



Zoe Belle
Gender Collective

SAFE+EQUAL

Standing strong
against family
violence

RISK IN CONTEXT



Trans and Gender Diverse Communities



Safe and Equal and the Zoe Belle Gender Collective acknowledge Aboriginal and Torres Strait Islander peoples as the traditional and ongoing custodians of the lands on which we live and work. We pay respects to Elders past and present. Sovereignty has never been ceded.

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CONTRIBUTORS

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LA TROBE
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Australian
Research Centre
in Sex, Health
and Society

FVREE FREE FROM
FAMILY
VIOLENCE



Rainbow
Health
Australia

thorneharbour
health*



Q switchboard

A Note on Evidence

This resource is grounded in the lived experience of trans and gender diverse victim survivors and those who support TGD communities in practice. Research in this area continues to grow, and dedicated investment in TGD-led research is needed to continue to build the evidence base.

Zoe Belle Gender Collective and Safe and Equal advocate for further investment in research, community consultation, practice development and for TGD-led organisations working in this space.



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PURPOSE AND APPLICATION

The *Risk in Context* series supports practitioners to apply an intersectional lens when undertaking MARAM risk assessment, recognising that evidence-based risk factors may present or be experienced differently across diverse communities. Designed for practitioners working at the Intermediate and Comprehensive MARAM Responsibility Levels, this resource provides practical examples and guiding questions to inform Structured Professional Judgement, contextualising key evidence-based risk factors for trans and gender diverse (TGD) victim survivors.

This guidance addresses both identity-based abuse, including transphobic coercive control, sabotage of gender-affirming care, and outing as a tactic of harm, as well as how established family violence risk factors such as isolation, emotional abuse, and financial abuse may be experienced differently by trans and gender diverse communities. These experiences overlap and interact, and practitioners should consider the dynamics relevant to each person's circumstances and experience. The risk factors outlined are not exhaustive. They should be considered alongside broader MARAM practice guidance and risk assessment tools, recognising that victim survivors are the experts in their own experiences, relationships, and safety.¹

Trans and gender diverse (TGD) are umbrella terms encompassing people whose gender identity or experience differs from their gender presumed at birth. This includes diverse gender identities such as trans men and trans women, non-binary people, and in Australian Indigenous communities, Brotherboys and Sistergirls. The term may also include those identifying as genderqueer, agender, or gender-nonconforming.²

UNDERSTANDING TGD EXPERIENCES OF FAMILY VIOLENCE

International and Australian research consistently shows that TGD people experience family and intimate partner violence at disproportionately high rates, with transgender and gender-diverse individuals, particularly trans women of colour, experiencing sexual violence victimisation at some of the highest rates across all studied populations.³ In an Australian study, nearly 4 in 10 non-binary participants, 3 in 10 trans men, and 1 in 5 trans women reported experiencing physical violence from family members.⁴ For Aboriginal and Torres Strait Islander trans or gender diverse people, including Sistergirls and Brotherboys, risks are compounded by racism, colonisation, and intergenerational trauma, with dedicated data and research needed on the experiences of Aboriginal and Torres Strait Islander LGBTIQ+ people.

These patterns of harm do not stem from gender diversity itself, but from the effects of transphobia, stigma, and systemic inequality that shape how power operates across families, communities, and institutions.⁵ Cisnormativity, heteronormativity, transphobia, transmisogyny, and rigid binary gender norms create a hostile social context that not only drives this violence but also constrains victim survivors' access to safety and support. Stigma across health, legal, and social services further entrench harm against TGD communities, restricting help-seeking pathways and access to justice.⁶

These same conditions embolden adults using family violence, who draw on discriminatory societal attitudes that devalue trans bodies, identities, and relationship.⁷ Adults using family violence exploit a broader social context in which TGD people are often dismissed as less credible, less worthy of protection, or "disposable", enabling them to act with impunity and without fear of consequences. Within this landscape of structural stigma, restricted help-seeking pathways, and pervasive inequity, TGD victim survivors face a profoundly increased risk of serious or lethal harm.⁸

1. MARAM Practice Guides 2021

2. Rosenberg et al. 2021

3. Ussher et al. 2020; Hinds et al. 2025

4. Hill et al. 2020

5. Peitzmeier et al. 2020; Hill et al. 2020; Hinds et al. 2025

6. Hill et al. 2020; Pride in Prevention 2020

7. Donovan and Barnes 2020

8. Amos et al. 2023; Pride in Prevention 2020; Campo and Tayton 2015

IDENTITY-BASED ABUSE: A DISTINCT FORM OF VIOLENCE

In family violence contexts, identity-based abuse occurs when adults using family violence exploit systemic transphobia and transmisogyny, homophobia, and biphobia to exert power and control over a person's gender identity, gender expression, or sexual orientation.⁹ This form of abuse deliberately targets the victim survivor's core sense of self, weaponising social stigma to shame, isolate, and inflict profound psychological harm. Common expressions of identity-based abuse for TGD victim survivors include threatening to "out" them, deliberate and persistent misgendering, sabotaging access to gender-affirming care, policing or ridiculing gender expression, committing targeted sexual violence, and deploying dehumanising transphobic messaging that portrays victim survivors as unnatural, deviant, or less than human.¹⁰ These tactics systematically erode self-worth, legitimacy, and the victim survivor's sense of safety in their own identity.¹¹

Identity-based abuse compounds lethality risk when services fail to recognise how it operates alongside – and intensifies – broader patterns of coercive control. Coercive control typically escalates in severity over time, and for TGD victim survivors, identity-based tactics may intensify at key moments such as disclosure of gender identity or attempts to access gender-affirming care. When these dynamics go undetected, critical warning signs preceding family violence homicide may be missed.¹²

HOW VIOLENCE IS DISGUISED AND NORMALISED

Traditional family violence frameworks often centre cisgender, heterosexual experiences, overlooking LGBTIQ+ victim survivors and providing limited tools to identify identity-based abuse.¹³

In families of origin, violence against TGD members may be reframed as religious correction, cultural duty, or expressions of disappointment, masking the underlying transphobia.¹⁴ Family members may withhold access to gender-affirming care, enforce dress codes or deadnaming, or threaten disclosure, often under the guise of 'protection'.¹⁵ Even when parents or relatives believe they are acting with good intentions, these actions can have lasting impacts on mental health and wellbeing, including risk of depression and suicidality, and deep erosion of self-worth and identity.¹⁶ These behaviours are particularly harmful for TGD people who rely on family for housing, healthcare, financial support, or personal care – including young people, older adults, and those with disabilities or chronic illness.¹⁷

In intimate partner relationships, adults using family violence often rely on verbal and psychological tactics that undermine a victim-survivor's confidence, autonomy, and self-worth.¹⁸ They inflict emotional abuse by telling TGD people they are "lucky" to be in the relationship, that no one else could love them, or that their gender identity makes them inherently unworthy of love or partnership.¹⁹ These tactics are reinforced by societal objectification and fetishisation of TGD people, embedding abuse within cultural narratives that reduce TGD bodies to objects of desire, deviance, or curiosity rather than recognising them as whole people.²⁰

Violence against TGD people is frequently minimised, misread, or overlooked across both family and intimate partner contexts. This invisibility is particularly pronounced when TGD victim survivors do not fit the cisnormative profile of a "perfect victim." Traditional family violence frameworks create blind spots where identity-based abuse goes unrecognised, unrecorded, and unaddressed.²¹

9. Guadalupe-Díaz 2020; Woulfe and Goodman 2018

10. Closson et al. 2024; Rodrigues et al. 2025

11. Campo and Tayton 2015; Woulfe and Goodman 2018

12. Campo and Tayton 2015; Woulfe and Goodman 2018

13. Campo and Tayton 2015; Donovan and Barnes 2020; Seymour 2019

14. Campo and Tayton 2015; Donovan and Barnes 2020; Seymour 2019

15. Peitzmeier et al. 2020; Hindes et al. 2025

16. Guadalupe-Díaz 2020; Amos et al. 2023

17. Peitzmeier et al. 2020; Hindes et al. 2025

18. Sylvian 2024; Pepping et al. 2025

19. Sylvian 2024; Pepping et al. 2025; Donovan and Barnes 2020

20. Pepping et al. 2025; Donovan and Barnes 2020

21. Bourne et al. 2023; Lim et al. 2024

BARRIERS TO SUPPORT AND SERVICE ACCESS

For TGD victim survivors, the decision to disclose family violence is deliberate and carefully considered, influenced by previous experiences of discrimination and mistrust of services. This is especially significant for TGD people from culturally and linguistically diverse backgrounds and First Nations communities.²²

Cisnormativity and heteronormativity across society and service systems create multiple structural barriers to safety. These include the under-resourcing of LGBTIQ+ inclusive specialist services, system capacity constraints that mean only the highest-risk cases are prioritised, and geographic inequities where location determines access to affirming services.²³ Research on LGBTIQ+ inclusive practices in Australian family violence services highlights ongoing structural barriers, including cisnormative assumptions embedded in policy and practice.²⁴

These systemic issues often result in TGD victim survivors being disbelieved or having their experiences minimised. Research with trans women of colour indicates they rarely receive adequate support from police or justice agencies, with many reporting feelings of judgment, blame, distrust, or invalidation when attempting to report sexual violence. Trans people are vastly over-represented among those who do not seek help, citing a belief that services would be unable to help them or would fail to understand their experiences – leading to self-reliance as a survival strategy even when violence escalates.²⁵

Without intentional, inclusive practice, family violence services can mirror the very power imbalances and controlling behaviours they are meant to address, including restricted access, cisnormative assumptions, intrusive questioning, confidentiality breaches, and stereotyping. Services intended to provide safety instead become sites of harm, eroding trust and inflicting further trauma on TGD victim survivors.²⁶ As a result, TGD victim survivors often make considered decisions to delay or avoid accessing mainstream family violence services. These decisions represent acts of self-protection and resistance within systems that continue to fail to recognise, validate, or respond appropriately to their experiences of family violence.²⁷

Accessing refuges presents significant barriers for TGD people. Refuges traditionally designed for cisgender women often have eligibility requirements and service models that structurally exclude TGD victim survivors.²⁸ Trans women face particular uncertainty and explicit transphobic challenges to their use of women-only refuges, with some facing outright denial of access based on arguments that trans women are not “real women” or pose risks to cisgender women.²⁹ Trans women may also face the additional burden of feeling unwelcome or out of place in spaces not designed with their needs in mind. While exclusionary practice persists, there has been expansion of access to safe refuge services in Victoria, with ongoing efforts to transform service models and eligibility requirements to be inclusive of TGD people.³⁰

22. Hill et al. 2020; Campo and Tayton 2015

23. Donovan and Barnes 2020

24. Lim et al. 2024; Hindes et al. 2025; Ussher et al. 2020

25. Donovan and Barnes 2020

26. Lim et al. 2024; Craig 2025

27. Campo and Tayton 2015; Lim et al. 2024

28. Lim et al. 2024

29. Donovan and Barnes 2020

30. Seymour 2019; Craig 2025

ASSESSMENT APPROACH

An intersectional approach to risk assessment recognises that systems of oppression, including transphobia, cisnormativity, racism, colonialism, ableism, and marginalisation, interact to create compounding structural disadvantages that adults using family violence deliberately exploit to maintain power and control.³¹

Effective practice requires engaging with TGD victim survivors using a trauma-and violence-informed, gender-affirming, and anti-oppressive approach that centres the victim survivor's autonomy, knowledge, and resilience while actively challenging systemic inequities.³² Risk assessments must be balanced with recognition of individual and community strengths, protective factors, and the strategies TGD people draw on to maintain safety and wellbeing amid family violence and systemic discrimination.³³

Practitioners should examine their own assumptions, challenge unconscious bias, and recognise cisnormativity, heteronormativity, and other systemic inequities throughout their engagement. Risk Assessments should apply Structured Professional Judgement to integrate standard MARAM risk factors with TGD-specific considerations, tailored to the individual's context, needs, and experiences.³⁴

Gender-affirming, inclusive practice in risk assessment:

- + Conduct assessment collaboratively, allowing victim survivors to lead decisions about what information is relevant and safe to share
- + Recognise and build upon the victim survivor's existing strengths, safety strategies, protective factors, and sources of support. Protective factors may include strong connections to LGBTIQ+ communities, chosen family, peers, and other affirming relationships, as well as involvement in supportive cultural or faith communities.³⁵ Access to gender-affirming healthcare, legal recognition, and financial resources can also enhance safety and wellbeing.³⁶ Many TGD people cultivate a strong sense of identity and agency through community organising or advocacy and develop skills and capacities through navigating discrimination³⁷
- + Facilitate assessments in ways that respect the victim survivors' preferences, pace, and comfort with different topics. Some questions or areas of discussion may trigger distress or gender dysphoria
- + Assess violence from multiple adults using family violence, including intimate partners and family members
- + Avoid minimising family-of-origin violence as "family conflict" or "coming out stories"; focus on identifying patterns of power and control over time
- + Challenge assumptions about "mutual abuse" in LGBTQIA+ relationships; distinguish between coercive control and victim survivors' reactive or defensive behaviours³⁸
- + The survivor's safety and autonomy guide documentation of their name, pronouns, and gender markers. Always use their correct name and pronouns, even when systems inadequately label these as alias or 'preferred name,' or offer limited gender recording options. Recognise that victim survivors may make different choices about documentation: some want their affirmed identity used consistently across all systems, while others require confidentiality – particularly regarding police, courts, and other justice system interactions – to protect their safety
- + Build your own competence through consultation, supervision, and professional development – do not expect victim survivors to educate you about TGD identities or experiences
- + Share information in accordance with FVISS/ CISS obligations, with explicit consent and transparency about its purpose
- + For more information on TGD language, terminology, or concepts, visit www.transhub.org.au

31. Guadalupe-Díaz 2020; Lim et al. 2024

32. Borchertding et al. 2025

33. Rosenberg et al. 2021

34. MARAM Practice Guides 2021

35. Rosenberg et al. 2021

36. Pride in Prevention 2020

37. Hill et al. 2020

38. Donovan and Barnes 2020



RISK FACTORS RELEVANT TO AN ADULT VICTIM SURVIVOR'S CIRCUMSTANCES



Financial Abuse

Financial abuse (across socioeconomic groups), financial stress and gambling addiction, particularly of the perpetrator, are risk factors for family violence. Financial abuse is a relevant determinant of a victim survivor staying or leaving a relationship.

Financial abuse in context for TGD victim survivors



Gender Affirmation–Related Financial Control



Guiding questions for practitioners

TGD people face compounding economic disadvantages that adults using family violence strategically exploit. Systemic disadvantages including high rates of poverty, job insecurity, employment discrimination, and homelessness, create financial precarity that adults using family violence leverage for control.³⁹

Simultaneously, TGD people face substantial out-of-pocket costs for gender-affirming healthcare, medications, and legal processes.⁴⁰ Adults using family violence may initially offer financial support for gender affirmation-related needs such as promising to help pay for medical appointments, hormones, or surgery, only to later withdraw support as a mechanism of manipulation and control.⁴¹

Common tactics include:

- + Withholding or controlling money needed for gender-affirming healthcare, hormones, medications, legal name/gender marker changes, or items for expressing gender identity
- + Using financial control over gender-affirming care and coerced compliance, providing support initially, then threatening withdrawal or attaching conditions
- + Threatening to “out” victim survivors to employers, landlords, or professional networks to induce fear of job loss, eviction, or discrimination
- + Preventing attendance at work through physical restriction, sabotaging job performance, or forcing resignation
- + Restricting access to education, training, or banking
- + Accruing debts in victim survivor’s name without consent, damaging credit and creating long-term financial burden
- + Forcing victim survivors to choose between gender affirmation expenses and necessities like food, rent, or children’s needs
- + Continuing financial harassment after separation, including controlling shared finances, withholding child support, destroying credit ratings, or using court proceedings to drain resources⁴²

Does your partner/family control access to money you need for gender affirmation-related healthcare, medications, or legal processes?

Does your partner/family force you to choose between spending money on gender affirmation expenses and basic needs like food or housing?

Has anyone prevented you from working or studying, making it harder to afford gender affirmation-related expenses?

Has anyone threatened to out you to your workplace?

Does your partner/family use the cost of your gender affirmation to justify controlling other financial decisions?

Does your partner/family offer financial support for one part of your affirmation but limits on others?

39. Campo and Tayton 2015; Guadalupe-Díaz 2020; Hill et al. 2020

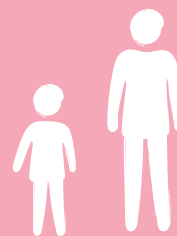
40. Campo and Tayton 2015; Hill et al. 2020

41. Guadalupe-Díaz 2020

42. Guadalupe-Díaz 2020



RISK FACTORS FOR ADULT OR CHILD VICTIM SURVIVORS CAUSED BY PERPETRATOR BEHAVIOURS



Controlling Behaviours*

Use of controlling behaviours is strongly linked to homicide. Perpetrators who feel entitled to get their way, irrespective of the views and needs of, or impact on, others are more likely to use various forms of violence against their victim, including sexual violence.

Controlling behaviours in context for TGD victim survivors



Identity Control and Appearance Policing

Adults using family violence control TGD victim survivors' gender expression and physical appearance as a tactic of power and control. This involves dictating, restricting, and monitoring how victim survivors present themselves, creating dependency on their approval for basic aspects of self-expression.⁴³ They enforce rigid standards for gender presentation, exploit societal pressures around "passing," as cisgender, and systematically restrict autonomy over appearance and identity.⁴⁴

Common tactics include:

- + Dictating specific gender presentation to meet the adult using family violence's expectations, fetishes, or rigid stereotypes (e.g., "You need to look more feminine/masculine," "Dress how I tell you")
- + Forcing victim survivors to present as cisgender and hide their trans identity or history from others
- + Demanding the victim survivor never disclose their trans status to anyone
- + Controlling access to gender-affirming items such as binders, breast forms, prosthetics, makeup, specific clothing, or grooming products
- + Restricting or monitoring grooming practices, controlling hair length/styling, facial hair, shaving, makeup application
- + Requiring approval before leaving the house, inspecting appearance, demanding changes to clothing or presentation
- + Pressuring to "pass" as cisgender or enforcing narrow standards of appearing cisgender, with threats or punishment for not meeting these standards
- + Forcibly altering appearance such as cutting or controlling hair length, destroying clothing or gender-affirming items
- + Monitoring photos and social media presentation, controlling what images victim survivors can post, dictating how they present online, deleting photos that show authentic gender expression
- + Creating "presentation rules" for different contexts (e.g., "You can't dress like that around my family," "You have to present as your assigned gender at birth at work")⁴⁵



Guiding questions for practitioners

Does your partner/family pressure you regarding your gender presentation – how you look, sound, or act?

Has your partner/family ever put down or criticised your appearance, voice, or mannerisms?

Do you feel like you have to change how you look to make your partner/family happy or to avoid conflict/violence?

Are you able to express your gender identity in ways that feel right to you?

Does your partner/family control what you wear or how you present yourself?

43. Closson et al. 2024

44. Guadalupe-Díaz 2020

45. Guadalupe-Díaz 2020

*Serious risk factor





Medical, Healthcare & Legal Affirmation Control



Guiding questions for practitioners

Adults using family violence manipulate or restrict access to gender-affirming healthcare and legal processes to undermine autonomy, identity, and self-esteem.⁴⁶ By controlling access to healthcare, medications, and identity documents, adults using family violence maintain power over deeply personal aspects of a victim survivor's life, creating barriers to both physical and social affirmation and legal recognition.⁴⁷

Medication and treatment coercion:

- + Hiding, confiscating, or destroying hormone medications (testosterone, estrogen, puberty blockers)
- + Preventing access to hormone therapy, or threatening suicide, self-harm, or relationship breakdown if survivor starts or continues treatment⁴⁸
- + Preventing, monitoring, or attending medical appointments
- + Making treatment or access to care contingent on compliance with unrelated demands
- + Tampering with dosages or "forgetting" to pick up prescriptions⁴⁹
- + Dictating which physical changes are "acceptable", for example, permitting some surgeries while forbidding others based on preferences⁵⁰
- + Pressuring or coercing decisions about surgeries or fertility preservation; forcing unwanted procedures or preventing desired procedures⁵¹

Healthcare access control:

- + Hiding or destroying identity documents needed for care (Medicare cards, licenses, passports)
- + Manipulating medical records or contacting providers to share false information about victim survivor's mental health or decision-making capacity
- + Controlling communication with providers or preventing private appointments
- + Inserting themselves into medical processes uninvited (e.g., demanding to attend surgical consultations, using offers of "support" as surveillance)⁵²

Legal identification control:

- + Controlling access to legal identification, destroying or hiding identity documents⁵³
- + Obstructing legal name or gender marker changes by withholding required documents, creating conflicting appointments, or refusing to cooperate with required paperwork
- + Sabotaging legal processes by contacting government agencies or threatening to "out" victim survivor's TGD status or history
- + Using legal names and incorrect gender markers on documents to deliberately deadname and misgender⁵⁴

Are you able to access your hormone therapy or other medications when you need them?

Have you been able to attend medical appointments without interference?

Do you feel you can make your own decisions about medical procedures, including gender-affirming care, without pressure?

Do you feel you can make your own decisions about legally changing your name or gender markers?

Has your partner destroyed, damaged or hidden your identity documents?

46. Donovan and Barnes 2020

47. Peitzmeier et al. 2020

48. Rodrigues et al. 2025; Guadalupe-Díaz 2020

49. Peitzmeier et al. 2020

50. Guadalupe-Díaz 2020

51. Guadalupe-Díaz 2020

52. Grace and Miller 2023

53. Guadalupe-Díaz 2020

54. Amos et al. 2023





Reproductive Coercion



Guiding questions for practitioners

Adults using family violence may exploit reproductive capacity and societal expectations around reproduction to exert control and inflict harm.⁵⁵ The strategies differ depending on reproductive potential and intersect with gender identity.

Consultation with TGD communities and specialist services indicates that family or partners may exploit societal expectations about reproduction to devalue or abandon trans women. While not reproductive coercion in the strict sense, these behaviours use reproductive norms to undermine gender identity, legitimacy, and relational security.

Patterns include:

- + Treating trans women as “lesser” or unworthy because they cannot give birth
- + Using inability to reproduce as grounds for rejection or violence
- + Pressure to end relationships or framing relationships as temporary or illegitimate
- + Exploiting societal narratives equating womanhood with motherhood
- + Using inability to birth children as ongoing verbal abuse or punishment

For TGD people who can become pregnant or give birth, primarily transmasculine individuals and some non-binary people, pregnancy and reproduction may be used to enforce feminine gender roles, delegitimise gender identity, and restrict autonomy.⁵⁶

Common tactics include:

- + Coercing pregnancy or sabotaging contraception
- + Framing pregnancy as “proof” of womanhood to undermine masculine or non-binary identity
- + Controlling access to abortion or reproductive healthcare
- + Pressuring detransition or restricting gender-affirming care during pregnancy
- + Misgendering, enforcing feminine roles, or controlling appearance during pregnancy⁵⁷
- + Fetishising the pregnant body to reduce the person to reproductive capacity

Additional forms of coercion affecting TGD people include:

- + Controlling decisions about fertility preservation (eggs, sperm, embryos)
- + Dictating donor selection or preventing access to preserved genetic material
- + Destroying or withholding preserved genetic material
- + Controlling access to surrogacy or assisted reproduction
- + Exploiting financial barriers to reproductive options to maintain control⁵⁸

Has anyone interfered with your ability to prevent or plan for pregnancy?

Has anyone pressured you about decisions related to pregnancy, reproductive choices, or made decisions about fertility treatments or genetic material without your full consent?

Has anyone used the topic of pregnancy or reproductive capacity to question or undermine your gender identity or relationship?

Are you able to access reproductive healthcare without someone else interfering or controlling your decisions?

55. Grace and Miller 2023

56. Pearce et al. 2024

57. Pearce et al. 2024

58. Grace and Miller 2023





Emotional Abuse

Perpetrators' use of emotional abuse can have significant impacts on the victim's physical and mental health. Emotional abuse is used as a method to control the victim and keep them from seeking assistance.

Understanding Emotional Abuse

Research on LGBTQ+ family violence demonstrates that emotional and psychological abuse is often the primary form of violence in intimate partner relationships, not a secondary element.⁵⁹ Adults using family violence frequently shame, invalidate, or withdraw recognition of a TGD victim survivor's gender identity, eroding their self-worth and intensifying isolation.⁶⁰ Emotional abuse has profound and devastating impacts on TGD victim survivors, causing severe psychological distress including depression, PTSD, and suicidality.⁶¹

Because emotional abuse leaves no physical marks, it is difficult for victim survivors to recognise or name their experiences as family violence.⁶² This invisibility, combined with the complexity of identity-based attacks, means services frequently misread these dynamics as "mutual conflict" or general relationship dysfunction rather than a powerful form of control.⁶³

59. Donovan and Barnes 2020

60. Guadalupe-Díaz 2020; Woulfe and Goodman 2018

61. Peitzmeier et al. 2020; Amos et al. 2023

62. Bourne et al. 2023

63. Donovan and Barnes 2020; Guadalupe-Díaz 2020



Emotional abuse in context for TGD victim survivors



Identity Undermining and Verbal Abuse



Guiding questions for practitioners

Adults using family violence weaponise TGD status through verbal attacks and psychological tactics that systematically deny, invalidate, and delegitimise the victim survivor's gender identity. This abuse targets the victim survivor's core sense of self, using language and rhetoric to erode self-worth and instil a deep sense of shame and worthlessness.⁶⁴ By exploiting societal transphobia and structural discrimination, adults using family violence convince victim survivors that they are fundamentally flawed, unworthy of love, and incapable of finding support elsewhere.⁶⁵

Common tactics include:

- + Denying identity by telling victim survivors they are not a "real" man or woman, claiming their gender is "fake," "made up," or "in their head" or that non-binary identities do not exist
- + Dehumanising language such as referring to victim survivors as "it," using slurs, or describing them in objectifying or degrading terms
- + Deliberate misgendering and deadnaming, using incorrect pronouns and birth name, preventing use of chosen name, or switching between affirming and denying identity as punishment
- + Dismissing identity as temporary or pathological, framing gender identity as "just a phase," a mental illness, attention-seeking behaviour, or the result of trauma or confusion⁶⁶
- + Making verbal attacks that deliberately highlight body features associated with assigned sex at birth to trigger dysphoria or self-consciousness
- + Telling victim survivors they are "lucky" to have any relationship, that no one else could love them, that being transgender makes them fundamentally unlovable or undesirable⁶⁷
- + Invalidating experiences of discrimination, dismissing or blaming transphobia on the victim survivor⁶⁸

Do you feel your partner/family respects and affirms your gender identity?

Has your partner/family made you feel ashamed, devalued, or blamed because of your gender identity?

Do you feel safe to be yourself in your relationship or with your family?

Has your partner/family told you that no one would want to be with you because you are transgender?

Does your partner/family ever blame you for your experiences of discrimination?

64. Guadalupe-Díaz 2020

65. Peitzmeier et al. 2020; Donovan and Barnes 2020

66. Woulfe and Goodman 2018

67. Peitzmeier et al. 2021

68. Pepping et al. 2025





Conditional Affirmation

Adults using family violence may exploit TGD victim survivors' desire for recognition and acceptance by offering gender affirmation conditionally, creating a sense of obligation.⁶⁹ This tactic deliberately targets victim survivors experiencing isolation, particularly for young people with limited support from family, institutions, or community. By positioning themselves as the sole source of affirmation, adults using family violence create dependency while normalising abuse as the "price" of acceptance.⁷⁰

Common tactics include:

- + Initially appearing supportive of gender identity, then weaponising withdrawal or threats of withdrawal as a form of control
- + Offering affirmation only when victim survivor complies with demands
- + Switching between affirming and denying identity depending on mood or as punishment
- + Exploiting power dynamics, taking advantage of victim survivors who are newer to LGBTQI+ community or have less access to support
- + Framing their conditional acceptance as generosity ("no one else would accept you")⁷¹
- + Withholding affection, intimacy, or emotional connection as punishment or to coerce compliance with demands
- + Using emotional warmth and closeness as conditional rewards, withdrawn when victim survivor asserts boundaries or resists control⁷²



Guiding questions for practitioners

Has your partner/family ever withdrawn recognition or respect for your gender identity as a form of punishment or control?

Do you feel pressured to comply with their demands to receive affirmation or support?

Does your partner/family position themselves as the only person who truly accepts or understands you?

69. Pearce et al. 2024

70. Pearce et al. 2024

71. Pearce et al. 2024

72. Donovan and Barnes 2020





Outing and Disclosure Threats



Guiding questions for practitioners

Threatening to disclose or “out” a TGD person’s identity is a specific form of emotional abuse that leverages societal transphobia to control, terrorise, and isolate victim survivors. This tactic deliberately exploits the real-world consequences TGD people face when forcibly exposed, including loss of employment, housing, family relationships, and personal safety.⁷³

Adults using family violence exploit knowledge of a victim survivor’s identity within social networks or the wider community to maintain control. This includes revealing or threatening to reveal the victim survivor’s gender identity, trans status, or trans history. TGD victim survivors may fear being outed before they are ready to disclose their identity or, if living as their affirmed gender, fear exposure of their trans history.⁷⁴

Common tactics include:

- + Threatening to “out” trans identity to employers, parents, children, landlords, friends, or community members
- + Threatening to disclose HIV status to family, employers, or social networks
- + Controlling who the victim survivor can disclose their identity to
- + Using threat of exposure to prevent leaving or seeking help
- + Threatening to reveal trans history, deadname, or medical information publicly
- + Using social media, photos, or information to blackmail or shame⁷⁵

Do you feel like you have control over who knows about your gender identity?

Has your partner/family threatened to reveal your gender identity or other personal information without your consent?

73. Campo and Tayton 2015; Brown and Herman 2015

74. Guadalupe-Díaz 2020

75. Peitzmeier et al. 2021





Change and Suppression Practices



Guiding questions for practitioners

Adults using family violence may attempt to force TGD people to suppress, deny, or reverse their gender identity through ultimatums, threats, and coercive practices, denying autonomy and causing severe psychological harm.⁷⁶

Common tactics include:

- + Ultimatums about ending relationships, housing, financial support, or family connection unless gender identity is suppressed or denied
- + Forcing or coercing detransition, including pressuring to end affirmation-related healthcare such as hormone treatments⁷⁷
- + Forcing or coercing participation in conversion therapy
- + Using religious or cultural beliefs to frame demands to suppress or change gender identity
- + Pressuring victim survivor to present as their assigned gender at birth against their will⁷⁸

Has your partner/family threatened to leave you or cut you off if you affirm your gender identity?

Has anyone tried to force you to suppress, deny, or change your gender identity?

Has anyone pressured you to participate in conversion therapy or similar practices?

76. Guadalupe-Díaz 2020

77. Guadalupe-Díaz 2020

78. Amos et al. 2023; Peitzmeier et al. 2021





Isolation

A victim is more vulnerable if isolated from family, friends, their community and other social networks. Isolation also increases the likelihood of violence and is not simply geographic.

Isolation in context for TGD victim survivors



Social and Community Isolation

TGD people face multiple, intersecting forms of isolation that adults using family violence deliberately exploit. Many TGD people experience rejection from families of origin⁷⁹, making LGBTIQ+ communities and chosen family crucial sources of support, affirmation, and belonging. Adults using family violence weaponise this by severing vital connections and using disclosure threats to control social access.⁸⁰

Common tactics include:

- + Preventing attendance at LGBTIQ+ events, support groups, or community gatherings
- + Restricting contact with trans people, LGBTIQ+ friends, chosen family, or anyone who affirms their identity
- + Preventing access to LGBTIQ+ organisations, services, and advocacy groups
- + Portraying LGBTIQ+ communities as “bad influences” or dangerous
- + Monitoring or controlling online connections to LGBTIQ+ communities and support networks⁸¹
- + Using threat of “outing” to restrict where victim survivor can go and who they can see



Guiding questions for practitioners

Are you able to see and connect with the people who are important to you when you want?

Has your partner/family prevented you from seeing LGBTIQ+ friends, chosen family, or community members?

Are you able to access LGBTIQ+ spaces, services, and support groups if you choose?

Has your partner/family used threats about revealing your identity to control where you can go or who you can see?



Relationship Concealment

Some adults using family violence maintain secrecy around the relationship to avoid social scrutiny or to distance themselves from stigma associated with their partner’s TGD identity. This form of identity-based control can be particularly damaging when adults using violence use this secrecy to communicate that the victim survivor’s identity makes them unworthy of acknowledgement or pride.⁸²

Common tactics include:

- + Refusing to publicly acknowledge the relationship or introduce partner to others
- + Avoiding being seen with TGD partner in public; pretending not to know them
- + Blaming the secrecy on “other people’s transphobia” rather than their own feelings of shame
- + Keeping relationship completely hidden⁸³



Guiding questions for practitioners

Does your partner avoid being seen with you in public or refuse to introduce you to family, friends, or colleagues?

79. Pride in Prevention 2020

80. Hill et al. 2020

81. Guadalupe-Díaz 2020

82. Guadalupe-Díaz 2020

83. Donovan and Barnes 2020



Sexual Assault*

Perpetrators who sexually assault their victim are also more likely to use other forms of violence against them.

Understanding Sexual Violence Against TGD People

TGD people experience significantly higher rates of sexual violence than cisgender populations, with evidence showing elevated risks across multiple contexts.⁸⁴ Trans women of colour face compounding risk from the intersection of transphobia, racism and other forms of discrimination. Australian research shows that 28% of culturally and linguistically diverse trans women have experienced sexual assault more than ten times since age 16.⁸⁵

Adults using family violence exploit the societal devaluation and fetishisation of TGD bodies to normalise and conceal sexual violence. Trans people, particularly trans women, are often hypersexualised within broader culture, and this fetishisation is used to exploit and perpetuate sexual harm.⁸⁶ Understanding sexual violence against TGD victim survivors requires recognising how adults using family violence weaponise harmful societal attitudes to obscure the line between desire and exploitation and conceal experiences of sexual coercion and violence.⁸⁷

Conversations about sexual violence can be deeply personal and may bring up strong emotions or memories. For TGD victim survivors, experiences of sexual assault often intersect with experiences of transphobia, discrimination, or medical and social marginalisation. It's important to approach these discussions with sensitivity, using the person's affirmed name and pronouns, and creating space for them to describe their experiences in their own words. Focus on safety, choice, and control, allowing the victim survivor to decide what they wish to share, when, and how. Sexual assault is never their fault, and that their identity does not diminish the seriousness or validity of their experience. Guiding questions in this section are designed to open sensitive conversations about sexual violence, consent, and boundaries. They are not prescriptive or to be asked as a checklist.

84. Hill et al. 2020; Hindes et al. 2025; Peitzmeier et al. 2019

85. Ussher et al. 2020

86. Ussher et al. 2020

87. Pepping et al. 2025; Henry et al. 2021

*Serious risk factor





Sexual assault in context for TGD victim survivors

➔ Fetishisation and Objectification

Adults using family violence may exploit societal fetishisation of TGD bodies, treating victim survivors as sexual objects defined primarily by their trans status.⁸⁸ This objectification serves to normalise sexual exploitation while making it difficult for victim survivors to name their experiences as violence. Research shows that transgender women are frequently reduced to sexual objects, with adults using family violence framing this objectification as “acceptance” or “attraction”, rather than exploitation.⁸⁹

Fetishisation creates relational contexts where the TGD person’s identity becomes the focus of sexual interaction rather than mutual intimacy. Adults using family violence may seek out TGD partners specifically to fulfil fetishes while showing no interest in genuine partnership or emotional connection.⁹⁰

Common behaviours include:

- + Treating TGD partners primarily as sexual objects; focusing exclusively on trans identity or specific body parts during intimacy
- + Framing sexual objectification as “acceptance,” “attraction,” or “validation” to normalise exploitative treatment
- + Seeking TGD partners to fulfil sexual fetishes while showing no interest in partnership or emotional connection
- + Commodifying the victim survivor’s body; sexually exploiting them for financial gain or control⁹¹

💬 Guiding questions for practitioners

Has your partner pressured you to do sexual things you weren’t comfortable with?

How do you and your partner decide about having sex?

Has your partner used your body for sexual or financial gain?

Do you feel like your relationship involves genuine emotional connection, or does it focus primarily on sex?

➔ Sexual Coercion and Forced Sexual Acts

Adults using family violence use various tactics to coerce sexual activity and force victim survivors into unwanted sexual acts. These tactics deliberately target aspects of gender identity and dysphoria to maximise control and distress.

Common behaviours include:

- + Demanding specific sexual acts, positions, or use of body parts that cause distress or dysphoria⁹²
- + Forcing victim survivors to engage in sex that aligns with their gender presumed at birth rather than affirmed gender
- + Coercing participation in sex work or sexual activities with others⁹³
- + Forcing the re-enactment of pornographic or degrading sexual scenarios⁹⁴
- + Using “corrective rape” intended to “punish” or “fix” gender identity⁹⁵
- + Pressuring sexual activity as “proof” of gender identity or relationship legitimacy

💬 Guiding questions for practitioners

Has your partner demanded sexual acts, positions, or use of body parts that made you feel unsafe or caused dysphoria?

Have you experienced situations where sexual activity was used to control, manipulate, or punish you?

What happens if you say no to sex?

88. Pepping et al. 2025; Henry et al. 2021

89. Hindes et al. 2025

90. Closson et al. 2024; Pepping et al. 2025; Ussher et al. 2020

91. Donovan and Barnes 2020

92. Brown and Herman 2015

93. Guadalupe-Díaz 2020

94. Woulfe and Goodman 2018; Brown and Herman 2015

95. Guadalupe-Díaz 2020





Post-Intimacy Violence



Guiding questions for practitioners

TGD victim survivors describe experiences of verbal, emotional, or physical violence occurring immediately after sexual activity. This pattern can arise when cisgender partners experience feelings of shame, disgust, or identity threat related to being sexually or romantically involved with a TGD person.⁹⁶ Instead of acknowledging or processing these feelings, the adult using family violence may project them onto their partner, expressing transphobia or contempt as a means of asserting control and distancing themselves from perceived stigma.

While broader IPV research with TGD populations has documented this dynamic⁹⁷, community reports and lived experience accounts emphasise the specific timing of such violence, occurring directly after intimacy, as a distinct and harmful pattern.

Common expressions include:

- + Verbal abuse, insults, or withdrawal immediately following sexual activity
- + Physical assault or aggression after sex, often linked to the perpetrator's shame or disgust
- + Blaming the TGD partner for the perpetrator's own feelings of discomfort or identity conflict
- + Treating the victim survivor with contempt, rejection, or degradation after intimacy⁹⁸

Has your partner become verbally or physically abusive after sexual activity?

Does your partner seem to blame you for their feelings after sex?

Do you feel safe during and after intimate moments with your partner?

96. Pepping et al. 2025

97. Peitzmeier et al. 2021; Amos et al. 2023

98. Pepping et al. 2025





Physical Harm

Perpetrators' use of physical harm creates immediate safety risks and often escalates over time.

Physical harm in context for TGD victim survivors



Targeting Body Features

Adults using family violence may deliberately target areas that have been surgically altered, causing both physical injury and profound psychological trauma. TGD people experience disproportionately high rates of physical violence, often including slapping, punching, kicking, burning, or assaults with weapons. Violence may specifically target body areas tied to gender identity or gender-affirming processes, compounding psychological harm and exerting identity-based control. Violent acts such as strangulation, use of weapons, or repeated assaults further elevate risk of lethality for TGD victim survivors.⁹⁹

Common expressions include:

- + Deliberately targeting the chest, genitals, or other body areas that exacerbate dysphoria
- + Targeting areas affected by hormone therapy or surgical procedures
- + Destroying or damaging gender-affirming items (prosthetics, binders, clothing) to assert dominance and humiliate
- + Exploiting knowledge of body dysphoria to maximise fear, distress, and submission
- + Strangulation or attempted strangulation, which significantly elevates lethality risk¹⁰⁰



Guiding questions for practitioners

Has anyone ever harmed, hit, or attacked parts of your body that relate to your gender identity or gender affirmation (e.g., chest, genitals, areas affected by hormones or surgery)?

Have your gender-affirming items such as binders, prosthetics, clothing, or makeup ever been destroyed, taken, or damaged by a partner or family member?

99. Peitzmeier et al. 2020; Closson et al. 2024

100. Donovan and Barnes 2020





Imminence and Escalation*

Violence occurring more often or becoming worse is associated with increased risk of lethal outcomes for victims. Escalation in frequency, severity, or the use of particular tactics indicates heightened risk.

Imminence and escalation in context for TGD victim survivors



Gender Affirmation Milestones

For TGD victim survivors, escalation often occurs at specific identity-related moments when adults using family violence perceive a threat to their control.¹⁰¹

Gender identity disclosure and gender affirmation processes represent particularly high-risk periods. Adults using family violence may escalate violence to prevent, obstruct, or punish gender affirmation, including increased threats, control, and physical violence.¹⁰²

High-risk periods include:

- + When a partner or family member becomes aware of the TGD person's gender identity, without them disclosing (e.g., through discovery of medical information, items, or communications)
- + Disclosing gender identity to partner, family, or community (or being "outed")
- + Beginning social affirmation (changing name, pronouns, presentation)
- + Beginning medical affirmation (starting hormones, undergoing surgery)
- + Beginning legal affirmation (changing legal name or gender markers)



Guiding questions for practitioners

Have you recently disclosed or been "outed" about your gender identity to your partner, family, or broader community?

Has your partner/family's behaviour changed since you disclosed your identity or began affirming your gender?

Has your partner/family's behaviour changed when they found out about your gender identity without you disclosing it to them?



Partner's Family Rejection and Transphobic Blame

Informed by both community experience and practice-based knowledge, the following patterns highlight how cis partners may externalise transphobic family pressures onto TGD victim survivors. When cis partners face disapproval, negative consequences, or pressure from their own families for being in a relationship with a TGD person, they may escalate violence by projecting shame and blame onto the victim survivor. Rather than addressing their family's transphobia or taking responsibility for their own choices, the cis partner treats the TGD partner as the "cause" of family conflict or loss. This dynamic creates specific escalation risk, as violence may intensify in response to external family pressure.

Common escalation triggers:

- + After contact with family members who disapprove of the relationship
- + Experiencing negative consequences such as loss of family contact, financial cut-off, social rejection, or disinheritance
- + Around family events or holidays that highlight the cis partner's exclusion
- + When family members issue ultimatums ("Leave them or lose contact with your children/grandchildren")
- + Following derogatory comments or refusal by family to acknowledge the relationship



Guiding questions for practitioners

Has your partner's family's reaction to your relationship affected how your partner treats you?

Does violence or conflict increase around family events, holidays, or times when your partner is excluded from family gatherings?

Has your partner blamed you for problems with their family, such as family members cutting contact or withdrawing support?

Has your partner's family issued ultimatums about the relationship? How has your partner responded?

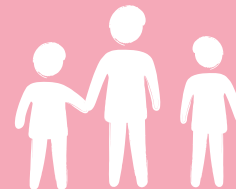
101. Guadalupe-Díaz 2020; Lim et al. 2024

102. Rodrigues et al. 2025

*Serious risk factor



RISK FACTORS SPECIFIC TO CHILDREN CAUSED BY PERPETRATOR BEHAVIOURS



Behaviour Indicating Non Return of a Child

Perpetrator behaviours including threatening or failing to return a child can be used to harm the child and the affected parent. This risk factor includes failure to adhere to, or the undermining of, agreed childcare arrangements (or threatening to do so), threatened or actual removal of children, returning children late, or not responding to contact from the affected parent when children are in the perpetrator's care.

Behaviour indicating non return of a child in context for TGD victim survivors



Identity-Based Family Court Threats



Guiding questions for practitioners

Adults using family violence systematically exploit TGD parents' gender identity to threaten child removal or custody loss, deliberately weaponising systemic transphobia in legal and child protection proceedings. Adults using family violence may undermine the TGD parent's credibility and parenting capacity by framing their gender identity as evidence of instability, selfishness, or poor judgment. By exploiting cisnormative assumptions within family law and child protection systems, adults using family violence transform gender identity itself into purported evidence of parental unfitness. These threats are designed to target both the parent-child relationship and the TGD parent's vulnerability within discriminatory legal systems¹⁰³

Common tactics include:

- + Threatening to report the TGD parent as "unfit" or "dangerous" to children based solely on gender identity
- + Weaponising gender affirmation-related medical information (hormone therapy, surgeries) as evidence of instability, selfishness, or poor judgment
- + Threatening to disclose gender identity to child protection, police, family court, schools, or other parents without consent, while framing disclosure as "protecting" children
- + Claiming the TGD parent's identity is "confusing," "inappropriate," or "harmful" to children
- + Making false reports e.g., to police or child protection services, that the TGD parent's identity creates risk to children
- + Using past mental health struggles (often resulting from minority stress, discrimination, or abuse) as evidence of parental unfitness
- + Using a gender dysphoria or gender incongruence diagnosis, often required to access gender-affirming healthcare, as evidence of parental unfitness
- + Leveraging documented patterns of discrimination in legal and child protection systems, knowing TGD parents face heightened scrutiny and bias¹⁰⁴

Has anyone threatened to report you to child protection because of your gender identity?

Has anyone threatened to use your gender identity against you in custody or parenting proceedings?

Has your partner/family suggested your gender identity makes you an unfit parent or is harmful to your children?

Has anyone threatened to "out" you to schools, other parents, or services involved with your children?

103. Pearce et al. 2024

104. Pearce et al. 2024



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