

Decision-making among transgender women who are victim-survivors of intimate partner violence: An integrative review

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Abstract

This integrative literature review examines intimate partner violence experienced by transgender women and the factors influencing their decision making in maintaining their continued relationship. Six online databases have been systematically searched to identify and analyse published peer reviewed journal articles on the topic. A total of seven samples were identified for the study, and data from which were thematically analysed, generating three primary themes: transgender-specific intimate partner violence complexities; experiences with care services and legal protections; and navigating trans-specific intimate partner violence. These findings provide valuable insights for social work and social service providers to ensure safety and well-being of victim-survivors of intimate partner violence among transgender women.

Keywords

Intimate Partner Violence; Transgender Women; Stay-Leave Decision-Making; Victim-Survivor/s

Introduction

As a pervasive worldwide phenomenon, Intimate Partner Violence (IPV) is recognized as one of the most common forms of violence against women (Miller & McCaw, 2019; World Health Organization [WHO], 2021). As an act of gender-based violence that disproportionately affects women, IPV refers to “behavior by an intimate partner or ex-partner that causes physical, sexual or psychological harm, including physical aggression, sexual coercion, psychological abuse and controlling behaviors” (WHO, 2021, para. 7). Coercive control (CC), a form of IPV rooted in patriarchal power dynamics, despite being largely rendered invisible (Moulding et al., 2021), involves oppressive actions designed to exploit and exert control over an individual resulting in psychological distress (Pitman, 2017; Levine & Fritz, 2016; Crossman et al., 2016). The gendered pattern of abuse targets victim-survivors’ well-being and affects various life aspects to maintain control (Barlow & Walklate, 2022). Predominantly affecting women, it generates helplessness, diminished agency or sense of control, intense fear, and a marked power imbalance (Heron et al., 2022; Wiener et al., 2022).

In this study, the term victim-survivor/s is used to represent the experience of women from victim to survivor within the context of IPV (Women Against Abuse, 2023). Drawing on identity theory, the terms “victim” and “survivor” shape personal identity (Boyle & Rogers, 2020). While the term “survivor” empowers, it pressures some, bypassing abuse’s severe impact (Harding, 2020; Women Against Abuse, 2023; World Health Organisation, 2021). In this context, using the term “victim-survivor/s” acknowledges the potential for ongoing harm caused by IPV, while honoring the strength and resilience of people with lived experience of this form of domestic abuse (Family Safety Victoria, 2022).

Cisnormative and transphobic ideologies empower abusers to manipulate and control transgender intimate partners (Guadalupe-Diaz & Jasinski, 2017; Momen & DeKeseredy, 2020). As CC is not gender or culture-specific, it hosts a range of social marginalizations relating to gender identity and sexual orientation (Loring & Scardaville, 2015). However, a perspective rooted in cisnormativity neglects the victimization experienced by transgender individuals (Stark, 2020). Originally coined in 1965 by psychiatrist, John F. Oliven, who noted that sexuality did not necessarily dictate gender, the term “transgender” refers to a person

whose gender identity, gender expression or behaviour that does not conform to their assigned sex at birth (Peitzmeier et al., 2019; Rodriguez Alvarez & Fernandez Muñoz, 2022; Tankersley et al., 2021; Thomas et al., 2017). Archive scholars Kelly Rawson and Cristan Williams assert that Oliven's book *Sexual Hygiene and Pathology* marks the earliest use of *transgender* to describe individuals assigned male at birth who wished to live as women without gender-affirming surgery (Rawson & Williams, 2014). The term was later reclaimed and expanded by transgender communities and scholars to affirm diverse gender identities (Stryker, 2008; Pfeffer, 2014). Scholars such as Stryker (2008) and Beemyn (2013) trace this evolution, emphasizing its role in a broader self-identification framework centred on community, resistance, and social change.

Transgender vulnerability stems from societal trans-specific victimization that contributes to the disempowerment of transgender individuals where patriarchal societal positioning and women's subordination transfers into the home environment (Walker, 2015). Viewing gender expression as reflective of identity transformation, control in transgender-specific IPV (T-IPV) may manifest as identity abuse (Woulfe & Goodman, 2021). Identity abuse employs tactics to belittle, undermine, and control individual identity and femininity expressions (Donovan & Barnes, 2021; Peitzmeier et al., 2021). When addressing identity constructions, abusers manipulate body, sexuality, and social practices to reinforce gender perceptions through heteronormativity (Guadalupe-Diaz & Anthony, 2017). In T-IPV, partners exploit transphobia and tailor abusive tactics to exploit vulnerabilities that are already amplified by societal stigma and discrimination (Peitzmeier et al., 2019).

IPV research generally tends to exhibit a cisgender-centric perspective shaped by gender assumptions that underscore the prevailing cisgender and heteronormative narratives (Crossman & Hardesty, 2018; Estrellado & Loh, 2019; Heron et al., 2022; Miller & McCaw, 2019). Hence, there is a dearth of literature specifically examining the CC experiences within T-IPV. The dominance of cisgenderism shapes how transgender victim-survivors interpret and convey their encounters (Guadalupe-Diaz & Anthony, 2017; Rogers, 2019), which underscores the need for their inclusion in IPV research to examine their unique experiences (Carman et al., 2020; Lohmann et al., 2023).

The diverse IPV experiences within the lesbian, gay, bisexual, transgender and queer/questioning, intersex, and asexual (LGBTQIA+) community highlight the need for each group to have a distinct voice in IPV research. Taking this into consideration, this study centres on transgender women within the broader transfeminine population, that is, gender nonconforming to male sex assigned at birth and falling feminine on the gender spectrum (Guadalupe-Diaz & Anthony, 2017; Peitzmeier et al., 2019). Transfeminine, which encompasses transgender women, is a gender expression term within the LGBTQIA+ community and it reflects an individual's deeply felt gender perception (United Nations, 2023). The term cisgender refers to individuals whose gender identity aligns with their sex assigned at birth, while transgender and gender diverse individuals have a gender identity that differs from their assigned sex (United Nations, 2023). Although T-IPV experiences are akin to cisgender women, within these experiences lies a distinct quality that accentuates the complexities and heightened impact of IPV on this specific population group (Peitzmeier et al., 2021).

While leaving an intimate partner is challenging, leaving an abusive relationship presents greater difficulties marked by barriers and psycho-emotional impacts on victim-survivors (Momen & DeKeseredy, 2020). For transfeminine individuals, these challenges are compounded by fear of transphobic responses, misgendering, and exclusion from gender-affirming services. Such barriers contribute to emotional isolation, systemic mistrust, and continued susceptibility to harm (Calton et al. 2016; Guadalupe-Diaz, 2019; James et al. 2016). The resulting marginalization occurs within a broader framework shaped by dominant cisgenderist and heteronormative assumptions, particularly the belief that domestic abuse primarily occurs between heterosexual men and women (Rogers, 2019), further reinforcing the invisibility of transgender perspectives in IPV discourse. As Davis (2022) contends, recognizing the significance of transfeminine voices in IPV research requires conceptualizing the intensity of their experiences and acknowledging the dehumanizing dimensions inherent in this form of violence.

Research Question

Contemporary IPV literature commonly reflects dominant cisgenderist and heteronormative narratives that frequently overlook transgender perspectives. Although akin to cisgender IPV experiences, transfeminine victim-survivors face distinct vulnerabilities arising from societal

transphobia and heteronormativity, which abusive partners can exploit to assert power and control. (Guadalupe-Diaz & Anthony, 2017). This paper aims to provide a transfeminine voice in understanding how transgender women victim-survivors navigate the choice between continuing with or leaving an abusive relationship. The research design and analysis were directly informed by the author's prior research on IPV experiences, aiming to address a critical gap in existing scholarship. This shaped the development of research questions, the interpretation of narratives, and the framing of participant experiences. The study examines the factors influencing decision-making, prioritising transfeminine voices to challenge the dominance of cisnormative frameworks in existing scholarship. The central question guiding this study is: What factors influence the decisions of transfeminine victim-survivors in terms of whether to leave or to stay in their relationship when experiencing intimate partner violence?

Method

This study is an integrative literature review (ILR), which provides adaptability in examining qualitative, quantitative, and mixed methodological studies to draw conclusions relevant to the research topic (Jones-Devitt et al., 2017). Alternative review methods such as narrative reviews may exhibit variability in their reliability and validity with a lack of transparency in their review process (Kiteley & Stogdon, 2014), while scoping reviews mainly identify the extent and characteristics of research evidence but lack a sufficient level of synthesis (Sim et al., 2022). Integrative reviews facilitate a rigorous, transparent, and systematic approach that ensures a comprehensive and holistic comprehension of this area of inquiry (Jones-Devitt et al., 2017; Oermann & Knafl, 2021; Mitchell & Peter, 2023). Centering transfeminine voices in the review foregrounds experiential knowledge often overlooked in dominant narratives. This approach disrupts cisgenderist and heteronormative framings of IPV by amplifying the situated realities and structural barriers uniquely encountered by transfeminine victim-survivors.

Specific inclusion and exclusion criteria and search terms guided the parameters for the search. Inclusion criteria suggested that study samples include transgender women aged over 18 years, study includes victim-survivors of T-IPV, studies are scholarly peer-reviewed journal articles dated between 2012-2023; study methods include qualitative, quantitative or mixed-methods, and articles are written in the English language. IPV experiences that do not involve transfeminine identities and articles that were already cited in this study were excluded. A range

of databases such as Informit, Web of Science, ProQuest, EBSCOhost, SAGE Journals Online and Google Scholar were searched. Initial search terms included a range of singular and combined terms related to the topic, which were further refined to include asterisks, truncations, and Boolean operators to expand search findings. Additionally, a reference list of the identified literature was manually reviewed to identify relevant sources.

Search Terms	"Coercive control" AND "intimate partner violence" AND transfeminine OR transgender, LGBTQ Intimate Partner Violence AND transfeminine OR LGBTQ* Intimate Partner Violence, LGBTQ* Intimate Partner Violence OR Intimate Partner Violence in LGBTQ* Lives, LGBTQ* Intimate Partner Violence OR Intimate Partner Violence in LGBTQ* Lives OR Intimate partner violence against "transgender women", Coercive control OR "transfeminine" OR "Trans-specific intimate partner violence" AND psychological OR "emotional abuse", psychological abuse, "transfeminine" OR "transgender" OR "trans women", "domestic abuse", "trans specific intimate partner violence", psychological aggression, psychological OR "emotional abuse", psychological OR "emotional distress", "decision making" OR decision*, influence on "decision making" OR decision*
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Figure 1: Search Terms

A three-stage screening process initially screened titles and abstracts, which resulted in the identification of 1603 articles, while stage two consisted of a full text review and removal of duplicates, which resulted in the shortlisting of 58 articles. Stage three involved a full text reading for evaluating their currency, relevance, authority, accuracy, and purpose (Chalmers Library, 2020), which resulted in the final selection of seven peer reviewed articles for the study.

Databases	Records in saved searches	Records after first screening	Records after second screening	Selections after third screening
Informit	88	4	2	0
Web of Science	335	45	12	2
ProQuest	784	25	22	0
EBSCOhost	47	13	11	2
SAGE Journals Online	170	38	3	0
Google Scholar	179	47	8	3
Total Number of Records	1603	172	58	7

Figure 2: Records Collected after Database Search and Screening

A data collection tool adapted from the work by Wang et al. (2018) was used for extracting data from the chosen articles. The data collection tool facilitated the assessment of the studies' objectives, findings, and limitations. Each selected article has been summarized in Figure 3 below:

Author, Year & Country	Approach & Data Collection	Aim of the Study
Gray et al. (2023), USA	Quantitative, Data from previous baseline assessment, 212 transgender women	To analyse associations between IPV, depression, anxiety, and coping skills in transgender women
Rosenberg et al. (2020), Australia	Qualitative, non-experimental questionnaire and interviews, 503 participants (104 identified as transgender women or non-binary)	To investigate the intersection of human and animal companionship in the context of violence and marginalization
Kurdyla (2023), USA	Qualitative, nine semi-structured in-depth interviews (two identified as transgender women and three non-binary).	Investigated disclosure barriers among transgender survivors and mitigation strategies
Barrett and Sheridan (2017), Canada	Qualitative, thematic literature review	To equip practitioners with IPV understandings in transgender individuals' lives
Jackson et al. (2022), USA	Interviewer administered survey, 201 transgender women	To assess the prevalence of and factors related to physical and sexual IPV experienced by transgender women
Akande et al. (2023), USA	Qualitative, six focus groups using semi-structured interviews (11 transgender women and 9 health care and service providers serving transgender communities)	To examine transgender women's lived experiences of IPV and the link between IPV and HIV risk
Hereth (2021), USA	Qualitative, 21 Interviews using life calendar and narrative approaches, transgender women	To examine cumulative victimization life course experiences and the obstacles hindering help-seeking among transgender women

Figure 3: Summary of Articles Included in the Study

An inductive thematic analysis using open coding was employed to identify primary themes. This was an iterative process that involved coding the data and associating those codes with

the primary themes and subthemes that became apparent (Braun & Clarke, 2022). It involved multiple reviews of the data. Each article was read several times, with different colors used to highlight codes pertinent to the research question. Concurrently, researchers maintained a journal documenting key concepts extracted from the literature. Articles were uploaded into NVivo 12 for analysis using open coding, an inductive approach that ensures an authentic exploration of data without predetermined codes (Brailas, et al., 2023). After conducting multiple rounds of in-depth reading, coding key phrases, and organizing them into initial descriptive categories, followed by merging these categories into broader analytical themes and subthemes, the data yielded three primary themes: Trans-specific IPV complexities, experiences with care services and legal protections, and navigating trans-specific IPV.

Findings

Transgender-specific IPV Complexities

Barrett and Sheridan (2017) identified that transgender women are subjected to distinct forms of violence shaped by societal transphobia and cisgender privilege. These forms of violence are enacted through tactics such as undermining identity, violating personal boundaries through unwanted physical contact, restricting access to gender-affirming care and medical treatment, threatening disclosure of trans identity, questioning the legitimacy of transgender identities, and reinforcing harmful gender stereotypes and transphobia. This is supported by findings from Kurdyla (2023, p. 474) who highlights the concept of the “IPV formula story” that contributes to the invisibility of T-IPV due to prevailing societal transphobia and dominant cis-heteronormative IPV contexts. Kurdyla (2023) found that the prevalent narrative fails to encompass IPV experiences of transgender and nonbinary (TNB) individuals due to cis heteronormativity. This disconnect presents significant challenges for victim-survivor/s when disclosing abuse or seeking support services. A study by Rosenberg et al. (2020) also found that T-IPV victim-survivor/s often experience inadequate and unsuitable responses from service providers because of the exclusion of TNB individuals from mainstream domestic violence and abuse (DVA) narratives influenced by cisgenderism and heteronormativity.

A study by Hereth (2021) found that transfeminine people experience cumulative victimization throughout their lives through various forms of violence such as child abuse, maltreatment,

IPV, sexual violence, transitional risks, and bias-related violence. Five respondents among the 21 participating in the study by Hereth (2021) disclosed childhood and adolescent abuse while five shared experiences of family abandonment prior to age 18. Nine participants experienced IPV and/or sexual violence, with 10 participants recounting incidents of bias-related victimization, including school bullying, harassment, and encounters with police violence. Hereth (2021) found that experience of cumulative violence compounded trauma impacts, resulting in feelings of hopelessness, depression, anxiety, and future-based fears, which contributed to an overall sense of insecurity. Two participants in the study described how their cumulative experiences of violence evoked memories of prior incidents, compounding the trauma, and leaving them with heightened concerns about potential revictimization. Cumulative trauma experiences alongside transphobic discrimination across the life course intersects victimization experiences, including those tied to IPV, within the broader context of transgender individuals' life events (Hereth, 2021).

Kurdyla (2023) found IPV disclosure barriers related to transphobia, internalized blame, health condition or disability that affect IPV recognition. Internalizing external prejudice and believing their abusive relationship was the best option shared by respondents due to self-worth issues connected to larger systems of oppression. Transphobia was linked to fears of rejection, victim-blaming, deadnaming (using their birth name), and misgendering and how negative societal reactions increased depression, post-traumatic stress disorder (PTSD) and suicide ideation (Akande et al., 2022; Gray et al., 2023). Internalized transphobia and self-blame were linked to minimizing IPV and a failure to embrace their identity, driven by the fear that disclosing the abuse could lead to loneliness, with the relationship potentially ending. A participant in the study expressed how her abuse started when she came out to her partner and how he outed her to their friends and family. She stated "I just sort of lowered my head and went, 'Well I'm the person that started this. Let me just trudge through it'" (Kurdyla, 2023, p. 481).

Kurdyla (2023) found that participants' expectations regarding how others might respond to their experience of abuse significantly shaped their perceptions and actions related to T-IPV. For instance, a study participant's anticipation that her abuse would be minimized was rooted in her parents' history of minimizing it. Conversely, disclosing to a close friend who reacted with urgency and support prompted her to re-evaluate her perceptions (Kurdyla, 2023). This finding was supported by Akande et al. (2022) who conducted focus groups in their study in

which normalization of violence across the life course emerged as a prominent theme. The normalcy of violence was linked to perceptions of deservingness and hindering self-advocacy in both intimate relationships and while seeking health or support services. Participants openly shared their early-life abuse experiences, including witnessing DV among parents or being subjected to verbal, physical, or sexual abuse by a parent or parental figure. Commonly related to their transgender identity and role models, violence was described as inevitable. A participant commented, "... sometimes we don't know if we're getting abused. We think it may be normal because we've been pushed to the side or been abused by our relatives for just being who we are..." (Akande et al., 2022, p. 1108).

Experiences with Care Services and Legal Protections

Participants in the study by Hereth (2021) and Kurdyla (2023) spoke of an unwillingness to access formal support and police protections due to prior trans-specific victimization and mistrust. A study by Akande et al. (2022) support this and explain that inadequate trans-competency staff training as causal in transgender victim-survivors opting for informal support instead. Research by Barrett and Sheridan (2017, p. 152) describes transgender individuals' "historically dysfunctional relationship with the medical community" and how this power imbalance contributes to trans people's vulnerability and mistreatment. Furthermore, Barrett and Sheridan (2017) highlight how prior research reveals discrimination against transgender individuals accessing DV programs, particularly transgender people of color and those with disabilities who hold multiple marginalization. However, quantitative analysis by Jackson et al. (2022) found that despite transphobic mistreatment, transfeminine participants in general felt safer in DV shelters than on the streets, as the shelters reduced their vulnerability to violence. Akande et al. (2022) revealed that participants in their study called for trans-competency training and trans-affirming services to mitigate this issue through increased representation in support service provisions.

Participants in the study by Kurdyla (2023) and Hereth (2021) detailed police victimization, including verbal, physical, and sexual harassment, misgendering, and the use of incorrect pronouns, such as "sir". In addition to unlawful arrests, invasive strip searches and mistrust in police interactions were linked with the reluctance to report abuse (Hereth, 2021; Kurdyla, 2023). Cinnamon, a 20-year-old transgender woman of color described her experience with an

abusive partner. After calling the police, Cinnamon experienced cumulative victimization when her partner advised the police that she was transgender stating, “Once he told them, they were like... ‘Well, this is not a domestic... it’s just two males fighting’” (Hereth, 2021, p. 471).

Navigating Transgender-specific IPV

Jackson et al. (2022) revealed that transgender women experiencing IPV were more likely to face homelessness, often because of attempting to escape from abusive partners. They pointed out that transgender women face a double crisis where housing instability and homelessness increase the risk of other forms of violence including sexual assault, rape, and robbery. They also found a significant association between homelessness and IPV. Akande et al. (2023) found that transgender women feared leaving their abusive partners, as their relationships provided essential resources, including food, money, medical care, transportation, and housing. Furthermore, transphobic discrimination limited employment and housing options, leading to an increased reliance on their partners as economic and material providers. Remaining in an abusive relationship was tied to material needs, safety, the desire for love, experience of structural exclusion, and past exposure to violence. Participants found remaining in abusive relationships more appealing than loneliness or limited prospects. Some spoke of preferring abusive relationships and the provision of safety through perceived love from an abusive partner to homeless shelters, and they cited concerns about the risk of violence and the uncertainty of shelter life (Akande et al., 2022).

Respondents in the study by Kurdyla (2023) highlighted the risk of facing negative societal responses upon disclosing incidents of T-IPV, particularly when linked to their gender identity. Stressing the significance of social acceptance, they preferred informal help-seeking within supportive social circles. Specifically, eight participants shared their abuse experiences with peers supportive of their transgender identity, while five initially confided in peers sharing a transgender or nonbinary identity. Notably, the availability of trans-affirming formal supports positively facilitated participants’ disclosure (Kurdyla, 2023), which is a perspective that aligns with Akande et al.’s (2022) emphasis on the importance of listening. Furthermore, participants stressed that inadequate staff trans-competency heightened discrimination fears, a viewpoint that was shared across studies (Akande et al., 2022; Barrett & Sheridan, 2017; Gray et al., 2023; Hereth, 2021; Kurdyla, 2023).

Some protective factors were also found in some of the studies. Barrett and Sheridan (2017, p. 142) introduced the concept of one's biological "family of origin" and "family of choice", representing friendship-based, kin-like relationships that provide essential support often lacking in transgender people's biological families. Findings highlight that while biological families can be an informal support, some familial supports can cause harm, whereas families of choice provide emotional, psychological, physical, and material support that is sometimes absent from families of origin (Barrett & Sheridan, 2017). Another protective factor for victim-survivor/s found by Jackson et al. (2022) was age. Women over 30 years established more resources to secure housing and could address transition needs, reducing misgendering-linked violence, including T-IPV. Younger transgender women faced obstacles in accessing housing, healthcare, and gender-affirming care due to time constraints, cost, disability, incarceration, or lack of parental support. Moreover, participants averaging 26.6 years in the study by Hereth (2021) reported that their distinct help-seeking barriers include fears of discrimination, police involvement, "outing" by partners and social support discrimination. Hereth (2021) further noted an increased prevalence of IPV and dating violence in younger transgender women, including violence related to transitional risks such as partners using control over hormone access as a control and manipulation tactic.

In a culturally diverse sample, Gray et al. (2023) found that adaptive coping strategies such as acceptance, emotional processing, emotional expression, and social support may serve as protective factors against IPV, despite links to adverse mental health outcomes, including depression and suicidal ideation, in transgender women. These strategies were informed by prior research demonstrating their protective effects on the mental health of transgender and gender-diverse populations. Nonetheless, adaptive coping strategies may vary depending on contexts and needs.

While coping strategies were related to substance use in the study by Jackson et al. (2022), Rosenberg et al. (2020) found that animal companionship served as a protective factor against IPV and aided coping by offering joy and unconditional positive regard transcendent of human conventions and hierarchies. As a decisive factor in the stay-leave decision, participants described that recognizing IPV stemmed from witnessing a loved one's abuse and the need to protect a secondary victim. For example, one participant noted "it was easier to act to keep animal companions safe than myself at that point", while another shared "I did not flee as I had responsibility to my animal" (Rosenberg et al., 2020, p. 579). This underscores the intricate

role that animal companions play in the stay-leave decision. According to Rosenberg et al. (2020, p. 574), deliberate harm to animals, and by extension, children, is considered “The Link” and a warning sign for further abuse towards humans. In essence, the presence of animal abuse significantly influenced the stay-leave decision, leading some to leave in order to protect their pets, while others stay for their animals’ safety.

A noteworthy mention from the research study by Barrett and Sheridan (2017, p. 150) was the “trans panic” defense concept. This conceptual stance is used as a legal defense to rationalize violence by cisgender males against transgender individuals, primarily transgender women. Perpetrators argue that they were misled into romantic or sexual interactions they would not have chosen if they had known the person was transgender, citing this deception as a justification for their violent actions. This defence is significant as it exemplifies how institutional and societal transphobia can legitimize violence against transfeminine people. Barrett and Sheridan (2017) state that although banned by the American Bar Association, the trans panic defense reinforces societal transphobia and justifies violent reactions that threaten the safety of transgender, or specifically transfeminine victim-survivors.

These findings demonstrate that transfeminine individuals navigate IPV within a distinct sociocultural context shaped by cumulative trauma, structural exclusion, and transphobia. Together, these dynamics shape stay-leave decision-making, complicate access to safety and support, and highlight the need for trans-affirming, trauma-informed responses.

Themes	Critical Findings
Trans-specific IPV Complexities	<ul style="list-style-type: none"> • Transgender women face unique forms of IPV that are not adequately captured by mainstream IPV narratives (Barrett & Sheridan, 2017; Kurdyla, 2023). • Cumulative victimization, including childhood abuse, sexual violence, and transphobic bias, increases trauma related distress and insecurity among transgender women (Hereth, 2021) • Transphobia, internalized blame, and negative societal reactions—such as fear of rejection, victim-blaming, deadnaming, and misgendering—complicate the recognition and disclosure of IPV, contributing to further isolation and exacerbating psychological distress, including depression, PTSD, and suicidal ideation (Akande et al., 2022; Gray et al., 2023; Kurdyla, 2023).

Experiences with Care Services and Legal Protections	<ul style="list-style-type: none"> • Transgender women experience distrust and reluctance to access formal support and police protections due to previous experiences of trans-specific victimization and a lack of trust in service providers (Hereth, 2021; Kurdyla, 2023). • Inadequate trans-competency training among service providers leads to transgender women seeking informal support, further compounding their isolation (Barrett & Sheridan, 2017; Akande et al., 2022). • Despite fears of discrimination, some transgender women felt safer in DV shelters than on the streets, underscoring the need for trans-inclusive services (Jackson et al., 2022).
Navigating Trans-specific IPV	<ul style="list-style-type: none"> • Housing instability, economic dependence, and safety concerns are central to the stay-leave decision-making process, with many transgender women staying in abusive relationships due to material needs and fear of homelessness (Jackson et al., 2022; Akande et al., 2023). • Transgender women often prioritize informal support networks over formal help-seeking options due to fear of societal stigma and further victimization, underscoring the importance of trans-affirming resources that promote disclosure (Akande et al., 2022; Kurdyla, 2023). • Age influences IPV risk among transgender women, with those over 30 years better equipped to secure resources, while younger women face increased vulnerability (Hereth, 2021; Jackson et al., 2022). • Adaptive coping strategies can serve as protective factors against IPV yet may be linked to adverse mental health outcomes such as depression and suicidal ideation (Gray et al., 2023). • Protective factors, such as "families of choice" and animal companionship, play key roles in T-IPV decision-making, with some women prioritizing their animal companions' safety (Barrett & Sheridan, 2017; Rosenberg et al., 2020). • The "trans panic" defence perpetuates societal transphobia by allowing perpetrators to justify T-IPV through claims of deception, assigning blame to the victim-survivor (Barrett & Sheridan, 2017).

Figure 4: Critical Findings

Discussion

Findings provided valuable insights into the factors that influence the stay-or-leave decisions of transgender women who are victim-survivors of IPV. Drawing from Becker et al. (2020) and Rogers (2021), a feminist perspective explores the intricate interplay of gender-based violence, systemic inequality, and patriarchal systems. This feminist epistemological approach explores transfeminine IPV through the experiential lens rather than seeking absolute truths. Aligned with transfeminine voices, it challenges dominant gendered assumptions by highlighting lived experience, structural marginalization, and the dehumanizing effects of cisnormative and heteronormative systems, thereby extending feminist critiques of power, violence, and normativity (Becker et al., 2020; Rogers, 2021).

Trans-specific victimization rooted in pervasive societal transphobia profoundly shapes the experiences of transfeminine individuals in coercively abusive relationships. This theme underscores the pervasive nature of transphobia and contributes to the invisibility of T-IPV in dominant cis-heteronormative contexts (Rogers, 2019). The findings highlight trans-specific victimization as a cumulative life-course experience that encompasses child abuse, maltreatment, IPV, sexual violence, transitional risks, and bias-related incidents. Evidently, cumulative trauma significantly impacts victim-survivors, fostering feelings of hopelessness, depression, anxiety, and post-traumatic stress disorder (PTSD). These experiences significantly influence decisions on whether to stay or leave an abusive relationship and cultivating an overall sense of insecurity and concerns about potential revictimization.

Findings underscore the internalization of transphobia and self-blame among victim-survivors which stems from societal misconceptions about gender identity being a choice. This leads to victim-survivors feeling a heightened sense of responsibility for the abuse endured. Consequently, as reflected by Calton et al. (2016), the pervasive fear of disclosing T-IPV experiences contributes to the reluctance in seeking help. Internalized transphobia and self-blame are intertwined with concerns about societal reactions, such as fear of rejection, victim-blaming, deadnaming, and misgendering. This internalization, coupled with fear of isolation and difficulties in forming new relationships, significantly impacts self-esteem and mental health, and contributes to emotions such as depression and anxiety, and in certain instances, suicidal ideation. Reducing internalized transphobia through affirming therapy, peer support,

and inclusive communities can improve mental health outcomes, strengthen self-worth, increase resilience, and facilitate healthier relationships and community connections.

The normalization of violence across the life course distorts victim-survivors' perceptions and responses. Early exposure distorts views on healthy relationships, desensitizing individuals and complicating the recognition of abuse in adulthood. This normalization is tied to the perception of deservingness that hinders self-advocacy and support-seeking within intimate relationships. The cumulative impact of trans-specific victimization, combined with societal transphobia, significantly shapes the responses and experiences of transfeminine victim-survivors and their ability to identify or minimize T-IPV. Existing works by Davis (2022), Guadalupe-Diaz and Anthony (2017), Peitzmeier et al. (2019), Walker (2015), and Woulfe and Goodman (2021) also underscore the exploitation of trans-specific vulnerabilities that foster power imbalances within intimate relationships.

This study affirms that trans-specific discrimination and microaggressions significantly influence T-IPV stay-leave decisions. Abusive partners employ microaggressions to control and induce fear that complicate victim-survivors' attempts to break free from the cycle of abuse through disempowerment, exclusion, and reduced agency. Consequently, these findings emphasize addressing not only the violence itself but also the systemic issues enabling it. Empowering transgender women and supporting their stay-or-leave decisions requires interventions considering the interplay between T-IPV and transphobic discrimination. Existing works by Calton et al. (2016), Quinn (2020) and Walker (2015) emphasize the significance of revealing trans-specific barriers which hinder this population's help-seeking for T-IPV.

Attempts to access formal support services and legal protections by transgender women are hindered by transphobic discrimination and various forms of marginalization. Discrimination and mistrust play a substantial role in shaping their stay-or-leave decisions, resulting in their reluctance to involve the police or seek formal support, given past trans-specific victimization and apprehension. The findings underscore systemic transphobia within existing structures, making it challenging for victim-survivors seeking help amid a history of prejudice. As highlighted by Walker (2015), systemic changes and comprehensive trans-competency training are crucial to empower transgender women in making relationship decisions devoid of systemic discrimination, fear, and mistrust.

The practical challenges faced by transfeminine victim-survivors as they navigate the complexities of IPV, housing instability, economic insecurity, and safety perceptions were a prominent theme which resonates with research by Guadalupe-Diaz and Jasinski (2017) and Momen and Dekeseredy (2020). Notably, T-IPV correlates with housing instability, heightening the risk of homelessness and further forms of violence. Economic, emotional, safety, and housing considerations wield substantial influence on remaining in an abusive relationship. The trans panic defense, which rationalizes and justifies violence, dissuades victim-survivors from leaving abusive partners and hinders help-seeking and disclosure. Societal tolerance implies the tacit acceptance of violence against transgender individuals, and it instigates fear and influences decision-making of victim-survivors. The inclination to endure a coercively abusive relationship underscores the dearth of viable alternatives.

The intersection of T-IPV, housing stability, economic insecurity and safety creates a complex web of factors that influence the stay-leave decision. Findings underscore the need for interventions to address both immediate safety concerns and broader socio-economic factors to support and empower individuals in their stay-leave decisions with emphasis to secure housing options and economic stability. Protective factors including age, informal support networks, coping strategies, and companionship serve to empower transfeminine victim-survivors, mitigating disempowerment and enhancing their advocacy capacity for their well-being.

Limitations

A limitation of the study is the lack of available insights into transfeminine individuals, specifically transgender women, regarding their T-IPV experiences, which limits a comprehensive understanding of the stay-leave decision-making process. Other areas for exploration include the efficacy of trans-affirming support, trans-competency training, and strategies to mitigate trans-specific victimization.

Implications

This review highlights the need for future research to prioritise transfeminine populations in IPV studies, addressing the notable gap in literature on their unique, intersectional challenges,

particularly regarding navigating IPV experiences. As evidenced in the Critical Findings Table (see Figure 4), barriers such as trans-specific victimization, economic dependence, safety concerns, and inadequate access to affirming services compound the risks faced by transgender women, profoundly influencing their decisions to seek support and defining their IPV experiences.

In clinical and policy contexts, it is important to recognise the distinct barriers transfeminine victim-survivors face when accessing supports. Training in trans-affirmative care and legal advocacy is necessary to improve intervention efficacy and inclusion. Policies designed to address the systemic barriers and vulnerabilities faced by transfeminine individuals are central to ensuring equitable access to gender-affirming services and protections. These efforts are integral to developing inclusive support systems that are responsive to the specific needs of this population.

Implications	Policy	Practice	Research
Transphobia and Discrimination	Formulate policies that specifically address transphobic discrimination in IPV support services and broader social support systems	Integrate trans-competency training to create affirming and inclusive environments for transfeminine victim-survivors	Investigate the long-term effects of transphobia and its influence on help-seeking behaviours
Trans-Affirmative Care	Advocate for policy mandates on trans-affirmative care in IPV services and legal systems.	Ensure healthcare and legal professionals are trained in providing gender-affirming support.	Examine the efficacy of trans-affirmative interventions in improving victim-survivor outcomes.
Microaggressions in T-IPV	Implement policies addressing the role of microaggressions within the dynamics of T-IPV against transgender individuals.	Adopt trauma-informed care practices that account for the impact of microaggressions on transfeminine individuals in T-IPV contexts.	Analyse how microaggressions shape power imbalances and hinder transfeminine victim-survivors' help-seeking.
Systemic Barriers in Help-Seeking	Reform policies to eliminate systemic barriers such as misgendering and	Develop pathways for transfeminine individuals to access IPV	Explore how systemic barriers impact transfeminine

	deadnaming in support services and legal systems.	support without fear of stigma or exclusion.	individuals' willingness to seek formal support.
Housing Instability and Economic Insecurity	Create policies that address housing instability and economic insecurity as barriers to leaving abusive relationships.	Collaborate with housing and financial services to prioritize the safety and security of transfeminine IPV victim-survivors.	Examine the effects of economic insecurity and housing instability on the decision-making of transfeminine victim-survivors.
Empowerment and Resilience	Promote policies that support empowerment and resilience-building initiatives for transfeminine survivors.	Encourage the development of peer support programs and community networks that enhance agency and resilience of transfeminine victim-survivors.	Further research into protective factors that bolster transfeminine individuals' well-being and decision-making.
Normalization of Violence	Implement policies that challenge the normalization of violence against transgender individuals and explore prevention strategies.	Provide education and prevention programs to challenge the normalization of violence in transfeminine victim-survivors' lives.	Investigate the effects of early exposure to violence on transfeminine victim-survivors' perceptions of relationships and T-IPV response mechanisms.
Access to Legal Protection	Strengthen legal frameworks that address gaps in protection for transfeminine IPV victim-survivors.	Ensure legal services are accessible and affirming to minimize fear of revictimization or discrimination.	Evaluate the influence of existing legal protections on the safety and well-being of transfeminine survivors as they navigate the justice system.

Figure 5: Implications

Conclusion

The study highlights trans-specific victimization, internalized transphobia, and normalized violence in shaping their experiences. The presence of systemic barriers, including trans-specific discrimination and mistrust within formal support systems, emphasizes the need for broader systemic changes for addressing transphobia. The complex interplay between T-IPV, housing instability, economic insecurity, and safety perceptions underscores the requirement for comprehensive interventions that address not only immediate safety concerns but also the socio-economic issues that render this population vulnerable. Age, informal support networks, coping strategies, and companionship are key factors that empower victim-survivors to assert their well-being and address safety issues. The findings underscore the importance of a holistic person-centered approach to T-IPV support provisions guided by transfeminine voices. This approach should consider the consequences of victim-survivor/s' choices, recognize the distinct challenges they encounter, and understand the factors influencing their decision making to promote individual well-being and safety.

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