a woman is not structurally predisposed to act violently and that she cannot desire to control her partner (Hines 2007).

Such an approach, which is located in a framework of *benevolent sexism*, poses many questions: on one hand, by focusing on stereotypical subjects like men arrested for aggression and women accepted by Shelter Services, it limits the range and variety of possible research (Anzarello & Carmignani 2004; Beel 2013, p.46), on the other hand it makes it difficult to include lesbian or transsexual women and victimised men for whom specific structures and protocols do not exist.

⁸ In Italy the term “domestic violence” has been replaced by “gender based violence” which includes every form of violence: physical, psychological, sexual violence, stalking, rape, femicide, regarding people who suffer from a “sex based discrimination” (Law 119/15 october 2013 <http://www.interno.gov.it/temi/sicurezza/violenza-genere>, accessed the 05 January 2016). This definition looks more inclusive than the previous one, but it still makes no reference to LGBTQ people, suggesting an overlapping between the categories of “sex” and “gender”.

By accepting the polarisation of roles in any situation of violence, we face a structural problem: when the users are different from the expected norm we can inadvertently reinforce explicit attitudes of *victim blaming* (Feather 1996 cited in Beel 2013, p.48), such as looking for reasons why the victim deserved the aggression, minimising the episode or making excuses for the perpetrator (Paymar & Barnes 2007). Given these problems linked to common terminology, we will refer to 'violent acts in sentimental relationships' (specifically, the ones described by Johnson as “intimate terrorism”⁹ in his paper in 1995) as *Intimate Partner Violence* (IPV) or *Partnership Violence* as they are able to incorporate violent episodes not located into the context of a heterosexual and heteronormative relation (Davis & Glass 2011, p.15)

Theoretical Framework

The following paragraphs briefly present the three interpretive models that in the last sections of this work we will contextualise with respect to the analysis of the specificity of IPV against lesbian and trans women: the *Coercive Control Model*, the *Minority Stress Model* and the *Affirmative Therapy Models*.

Coercive Control Model

As stated in the introductory paragraph, the theme of oppressive relationships will be dealt with the *Coercive Control Model* (CC), developed by Evan Stark (1995) to critique the traditional *Battered Women Syndrome* model (BWS). The *BWS*, whose focus is solely on the long-term psychological effects of an abusive relationship, states that the cause of the inability of the “victim” to escape or to reveal the situation is *learned helplessness*, defined as psychological paralysis due to the experience of uncontrollable adverse events (Seligman 1967). The main criticism is that its approach runs the risk of using a *victim blaming* explanation, which hides the oppressive social dynamics behind the idea of a psychogenic cause of the inability to act. These social dynamics build a context in which the possibility to act is almost totally denied (Greenberg 2012). A

⁹ Intimate terrorism is described as predominantly male and is recognised by systematic control and oppression of the victim. It is portrayed as an outcome of patriarchal values. In Johnson, M. P. (1995). Patriarchal terrorism and common couple violence: Two forms of violence against women. *Journal of Marriage and Family*, 57(2), 283–294

second criticism is linked to the former: namely that this kind of explanation makes IPV look like a phenomenon linked only to private life. As a result, the idea of learned helplessness is unable to facilitate a change in the *status quo* thus promoting the continuation of social inequalities. In contrast, the *CC* model (Stark 1995) was born as an attempt to understand the systematic nature of women's oppression. The focus is not on the victim's inability to act, but on the tools used by the abuser in order to neutralise the attempts of victims to fight/escape from the relationship. The failure to realise agency is not just a mere intra-psychic process but rather the effect of *social entrapment*. In this paper we want to enlarge the usage of the model by applying it to the understanding of sexual minorities' oppression, within a framework of structural inequalities.

The *social entrapment* construct, which can be defined as the result of the abuser's ability to exploit the legislative gaps, stereotypes, discrimination and social oppression (Greenberg 2012), is characterised by three elements (Stark 2007): firstly, the social isolation and fear created through various strategies of humiliation, micromanagement and physical abuse. In this way the abuser achieves to extend social inequalities in every aspect of the private life. Secondly the absence or the inactivity of the institutional services that should assist and protect the abused person. Finally, discrimination (in this case homophobia and transphobia) and other intersectional inequalities: "*the intersection of other forms of oppression can limit a victim's ability to leave his abuser and actively contribute to the abuser's ability to isolate and entrap him*" (Greenberg 2012, p. 208).

Minority Stress Model

The *Minority Stress Model* (MS) focuses on the process and the effects of structural stigmatisation and social ostracism: the expectation of rejection, strategies of concealment and the internalisation of discrimination. In particular, the internalisation of discrimination in the case of LGBTQ persons takes the form of interiorised homophobia and interiorised transphobia: the personal acceptance of heterosexism and cisgenderism as a part of the self.

This variable has been found to be important to the increased practice of risky behaviours (Kalichman & Cain 2004), the incidence of psychological disease (Molina et al. 2015),

the risk of sexual transmitted illness (Halkitis, Zade, Shrem, & Marmor 2004) and the probability of being involved in unsatisfactory relationships (Rostosky et al. 2015).

The model assumes a perspective which reinterprets stress as the product of concrete social dynamics (Pearlin 1989), overcoming the idea that it is only the effect of the cognitive evaluation of a stimulus that disturbs physical or mental equilibrium (Lazarus & Folkman 1984). In a way, we can consider the *Minority Stress Model* as an attempt to reinterpret the concept of *Learned Helplessness* from a social perspective, not only because of a personal event but also because of a more general legitimising myth¹⁰. As suggested by the National Coalition of Anti-Violence Programs (NCAVP) internalised stigma is a peculiar risk factor arising from the intersection of abusive relationship and discrimination related to sexual orientation and gender identity (Fountain et al., 2009). The internalisation of hateful messages undermines the concept of self-generating fear and shame and can also affect the impact of an abusive relationship (Darke & Cope, 2002). In general, this process of self-stigmatization can lead the victim to not report the outbreaks of violence because of the fear of discrimination, or can lead also to the belief of deserving the abusive relationship as a punishment for one's own sexual orientation or gender identity (Fountain et al. 2009). Moreover, experiencing oppression and discrimination on a daily basis can persuade the victim that the violence is unavoidable and that it will be impossible to find another partner, then it is better to stay within and abusive relationship rather than be alone (Greenberg 2012). Finally, how it will be exposed more specifically in the paragraphs "Lesbian Women" and "Trans Women", feelings of worthlessness and self-blame, which result from the internalization of heteronormative ideology, can be exploited by the partner as an abusive strategy (Knauer 1999; Brown 2011).

In conclusion it is fundamental to consider how chronic exposure to strongly homophobic and transphobic messages, expressed by hostile behaviours, could be a determinant in generating and maintaining abusive behaviours. On the one hand, victims experience a real difficulty in gaining access to services (Hiebert-Murphy, Ristock & Brownridge 2011), while on the other hand to be victim of discrimination and harassment is

¹⁰ Cultural ideologies (e.g. heterosexism & cisgenderism) providing the justification for the continued oppression of a social group (Sidanius & Pratto, 2012).

considered an additional risk factor both as an obstacle to report violence both as it involves and increased risk of drug abuse, anxiety and depression (Meyer & Northridge 2006).

Affirmative Therapies

In speaking about *Affirmative Therapies*, we are referring to all those therapeutic models that look at homosexuality, bisexuality and transsexuality, not as mental illness to be treated, in opposition to the so called *Conversion Theories and Therapies* (Chernin & Johnson 2002).

According to the *American Psychological Association*, that in 2009 affirmed the groundlessness, inefficacy and deontological inadmissibility of all the attempts to modify the sexual orientation and/or the gender identity of a person, these therapeutic approaches affirm that the aim of the psychological support for LGBT people is to facilitate a full and complete acceptance of sexual orientation and/or gender identity, fighting against the impact of social stigmatisation (Bigner & Wetchler 2012). Briefly, *Affirmative Therapies* aim to use the individual's resources, resilience and self-confidence (Ritter & Terndrup 2002) to guide the creation of positive narrations of the self and of the world (Deneborough 2001), re-integrate moral or religious precepts experienced as contrary to their feeling (Bartoli & Gillem 2008), and build up their identity without falling in auto-stereotyping (Bigner & Wetchler 2012; Zandvleit 2000).

Because of the presence of lived discrimination and social marginalisation within the maintenance circuits of domestic violence, it is necessary to take an approach that integrates, on different levels, the existent assessment and supportive tools with theories and methods able to take into account the issues linked to non-heteronormative gender identities and sexual orientations.

Forgotten Survivors

Lost among statistics

Even if an equal (West 2002 as cited in Beel 2013, p.45) or higher incidence (Messinger 2011 cited in Beel 2013, p.45) of aggression episodes among lesbian couples than among

heterosexual couples has been documented and, even if reasons and modalities are very similar (Flynn & Graham 2010 cited in Beel, p.47), in Italy research in this field has started only in the last few years and is still extremely limited (Viggiani 2015; Arcilesbica 2011). Violence in sentimental relations, initially, was treated from a gendered point of view, using well established stereotypes about the identities of victims and aggressors (Beel 2013). According to a study by Feather (1996), there has been a tendency to treat the act with greater tolerance, to increase *victim-blaming* and to try to find a justification for the aggressor when the victim is a woman. The idea that IPV is typical of men with well-established patriarchal views of relationships makes it difficult to identify an act of *intimate violence* and to intervene adequately (Beel 2013). This is particularly true when the aggressor is a woman being violent towards her female partner.

Similarly, the *National Coalition of Anti-Violence Programs* (2013) has underlined in “*Lesbian, Gay, Bisexual, Transgender, Queer, And Hiv-Affected Intimate Partner Violence in 2012*” the presence of the phenomenon of domestic violence against transgender people. As shown in a survey conducted during 2011 by the *National Center for Transgender Equality* and by the *National Gay and Lesbian Task Force*, 19% of people have experienced forms of domestic violence. This incidence becomes 22% if we focus only on women. Despite the presence of these data, in Italy the phenomenon is almost totally ignored, with the exception of a number of initiatives promoted by LGBTQ associations or specific regions¹¹.

Even in LGBTQ movements it is extremely hard to bring narrations of the experience of IPV out into the open: complaints of aggression made by a partner are seen as helping to sustain ideas supported by homo- and transphobic associations and, as a result, they are often silenced, in order to maintain a positive image of the social minority (AARDVARC 2001)¹². Beside the difficulty of exposing abusive relationships, from a psychosocial

11 i.e. the 21th February 2015 ArciLesbica has organised a conference named “*La violenza ha mille volti. Anche arcobaleno*” [Violence has a thousand faces. Rainbow too]: <http://www.direcontrolaviolenza.it/trento-la-violenza-ha-mille-volti-anche-arcobaleno/>. Moreover the region of Piemonte in 2013 also included into a booklet about Domestic Violence, some useful contacts for lesbians and trans women victims of domestic violence: [http://www.regione.piemonte.it/pariopportunita/cms/images/files/Depliant_controviolenzadonne_16_4_13\(2\).pdf](http://www.regione.piemonte.it/pariopportunita/cms/images/files/Depliant_controviolenzadonne_16_4_13(2).pdf)

12 This fear is not entirely unjustified considering that the studies concerning the LGBTQ IPV have also been exploited within the Italian state to support the idea about the immorality of LGBTQ people: e.g. <http://www.noaimatrimonigayinitalia.it/2015/08/24/violenza-domestica-piu-frequente-nelle-coppie-lgbt/>, accessed the 15 November 2015.

point of view, these are events with an extremely violent impact because they are situated at the centre point of many different discriminatory and ostracising processes.

Lesbian Women

Research on IPV in same-sex couples has started to spread only recently, but many difficulties of a theoretical and methodological nature have emerged.

On the theoretical side, violent acts between homosexual partners are supposed to follow the same schemes as the within between heterosexual relationships, despite the fact that there are complex power-linked dynamics developing on different levels (Crenshaw 1994 cited in Ristock 2011, p.41). First of all, a same-sex relationship does not necessarily develop with adherence to the rhetoric of the “right person”, of the marital fidelity and of the marital deal: *"romantic love is generally understood to be a particularly dominant model in Western societies that rests on certain assumptions: that there is a Mr. or Ms. Right out there for everybody if they can only be found; that love is forever; that love is based on monogamy, fidelity, privacy, and loyalty; and that such love is essential to self-fulfilment."* (Davis & Glass 2011, p. 83).

So, it is important to pay attention to the dynamics of the subdivisions of power and of roles in the couple. This does not necessarily imply a domination of *butch*, the one who looks stereotypically “masculine”, over *femme*, the feminine one, as is often assumed in a heterosexist imagery (Donovan & Hester 2011, p.94).

In the same way, even if same-sex relations are not necessarily more “*pure and democratic*” (Giddens 1992 cited by Donovan & Hester 2011, p.84), it is more complex to identify a unidirectional dynamic of the violence. This does not adhere perfectly to the model proposed by Walker (1979) which implies an aggressor who experiences the three phases of *Growing Tension, Attack* and *Honeymoon* (Garro & Salerno 2014), in increasing and strictly defined violent acts (Mc Clennen 2005). From the methodological point of view there are some difficulties in data collection on a wide scale: researches with structured telephone interviews about IPV (i.e. US National Violence Against Women Survey 2000 as cited in Ristock 2011, p.2), have found conflicting results. If, on one hand, it seems that perception of violence is the same among people involved both in

heterosexual and homosexual relationships (Distefano 2009 as cited in Ristock 2011, p.3), on the other hand the research protocols themselves were characterised by structural defects, as they assumed the heterosexuality of the interviewed (Ristock 2011). When a same-sex relation with a violent episode was openly declared, there were no additional questions aimed at an in-depth analysis.

Starting from these assumptions, the data collected can be an underestimate because of the invisibility of lesbian relationships (Messinger 2011; Rich 1985) or of a cultural homophobic substrate (Salerno & Garro 2014) and at the same time they can be overestimated because of an inaccurate overlapping of the information (Ristock 2011).

Some studies with a deeper attention to LGBT themes have underlined how false myths which circumscribe abuse in lesbian relationships are partially comparable to those which circumscribe male violence against women (AARDVARC 2011; Elliott 1996 as cited in Davis & Glass, p.15): the most diffuse opinions admit only the existence of abuse of physical nature, making assumptions regarding the fact that women do not use violence and, when they do, it is always at a lower level than men. So, every woman experiencing violence from her female partner has, in addition, to face social oppression and victim blaming, even risk and threat of outing by her partner and by the services themselves (Balsam & Szymansky 2005, p.258).

In the absence of any national theoretical elaborations, we will refer to Bird's definition (2004, as cited in Davis & Glass, p.16): "*violence is a behaviour by a woman adopted to control her victim, which results in physical, sexual and/or emotional damage, forced social isolation, economic deprivation, or behaviour which leaves a women living in fear*". Approaching the issue from this perspective it is possible to analyse the environmental conditions surrounding the victim, thereby offering assistance which is able to respond to her requests.

What emerges from the studies of Romans et al. (2007 as cited in Ristock 2011, p.38), based on data from the Canadian General Social Survey (1999), is that there are numerous risk factors which interact to generate violent phenomena: being native or immigrant, disability, presence of children, separation from a partner, a low level of perceived health and a great difference in age at the first experience same-sex. Beside these structural risk factors, some personality variables have been identified (Gilgun 2005

as cited in Ristock, p.45): these could increase the possibility of exposure to IPV and would be linked to the weakness and vulnerability of the victim, to a lack of self-confidence, previous psychological problems, fear of being alone and a family history of abuse which might lead to a higher acceptance of episodes when they occur.

McClennen, Summer and Daley (2002) have made a concrete proposition for assessment, with the creation of a scale, the Lesbian Partner Abuse Scale, which aims to investigate six factors including; communication and social skills, substance abuse, intergenerational transmission of violence, interiorised homophobia, status and fake illnesses, in order to detect the signals of a violent relationship (Donovan & Hester 2011).

Regarding the directives for the adoption, there is no common national protocol, but operators can see specific guidelines at a regional level, with which operative practices and territorial deals are associated, along with territorial reception structures. Although particular attention is dedicated to the creation of a supporting network, it is clear that, even among professionals involved, there is still a heteronormative approach. According to the guidelines of Emilia Romagna: *“Our region promotes the creation of territorial networks, realised by public and private subjects for the acceptance of women victims of violence, in addition to the creation of specific territorial arrangements, useful to share points of access to the network of services and ways of operative connection in order to prevent and fight male violence and to protect and sustain the victims”* (2013, p.33)¹³.

In addition to these proposals it is fundamental for shelter services operators to receive specific training about same-sex IPV, to erase stereotypical views and to enable them to meet LGBT people's needs (2011), paying attention to Minority Stress markers and the different forms of discrimination such as: *“race, immigration, ethnicity, class, ability, gender identity, sexuality, age, health, having children, homophobia and heterosexism, racism, colonization, sexism, ableism, classism, past or present substance use, and other factors which impact our relationships as queer women and abuse”* (BCASVACP 2007, p. 216).

¹³ see more at: www.direcontrolaviolenza.it

Furthermore, there should be appropriate, integrated training about alternative relationship models, such as polyamory or M/s relationships, to introduce new practices, more coherent and empathetic to different needs (Holmes 2011, p.243).

Focusing on prevention of IPV between same-sex couples, it might be useful to include in Italy one of the most successful Canadian experiences about building healthy relationships (Holmes 2011).

This most interesting proposal is related to a free workshop divided in five "Healthy Relationship modules" addressed to women who are currently or have been involved in abusive relationships: (1) After the Honeymoon: Healthy Communication and Problem-Solving; (2) Knowing You-Knowing Me: Negotiating Separateness and Togetherness in Intimate Relationships; (3) Mind Your Own Business-Don't Air our Dirty Laundry: Talking About Relationship Concerns with Friends and Family; (4) Sexuality, Intimacy and Desire; and (5) Keeping Our Relationships Alive While Parenting (Holmes 2011, p.218).

This kind of workshop is not designed to replace psychotherapy or support groups, but it has been created to develop a network and a model of educative and non-judgmental support, to share information and resources, and skill building about healthy relationships (Holmes 2011).

In the specific context of same-sex IPV, the social worker should focus the project on empowerment of the woman who requires support services (Linee Guida Emilia Romagna 2013) and help her to build a transitory victimhood identity (Kwong-Lai Poon 2011, p.115).

The first goal that the woman should attain when she joins the services, is to look at herself as a victim to stop guilt and self-blame ruminations; but to win back an autonomous life, she needs to overcome the feeling of being a victim in the second stage of her therapy. As Lamb (1996 as cited in Kwong-Lai Poon, p.115) wrote when referring to women's experience of violence: "*Although rape and wife battering are terrible experiences to have gone through, many people have 'survived' and moved beyond them, feeling as if their victimisation is not something that has defined them or continues to affect them*".

A final point to consider in an optimum strategy for the prevention of suffering deals with coming out as a protective factor by the involvement in an abusive relationship (Salerno & Garro 2014).

The promotion of a non-discriminatory background and the reduction of social isolation, would be able to reduce attacks, minority stress and internalised homophobia, and would allow a faster breakup from a violent partner, making the threat of outing lose any value, especially for the younger population, which is more exposed to the risk of violence (Gilgun 2005 as cited in Ristock 2011, p.45).

Trans Women

In the case of trans women, IPV has been hidden even more radically than in the case of same-sex IPV. This is due to the fact that a substantial part of the literature openly addressing LGBTQ issues has considered only lesbian and gay experiences, assuming these to be entirely transferable to the added “B”, “T”, “Q” (Goldberg & White 2011). For example: *“The article discusses the issues and problems that need to be addressed in the development of a comprehensive survey approach to explore same sex domestic violence in relationships involving individuals identifying as lesbian, gay male, bisexual, transgender or queer (LGBT&Q). It draws on the most detailed study to date in the UK comparing love and domestic violence in same-sex and heterosexual relationships. The result was a questionnaire that reflected a wide range of abusive behaviours; examined the impact of the violence alongside a quantification of particular acts; took into account experience of violence from a partner, as well as use of violence against that partner; and incorporated issues related to equality/inequality and dependency. The questionnaire was successfully distributed across the UK to provide a national 'same sex community' survey of problems in relationships and domestic violence.”* (McCarry, Hester & Donovan 2008, p.20). As Goldberg and White (2011) have underlined, this attitude denotes the lack of a critical approach to evaluating the meaning and the limits of this grouping: in this way the different problems faced by lesbians, gays, bisexuals, trans and queer people are hidden.

Therefore, while studies dealing with the specificities of the “added” T are still few¹⁴, they make it possible to highlight a series of “typical”¹⁵ risk factors for abuse. In relation to strategies used by abusers, they could be synthesised in the following categories:

- Linguistic abuse: different way of using language to deny gender identity or gender expression of the partner, for example using wrong pronouns (Scottish Transgender Alliance 2010), anti-trans expressions (NCAVP 2014), pejorative names or other words to speak about the partner's body in a disrespectful or offensive way (FORGE 2011).
- Gender micromanagement strategies: behaviours aimed at the control or the destruction of tools used by the partner to communicate gender, for example hiding, throwing or negating economic access to hormones, controlling the gender expression through clothes (FORGE 2011) or forcing someone to undergo or not to undergo *Gender Reassignment Surgery* (GLDVP 2009).
- Physical violence: we are referring not only to injuring behaviours and to sexual violence but also to different ways to eroticise and touch body parts that the partner does not want to be touched (NCAVP 2014).
- Social isolation strategies: acts addressed to undermine social relationships and social life in general, for example threatening outing (Brown 2011) or suggesting that nobody else will be willing to have a relationship with her/him (FORGE 2011). This kind of strategy and the previous ones draw on interiorised transphobia and abusers find their subtlest strategies in the justification of controlling behaviours as a way to protect the partner from discrimination (Goldberg 2003).
- Exploitation of eventual discomfort with the body through humiliation and ridicule (Greenberg 2012, p. 217).
- Exploitation of identity construction vulnerabilities: strategies designed to

14 The project Bleeding Love (<http://www.bleedinglove.eu/>), founded by the Daphne Programme of the European Union, is an attempt to explore the extent of the phenomenon in Europe, to outline the legislative framework and to develop best practices for the management of domestic violence against lesbians, bisexual women, and trans women.

15 In this regard also the Trans-specific approaches have some criticalities: “*With regards to anti-violence work, homogenizing the T becomes extremely problematic if not dangerous when considering the dynamics of violence and services required across different gender identities. [...] Assuming a homogenous “trans” experience is not only misleading in terms of the diverse needs of individual trans survivors of violence, but also—like second wave feminism and the LGBT approaches—tends to reinforce the emphasis on gender and sex in analyzing why violence happens, and how we can stop it.*” (Goldberg & White, 2011, p. 68)

undermine the gender identity of the partner (Munson & Cook-Daniels 2003), for example, continued remarks about the sex assigned at birth, the assertion that the partner is not a *real* woman (FORGE 2005), the denial of the existence of gender identity beyond the gender dichotomy or, more insidiously, the manipulation of the partner's behaviours on the basis of a supposed "right way" to be a "real woman" (Greenberg 2012 p. 217);

- Exploitation of legal gaps (Greenberg 2012, pp. 221-227): here we categorise the acts that take advantage of the regulatory framework and its gaps, such as the tendency of the judges not to allow trans women to retain custody of their children, the threat to disclose to the police any illegal activities that trans women often are forced to resort to because of social problems (i.e. prostitution or illegal purchase of hormones); or other intersectional legal issues, for example, in the case of trans women with residency permits, partners can threaten to request the annulment of the marriage, thereby undermining the right to the residence permit.

The power of these strategies can be understood only by taking into account the social context in which they are performed. In some cases, this kind of reasoning is obvious, as in the strategies that exploit legal issues, while in other cases there is the risk of falling into psychological reductionism.

When we talk about internalised transphobia, we do not refer to an abstract fear of the possibility of being discriminated against, but to a consciousness that is generated from daily violent and ostracising episodes (Hendricks & Testa 2012). The pervasiveness of this structural discrimination is so deep as to invade also institutions. Trans people are often reluctant to turn to the police, because of the huge number of directly experienced or recounted abuses (Amnesty International 2006). For example, at present in Italy current law (Royal Decree n. 773, 18 June 1931) still condemns people who demonstrate an incongruence between their external appearance and the data reported in documents (Adduci & Camilletti 2008): this law gives power to the police to stop and check all the people who do not mirror the normative ideal of Sex-Gender.

In addition, another stereotype is linked to trans women's experience: prostitution. It creates a biased attitude among police that gives birth to *victim blaming* and *slut shaming*

strategies, especially when domestic violence is enacted as sexual violence (Greenberg 2012, p.231).

Multi-level transphobia is also found in the field of medical service (NDTS 2010). First of all, because of the pathologisation of gender non-conformity trans people have experienced health professionals (particularly mental health professionals) as gatekeepers, namely people who have the power to decide about their body and their future. This experience is worsened by the fact that trans people have often experienced discriminative episodes in health structures, ranging from discrimination by a particular professional to structural episodes of barriers to accessing services (LeBreton 2013).

To make the situation even more complex, anti-violence services are often not prepared to engage with the specific characteristics of this dual form of gender violence and they often do not even want to deal with it because they do not consider trans women as real women. Thus, by using a heteronormative and cisgendered perspective, they exclude trans people from services (FORGE 2010). This position is derived from *Trans-exclusionary radical feminism* groups (Stryker 2008), who are also responsible for contributing to the impeding of access to health care for transsexual people in the United States, thanks to the action of so called radical feminists (Raymond 1979; Hausman 1995; Viggiani 2015).

The acceptance of a trans woman in shelter houses is the product of a type of personal evaluation of trans women's gender authenticity through a (subjective) search for masculine cues (Courvant 2003). This evaluation is problematic in two respects. Firstly, it is based on a stereotyped view of femininity which, paradoxically, proposes the same gender prejudices that feminism has fought against. Secondly, this evaluation is linked to genitals. In this way everyone who has not undergone RCS is penalised (Courvant & Cook-Daniels 2003). This choice is usually justified by the assumption that the sight of male genitals or other masculine physical elements could traumatise violence survivors in opposite sex relationships (Darke & Cope 2002). These explanations rationalize the adoption of a heteronormative point of view towards the IPV, in fact excluding trans women for fear of damaging heterosexual cisgender women underlies the tendency to prioritise the needs and sufferings of the lasts, underestimating and denying the suffering

of the first (Greenberg 2012, p. 237-238)¹⁶. At the same time, it is necessary to take into consideration that even if a generalized fear of man is common in victims of male violence, there are different characteristics that can remind a survivor of the abuser, not only masculine features (Darke & Cope 2002, p.86). Moreover, one of the goals of a successful elaboration of violence is the ability to distinguish the abuser from people with similar characteristics (Darke & Cope 2002, p.86).

The awareness about the possibility of being rejected by institutional services can lead trans women not to apply to these centres, preferring instead, to stay in the abusive relationship, risking their lives, or to flee from the relationship and in doing so, becoming homeless (GLBT Domestic Violence Coalition & Jane Doe Incorporated 2005).

To understand identity-based vulnerabilities, it is necessary not to fall into psychological reductionism: this process has its roots in a strongly discriminating social context. In his classical work about transsexuality, *Agnes*, Garfinkel (1967) concludes that the gender experience of trans people is developed in a context which obliges them continuously to question their feelings. Therefore, the normality which is usually foregone in everyday life is only partially allowed for trans people and depends on a necessity to demonstrate themselves worthy of it. In this frame of reference, transsexual people live an existence in which every daily behaviour is under control because of the need to present themselves as legitimate.

Garfinkel does not see transsexual people's experience as false, but as different from that of cisgender people, because society ensures a legitimate life for the latter category, while transgender people are always forced into self-reflective existence. Expanding the focus to transphobia, we can say that, socially speaking, people whose gender identity or gender presentation does not match, in the socially accepted way, the sex they were assigned at birth, are continuously under attack over the legitimacy of their very existence.

The support offered to trans women has to act at different levels. First of all, educational interventions for anti-violence operators, regarding trans issues, gender non-conformity and the correct language to be used, are necessary because transphobic behaviours are

¹⁶ This argument does not take into account even the survivors of IPV within a same sex relationship, that could be equally retraumatized by the sight of "feminine" physical characteristics.

quite widespread within anti-violence services (Greenberg 2012). These interventions should be spread to a systemic level, involving police too, in order to eliminate gender non-conformity stereotypes. It is also necessary to clarify the polices on conditions for access to services in order to avoid unequal treatment based on the judgment of a particular operator and to let trans women know which centres can be useful to escape from abusive relationships. In the Italian context a positive example of this kind of training can be found in the measures proposed by the Region of Tuscany, where programmes have also included law enforcement officers. The project did not relate specifically to the question of domestic violence, its aim was the reduction of the stigma related to sexual orientation and gender identity in the Italian context, in line with the guidelines of the Observatory for the Protection Against Discriminatory Acts (D'Ippolito & Schuster 2011).

In relation to psychological support, it is necessary to take in consideration a number of specific topics including, gender identity and its expression, social support, functioning in social environments, and personal goals related to both private and public life (Byne et al. 2012). In particular, it is necessary to assess previous experience of discrimination (in particular, intersectional experiences), personal belief about the likelihood of future oppression and the level of internalised transphobia (Hendricks & Testa 2012). At the same time, it would be useful to work on identity-based vulnerabilities, both incentivising resilience to stigmatising episodes and reinforcing the process of gender self-determination (Greenberg 2012). As Zandvleit (2000) states, the aim of *Affirmative Therapy* is not to transform people into men, women, *genderqueer*, *crossdressers*, transgender and so on: the aim is to help people who are experiencing their gender identity as a shame, guilt or pathology, to free themselves from these sensations in order to accept themselves, and to restore the trust in their own agency.

In this sense, interventions are more similar to counselling than to psychotherapy. An example of a supportive protocol created in Italy is the one formulated by Inghilleri (2008), which proposes a seven-step clinic model called "*protocollo di parafrasi identitaria*" (identitarian paraphrase protocol) aimed at undermining the delegitimising effects of cisgenderism and heterosexism in order to promote the construction of a new reality configuration within which people will no longer feel guilty. This protocol is not

specifically addressed to IPV survivors, but could be useful within the pathways and programmes offered by anti-violence services.

Conclusions

The major limitation of this work is that it is almost completely based on foreign literature and relates to an environment in which social dynamics are not comparable to the Italian ones. This choice has been necessitated by the paucity of data and studies regarding the LGBTQ Intimate Partner Violence in Italy.

Our proposal is a radical transformation of the social background of institutions that should support and protect people who have experienced abusive relationships on different levels, in order to be more inclusive and pluralistic in the definition of IPV survivors.

At first, it is necessary to establish agreement between anti-violence services' claims, at an institutional level: the spaces given to the services are not adequate to contain all survivors for an optimal period following an emergency call. In Italy there is a paucity of research about Intimate Partner Abuse, in particular if the IPV occurs in a same-sex relationship or when a trans woman is involved in it. This phenomenon should be studied and analysed with the aim of drawing up protocols of intervention in line with the specific needs of lesbian and Trans service users, applicable to shelter services in case of emergency with this target group.

At a second level a radical change of the settings is required: it is necessary to make shelter houses completely accessible to any user, accepting their claims without heteronormative and cisgenderist prejudice and evaluating each person's needs case by case, according to different sexual orientation, gender identity and relationship model of each one. Shelter service workers should be trained to be sensitive to the indicators of *Minority Stress* and, recognising the intersectionality of inequality and violence, offer a protected space in which people can re-build themselves as a survivor, winning back their autonomy and perspectives on the future. At the final level, the creation of new perspective is desirable in the community the victim lives within: working in a prevention focus will reduce cases of aggression, in particular between members of the younger

population. The whole citizenship should be educated on the topics of violence and how to contrast it (for example with workshops, seminars, debates and public lectures). In this way it would be possible to identify early signs of suffering and proceed with the total care of a victim, avoiding fallout, drop-out and social isolation of the victims.

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