

---

# Trans and Intersex Survivors of Domestic Violence: Defining Terms, Barriers, & Responsibilities

By *Diana Courvant* and *Loree Cook-Daniels*

## INTRODUCTION

In the early 1970's, as campaigns to raise awareness of domestic violence were first beginning in the United Kingdom and the United States, domestic violence was seen as a problem of male batterers and female survivors. Although this model still fits the vast majority of cases of domestic violence, it is no longer seen as fully describing the problem. In the 1980's, recognition spread of battering in lesbian relationships, and in the 1990's gay men awakened to battering within their own community. Therefore, over the course of the 25 years of the domestic violence survivors' movement, many communities have evolved programs to assist in meeting the needs of both male and female survivors, and developed intervention programs targeted to male and to female batterers. Within this framework, some few heterosexual men have also received survivor services.

However, even this expanded framework consistently neglects the growing class of survivors who transcend stereotypes of gender expression or physical sex. If these survivors have any interaction at all with supportive agencies, they nearly always confront staff or volunteers who lack even the necessary vocabulary to begin to understand the every day experience of these survivors. So let's begin with that vocabulary.

## DEFINING TERMS

Like the water surrounding the proverbial fish oblivious to it, all the various aspects of gender are invisible to most of us. Virtually all of us were given a gender assignment — boy or girl — by medical personnel at our birth, based on a visual inspection of our genitals. (By using the genitals, doctors hope to match the gender assignment with the child's sex, the genetic or anatomical categories of male and female.) Most of us grew into these gender assignments fairly smoothly, adopting them as our own gender identity: our personal view of our own gender. Gender attribution recognizes that what I think of myself isn't always what counts; this term refers to what someone assumes about my gender when they look at me. On the opposite side of the observer-observed dyad is gender expression. This is something I do (a behavior, the choice of clothing, etc.) that influences or is intended to influence another's perception of my gender. A gender role is the aggregate of a society's assumptions, expectations and mores for how a person of a particular gender is supposed to act. All of these terms are more likely to be heard in a therapist's office than a shelter, but knowing them can help one understand the complexities facing those who transcend stereotypes of gender expression or physical sex: those who are usually known as intersexual, transsexual, transvestite or cross-dressing, or transgendered persons.

An intersex or intersexual person has a body with external sexual characteristics typical of both male and female bodies. Nonetheless, in our society, children who are born intersexual are nearly always assigned a male or female gender role, although because of external sexual ambiguities, that assignment may not occur at birth. Intersexual children in the United States typically have their genitals surgically altered before age three to conform to gender assignment.

A transsexual is someone who lives full-time in the gender identity "opposite" the gender assignment they were given at birth. Currently in Western European and North American countries,

---

transsexuals usually obtain medical intervention (hormones and surgeries) to alter their bodies to more closely conform physically to their gender identity. Some cultures have roles or institutions that allow what we would call transsexuals to live in their preferred gender identity, often without requiring them to seek medical intervention. Transsexuals may be either female-to-male (FtM) or male-to-female (MtF). They may be “post-operative” or “post-op,” meaning they’ve had one or more surgeries to alter their body’s sexual characteristics; “pre-op,” meaning they have not yet had any or all such surgeries; or “non-op,” a term that acknowledges that some transsexuals feel they can live out their gender identity without altering their bodies surgically.

Unlike transsexuals, transvestites’ and cross-dressers’ gender assignment and gender identity match. However, they occasionally wear clothes that social custom says belong to the “opposite” gender role. While crossdressed, an individual might take on a name and/or mannerisms associated with that “opposite” gender role, although this is not always the case.

Transgender is a recently-coined term whose definition is still in some flux. Some people use it to refer to people who don’t fit any of the above categories but whose gender identity also won’t fit into the society’s two given roles of male or female. Others include transsexuals and transvestites under the transgender, or trans, umbrella. For the remainder of this paper, this larger definition will be used.

## **TRANS AND INTERSEX SURVIVORS**

In preliminary data, the Gender, Violence, and Resource Access Survey of trans and intersex individuals found 50% of respondents had been raped or assaulted by a romantic partner, though only 62% of those raped or assaulted (31% of the total sample) identified themselves as survivors of domestic violence when explicitly asked. Of those who were raped or injured, 23% (12% of the total sample) required medical attention for injuries inflicted by a romantic partner. All of those who received treatment self-identified as survivors of domestic violence when asked.

Clearly, trans and intersex survivors exist. Like other domestic violence survivors, they need the help of service agencies, including shelters, to free themselves from abusive partners and to learn to recognize future abusive relationships before the abuse becomes extreme. Unfortunately, few ever manage to access these services openly. There are many reasons why so few trans and intersex survivors are served by the community that typically aids and advocates for survivors of domestic violence. The next section will discuss these barriers.

## **BARRIERS**

Despite feminist strides, ours is still not a society that supports and rewards individuals who violate gender norms. Little boys are still kept in line with phrases like, “Don’t be a sissy.” Little girls and particularly older girls face fierce disapproval if they behave or dress too “boyishly.” This early punishment for simply expressing gender identity leaves many scars, but the experiences that lead trans and intersexual domestic violence survivors to believe that it’s normal for “people like me” to live with abuse only increase in magnitude as the trans or intersex survivor matures.

Perhaps the most damaging force is the one that teaches transgender and intersexual persons that “helping” institutions are often anything but, and may actually harm them. In Washington D.C., an MtF trans woman named Tyra Hunter, the victim of an accident, was allowed to die by paramedics and emergency room staff who discovered her trans status, then decided to mock her rather than provide aid. In the central United States, an FtM trans man named Brandon Teena was raped by two men who discovered his trans status. Upon reporting the rape to the local sheriff’s department, the sheriff asked Brandon, “What are you?” and refused to investigate. Brandon’s rapists returned to his

---

house to kill him and two of his friends for reporting the rape. At an annual convention of the Society for the Scientific Study of Sexuality one doctor related the case of a girl child with a large clitoris sexually mutilated by her father, who was angered at the phallic proportions of his infant daughter's clitoris. Amazingly, this doctor completed the child's mutilation by performing a clitoridectomy and was using her story to justify surgery on infants in similar situations, rather than healing the child and calling attention to her abuse. Although these stories' power is anecdotal and not statistical, they and others like them are widely known and retold among trans and intersex individuals. Because of the extreme cruelty and casual indifference of authorities and institutions exemplified in these common stories, a trans or intersex survivor may fear an unknown service institution more than a familiar abuser.

A second level of fear trans and intersex survivors face when seeking help is the possibility that their trans or intersex status, if previously hidden, might become known and expose them to more violence, as in the Brandon Teena case. Exposure might also lead to the loss of a job, as very few jurisdictions provide employment discrimination protection to trans and intersexed persons, and stories of job loss or workplace harassment upon exposure are legion.

Should a trans or intersex survivor decide to brave these risks and seek help despite them, she or he faces other barriers. Some information suggests that trans and intersex survivors have frequently been multiply abused for years or decades. Often a trans or intersex survivor has a unique body and/or a unique vulnerability to the emotional aftermath of sexual violence; either can make difficult or impossible discussing this abuse with an unfamiliar victims' advocate.

Related to this problem is the shame and self-doubt that is endemic in these communities, due to the pressures trans and intersex persons have felt from their earliest years to deny their feelings and conform to others' expectations. Adding to this shame and self-doubt is the widespread perception that trans and intersex individuals are mentally ill. This popular stigma of mental illness is furthered by the existence of Gender Identity Disorder (GID) in the DSM-IV, the guidebook to diagnosis of mental illness and personality disorders, but this perception of mental illness is independent of the DSM-IV and is often strongly felt by those completely unfamiliar with the GID diagnosis. Abusers use this shame and self-doubt against their trans and intersex victims to undermine their victims' perceptions and to convince them that no one else will want them. Combined with stories of dating violence (such as that of Chanelle Picket, an MtF trans woman who was recently murdered by a date enraged at the revelation of her trans status) these "warnings" can convince trans and intersex survivors that they are lucky just to have a partner who doesn't kill them.

Finally, two other barriers that affect some trans and intersex survivors deserve attention. One is the barrier that children present. Although every domestic violence survivor with children worries about the safety and custody of those children, the problem is much greater for trans parents, who know that because of prejudice and ignorance about trans persons, courts are extremely unlikely to grant them custody no matter how abusive the other parent is.

The other barrier is the gender segregation of survivor services. Virtually all trans survivors go through a significant period when they are in legal or medical transition. Some intersex survivors have a unique body that prevents identification with either a male or a female gender. Some trans individuals, including such notable examples as authors Kate Bornstein and Leslie Feinberg, have a gender identity and gender expression that is neither male nor female, but mixes elements of both. For all of these people, turning to a gender-segregated service agency may be inconceivable.

---

## **BARRIERS SPECIFIC TO MtF INDIVIDUALS**

For those MtF individuals not raised in abusive homes, childhood social education rarely includes any information about domestic violence. An MtF child whose parents are disturbed by the child's femininity may glorify violence or minimize the child's trauma from any peer violence in an attempt to encourage behaviour deemed masculine. As an adult survivor, this may be translated into feelings of guilt for not fighting back in violent situations, reinforcing the common perspective of survivors that they are responsible for their own abuse.

The vast majority of resources for survivors of domestic violence targets women. While this benefits the few MtF individuals who have completed medical, legal and social transitions, it typically excludes the majority. Unfortunately, the few who do have resources nominally available often find themselves feared as invaders if they attempt to access women-based services. In San Francisco, one shelter that had made the decision to welcome openly trans women experienced a case where such a survivor was turned away by a shelter supervisor hired after the initial training. Other MtF survivors may refuse to seek shelter or assistance from women-centered agencies out of a respect for the fears or discomfort of non-trans and non-intersex female survivors. Others may avoid seeking help from those agencies out of low self-esteem or feelings that others will not perceive them as "real" women.

Lastly, MtF survivors battered by women often fear that their stories will not be believed. The existing dominant framework of domestic violence can make this type of violence among the most unexpected. Often it is difficult for survivors' advocates to envision this abuse even though the advocates know that the most important tools for control an abuser possesses are not physical.

## **BARRIERS SPECIFIC TO FtM INDIVIDUALS**

Because their gender identity (and probably also their gender expression) is male, FtM individuals cannot be served by agencies that only serve women. Even if an FtM is lucky enough to be in a place where survivor services are offered to men, he may find himself facing incredulous "helpers." Although many people have heard of Christine Jorgenson or Renee Richards, few realize that FtM's exist. FtM's are so "invisible" that even professionals who are well-versed in trans issues often are surprised at the community's growing contention that there are roughly equal numbers of FtM's and MtF's. An FtM survivor may also hesitate to access services for men out of fear that the other survivors may discover his trans status and ridicule him or worse.

Many FtM's lived within the Lesbian community prior to their transition, and oftentimes their partners still identify as Lesbian and keep ties to that community. Since Lesbian communities are often tightly-interwoven and heavily involved in anti-domestic violence work, an FtM battered by a female partner may well fear that if he seeks help the battery may become public, he will not be believed and/or advocates and community members will side with his partner's version of events. This close interplay between domestic violence workers and an FtM survivor's and/or Lesbian batterer's social network may also heighten an FtM's fears that accessing services will lead to public discussion of his trans status, thus exposing him to the discrimination and violence discussed above.

## **BARRIERS SPECIFIC TO INTERSEX INDIVIDUALS**

Intersex children are often subjected to multiple genital surgeries in order to ensure that outward shape matches, as closely as possible, a cultural esthetic ideal. Typically, these children are not explained the reasons for these procedures and are made to feel that they have (or, indeed, are) an embarrassing secret. Since doctors still perform these surgeries with a primary goal of preventing psychological stress in the parents, it is not surprising that these children are rarely told the truth:

---

that doctors fear their own parents will hate their bodies enough to mutilate them. It is also not surprising that many of them feel horribly ashamed.

When these children are given reasons for these surgeries and other procedures, they are frequently told that the treatment is necessary if the child wants to be loved as an adult. This message is a brutal double-edged sword: first, it tells the child that people will love or reject them based on their body. Second, it directly states that the child is physically inadequate to be loved. The intermittent affection of honeymoon periods mixed with violent explosions may seem the most loving a relationship for which an intersex adult can hope, if raised with these expectations.

As significant as these other barriers can be, invisibility is by far the most significant barrier. Few even are aware of the existence of intersex individuals in our communities. Large, governmental helping agencies that serve tens of thousands of clients each year may never have heard the word “intersex”, much less be aware of a single individual case involving an intersex survivor. This ignorance exists despite the fact that intersexuality and surgical treatment of it in infants is much more common than surgical sex reassignment in adults. When an agency is made aware of intersexuality in a survivor, it may not consider that a factor worthy of special notice or attention. This flies in the face of the motivation for surgical alteration of intersex children: doctors repeatedly state that intersex individuals are at vastly heightened risk of abuse. Even after the May, 1997 breakthrough of this issue to the pages of prominent publications such as the New York Times and Newsweek, helping agencies have not heard this message, and intersex survivors - both adults and children - are nearly always forced to heal from their abuse alone.

## **DEFINING RESPONSIBILITIES**

Because trans and intersex individuals are victims of abuse, and because our society is complicit in creating conditions which perpetuate this abuse, we who have dedicated ourselves to helping survivors of domestic violence must include trans and intersex survivors as a part of that mission. Although the trans and intersex communities, where organized, can provide support to these individuals, we are the ones with domestic violence expertise and should retain primary responsibility for ensuring our services are accessible and responsive to these survivors.

Including trans and intersex survivors within our current mission entails three primary responsibilities. First, we must make certain that every community has a visible place to which survivors may turn, regardless of trans or intersex status. Second, we must not revictimize trans or intersex survivors. Third, we must follow up on our own efforts or referrals in order to ensure that our efforts are positive and effective. Fulfilling these responsibilities (they are never discharged) cannot be a passive resolution. Concrete action is required. An agency can begin by taking these steps:

- At minimum, every staff member and volunteer who works with survivors must be made aware that trans and intersex survivors exist and that the agency is committed to working on their behalf. This is the first step in ensuring that the cardinal rule of domestic violence assistance is implemented for trans and intersex survivors: welcome them, and believe their stories.
- If there are any organized trans or intersex communities in your area, contact them to make sure they know you exist and are prepared to at least counsel any of their members with a domestic violence problem. If possible, establish formal or informal training and consultation procedures with these groups to share expertise and promote referrals. These groups can also help you conduct outreach campaigns to trans and intersex persons.
- If you are the sole service provider in the community, ensure at least one staff member is trained in the unique barriers that trans or intersex survivors face and is empowered to anticipate and remove your agency’s barriers to sensitively serving such survivors.

- 
- If your area has multiple providers, use or develop a coalition to determine which agencies in each community will be responsible for providing which services. In larger communities, it may even be possible to define subsections of the trans and intersex communities and assign responsibility for serving each group to a different agency, if care is taken to ensure that no one “between the cracks” is left without options. Agencies in contact with survivors can then be made aware of where survivors should be referred and what questions must be answered before a proper referral can be made.
  - This coalition should also publicly identify at least one specific resource that is openly welcoming of trans or intersex survivors. This resource might be an already existing hotline, or a separate number might be created either using regularly checked voice mail or automatic forwarding to an existing hotline or agency. Making a point of advertising the availability of this service tells frightened trans and intersex survivors that what they are experiencing is abuse and that other people feel they deserve better, a concept they may find more novel and life-changing than do many “more typical” domestic violence survivors.
  - Once services are prepared to serve trans and intersex survivors, create a strategy of outreach to such survivors, including the addition of information about community resources for these survivors on written outreach materials targeting other communities.
  - Finally, create a mechanism to follow up on referrals to other agencies and to make changes to coalition plans as new barriers or problems are identified.

## **CONCLUSION**

Many of the barriers trans and intersex survivors face when trying to free themselves of domestic abuse are similar to those faced by all survivors: self-doubt, a belief that the known abuse is better than potential future unknown abuse, worry about the children and worry about finances. But because they have had to struggle to find pride in bodies and lives society labels “wrong” and because discrimination against them is so strong, trans and intersex survivors have many more hurdles to leap. One of these hurdles the domestic violence system itself created: a gender-segregated service system. We owe these survivors much more thought and effort to ensure that we do not either force them to stay in the hands of their abusers or revictimize them once they take that first step away.

First published by National Coalition Against Domestic Violence.  
Copyright (c) 2000-03 Survivor Project