

Trans Birth Parents' Experiences of Domestic Violence: Conditional Affirmation, Cisgenderist Coercion, and the Transformative Potential of Perinatal Care

Ruth Pearce

is a Lecturer in Community Development at the University of Glasgow. Her work explores inequality, power, and transformative struggle from a trans feminist perspective. She is author of *Understanding Trans Health* (Policy Press, 2018), co-editor of *TERF Wars* (Sage, 2020), and co-editor of the *Community Development Journal*.

✉ Ruth.Pearce@glasgow.ac.uk

Carla Pfeffer

is a Professor in the Department of Sociology at Michigan State University. Her research is at the intersection of critical inquiry into contemporary families, genders, health, sexualities, and bodies considered marginal. She is the author of *Queering Families* (Oxford University Press, 2016).

Damien W. Riggs

is a Professor in Psychology at Flinders University and an Australian Research Council Future Fellow. He is the author of over 200 publications on gender, family, and mental health, including (with Shoshana Rosenberg, Heather Fraser, and Nik Taylor) *Queer Entanglements: Gender, Sexuality and Animal Companionship* (Cambridge University Press, 2021).

Francis Ray White

is a Senior Lecturer in Social Science at the University of Westminster. Their research, writing and teaching is in the area of gender studies, particularly around questions of queer, trans, and fat embodiment.

Sally Hines

is a Professor in the Department of Sociological Studies at the University of Sheffield. Her research falls across the interdisciplinary fields of sociology, gender studies, social policy, law, politics, health studies, and science and technology studies. She is the author of *Is Gender Fluid?* (Thames and Hudson, 2018).

Transgender people face disproportionately high rates of violence, including domestic violence. Like cisgender survivors, trans survivors typically report a pattern of coercion and control on the part of abusers. Drawing on the findings of an international qualitative study with trans parents who have conceived and carried their own children (i.e. trans birth parents), this article describes power and control tactics experienced by survivors, and how these may depart from the “public story” of domestic violence. The article reports on two thematic contexts of coercion and control that are particularly relevant for this population. First, conditional affirmation is a form of identity-related abuse that can be utilised by abusers to gain and maintain access to vulnerable individuals who may otherwise feel they have no other access to gender affirmation in their lives. Secondly, abusers may use pregnancy as a site of cisgenderist coercion, in which trans birth parents are deprived of autonomy through being socially and interpersonally feminized and ascribed into womanhood in the context of pregnancy. We then discuss how perinatal care can function as a site of heightened risk or mitigation for the impact of these forms of violence. The article concludes with recommendations for practitioners in healthcare, education, and domestic violence services, emphasising the importance of gender affirmation, trauma-informed services, and training around what domestic violence looks like for trans people.

KEYWORDS transgender, nonbinary, pregnancy, domestic violence, identity-related abuse
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Transgender people face disproportionate rates of gendered violence and abuse. They are at heightened risk of experiencing forms of domestic violence, including intimate partner violence (Peitzmeier et al. 2020), dating violence (Obradovic 2021), and childhood abuse (Thoma et al. 2021). However, the specific needs and experiences of trans birth parents – that is, men, transmasculine, and nonbinary people who have conceived and carried their own children – with regards to domestic violence have received little attention to date. This article presents data and analysis from an international study of the experiences of trans birth parents, with important lessons for researchers, practitioners, and educators working in perinatal services, in domestic violence services, in schools and colleges, and/or with trans people more broadly.

In this article, we use the standalone “trans” in the broad, political sense popularised by theorists and community members such as Leslie Feinberg (1999).¹ We therefore understand trans not (simply) as an identity category, nor as a biomedical marker, but rather as a way to refer to a diverse group of people with a shared interest in collective liberation. The participants in our research variously described themselves as (for example) men, trans men, transmasculine, nonbinary, genderqueer, agender,

1 “Transgender”—which is often used interchangeably with the standalone “trans,” but has subtly different socio-political connotations (Pearce et al. 2019)—is used in the abstract and at the beginning of the article to support searchability through the internet and in academic databases.

and/or greygender; what they shared was that their lived experience of sex/gender differed from the sex they were coercively assigned at birth. This in turn provides a basis for other shared experiences: of gender joy and self-determination (shuster and Westbrook 2022), but also specific forms of discrimination and violence, both in public and within the home.

Of particular relevance to this article are trans peoples' shared experiences of transphobia and cisgenderism. Whereas transphobia consists of prejudiced attitudes and actions towards trans people, cisgenderism is the wider social ideology that works to invalidate or pathologise self-designated genders (Ansara and Hegarty 2012). For example, the common assumption that only women can conceive, carry, and give birth to a child is cisgenderist. This results in cisnormative systems, in which cis norms are "built into institutional practices, protocols, and other patterns of action" (Besse et al. 2020, 527). The consequence of this assumption is that trans bodies are often unintelligible within contexts such as fertility services, midwifery, or obstetrics, with potentially severe consequences for the safety and wellbeing of trans birth parents and their children (Riggs et al. 2021).

Our use of the term "domestic violence" is similarly intended to capture patterns of social behaviour. Following Liz Kelly and Nicole Westmorland (2016), we find it unhelpful to conceptualise domestic violence in terms of individual incidents, such as a specific physical assault. Rather, domestic violence is best understood as everyday, repetitive courses of conduct on the part of the abuser, characterised primarily by coercive control and the exercise of power (Stark 2007). Like cisgenderism, domestic violence carries profound consequences for the safety and wellbeing of survivors.

Understanding transphobia, cisgenderism, and domestic violence as part of wider patterns of social behaviour, rather than isolated incidents, is vital in accounting for trans birth parents' specific experiences of physical violence and coercive control from partners, family members, dates, and donors. We therefore argue that experiences of domestic violence among trans birth parents inevitably occur against a backdrop of societal transphobia and cisgenderism, potentially within the context of perinatal care as well as within the domestic sphere. This requires an expanded understanding of domestic violence, one which goes beyond the normative "public story."

We next review the literature on this public story of domestic violence, and its consequences for trans victims and survivors. We then explore literature on domestic violence within trans populations, showing that domestic violence is disproportionately experienced within trans populations, with specific forms of coercion and control including identity-related abuse (Guadalupe-Diaz and Anthony 2017) and experiential abuse (Donovan and Barnes 2020). After this we introduce the methodology used for our research, before providing a broad overview of experiences reported by the 10 research participants who provided narratives relating to their experiences of domestic violence. We report on two key themes present in these narratives which are important for understanding the specific experiences of these trans birth parents: conditional affirmation, a subtle control tactic through which abusers gain and maintain access to vulnerable individuals; and cisgenderist forms of reproductive coercion. Finally, we discuss how the context of perinatal care may exacerbate or mitigate the impact of domestic violence, before concluding with recommendations for practitioners and educators.

DOMESTIC VIOLENCE BEYOND THE “PUBLIC STORY”

Catherine Donovan and Rebecca Barnes argue that certain strands of feminist research and activism have contributed to the emergence of an influential “public story” about domestic violence. This public story “presents [domestic violence and abuse] as a problem of heterosexual men for heterosexual women, a problem of physical violence and a problem of a particular presentation of gender: the ‘big’ strong man being physically violent to the small ‘weak’ woman” (Donovan and Barnes 2020, 561). Importantly, while this story is rooted in reality, it presents only a partial truth.

For example, “violence” is often associated with the use of physical force. However, the term also refers to the intentional use of power or threatened physical force “against oneself, another person, or against a group or community that either results in or has a high likelihood of resulting in injury, death, psychological harm, maldevelopment or deprivation” (World Health Organization 2014, 84). Studies on intimate relationships have demonstrated the immense harm that can be inflicted through the everyday coercive micromanagement of partners and children (Stark 2007), financial control (Postmus et al. 2020), sexual abuse (Maniglio 2009) and emotional abuse (Iwaniec et al. 2006). Such behaviours are often gendered, with decades of research demonstrating that women are more likely to be subject to intimate partner violence, and men are more likely to commit it (Kelly and Westmarland 2016). Moreover, feminist scholars typically insist that “coercively controlling behaviours [over time] constitute a substantively different kind of violence and abuse than a one-off incident situationally motivated to win an argument or indicate frustration” (Donovan and Barnes 2021, 243). Xavier Guadalupe-Diaz and Amanda Koontz Anthony (2017, 1) argue that this is because such abuse “can be understood as interactional control through which abusers direct or manipulate the victim’s identity work and sense of self.”

Consequently, domestic violence has been theorised as “a pattern of behaviours involving power and control, based in and reproducing gender inequality” (Kelly and Westmarland 2016, 116). Lori L. Heise (1998) argues for an “ecological” approach to understanding this phenomenon, in which personal, situational, and sociocultural factors all play a part in shaping individual experiences of domestic violence. An ecological approach can help us understand how high-level social phenomena such as rigid gender roles and male entitlement under patriarchy may be enacted through social relations, for example through the likelihood of lower socioeconomic status for women, and male dominance within the family.

The public story of domestic violence emerges (and is contested) as these analyses are debated by feminist scholars and activists, and mediated by journalists, politicians, and policymakers. For example, Kelly and Nicole Westmarland critique UK Government, Office for National Statistics (ONS), and media measures of “domestic violence and abuse.” They observe that gendered inequalities are acknowledged but also downplayed in prevalence data, which counts single incidents such as “a single push, slap, or demeaning comment” as equivalent to repeated patterns of violence; by contrast, analyses which factor in “frequency, injury, and fear [reveal] much more gender asymmetry in victimization” (Kelly and Westmarland 2016, 114–115). Kate Seymour (2017) similarly argues that Australia’s 2010–2022 *National Plan to Reduce Violence Against Women and Children* is unhelpful in its primary focus on physical acts of violence. However, she also criticises the *National Plan* for its failure to account for LGBTI experienc-

es of domestic violence.² Donovan and Barnes (2021, 246) call for increased attention to male as well as LGBT experiences of domestic violence, noting that their point “is not to challenge the extent of violence against women; it is to emphasise that the analysis does not evidence that *only* women are victimised and severely injured [...] but rather that they constitute the biggest proportion (and numbers) of those victimized.” They further observe that the UK’s 2018 ONS statistics indicate that bi women are twice as likely to report experiencing partner abuse when compared to heterosexual women, reflecting wider observations around how sexual marginalisation increases the likelihood of victimisation for people of all genders (Donovan and Barnes 2021; Seymour 2017).

Patterns of coercive violence may also manifest differently for LGBTIQ+ people as compared to cis-heterosexual victim/survivors. Forms of “identity-related abuse” are widely reported, which involves abusers “discrediting, belittling, and devaluing a partner’s already-stigmatised LGBTQ identity” (Scheer and Baams 2019, 8053). Catherine Donovan (2018, 2) describes one form of identity-related abuse as “experiential abuse”, in which “an abusive partner has been out for longer than the victim/survivor and insists that their behaviour is “what it’s like” being LGB and/or T.” Guadalupe-Diaz and Anthony (2017) observe that abusers in relationships with trans people may work to discredit or manipulate the identity of their partners, through focusing on their partner’s insecurities or seeking to target or regulate their partner’s transition.

As a result, many people do not necessarily recognise their experiences as domestic violence “because they do not see themselves in the public story” (Donovan and Barnes 2020, 561). For instance, in a survey of 60 Scottish trans people, Amy Roch and colleagues found that while 80% of respondents identified having experienced abusive behaviour from a partner or ex-partner, “only 60% of respondents recognised the behaviour as domestic abuse” (Roch et al. 2010, 5). Alternatively, victims/survivors may not be recognised as such by others due to factors such as gender modality (Ashley 2022), sexuality, or racialisation. For example, Donovan and Barnes (2020) describe how a mixed-ethnicity cis lesbian who participated in their research was arrested by police after being assaulted in public by her abusive partner, a more stereotypically feminine white woman.

To understand trans people’s experiences of domestic violence, therefore, we must learn from the insights of queer and feminist research on the topic, while looking beyond the public story. Systemic forms of oppression regarding gender and sexuality are key to understanding the risks and dynamics of domestic violence facing trans people. However, such violence is not limited to the abuse of physical force, and normative assumptions around what constitutes a typical victim or survivor cannot possibly account for the diversity or complexity of lived experience.

2 Our preferred acronym for sexual and gender minorities in this article is LGBTIQ+ (lesbian, gay, bi, trans, intersex, and queer, etc). However, where cited authors use other acronyms, we reflect this, given they may be referring to somewhat different populations.

DOMESTIC VIOLENCE IN TRANS POPULATIONS

Heise's (1998) ecological approach, which emphasises contextual and systemic elements in understanding risk factors for domestic violence against women, is also helpful for understanding the risks to which trans people of all genders are subject. In a deeply transphobic and cisgenderist world, trans people experience systemic sociopolitical and economic marginalisation and disempowerment. Trans women face the double burden of intersecting misogyny and transphobia, plus the specific forms of non-consensual sexualisation and dehumanisation known as transmisogyny (Serano 2007). Nonbinary individuals living in societies with a binary sex distinction experience particular challenges due to the lack of cultural intelligibility for their gender (Vincent 2020). While some trans men and nonbinary individuals may have access to forms of male privilege, for example through increased pay or respect in the workplace, their trans status renders this privilege provisional; it may be challenged if their trans history is known (Schilt 2010). These experiences are compounded for trans people who experience intersecting forms of oppression, such as racism and ableism (Gamarel et al. 2022; Vincent 2020). These experiences of marginalisation and disempowerment provide a context in which trans people of all genders are disproportionately likely to experience domestic violence when compared to cis people, and also commonly encounter specific patterns of coercive control that reflect the forms of intersecting inequality to which they are subject.

Prevalence of domestic violence among trans people

Sarah Peitzmeier and colleagues conducted an international systematic review and meta-analysis of intimate partner violence experienced by trans people. Across 85 articles and 74 datasets, they found trans people of all genders are 1.7 times more likely than cis people to experience any kind of intimate partner violence, and more than twice as likely to experience physical or sexual violence from an intimate partner; these disparities persist when comparing trans people (of all genders) specifically to cis women (Peitzmeier et al. 2020). In a secondary analysis of national data from the US 2015 Transgender Survey, Keith A. King and colleagues (2022) found that 48.3% of trans people experienced intimate partner violence in their lifetime. In the UK, Chaka Bachmann and Becca Gooch (2017) found that 28% of trans respondents reported abuse from a partner in the previous year.

The likelihood and extremity of domestic violence is heightened when forms of intersecting inequality are taken into account. For example, Leigh A. Bukowski and colleagues (2019) found that 44.7% of Black trans women reported experiencing physical assault from an intimate partner in the previous year, from a sample of 493 women across six US cities. Similarly in the US, trans people of Native American, Alaskan Native American and Middle Eastern heritage are significantly more likely to experience psychological forms of intimate partner violence than white trans people (King et al. 2022). Other factors linked to the highest lifetime risk of intimate partner violence include lower incomes, substance use, being part of a religious or spiritual community, and engaging in sex work (King et al. 2022).

Amy Obradovic observes that both trans populations and young people are particularly at risk of partner violence, suggesting that “gender minority youth may present as doubly vulnerable, indicating an uncomfortable oversight within the current [...]

literature” (Obradovic 2021, 10). Obradovic uses the term “dating violence” to capture processes of sexual, psychological, and physical abuse in the context of young people’s dating and courtship. Her systematic review found that young trans and gender non-conforming people experienced “significantly greater odds of psychological and particularly sexual victimisation relative to their cisgender (including sexual-minority) peers” (Obradovic 2021, 7). Overall, dating violence prevalence rates were 35.4% for trans girls, 25.7% for trans boys, and 23.9% for young nonbinary people, with sexual and especially psychological abuse being more common than physical abuse.

Young trans people also experience an elevated risk of domestic violence from parents, caregivers, and other family members, often due to perceived deviation from sex/gender norms. Brian Thoma and colleagues’ (2021) US study of 1836 trans and cis adolescents noted that trans adolescents had higher odds of reporting psychological, physical, and sexual abuse than cis adolescents. In a systemic review, Valerie Tobin and Kathleen Delaney found that “[a]ll four studies that investigated whether or not CGNC [childhood gender nonconformity] was associated with child abuse found it to be so. Two studies found that the higher the CGNC, the more abuse the child suffered” (Tobin and Delaney 2019, 580). This indicates that children who exhibit gender nonconformity – including disclosing they are trans or queer – are more likely to then be subjected to abuse *because* of others’ discomfort with their nonconformity.

Trans-focused risk and control factors

Cisgenderism and transphobia therefore place trans people at risk of focused forms of power and control tactics by abusers. US trans anti-violence group FORGE (2013), list a range of abusive tactics relating to (1) threats of outing or disclosure, (2) weaponizing LGBT community attitudes, (3) gender stereotyping and transphobia, (4) using or undermining a person’s identity in order to excuse abuse, (5) violating boundaries, and (6) restricting access to medical treatment or self-expression. How these trans-focused power and control tactics may play out in practice is explored by a growing number of researchers. For example, Jackson Schultz (2020, 308) observes:

In addition to common tactics such as gaslighting and manipulation, tactics abusers use specifically against trans men include: threatening to publicly “out” stealth trans men; undermining our identities by refusing to use the correct name and pronouns; telling us that “real men” enjoy rough sex, do not cry, or would not report abuse; denying access to transition-related treatment, support spaces, or information; purposefully touching parts of our bodies that cause dysphoria or using offensive terms for our body parts.

Similarly, Loree Cook-Daniels (2015, 129) notes that a trans person’s self-doubt about their own gender “is easily exploited by intimate partners, who can undermine a person’s gender identity by claiming they are ‘not doing it right’ or ‘aren’t really [the gender they say they are].’” Abusers telling partners that they are not a real man or woman was the most commonly reported form of intimate partner violence in the 2015 US Transgender Survey (King et al. 2022). In Scotland, Roch and colleagues (2010, 12) found that 73% of respondents experienced forms of abusive behaviour from partners or ex-partners “which specifically aimed to oppress or invalidate the transgender person’s gender identity, undermine their ability to transition, or to influence their decision about

coming out to others.”

Guadalupe-Diaz and Anthony’s (2017) concept of “discrediting identity work” is useful for explaining these trans-focused forms of domestic violence. They describe identity work as the activities people engage in to create, present, and sustain socially acceptable identities which reflect their self-conceptualisation. For trans people, gendered identity work is both vital and precarious in a trans-antagonistic world (Guadalupe-Diaz 2019). Guadalupe-Diaz and Anthony (2017) identify two means by which trans people’s identity work may be discredited within relationships, therefore increasingly their vulnerability and reliance on their abuser. Firstly, “altercasting” involves defining a social situation in ways that define or otherwise limit the role or identity of another, for example through claiming their partner is not being a “real man” or “real woman” unless they act in particular ways. Secondly, abusers may target “sign vehicles”—that is, props for signifying an individual’s identity—for example through seeking to control how a trans partner dresses or what medication they take.

Trans people can be particularly vulnerable to domestic violence if isolated from supportive communities due to transphobia and cisgenderism (Guadalupe-Diaz 2019). Trans people may therefore experience “severe dependency” on their abusers (Guadalupe-Diaz and Anthony 2017, 2), especially if they appear to be initially supportive (Guadalupe-Diaz 2019). This reflects known risk factors for domestic violence among cis women (Heise 1998). Brian Peter Tesch and Debra A. Bekerian (2015, 400) report that a service provider claimed that for some trans women, “the abuse might actually help to affirm their status as a ‘real woman.’” The service provider further speculated that trans women who stay with abusers who affirm their status” in this way do so because of how their gender is denied in other contexts. Xavier Guadalupe-Diaz and Jana Jasinski (2016) observe that trans people face challenges in navigating “genderist” (i.e. cisnormative) resources when seeking help. Abusers may therefore “invoke the fear of provider discrimination by attempting to convince us that, because we are trans, our reports of abuse will not be taken seriously by clinicians, doctors, or police” (Schulz 2020, 308). These fears are frequently justified, with abusers turning systemic transphobia to their advantage. For example, in the context of custody battles, attorneys across numerous jurisdictions have argued that a survivor’s trans status means that they are not fit to parent (Greenberg 2012; Rogers 2013).

Importantly, forms of discrediting identity work and isolation may also be used against trans people by partners who are themselves trans (FORGE 2013), in a similar manner to abuse tactics within LGB relationships (Donovan and Barnes 2020). For instance, in Guadalupe-Diaz’s (2019) qualitative study of trans survivors, six of the abusers were trans. This emphasises the importance of identifying ecological risk factors for domestic violence, rather than simply the sex/gender or gender modality of the abuser. These may include factors such as patriarchal binary gender norms and socioeconomic precarity (Heise 1998), plus intercommunity inequalities that give rise to phenomena such as experiential abuse within LGBTIQ+ populations more widely (Donovan and Barnes 2020).

Interpersonal and institutional affirmation contributes to trans people’s resilience in the face of aforementioned risks. Affirmation involves recognition of a trans person’s self-knowledge, thereby reinforcing that person’s own account of their life, identity, and experience of sex/gender (Horton 2022). As Schultz (2020, 209) notes,

“[f]or many trans survivors, the ability to access spaces of empathy and innate understanding is a useful tool in recovery.” It is therefore a necessary element of appropriate services for trans survivors of domestic violence (Kurdyla et al. 2021; Riggs et al. 2016).

Risks experienced by trans birth parents

We are not aware of any published research to date that looks substantially at trans parents’ experiences of domestic violence, especially for trans birth parents. However, related literatures indicate the likelihood of heightened vulnerability immediately before and during pregnancy, as well as during the postpartum period, due to wider ecological factors. Trans birth parents across a range of national contexts face “significant challenges during pregnancy and birth [...] which are informed by institutionalized cisnormativity” (Besse et al. 2020, 518). These can include experiences of exclusion, isolation, and loneliness (Charter et al. 2018), lack of awareness and knowledge among healthcare providers (Light et al. 2014), mistreatment and microaggressions (Falck et al. 2021), and an absence of legal recognition for their fatherhood or parenthood (Love 2022). Together, these factors put both trans parents and their children at significant risk.

For example, Daphna Stroumsa and colleagues (2019) report on a case study in which a heavily pregnant man’s unborn baby died while he was in a hospital seeking help; medical staff had not initially recognised that it was possible for him to be pregnant. Trevor MacDonald and colleagues (2021) observe that a research participant was reported to social services by a midwife simply because he was a pregnant man. In an LGBT Foundation (2022) study of 121 trans birth parents in England, 30% of respondents did not access any kind of support from National Health Service (NHS) or private midwives during their pregnancy or pregnancies (compared to less than 2.1% of cis mothers). Discomfort with perinatal services (for example, fear of misgendering and prejudiced treatment) was a major risk factor for respondents giving birth without medical support. Notably, a higher proportion of trans people of colour in the LGBT Foundation study did not access support: 46%, compared to 28% of white trans birth parents. This shows how trans people of colour are particularly vulnerable at the intersection of racism and transphobia, paralleling the experiences of cis women of colour in reproductive health (Valdez and Deomampo 2019).

The experiences of cis parents further demonstrate that family planning, pregnancy, and the postpartum period can be specific sites of heightened risk for domestic violence (Hedin 2000). Of particular relevance to our own findings are forms of reproductive coercion: that is, behaviours that interfere with a person’s autonomous decision-making with regards to reproductive health (Grace and Anderson 2016). For people of all genders, this involves a partner exerting power and control over their reproductive choices and outcomes, such as through pressure and/or coercion to have sex for the purpose of conception, or the prevention and/or sabotage of birth control methods (Park et al. 2016). Two participants in Guadalupe-Diaz’s (2019) study describe how potential pregnancy was used against them as a form of identity-related abuse by cis men; in one instance an abuser threatened to make his partner pregnant, and in the other he tried to prevent his partner from undergoing genital surgery so they could conceive.

RESEARCH METHODS

The Trans Pregnancy Project was an international study of the experiences and health-care needs of trans people with regards to pregnancy and childbirth. The research took place across four Minority World jurisdictions: Australia, Canada, the United States, and the European Union, including the pre-Brexit United Kingdom (see Pfeffer et al. 2023 and Riggs et al. 2021 for a detailed discussion of methods, sampling, and ethical approval). The participant narratives that inform this article are drawn from 52 semi-structured interviews undertaken between 2018 and 2021, with men, transmasculine, and/or nonbinary people who experienced pregnancy. Interviews were undertaken by the first author, Ruth Pearce (in EU countries), the second author, Carla Pfeffer (in North America), and a research associate of the third author, Damien W. Riggs (in Australia). We interviewed participants in urban and rural settings from a range of socio-economic backgrounds; however, the sample was disproportionately white. We sought to achieve racial diversity in the research sample and utilised enhanced recruitment incentives for North American participants of colour. Effective recruitment was undermined by the limitations of the all-white research teams' social networks (a primary means of research recruitment), disproportionate impacts of COVID-19 on communities of colour during the latter years of the recruitment period, and failure to effectively engage the project's community advisory board (see Riggs et al. 2023 for a critical account).

While the interviews included questions about trans birth parents' experiences of sex and relationships, research participants were *not* asked to disclose experiences of domestic violence. Indeed, this was also not a topic we considered addressing when designing the interview schedule. However, 12 participants voluntarily disclosed that they had experienced domestic violence, 10 of whom provided more detailed narratives. This information provided the basis for the analysis present here.

All participants were informed verbally and in writing that they had full autonomy over what they chose to share. They did not have to answer any of the questions asked or provide any kind of detailed response if they did not want to, could withdraw from the interview at any time, could withdraw retroactively from the study, and could request amendments to the interview transcript. In discussing forms of risk and vulnerability associated with gestational parenthood among trans people, we aim to honour the trust these individuals placed in us as researchers, providing new insights into how domestic violence may be experienced specifically by trans birth parents.

The sub-sample of 10 individuals discussed in this article is smaller than the 52 interviewed for the wider project. Further, because we did not directly inquire about the experience of domestic violence in our interviews, it is possible that the nearly 20 percent of participants who discussed these experiences is a considerable underestimation of those actually experiencing domestic violence in the context of their experience as trans birth parents. It nevertheless offers an important opportunity to identify some of the potential social dynamics and risk factors relating to domestic violence among trans birth parents.

There is no consensus among methodologists regarding the minimum number of qualitative interviews required to draw conclusions from an empirical sample (Baker and Edwards 2017). Some have sought to identify the number of interviews required to achieve "saturation" in terms of codes, themes, and/or theories that might be iden-

tified within a sample (Hagaman and Wutich 2017); this, in theory, might enable some replicability and/or generalizability of findings. However, as Virginia Braun and Victoria Clarke (2021) observe, such requirements presuppose that meaning (and by extension, themes) exist “in” data prior to any process of analysis. Our position, following Braun and Clarke (2021) is that analytic themes are identified actively and reflexively by the researchers through their engagement with the data. This task does not necessarily call for a specific number of participants, but rather requires analyses that dive deep into individual experiences and contextualise them within a wider social field. Moreover, as Jacqueline Low argues, “there are always new theoretical insights to be made as long as data continues to be collected and analysed” (Low 2019, 131).

In this article we do not make any generalisable claims regarding the prevalence of given forms of violence, as we are reporting on a qualitative sample which does not necessarily reflect the wider population of trans birth parents (especially given, for example, the underrepresentation of trans people of colour). Rather, our findings show *how* domestic violence *can* be experienced in specific ways by trans men, trans/masculine and nonbinary people experiencing pregnancy and childbirth and identify phenomena that have not previously been analysed in this context. This is important given the current dearth of empirical research on this topic, and we hope researchers and practitioners will find it a useful starting point for future work.

The first author, Ruth Pearce, conducted the primary thematic analysis for this article, coding material from interview transcripts using the qualitative data analysis software Nvivo. The initial coding tree was based upon the FORGE (2013) categories of trans-specific power and control tactics. Ruth also coded for specific forms of physical and sexual violence, the relationship between the research participant and their abuser, and the response of relevant practitioners where described (e.g. birth workers, therapists, physicians, social workers). This approach enabled us to contextualise the reported experiences of trans birth parents in terms of what is already known about domestic violence, both among trans people and within the wider trans population, and identify experiences which are largely unaccounted for in existing literature.

We identified two central themes in participant narratives that have not explicitly been discussed in previous work: conditional affirmation, which we describe as a form of identity-based emotional abuse; and pregnancy as a site of cisgenderist coercion. These findings expand upon existing accounts of domestic violence while demonstrating ways in which coercion and control may be enacted specifically against trans birth parents.

PARTICIPANTS' EXPERIENCES OF VIOLENCE

We now provide a brief introduction to the experiences of the 10 trans birth parents who provided narratives of domestic violence. We also outline an example of how individual experiences of violence fitted into wider patterns of coercive and controlling behaviour from abusers. Pseudonyms are used for all participants quoted, to help protect their privacy; we also provide some demographic details when introducing them to offer a little more context for their stories.

All 10 participants reported experiencing psychological abuse, reflecting existing findings on the commonality of this form of violence among trans people (Guada-

lupe-Diaz 2019; King et al. 2022). Six individuals described being subjected to identity-related abuse through dehumanising or discriminatory language from partners and/or carers, which included (for example), misgendering, dismissal of their sexual and/or gender identity, and non-consensual fetishization of their sexual and/or gender identity. Two participants described partners controlling their finances. Three participants faced custody battles for their children from abusive ex-partners and/or after having their children removed by social services due to discrimination connected to their trans and/or survivor status, reflecting wider legal trends in multiple countries (Greenberg 2012; Rogers 2013).

Four participants described the use of physical force against themselves and/or their children from partners and/or carers. Two of these individuals disclosed experiences of rape at the hands of long-term partners and/or parents. A further two participants described experiencing statutory rape through casual sex with considerably older men as minors.

A majority of participants named their abusers as cis men: this included intimate partners, fathers/stepfathers, and a sperm donor. However, one participant described violence committed by a trans man partner, another by a cis woman partner, and several participants described psychological and/or physical abuse enacted by mothers or grandmothers during childhood or early adulthood as well as by male partners later in life. This reflects what is known about domestic violence more widely. Individuals subject to violence in childhood experience greater risk in adulthood; while abusers are disproportionately men, they are not exclusively so; and LGBTIQ+ people may perpetrate as well as experience abuse (Donovan and Barnes 2021; Guadalupe-Diaz 2019). Therefore, while gender inequality within a relationship can be an important individual factor in abuse, the wider ecological context of disempowerment and risk must also be acknowledged (Heise 1998).

The story of Rubin, a white genderqueer research participant living “below poverty” in the US, illustrates the importance of an ecological approach, to account for the way in which multiple forms of transphobic violence form a pattern of abuse within the context of cisgenderist norms. After Rubin came off testosterone to conceive, his partner – a bisexual cis man – wrongly assumed that he was planning to detransition: “[He] thought I was going to transition to be a woman again. I think that’s what he wanted because he didn’t actually feel comfortable being seen as a gay guy.”³ Subsequently, Rubin’s partner started putting significant pressure on him to actually change his gender, which would eventually cause Rubin to temporarily detransition.

Against Rubin’s explicit wishes, his partner discouraged affirmation of Rubin’s gender by birth workers and by his own family, and encouraged others to read him as a woman, for example through purchasing breast prostheses for Rubin to wear. He also refused to contribute financially to the family, despite Rubin (who was working a low-wage job) experiencing malnourishment during and after the pregnancy. He began to physically abuse Rubin, with Rubin describing how “there was one argument in which he pushed me down after my [child] was born [...] he would use his strength a lot to

3 It is common for prospective trans birth parents who use testosterone to pause hormone therapy before attempting to conceive (Pfeffer et al. 2023).

show me kind of that he could throw me around.” Rubin eventually left his partner and took out a restraining order after discovering he had been physically violent towards their six-year-old child. A lengthy custody battle followed, in which Rubin’s trans status was used against him.

Rubin’s story demonstrates trans-focused forms of discrediting identity work, including altercasting through projecting a female identity onto him, and controlling this through props (Guadalupe-Diaz and Anthony 2017). His narrative reflects but also complicates elements of the public story of domestic violence (Donovan and Barnes 2020); misgendering and pressure to detransition sit alongside financial and physical abuse within a pattern of coercion and control. Importantly, Rubin’s narrative also highlights how pregnancy can provide a specific context for domestic violence. He was subject to cisgenderist assumptions about the nature of pregnancy as essentially tied to womanhood and feminized social and reproductive labour, coupled with rejection of his gender as a man. This meant he was especially vulnerable to gender-based violence from his partner and his partner’s family. Acknowledging these complexities is vital in accounting for the experiences of domestic violence among trans birth parents.

CONDITIONAL AFFIRMATION

The theme we describe as “conditional affirmation” demonstrates how coercive and contingent forms of gender-affirming behaviour may constitute emotional abuse, as part of a pattern of violence. This expands on Guadalupe-Diaz and Anthony’s (2017) account of identity abuse, Donovan and Barnes’ (2020) work on abuse of experiential power, and FORGE’s (2013) typology of trans-specific domestic violence. It also speaks to Tesch and Bekerian’s (2015) claim that some trans women may rationalise their experience of domestic violence as a form of affirmation within a wider context of denial and deprivation. We posit that trans people who experience little in the way of gender affirmation elsewhere in their lives – especially young trans people – are particularly at risk of conditional affirmation. Moreover, the risks and/or impact of this may be intensified through pregnancy or actions that lead to conception.

This can be seen in the example of Charlie, a white, working-class, masculine-leaning person living in the UK. As a teenager, Charlie did not feel safe being openly trans with his family or in school. Indeed, his fears of a negative response were realised when he attempted to come out as bisexual to immediate family. He therefore built a network of friends outside of school who offered some level of gender affirmation.

Charlie: So I won’t be able to transition in my family’s eyes, but at least I want my friends to know who I am.

Ruth: Yeah, so did they change the name or pronouns they used for you at the time?

Charlie: Yes, they even came up with a nickname they could use around family, around the friends that didn’t know. And they used very much gender-neutral pronouns.

Many of these individuals were a lot older than Charlie; for example, he explains that

one of them “would have been late 20s.” Within this group, Charlie began having regular unprotected sex, and became pregnant for the first time aged 13. He reflected: “Even though they were, they supported me, they were a lot older than me and they shouldn’t have done what they did.”

Similarly, Matthew, a white, working-class, transmasculine person living in the UK, reported having sex with older men as a minor. Chris, a mixed-heritage, working-class, trans man living in Germany, described marrying a “much older” man as an out trans teenager, with whom they conceived a child. More generally, research from North America indicates that trans youth with the ability to conceive are more likely to experience a teenage pregnancy than cis peers, with physical and sexual abuse identified as a risk factor (Charlton et al. 2021). In addition to disrupting the public story of domestic violence, the experiences of these young people disrupt emergent narratives of trans pregnancy and childbirth, in which much media coverage and research has focused on adult men in a monogamous relationship, who strongly desire a child but may struggle to conceive (Pearce and White 2019).

These experiences can be understood as a form of identity-related abuse, in which abusers exploit an intimate or dating partners’ contextual isolation, as well as their desire for recognition and partnership, to ensure that their partner is indebted to them and to control their behaviour (Guadalupe-Diaz and Anthony 2017; Guadalupe-Diaz 2019). They can also be understood as a form of experiential abuse, in which a more experienced partner in a queer relationship takes advantage of the discrepancy between their access to community knowledge and support. Furthermore, these participants’ experiences reflect long-standing observations regarding the impact of economic inequality as a risk factor for domestic violence (Heise 1998), even as the dynamics of youthful queer relationships may differ from the public story of abuse (Donovan and Barnes 2020).

However, we argue it is important to name conditional affirmation as a specific problem, and one that can either lead to unintended pregnancy or put people at higher risk during the perinatal period. This particular form of identity abuse occurs in the context of trans people’s frequent social isolation, especially as young trans people face increasing systemic hostility in countries such as the UK and US (Horton 2023; DuBois et al. 2023). It is addressed occasionally within trans art and culture,⁴ but not explicitly within current academic literature. Stories such as Charlie’s clearly show how young people can be placed at heightened risk of both violence and unplanned teenage pregnancy due to an absence of unconditional affirmation for their gendered experience from institutions, family, and friends. Our observations provide further qualitative context for existing quantitative findings that associate increased childhood gender nonconformity with increased experiences of abuse (Tobin and Delaney 2019). Trans people with no other support available may seek recognition from individuals who offer a form of gender affirmation in the context of sexual and emotional abuse.

The exploitation of trans people through forms of conditional gender affirmation therefore demonstrates the importance of holistic support from institutions such

4 For example, underscores’ (2023) song “Johnny johnny johnny” is written from the perspective of a trans girl who is groomed by a paedophile; she describes how he takes advantage of her desire for affirmation.

as schools, as well as within families. For birth parents, traumatic experiences can inform their experiences of conception and pregnancy, and, as we shall show, provide context for later vulnerability during labour and birth.

PREGNANCY AS CISGENDERIST COERCION

The second theme we identified involved weaponization of gendering by abusive partners, as a cisgenderist form of reproductive coercion. In Western societies, reproductive desire is often seen to reify binary sex/gender norms; pregnancy is therefore normatively positioned as a hyperfeminine activity that, more than anything else, comes to define womanhood (Pfeffer et al. 2023). The gendering of presumed motherhood is critiqued by postcolonial feminist scholars such as Oyèrónké Oyěwùmí, who observes that Western notions of binary sex/gender are just one way in which we might attach meaning “to the events and processes associated with human reproduction and attendant social reproduction” (Oyěwùmí 2016, 8). Michelle Walks (2017) describes the feminisation of pregnancy and birth as a “cultural fetish,” reinforced by social factors such as the stereotypically-hyperfeminized design of most pregnancy clothing, and heightened heteronormativity in everyday social interactions. Consequently, participants reported forms of abusive, cisnormative gendering which encompass—but also differ substantially from—the kinds of reproductive coercion experienced by cis people (Park et al. 2016). Specifically, participants described a loss of reproductive autonomy through being coerced into feminization or ascribed womanhood through their pregnancy.

Every one of the 52 trans birth parents interviewed for the Trans Pregnancy Project reported grappling with how their pregnancy was frequently coded *by others* as a significantly “feminine” cultural signifier. This was especially a problem in public, where the supposed impossibility of the pregnant masculine and/or trans body either rendered participants invisible (through being positioned either as not-pregnant or as cis mothers) or hypervisible (as a “pregnant man”). It is in this context that several participants described how their pregnancy was (mis)gendered by abusers, as part of a pattern of coercion and control. This invariably involved gender ascription of prospective trans parents as “really” women. In this way, private and domestic spaces also became sites of coercive gendering.

Rubin described how: “I detransitioned during that time of pregnancy. And that has to do a lot with the abusive situation that I was in also, and got forced into and pushed all the way back into female.” Similar pressures were described by participants such as Chris. They came out as a boy prior to marrying a far older man in their late adolescence. After their husband expressed a desire for a child, Chris stopped taking testosterone and became pregnant during their final year of school. They explained that “because of my pregnancy, it was more hard or I think impossible for [the husband] to see me as a man anymore,” demonstrating the conditional nature of his affirmation of Chris’ gender. This was reinforced by members of their husband’s family, who told Chris that their clothes “look like trash bags” when they began to wear non-feminine baggy attire (such as large hoodies) during their pregnancy. In this way, Chris’ pregnancy was used as an excuse for discrediting their identity as a man (Guadalupe-Diaz and Anthony 2017). Matters came to a head in the hospital while Chris was

giving birth. Their husband repeatedly spoke over them about their needs, called them a “mother,” and misgendered them in front of medical staff. Following this extremely stressful experience, Chris divorced their husband. However, they reflected that prior to these experiences, “I just ignored some signs for a very long time, I think.”

While Chris moved through the world as male prior to their pregnancy, other participants described how coerced parenthood caused them to delay a desired social and/or physical transition. For example, Rich, a mixed-heritage man living in Australia, outlined how: “My partner at the time was quite abusive and coerced me into going off birth control so we could have a pregnancy. So that’s kind of how it went down. So it was planned, but not particularly consensual.” Rich explained that his pregnancy, and subsequently, the new baby, kept him “locked in” to this abusive relationship. He reflected on how his transition might “have fast forwarded a couple of years if I hadn’t have been pregnant.” Moddy, a white, working-class agender person living in the UK, similarly explained:

I only actually fell pregnant, got pregnant, the next three times because my ex fucked around with my child contraception and the dates in my calendars and stuff. He could see that [Moddy’s first two children] were growing up and getting to that stage of independence where he didn’t need me. Giving me two more children was a way of keeping me.

Moddy only felt they could come out to others as agender after ending their relationship with this partner.

In many ways, stories such as Rich’s and Moddy’s reflect the kinds of narrative present in cis parents’ experiences of reproductive coercion (Park et al. 2016). However, through the (cis)gendering of their pregnancy, they also share something important with participants such as Rubin and Chris: they are not only manipulated into staying within a relationship, but also actively prevented from expressing their gender authentically.

Pregnancy, gender, and presumed motherhood are deeply implicated in sexist and cisnormative systems of social control and regulation; abusive partners may exploit these systems. Our findings build on accounts of reproductive coercion among cis people (Park et al. 2016) to show how the feminization of pregnancy, in particular, may be used against trans people as a cisgenderist form of identity abuse (Guadalupe-Diaz and Anthony 2017). In this way, prospective trans parents can experience pressure to detransition, delay transition, or not transition within the private as well as the public sphere, while simultaneously being coerced to remain in a violent relationship.

CONSEQUENCES FOR PERINATAL CARE

Experiences of conditional affirmation or cisgenderist coercion during or prior to pregnancy can have substantial consequences for perinatal care. Several participants explained that an absence of sensitivity from birth workers compounded harms they experienced in former and/or ongoing domestic abuse. Conversely, other participants described how tailored care can ensure a safer and more positive experience of pregnancy and birth. From an ecological perspective, we demonstrate that perinatal care can offer both a context of additional risk and possible harm mitigation for trans survivors.

Little research has been undertaken on trans people's experiences of traumatic pregnancy and birth (Greenfield and Darwin 2021). However, accounts such as Chris' story of misgendering in a hospital shows how trans birth parents' experiences of abuse can be highly significant for their experience of perinatal care. We therefore found that the availability of gender-affirming *and* trauma-informed care from birth workers (such as midwives, obstetricians, gynaecologists, and doulas) is vital, especially given the high prevalence of domestic violence among trans people (Peitzmeier et al. 2020).

Compounding harm in perinatal care

The experiences of participants in this research show how important it is for birth workers to listen to what prospective parents say about their gender, rather than what their partners say. Participants described how, following experiences of conditional affirmation and/or gendered cisgenderist coercion, the violence they had received was inadvertently compounded by birth workers. For example, on arrival at the hospital to give birth, Chris explained their gender to the midwife, who initially saw them "as a man." However, with the influence of Chris' husband, she began to misgender Chris, thereby reinforcing the husband's cisgenderist coercion:

We were—those three persons in the room; my husband, me, and her. And she just talked to him and said, "She has to lay down," and "She has to put her leg up" [...] Because she could have said, "You, please lay down," or "Could you please put your legs up?" But she just talked to my husband and used "she."

Rubin reported a similar experience receiving medical check-ups during his pregnancy:

[The midwives] were mostly straightforward and—not too awkward, except with [Rubin's partner]'s weird interjections that started making me wonder what was going on and why people were treating me in a way I didn't understand. So—I felt like the people that I chose would have been fine if I had had a supportive partner who was clearly on the same page with me and had my back.

While Rubin states that he might have been treated better if he had a supportive partner, his account also indicates that birth workers sometimes took his abuser's "weird interjections" more seriously than Rubin's description of his own desires and needs. This undermined the treatment he received, leading to a traumatic birth experience that Rubin described as "like rape."

These experiences highlight the importance of consent and communication *with the birth parent* throughout the perinatal period. They further demonstrate the risks of medical transphobia and importance of birth workers being aware of trans birth parents' heightened risks of experiencing domestic violence. Due to the discursive impact of cisgenderism (Ansara and Hegarty 2012), as well as the public story of domestic violence (Donovan and Barnes 2020), it is possible that the birth workers in these stories simply did not recognise that they were complicit in the abuse of participants such as Chris or Rubin.

Mitigating harm in perinatal care

By contrast, several participants highlighted examples of trauma-informed perinatal care which significantly improved their experiences of pregnancy and childbirth. For example, Emma, a white, upper-middle-class, greygender person living in the UK, explained how supported they felt by the specialist midwife team provided by their local NHS trust:

They have a specialist midwife team [...] that specifically looks after people who – essentially, vulnerable situations. So they may refer you to them if you're under 19, victim of domestic violence, or have complex mental health, or any difficult needs. Which is actually, given the system, the complexity of the system, is incredibly useful.

Emma, who was pregnant at the time of interview, highlighted their worries around birth planning and birth preferences, including “the gendering of language.” While they were concerned about the limits of what the specialist midwife team might be able to achieve, they clearly valued the provision of a service that explicitly acknowledged those who might have specific needs due to having experienced domestic violence.

Joseph, a white, middle-class, nonbinary and transmasculine person living in the UK, had a very positive experience of perinatal care, despite past experiences that put his health at risk during pregnancy and labour. During his interview, he described being subject to domestic violence during his childhood and young adulthood. In particular, he reflected on experiences of conditional affirmation in his 20s, when he was homeless, mentally ill, and “literally nobody [else] in my life [...] was able to affirm my gender.”

So I had nowhere to stay [...] I wasn't able to work, I'd completely – there was nothing left of me. And there's this one person who called me “he.” And so I ended up staying at her house. We had a sexual relationship [...] I wasn't allowed to say no. And that started with sex, and ended up with [being made to] hold hands on the subway.

Joseph further speculated his former partner “liked the idea of being nicely straight [...] But she actually wanted someone who was very soft,” being attracted to his normatively youthful appearance prior to taking testosterone as a white, transmasculine person. As Joseph explained, “In that trans guy way, I looked very, very young. So even though I was in my 20s, I looked 15.” When Joseph did begin to take testosterone, “she resented that, and it caused a lot of issues.” Hence, while Joseph's partner offered a limited form of affirmation through gendering him correctly, she ultimately denied him agency over his own life and body.

In connection with these past experiences, Joseph found it difficult to be touched by midwives or doctors, and experienced dissociative seizures. After he conceived with a new partner, it was very important to him to experience consent-oriented and person-centred care throughout the perinatal period. While he did experience medical transphobia during this time, he benefited from the support of a dedicated home birth team, with the same midwives working with him through pregnancy and birth, providing trauma-informed *and* gender-affirming treatment. In particular, Joseph described an extremely positive experience of birth:

So giving birth is really the only time in my life that I can think of, since

I've been an adult, possibly ever, where I felt truly looked after. Truly vulnerable, but also safe. [...] The love and support I got, and the understanding, and just the fact that consent was such a big part of my birthing experience.

Joseph acknowledged that this level of care arose in part from his ability to advocate for himself:

I was claiming my own pregnancy. And some of that is because I like to research things. I felt I had to research it because I'm trans. And I felt very vulnerable to just go down that river rapids because, for me, what isn't a sharp rock for other people was gonna puncture my boat.

To an extent, Joseph's self-advocacy reflects aspects of his positionality. While we are cautious about drawing substantial conclusions from a small qualitative sample, it is notable that every participant who described violence they experienced being compounded in a perinatal setting also described themselves as working class, and Chris was also racialised as non-white. By contrast, participants who reported positive experiences were white and middle class.

However, participants such as Emma and Joseph also benefited from midwives taking the initiative in providing trauma-informed care. For example, Joseph's midwives offered (but did not insist on) one-to-one antenatal classes, and worked to ensure that colleagues were adequately informed and prepared to support him. In this way, actively accounting in advance for Joseph's gender and past experience of domestic violence better ensured that birth would be a safe and positive experience for him.

CONCLUSION AND RECOMMENDATIONS

Trans people are not just disproportionately likely to experience domestic violence; they are also at risk of identity-related and experiential abuse, including conditional affirmation and cisgenderist coercion. Our qualitative findings in this article expand on this knowledge through showing how pregnancy and birth are particular sites of gendered vulnerability for trans people, even as their experiences depart from the public story of domestic violence (Donovan and Barnes 2020).

Our findings demonstrate the vital importance of active trans inclusion and affirmation in a range of healthcare and education settings, including midwifery, gynecology, obstetrics, abortion care, mental health care, domestic violence services, schools, and colleges. It is important that trans people are expected in these spaces and know they can receive trans-inclusive and trauma-informed support. Affirming an individual's stated name, gender, and pronouns ensures that they receive a basic level of respect, and will help practitioners avoid revisiting trauma upon them. Ideally, this involves structural measures (e.g. reducing barriers to a change of sex/gender marker) as well as improved interpersonal care (Peitzmeier et al. 2020). A wealth of guidance on affirmative practice is already available from sources such as Brighton and Sussex Hospitals NHS Trust Gender Inclusion Midwives (Green and Riddington 2021).

The proactive availability of trauma-informed, trans-inclusive practice is vital in perinatal care. Practitioners should explain what support is available, and support trans service users to communicate their needs and boundaries, such as around being touched (LGBT Foundation 2022). Professional and peer-led community educa-

tion around what domestic violence looks like in trans communities is also necessary (Peitzmeier et al. 2020). This is relevant to schools and colleges as well as domestic violence services, especially to inform the implementation of trans-sensitive prevention and intervention strategies (Obradovic 2021).

Further research and policy work is urgently needed. A key limitation of this work is the underrepresentation of trans people of colour, and inability of our data to more fully account for the complex intersections of racism and transphobia. Given what we do know about the compounding violence racialised trans people face in both the context of domestic abuse (Bukowski et al. 2019; King et al. 2022) and perinatal care (LGBT Foundation 2022), it is important for future work to better involve trans people of colour as leaders and collaborators as well as participants, to more holistically address the impact of interlocking forms of oppression.

Our final observation is that while trans people are especially vulnerable to abuse, trans communities hold a huge amount of knowledge and tools for both resilience and resistance (Schulz 2020). In the face of enormous barriers and lived trauma, the participants in this research were highly thoughtful in articulating their needs and outlining proposed solutions. It is time for their words to be taken seriously in the fight against domestic violence.

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