Crossing the line:

Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia

JANE M. USSHER | ALEX HAWKEY | JANETTE PERZ | PRANEE LIAMPUTTONG

BRAHMAPUTRA MARJADI | VIRGINIA SCHMIED | TINASHE DUNE | JESSICA AASHA SEKAR

SAMANTHA RYAN | ROSIE CHARTER | JACK THEPSOURINTHONE | KYJA NOACK-LUNDBERG | ELOISE BROOK

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PROFESSOR JANE M. USSHER

Professor of Women's Health Psychology, Translational Health Research Institute, Western Sydney University

DR ALEX HAWKEY

Research Associate, Translational Health Research Institute, Western Sydney University

PROFESSOR JANETTE PERZ

Professor and Director of the Translational Health Research Institute, Western Sydney University

PROFESSOR PRANEE LIAMPUTTONG

Professor of Public Health, Translational Health Research Institute and School of Health Sciences, Western Sydney University

DR BRAHMAPUTRA MARJADI

Senior Lecturer, School of Medicine, Western Sydney University

PROFESSOR VIRGINIA SCHMIED

Professor and Deputy Dean, Research and Engagement, School of Nursing and Midwifery, Western Sydney University

DR TINASHE DUNE

Senior Lecturer, School of Health Sciences, Western Sydney University

MS JESSICA AASHA SEKAR

Research Assistant, Translational Health Research Institute, Western Sydney University

MS SAMANTHA RYAN

Research Assistant, Translational Health Research Institute, Western Sydney University

MS ROSIE CHARTER

Research Assistant, Translational Health Research Institute, Western Sydney University

MR JACK THEPSOURINTHONE

Research Assistant, Translational Health Research Institute, Western Sydney University

DR KYJA NOACK-LUNDBERG

Research Officer, Translational Health Research Institute, Western Sydney University

DR ELOISE BROOK

The Gender Centre, Sydney

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ANROWS research contributes to the six National Outcomes of the *National Plan to Reduce Violence against Women and their Children 2010–2022*. This research addresses National Plan Outcome 4—Services meet the needs of women and their children experiencing violence.

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Key terms

Cisgender	Term used to describe people whose gender identity matches the sex that they were assigned at birth.
Culturally and linguistically diverse (CALD)	Commonly used to describe people who have a racial and cultural heritage different from that of the majority of the dominant Anglo-Australian culture. It replaces the term used for people from a "non-English speaking background" (NESB).
Embodiment	The experience of living in and experiencing the world centred on our bodies.
Gender	A term that refers to the socially constructed characteristics of women and men, including norms, roles, behaviours and relationships of and between groups of women and men.
Gender diverse	People who identify as agender (having no gender), bigender (both a woman and a man) or non-binary (neither man nor woman).
Gender expression	The expression of one's own gender identity through modes such as appearance, behaviour, clothing, and/or interests.
Gender identity	The experience or personal sense of one's own gender. This can be man, woman, something other or in between. Everyone has a gender identity regardless of whether they are transgender or not.
Gender transition or affirmation	The process of changing one's gender presentation and/or sex characteristics to match with their personal sense of gender identity. Both social and medical factors may be involved in this process. It may or may not involve hormone therapy and/or surgery.
Healthcare provider	An individual (e.g. doctor, nurse, psychologist) or organisation (e.g. hospital, clinic) trained and knowledgeable in providing preventive, curative, or rehabilitative healthcare services, as well as healthcare information, in a systematic way.
Heteronormativity	The belief that heterosexuality is the normal and natural expression of sexuality.
Heterosexism	The belief that everyone is, or should be, heterosexual, and that other types of sexuality are unhealthy, unnatural and a potential threat to society.

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Homophobia/transphobia	Encompasses a range of negative attitudes, feelings and prejudices towards people who identify as or are perceived as being lesbian, gay, bisexual or transgender. This can include irrational fear, hostility, aversion, violence, anger or discomfort felt or expressed towards people who do not conform to society's gender or sexuality expectations.
Intersectionality	A theoretical framework for understanding how aspects of one's social identities (e.g. gender, sexuality, religion, culture, social class) interact to create unique modes of discrimination and disadvantage.
Intimate partner	A current or former spouse, boyfriend/girlfriend, partner or lover (married, unmarried, and live-in).
Intimate partner violence	Physically, sexually, or psychologically harmful behaviour enacted by an intimate partner. Acts may include physical aggression, sexual coercion, psychological abuse, or manipulation.
LGBTIQ+	Lesbian, gay, bisexual, transgender, intersex and queer/questioning. This and other terms (such as LGBT) are used to refer to anyone who is non-heterosexual, non-cisgender or non-gender binary. The + denotes the many different self-identifiers adopted by individuals within these populations.
Non-binary	Describes any gender identity that does not fit the male and female binary.
Person of colour	Any person who is not considered white. Originating in the United States, it includes people from African, Hispanic and Asian backgrounds, as well as Indigenous people. The term emphasises common experiences of systemic racism.
Queer	An umbrella term used to describe a range of identities, including those who are gender and sexuality diverse. Many people prefer the term queer to LGBTIQ+ as it suggests a sense of community without a more specific label. It is a term that was previously a slur, but has been reclaimed by activists as a tool against hate and bullying.
Sex	An individual's biological sex at birth (male, female or intersex) that is usually ascertained by genital appearance, chromosomes, hormones, and gonads.

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Sexual assault	Includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity.
Sexuality diverse	A broad term used to describe people who are asexual, same-sex attracted or attracted to more than one sex. People may identify with labels such as lesbian, gay, bisexual, pansexual, asexual, queer or unsure (questioning) or no labels at all.
Sexual harassment	Encompasses unwanted touching, grabbing, kissing or fondling; indecent phone calls, texts, emails or posts; inappropriate comments about body or sex life; indecent exposure; and receiving unwanted sexual photos.
Sexual orientation	Refers to the sex of the person to whom an individual is sexually attracted.
Sexual violence	An umbrella term that covers a wide range of behaviours, including those encompassed within the definitions of sexual assault and sexual harassment.
Transgender	Commonly shortened to "trans", this umbrella term describes a person who does not identify with their gender assigned at birth or upbringing.
Transgender man, trans man	A person who was assigned female at birth, but who identifies as a man or as non-binary.
Transgender woman, trans woman	A person who was assigned male at birth, but who identifies as a woman or as non-binary.
Violence against women	Any physically, sexually, or psychologically harmful act of gender-based violence perpetrated against women and girls, regardless of relationship to the individual or setting. It includes intimate partner violence, non-partner sexual violence, threats, coercion, trafficking, and harmful cultural practices carried out against all women, including cisgender and transgender women.
Woman of colour	Any woman who is not considered white. Originating in the United States, it includes women from African, Hispanic and Asian backgrounds, as well as Indigenous women. This was the term preferred by interview participants and trans community stakeholders within the present study to describe their shared racial identity (rather than CALD).

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Executive summary

Transgender (trans) women are at higher risk of sexual violence than cisgender women (James, 2016; National Coalition of Anti-Violence Programs, 2014, 2015, 2016). Trans women of colour face discrimination and violence on the basis of the intersection of their gender and racial identities, and, for some, their sexual identities as queer women. However, there is an absence of Australian research investigating the experiences of sexual violence among trans women of colour. This report outlines the findings of the research project funded by Australia's National Research Organisation for Women's Safety (ANROWS) entitled "Crossing the line: Lived experience of sexual violence among trans women of colour from culturally and linguistically diverse (CALD) backgrounds in Australia". The research was conducted by researchers based in the Translational Health Research Institute, Western Sydney University.

Project aim

The project's aim was to increase understanding of the lived experience of being a trans woman of colour living in Australia, in relation to gender transitioning and experiences of sexual violence. Therefore, the specific research questions were as follows:

1. What are the lived experiences of gender transitioning for trans women of colour living in Australia?

2. What are the lived experiences of sexual violence of trans women of colour living in Australia?

3. What strategies do trans women of colour living in Australia employ to deal with sexual violence in their everyday lives in order to enhance their health and wellbeing?

4. What are the experiences of sexual violence in broader trans communities in Australia?

5. How do the experiences of sexual violence of trans women of colour living in Australia compare to those of non-CALD trans women and to LBQ (lesbian, bisexual or queer) and heterosexual cisgender women living in Australia?

Methods

This project used a sequential mixed methods design, and a feminist intersectional approach, to address its aims. The research design, data collection and analysis, and outcomes from the findings were underpinned by principles of integrated knowledge translation (IKT), which included input from an advisory group and stakeholders from the trans community. Data was collected using a combination of qualitative and quantitative methods within the study sequence illustrated in Figure 1.

The research methods included the following steps:

- holding interviews with 31 trans women of colour, and follow-up interviews with 19 of them, which included a photovoice element[1]

- analysing 39 online forum threads discussing trans sexual violence, featuring 950 comments, written by 480 unique posters

- conducting a national survey exploring sexual violence and women's responses to violence, with respondents including

  ○ trans women (n = 180), 15 percent of whom were CALD

  ○ cisgender, heterosexual women (n = 1249), 8 percent of whom were CALD

  ○ cisgender lesbian, bisexual or queer women (n = 866), 13 percent of whom were CALD.

Because the survey participants responded to a request for women who had experienced sexual violence, they do not necessarily form a representative sample of the Australian population. However, it is useful to compare the proportion of this sample that were CALD to population averages. While it is difficult to estimate the percentage of CALD people in the general population, English is not the first language for 15 percent (or 3.5 million people) (Australian Government Department of Health, 2016).

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1 Photovoice is an empowering qualitative method used in community participatory research, where participants are asked to express their points of view or represent their communities by photographing scenes that highlight their experience.

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Figure 1: Sequential mixed methods research design

Stage 1: Discovery
- Stage 1a: Narrative literature review
- Stage 1b: Advisory committee and stakeholder engagement

Stage 2: Lived experiences
- Stage 2a: Individual in-depth interviews
- Stage 2b: Photovoice pictures and interviews
- Stage 2c: Online forum analysis

Stage 3: Survey & cohort comparison
- Quantitative survey with women from across Australia, comparing across gender and sexual identities

Stage 4: Dissemination
- Knowledge translation exhibition and resources

Terminology

The trans women in this study used a range of terms to describe their gender identity, including, "non-binary transfeminine", "genderfluid", "transgender female", "female", "sistergirl", "genderqueer", "woman" and "trans woman". Sexual identities included straight, gay, lesbian, queer, bisexual, pansexual, asexual and fluid. While the authors acknowledge this variation, this report uses the abbreviation "trans" to refer to "transgender", and in the analysis of the interviews, the trans participants are referred to as "women". When referring to non-heterosexual identities, the term "queer" is used, while the acronym "LGBTQ" is used to refer to lesbian, gay, bisexual, transgender and queer communities. The term "women of colour" is used to acknowledge the ethnic identities of the trans women interviewed for this study, and is the term preferred by the participants. The term "CALD" is used to describe culturally and linguistically diverse communities, and to distinguish white Anglo–Australians from culturally and linguistically diverse Australians. A full glossary of terms is provided on pp. 10–12 and explained in further detail in the introduction.

Key findings

Gender transitioning is a complex process that impacts on trans women's risk of sexual violence

The thematic analysis of this study's interview and photovoice data suggested that gender transitioning is a complex process that unfolds over time, with people's awareness of their desire to transition often starting in childhood or adolescence. While transitioning is not a linear process, all the women in this study described it as an experience of finding their true self, with positive consequences for health and wellbeing. The women described expression of their feminine or trans identity

as a process of embodied agency, involving the adoption of feminine appearance, often accompanied by hormone therapy. While expression of femininity is labour-intensive, the women in this study associated this with pleasure and self-expression.

During the process of gender transition, many of the participants experienced transphobic sexual and physical violence, which they had not experienced previously. Passing as a woman resulted in social acceptance and reduced the risk of transphobic violence. However, some women found it difficult to pass if they did not meet narrow definitions of Anglo or white hetero-femininity. Many of the women developed their own version of femininity, subverting the hetero-feminine beauty ideal, with some women making no attempt to pass. The intersections of femininity, cultural identity and sexual identity were often expressed through culturally specific clothes, jewellery or makeup.

The women who experienced support and acceptance of their feminine expression and identity from family, friends and work colleagues reported a positive experience of gender transitioning. However, many of the women described a difficult journey towards social acceptance, experiencing intersecting racism and transphobia in public, as well as within workplaces and the queer community. Rejection and attempts to prevent gender transitioning by family members were common. When experienced in combination, this sometimes led to the women feeling isolated, invisible and unsupported.

Sexual violence is a common experience for trans women of colour

Responses gathered through this study's interview, online forum and survey data demonstrate that sexual violence is a common experience for trans women, confirming findings from the literature review. Sexual violence includes both

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sexual harassment and sexual assault in the public and private domains. The trans women of colour in this study reported similar experiences to trans women from non-CALD communities, exacerbated by racism within both society at large and queer communities.

As identified in this study's interview and qualitative survey data, sexual harassment that served to "cross people's boundaries", in the words of a participant, included trans women being objectified and positioned as other, being stared at, or having their gender commented upon in the public domain. This often resulted in women being hypersexualised or outed as trans or as a man, which could lead to social exclusion or a dangerous situation for the woman. Many women were deliberately misgendered in their interactions with others, or were subjected to transphobic and derogatory comments, including being mocked, insulted, laughed at, and threatened with physical or sexual violence. If sexual harassment was experienced as being directed at participants as women, it could serve to be gender affirming. The intersection of gender, cultural identity, and sexual identity was evident in accounts of combined sexism, racism, homophobia and transphobia, sometimes from strangers, and sometimes from within the queer community.

Physical and sexual assault which served to "cross bodily boundaries" (in the words of another participant) included women being beaten up, spat upon, groped, subjected to online violence, and forced into sexual acts or rape, in the public domain. There were also accounts of violence and sexual assault in the context of the family during childhood or early adolescence; when dating new partners, where fetishisation could also occur; and within ongoing intimate relationships. Some women worked as sex workers, one of the few occupations open to them, and reported sexual violence from clients. Trans women who were sex workers were more vulnerable in contexts where sex work is criminalised, such as Queensland.

Responses to sexual violence: Self-protection, resilience and agency

The interviews showed that sexual violence has a negative impact on trans women of colour, leading to fear, anxiety,

depression, self-harm and self-blame. However, the women in this study adopted a range of responses and strategies to cope with the threat of sexual violence, as well as to deal with the consequences of their experiences of sexual violence, demonstrating agency and resilience.

Some women adopted a psychological strategy of rationalisation and normalisation of violence as a means of defence against the psychological impact of abuse. Behavioural responses to violence included hypervigilance in the public sphere, not going out in public, and the avoidance of intimate relationships. Women also adopted a range of positive strategies to make meaning of their experiences and to facilitate coping, further demonstrating agency and resilience. These included naming sexual violence, seeking out the positives in their experiences, self-acceptance, prioritising the self, talking about sexual violence, and seeking support from healthcare professionals and the police.

Trans women of colour need support to address sexual violence in their lives

Taking responsibility to actively seek support from others in response to sexual violence was important for many women. The interviews evidenced that the women sought support from informal support networks, including friends, family members, and other members of the transgender community, both face to face and online. When support was not provided from these networks, the women described experiencing ongoing psychological distress and isolation.

Support from healthcare professionals can be central to resilience and survival following sexual violence. Support in gender transitioning, through facilitating access to hormone therapy, reduced the risk of transphobic violence. Some women described receiving positive support from GPs, clinic nurses, psychologists and psychiatrists, LGBTIQ+ community support workers and physiotherapists following their experiences of sexual violence. This support served to alleviate distress and facilitate coping and resilience. Being accepted as a trans woman was a key element to this support, with women's chosen names being used, rather than their previous "dead names".

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Some of the women described negative experiences associated with seeking support from healthcare professionals following sexual violence, with individuals and services being described as transphobic or disrespectful to trans women of colour. As a result, many women felt that the formal support available to cisgender women after sexual assault is not accessible or adequate to address their concerns and needs.

Negative encounters with police and the legal system were also experienced by many of the participants in this study, who reported feeling judged, blamed, distrusted and invalidated. A lack of formal response in collecting DNA or other samples after sexual assault was also reported by some of the women in this study, which they attributed to being trans women of colour or a sex worker. Experiences of violence from police were also reported by some of the participants, including physical violence and sexual harassment, revealing a strained relationship between trans women of colour and the police.

Sexual violence is an issue for all women: Experiences of sexual violence of CALD trans women compared to non-CALD trans women and cisgender women

The comparative survey in this study invited women who had experienced sexual violence to discuss the nature of this experience. The overwhelming majority of respondents indicated that they had experienced sexual harassment and over two-thirds of respondents reported that they had experienced a sexual assault since the age of 16. Respondents included trans women and cisgender women, across sexual identities and cultural backgrounds.

Sexual harassment: The majority of the survey respondents reported that they had experienced sexual harassment on multiple occasions. CALD trans women reported more frequent sexual harassment than other women. Strangers were the most common perpetrators of sexual harassment for all women, with CALD trans women reporting the highest rate of sexual harassment by a stranger compared to other groups of women. CALD trans women were also more likely to report being harassed outside the home or in public spaces than other women.

Sexual assault: While half of the CALD trans women who responded to the survey reported sexual assault since the age of 16, this was lower than non-CALD trans women and cisgender women. Though the majority of women who reported sexual assault had experienced it more than once, CALD trans women were found to be twice as likely as other groups of women to report having been assaulted 10 or more times. CALD trans women were also more likely to report having been assaulted by a stranger and more likely to report being assaulted both outside and in the home compared to other women.

The majority of women across all groups reported that self-support was their primary mode of coping with sexual harassment or assault, with self-support highest in CALD trans women. CALD trans women were more likely to report no support compared to other groups of women. No trans women reported support from police or justice agencies. Friends were the greatest source of support for all women. The majority of the respondents reported having made changes to their day to day lives as a result of experiencing sexual harassment or sexual assault. This included being hypervigilant, avoiding men, avoiding sex and intimacy, avoiding going out in public (particularly at night), modifying appearance, and learning self-defence. The majority also reported a negative impact of sexual harassment and assault, including psychological and physical consequences.

Key messages

Sexual violence is a pervasive and damaging experience in many women's lives. Trans women may experience higher rates of sexual violence than cisgender women. The experiences and needs of trans women in relation to sexual violence remain poorly understood by many healthcare providers, legislators, police and policymakers, with trans women of colour from CALD backgrounds being the least understood.

The absence of culturally competent information and knowledge about transgender experience, accompanied by misinformation, can lead to stigma, prejudice and discrimination, resulting in unmet needs for transgender women. This can have serious consequences for trans women's physical and psychological wellbeing.

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Trans women of colour, those from a CALD community, and those who identify as queer may experience additional prejudice and discrimination, due to the intersection of gender, sexuality, race and religion.

Recommendations for service providers and policymakers

This report acknowledges and builds on existing LGBTIQ+ health strategies across the majority of Australian states and territories (see Appendix G). Australians need to challenge societal attitudes that support, condone or trivialise sexual violence against women, including trans women. The authors recommend the following:

- Raise awareness and increase the education of healthcare providers, legislators, police and policymakers, as well as the general public, in relation to transgender experience and gender transitioning. This includes the implications of the intersection of gender, sexuality, race, and other categories of difference (such as age, social class and religion) in the experiences of sexual violence for trans women of colour, or those from a CALD background.

- Implement community-wide, multi-faceted sexual violence prevention measures that ensure that cultural change occurs across all communities, promoting respect for gender, sexuality and cultural diversity, with zero tolerance to sexual violence for all women.

- Implement programs on sex education within school settings that include components on healthy relationships and sexual violence, and are inclusive of gender and sexuality diversity.

- Raise awareness about the needs and experiences of trans women, including trans women of colour and those who are sexuality diverse, among those working to prevent sexual violence against women and those providing support to women subjected to sexual violence.

- Implement policy and practice documents and clinical guidelines that use language inclusive of gender and sexuality diversity when discussing sexual violence against women. This means being inclusive of transgender and non-binary gender identities, as well as queer identities.

- Increase accessibility and visibility of services supporting women who have experienced sexual violence, and

information about services providing such support. These services need to be inclusive of trans women and those who are sexuality diverse, with attention paid to the needs of trans women of colour from a CALD background. This includes:

- o reviewing intake and other forms so that they are inclusive of gender, sexuality and race

- o training staff about gender and sexuality diversity, how to use gender neutral pronouns, how not to misgender people, and what to do when you do misgender someone

- o reviewing broader service aims/models of care to consider whether or not the service is or can be inclusive of trans women, and then taking steps to operationalise the outcome of the review.

- Design sexual violence prevention and support programs that engage with and are co-designed by multicultural women's services and LGBTIQ+ services, as well as women leaders from CALD and queer communities.

- Increase support from the justice system for trans women of colour from a CALD background who are reporting incidents of sexual violence to the police or navigating the court processes (particularly for the first time).

- Increase recognition of the vulnerability and needs of trans women who are sex workers, including through addressing sexual violence, violence prevention, police response, and support for women.

- Decriminalise sex work in every Australian state and territory.

Key recommendations for researchers

The "Crossing the line" project contributes to the Australian literature on sexual violence against women, in particular trans women of colour, those from a CALD background, and women who are gender and sexuality diverse. However, there remain a number of limitations to the current state of knowledge. Future research should include:

- Investigation into the experiences and impact of sexual violence for trans women who do not speak English.

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Interviews could be conducted by community interviewers in a range of languages, and surveys translated into the first language of participants and administered orally.

- Investigation into the experiences of sexual violence among young trans and gender diverse girls and women of colour from a CALD background.

- Collaboration with police and healthcare practitioners to examine their capacities and experiences responding to sexual violence experienced by trans women, including trans women of colour from CALD backgrounds.

- Comparative international studies to investigate the nature and consequences of sexual violence experienced by trans women of colour from CALD backgrounds in different geographical, economic and cultural contexts in order to improve knowledge of pathways to distress and resilience.

- Rigorous evaluation of policy and practice to address prevention of all forms of violence against trans women of colour, and programs of support for trans women subjected to violence.

- Strategies to ensure that research to establish the prevalence and nature of sexual violence in Australia involves collection of data that includes gender and sexuality diversity, as well as cultural, ethnic and religious background.

- Research examining the prevalence of trans women, including trans women of colour or those from CALD backgrounds and the characteristics of this cohort, in order to identify needs and appropriate service responses.

- Specific investigation of the experiences of trans sex workers, including those who are trans women of colour, in relation to sexual violence, stigmatisation, and resilience.

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Introduction

Jane Ussher and Pranee Liamputtong

Sexual violence is everywhere. I was first sexually assaulted when I was 12 and in recent years, I've had negative sexual experiences that skirt the edges of what would be considered sexual violence. My entire life, I've had this cloud over me that sexual violence is real and it's happening all the time around me and it's happening to me as well. (Fiona)

This #MeToo movement—that's brought about a lot of conversations … I feel like people feel a bit more comfortable to talk about these things, which I think is always the main point. I'd rather have more conversation than more situations. (Dalilah)

The comments above, from two of the trans women of colour interviewed for this study, capture the essence of this research. In the era of the #MeToo movement—the social justice campaign which serves to empower women to voice experiences of sexual violence—there is a growing awareness that for many women, "sexual violence is everywhere". This has "brought about a lot of conversations" that have been pertinent in breaking the silence about sexual violence faced by women. Sexual violence is so normalised in women's lives that many do not report it for fear the consequences of making a complaint. Women are frequently disbelieved, exposed to attack within the legal system, and face negative social and relational consequences. Some women are more likely to be subjected to sexual violence, more likely to have their complaints dismissed, and more likely to be socially ostracised for making a complaint. Trans women of colour living in Australia who are from culturally and linguistically diverse (CALD) communities may be one such group, but they are often overlooked in national statistics or research on sexual violence against women.

This report outlines the findings of the "Crossing the line" research study, which examined gender transitioning and experiences and responses to sexual violence for trans women of colour living in Australia. The central component of this project was a series of interviews with 31 trans women of colour and the use of photovoice by 19 of these women. The findings arising from these interviews and photovoice[1]

images are contextualised with an analysis of online forum posts discussing trans people's experiences of sexual violence globally, so as to ascertain commonalities and differences within a broader trans community. This report also includes findings from a national survey designed for this study that aimed to explore sexual violence and its impact, comparing the experiences of trans women across CALD and non-CALD communities with cisgender women who identify as lesbian, bisexual or queer (LBQ) or heterosexual.

This introduction begins with a brief explanation of the terminology used in the report to describe the study and its participants, provides a brief background to the research questions, and outlines the structure of the report.

Explaining terminology

Understanding and using culturally competent terminology is important when conducting research with gender and sexuality diverse communities, as well as those from CALD backgrounds. There are a number of Australian resources available to help researchers, service providers and practitioners better understand this terminology, and these provide guidance on inclusive language in research and service provision (Australian Institute of Family Studies, 2019; Gavriel Ansara, 2013). Terminology does change and develop over time. The section below outlines and explains the terminology used in this report, elaborating on definitions provided in the glossary.

Gender diversity: Trans and trans women

The term "gender diverse" includes "people who identify as agender (having no gender), as bigender (both a woman and a man) or as non-binary (neither woman nor man)" (Gavriel Ansara, 2013, p. 1). The term "transgender", commonly shortened to "trans", is a collective term used to describe individuals whose gender identity and expression is at variance with the biological sex they were assigned at birth (Levitt & Ippolito, 2014; Schilt & Lagos, 2017). The term "trans'" means "across from", with "trans women" referring to individuals who were assigned male at birth, but now identify as feminine, taking up a range of gender identity descriptors that may include woman, feminine, fa'afafine,

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1   Photovoice is an empowering qualitative method used in community participatory research, where participants are asked to express their points of view or represent their communities by photographing scenes that highlight their experience.

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sistergirl, femme, non-binary, genderqueer, gender fluid or gender-nonconforming, or non-binary transfeminine.

"Cisgender" individuals are those who identify with the sex they were assigned at birth (Callander et al., 2019; Tate, Youssef, & Bettergarcia, 2014). Individuals with an intersex variation are those who have anatomical, chromosomal and hormonal characteristics that differ from medical and conventional understandings of male and female bodies (Australian Institute of Family Studies, 2019). Intersex individuals may identify as male or female, as a combination of female and male, or as neither female nor male.

While the participants in this research may have described their own identity in a very specific way, the term "trans woman" was the generic term used to describe their sense of community and commonality with others with a similar gender identity, and therefore it is the term used in the report to describe the interview and survey participants.

Sexuality diversity:
Lesbian, gay, bisexual and queer

Trans people may identify their sexuality as heterosexual or as lesbian, gay, bisexual, or queer (LGBQ), or pansexual, asexual, or a range of other descriptors (Callander et al., 2019). The term "sexuality diverse" is a collective term used to describe the range of non-heterosexual sexual identifications. "LGBTIQ+" is often used to describe the lesbian, gay, bisexual, transgender, gender diverse,intersex, queer and questioning communities (although many people with an intersex variation do not identify as LGBQ), as well as those who adopt other descriptors of their sexuality (+).

"Queer" is also an umbrella term often used to describe the full range of LGBTIQ+ identities. Historically deemed a derogatory term, queer has been embraced in recent years and is widely used as a self-descriptor within sexuality and gender diverse communities, and it "encapsulates political ideas of resistance to heteronormativity and homonormativity" (Australian Institute of Family Studies, 2019).

When referring to non-heterosexual sexual identities in this report, the term "queer" is used, as it was the term most commonly used as a self-descriptor by the interview participants. LGBTIQ+ is used to refer to lesbian, gay, bisexual, transgender, intersex and queer communities, and "LBQ" (lesbian, bisexual, queer) is used to refer to the non-heterosexual cisgender survey respondents as a cohort, reflecting the sexual identity categories they indicated that they adopted.

Women of colour who are culturally and linguistically diverse (CALD)

The focus of this research is on trans women of colour who are culturally and linguistically diverse (CALD). In developing the research study design and seeking funding from Australia's National Research Organisation for Women's Safety (ANROWS) to conduct the project, the researchers stated that the focus of this project would be on the "Lived experience of sexual violence among trans women from culturally and linguistically diverse (CALD) backgrounds in Australia"—the original title of the study. The term "CALD" is commonly used by policymakers, health professionals and researchers in Australia to describe communities with a cultural heritage different from the dominant Anglo-influenced culture, including people from a range of diverse language, ethnic and religious backgrounds (Australian Government Department of Health, 2016). In some contexts, the term "migrant and refugee women" is used instead of CALD, because the focus is on the migration experience (Vaughan et al., 2016), and also because CALD has little currency or meaning outside an Australian context, so does not speak to an international audience (Ussher et al., 2017).

However, CALD is a term that few people identify with as a self-descriptor or descriptor of their own communities. No woman interviewed for this study used or identified with the term CALD. Rather, the majority of interviewees used the generic term "trans woman of colour" to describe themselves, a term more commonly used in a US context. In recruiting women for this study, it was also the term that was effective in attracting interest and facilitating self-identification as someone for whom the research was relevant. "Migrant" or "refugee" were not appropriate descriptors of the study's CALD participants, as many had been born in Australia, including Indigenous women and those from a range of other cultural backgrounds, and while the potential impact of migration on trans women's experiences was of interest, it was not the study's sole focus.

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Therefore, the 31 women who were interviewed are referred to as trans women of colour (Chapters 3–5), while CALD is used to describe those from culturally and linguistically diverse communities. The concept and term CALD is also used in the analysis of the survey data (Chapter 7), where experiences of trans and cisgender women from CALD and non-CALD backgrounds, across heterosexual and queer identities, are compared. When comparing these groups of women, every effort has been made to make it clear which group is being referred to. The term "women" is used throughout the report to refer to all women—trans and cisgender.

Sexual violence

This report adopts the definition of sexual violence offered by the Australian Bureau of Statistics (ABS) for measuring rates of sexual violence in Australia. This definition includes both sexual harassment and sexual assault. As defined by the ABS, sexual harassment can include "unwanted touching, grabbing, kissing or fondling; indecent phone calls, texts, emails or posts; inappropriate comments about body or sex life, indecent exposure, receiving unwanted sexual photos" (ABS, 2017). Sexual assault includes "rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity" (ABS, 2019).

The women involved in this research understood the concept of sexual violence in a range of ways. In the interviews with trans women of colour, some participants included what the ABS would define as sexual harassment and sexual assault within their definition of sexual violence. Many women also included inappropriate staring, catcalling and being followed as acts of sexual violence. Other women defined sexual violence more narrowly, akin to the ABS definition of sexual assault. This report includes all of these behaviours in its analysis of trans women's experiences of sexual violence, thus respecting and honouring the views and experiences of the study's participants.

The survey provided the ABS definitions of sexual harassment and sexual assault separately and asked women whether they had experienced either form of sexual violence. From

the open-ended comments received, in which the women described acts of sexual harassment and assault, it is clear that exact definitions were not always adhered to, and that many women considered acts that the ABS would define as assault as harassment. This suggests the need to be wary when interpreting statistics on sexual harassment and assault, since sexual assault may be more widespread than is reported in national statistics, something that feminist researchers have long argued (Gavey, 2005; Ussher, 2011). It is also important to not conceptualise sexual violence on a continuum of seriousness, assuming that sexual harassment is trivial or does not have long-term effects. Both sexual harassment and assault can have serious long-term effects on women, as demonstrated in this report.

Neither the interviews nor the survey included specific questions on child sexual abuse. This was deliberate, as the aim of the research was to focus on sexual violence experienced by trans women of colour in adulthood. However, many women provided accounts of child sexual abuse in both the interviews and surveys, and it is widely recognised that a history of sexual abuse in childhood (Warner, 2009), or multiple experiences of sexual violence that may include childhood sexual abuse (Szalacha, Hughes, McNair, & Loxton, 2017), is a significant predictor of psychological distress. The exclusion of child sexual abuse from the study's questions reflects the researchers' desire to conduct a focused study on adult experience, without burdening participants with additional and potentially distressing questions on a subject that is deserving of a study in its own right.

Explaining context

Negative lived experiences of being trans

Trans individuals are sometimes described as people with "gender nonconformity", "gender dysphoria" or "gender variation", which is not a pathological condition, even though it has historically been considered so (Coleman et al., 2012; Gender Identity Research and Education Society, 2009). The World Professional Association for Transgender Health is clear that trans experience should be viewed as a culturally diverse human phenomenon rather than as a disorder

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(Coleman et al., 2012). However, as a result of transgressing socially prescribed gender systems, as well as the lack of appropriate information to understand the issues associated with gender diversity, trans individuals are often considered abnormal or outsiders, and placed at the margin of society.

As a consequence of being positioned as "other", trans people often encounter a range of negative lived experiences, including stigma, various forms of social oppression and exclusion, limited access to healthcare, discrimination and violence (Fernández-Rouco, Fernández-Fuertes, Carcedo, Lázaro-Visa, & Gómez-Pérez, 2017; Moolchaem, Liamputtong, O'Halloran, & Muhamad, 2015; Reisner et al., 2016; Stotzer, 2009; White Hughto, Reisner, & Pachankis, 2015). Sexual violence is a significant human rights and public health issue, which has serious consequences across every level of society around the world (Dartnall & Jewkes, 2013; Fernández-Rouco et al., 2017; Wilson, 2015). As documented in detail in the literature review (Chapter 1), international research indicates that people who identify as gender diverse or trans encounter a significantly increased risk of sexual violence and victimisation compared to the cisgender population, with trans women being particularly vulnerable (Blondeel et al., 2018; Cense, Stans, & Doorduin, 2017; Dean et al., 2000). This can add to the considerable difficulties and complexities in life commonly reported by trans individuals (Moolchaem et al., 2015), and is a significant cause of distress and mental health problems (Hyde et al., 2014). In the first trans mental health study conducted in Australia, Hyde and colleagues (2014) reported that trans people are four times more likely to experience depression, and 1.5 times more likely to experience anxiety disorders, when compared to the cisgender population. Trans people are also significantly more likely than cisgender people to experience physical violence (Dean et al., 2000), with physical assault a significant predictor of suicide attempts (Clements-Nolle, Marx, & Katz, 2006). Violence against transgender people is a serious issue that has been described as a "hate crime" (Kidd & Witten, 2010).

A meta-synthesis of the qualitative literature pertaining to the lived experiences of trans individuals across a range of cultural contexts, which informed the development of the present study, found a range of physical problems and psychological distress associated with discrimination, social exclusion and sexual violence (Moolchaem et al., 2015). Trans individuals reported experiencing violence in various forms, including sexual abuse, physical and verbal harassment, forced sex, theft, physical beating and fear of being killed because of their trans identity (de Lind van Wijngaarden, Schunter, & Iqbal, 2013; Khan et al., 2009; Sausa, Keatley, & Operario, 2007). This was sometimes associated with physical health problems, including HIV and sexually transmitted infections (Bockting, Robinson, & Rosser, 1998; de Lind van Wijngaarden et al., 2013), which are also associated with sex work, an occupation not uncommon for trans women (Gama, Martins, Mendão, Barros, & Dias, 2018). Physical health problems might also result from alcohol or drug abuse, and from self-treatment or the use of unqualified health practitioners for hormone therapy (Moolchaem et al., 2015). Additionally, this meta-analysis showed that many trans individuals reported experiencing psychological distress related to stigma, discrimination and sexual violence, manifested as shame, anxiety, depression and low self-esteem, occasionally leading to suicidal ideation (Dispenza, Watson, Chung, & Brack, 2012; Khan et al., 2009; Lui & Wilkinson, 2017; McCann & Sharek, 2016; Melendez & Pinto, 2007; Miller & Grollman, 2015; Nemoto, Bödeker, & Iwamoto, 2011; Owen-Smith et al., 2016; Reisner et al., 2016; White Hughto et al., 2015).

Many trans people also reported distress in childhood or adolescence due to incongruence between their inner feelings about their gender identity and their assigned gender at birth, as well as difficulties during gender transitioning, such as loss of family or friends, and discrimination at work leading to unemployment (Moolchaem et al., 2015). Nevertheless, resilience in the face of life's difficulties is not uncommon (Singh, Hays, & Watson, 2011). Positive relationships with a partner, friends or other trans people were cited as protective factors against distress and to facilitate coping when experiencing difficulties in life (Pinto, Melendez, & Spector, 2008). Many trans people also reported positive mental health following gender affirmation as a result of being true to one's self, resulting in relief to find that mind, body and spirit are aligned (Riggle, Rostosky, McCants, & Pascale-Hague, 2011).

However, other research has shown that many trans people need to constantly monitor their behaviour and appearance

in order to minimise the possibility of violence or social ostracism (Levitt & Ippolito, 2014). This can lead to individuals concealing or regulating their gender presentation in order to maintain the appearance of being cisgender as a form of self-protection (Levitt & Ippolito, 2014; Stephens, 2008), however this is associated with hiding a significant part of the self (Cole, 2002). At the same time, support for trans people who are experiencing gender dysphoria, or other mental health concerns, is often very poor, with individuals experiencing rejection from healthcare services and professionals who lack knowledge or experience in addressing their concerns, ask unnecessary or intrusive questions, or restrict treatment pathways (Ellis, Bailey, & McNeil, 2015; Hyde et al., 2014).

Intersecting identities and violence: Trans women of colour

For trans women of colour, vulnerabilities associated with being trans or resulting from sexual violence and exclusion may be more acute, as social disadvantage, culturally based ideas around sexual entitlement and cultural ideals about gendered identities can worsen gender-based power disparities (Chakrapani, Newman, Shunmugam, McLuckie, & Melwin, 2007; Dartnall & Jewkes, 2013; de Lind van Wijngaarden et al., 2013; Infante, Sosa-Rubi, & Cuadra, 2009; Logie et al., 2017). Indeed, Sausa and colleagues (2007) suggest that trans individuals who have a CALD background, particularly trans women of colour, are more likely to encounter multiple layers of stigma, discrimination and sexual violence. This reflects the layers of racial and transphobic microaggressions—including microinsult, microassault and microinvalidation (Sue et al., 2007)—experienced in everyday life by people of colour, which is compounded by transphobia (Peters, 2018).

In the United States, while trans people experience discrimination at twice the rate of cisgender people, trans people of colour experience discrimination at 2.5 times the rate (National Coalition of Anti-Violence Programs, 2011). Trans women make up 8.6 percent of the LGBTIQ+ community in the United States, but constitute 44 percent of total murder victims (Dean et al., 2000). The majority of trans women who are murdered are women of colour, poor women, or sex workers (Bettcher, 2014), with many murder victims belonging to all three categories. This has led to the

plea to "centralise race and class as well as gender" (Bettcher, 2014, p. 391) when attempting to understand violence against trans women.

While more people are identifying as gender diverse or trans, and the desire to undergo gender transition is increasing in the non-CALD population (Bouman, de Vries, & T'Sjoen, 2016), particularly within younger people (Robinson, Bansel, Denson, Ovenden, & Davies, 2014), being gender or sexuality diverse is strongly taboo in many CALD communities in Australia (Ussher et al., 2017). Consequently, individuals from CALD backgrounds may experience exclusion or violence from their family or from their community during or following gender transitioning (Singh et al., 2011). Conversely, it has been suggested that in countries such as India where a third gender is commonly acknowledged, there may be greater social acceptance (Dutta, Khan, & Lorway, 2019). It has also been argued that previous experience of racial oppression has taught trans people of colour how to endure inequality, and as a result they may be more resilient in the face of gender-based discrimination post-transition (Levitt & Ippolito, 2014).

Regardless of the response of family and community, trans women of colour can experience changes in both their racial and gender identities following gender transitioning, moving from being positioned as a man of colour to a woman of colour, with all of the attendant social meanings associated with this shift (de Vries, 2012). Becoming a trans woman of colour is therefore a process of learning "specific racial and ethnic cultural expectations and meanings" associated with the "intersected identity frames" of gender and race, particularly "how social class and sexuality intersect with these understandings" (de Vries, 2012, p. 56).

Intersecting identities and violence: Queer trans women

Individuals who are trans and queer—adopting a non-cisgender and lesbian, bisexual, or not exclusively heterosexual identity—may be vulnerable to discrimination or exclusion on the basis of the intersection of both gender and sexuality diversity (Callander et al., 2019; Jones, del Pozo de Bolger, Dune, Lykins, & Hawkes, 2015). Queer women are significantly

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more likely to experience physical and sexual assault, in both childhood and adulthood (Balsam, Rothblum, & Beauchaine, 2005; Szalacha et al., 2017). They are also more likely to experience sexual harassment (Szalacha et al., 2017) and sexual assault by a stranger (Moracco, Runyan, Bowling, & Earp, 2007), compared to exclusively heterosexual women. Sexual minority people who are more visibly "out" or identifiable in terms of their sexual identity are more likely to experience violence (D'Augelli & Grossman, 2001; Huebner, Rebchook, & Kegeles, 2004).

The elevated rates of mental health problems in queer women—in particular, depression and anxiety—are attributed to higher rates of violence within a minority stress model (Szalacha et al., 2017). Such a model proposes that stigma, prejudice, and discrimination associated with the social position of sexual minority individuals cause health-related conditions, including mental health disorders (Meyer & Frost, 2013). For those who are trans, CALD and queer, discrimination and exclusion may be threefold, an intersection of transphobia, racism and homophobia (de Vries, 2015).

At the same time, trans people often feel marginalised or excluded from queer and LGB communities (Bornstein, 1994), sometimes facing overt rejection (Jeffreys, 1997; Levitt & Ippolito, 2014), or finding that LGBQ support networks do not deal with their issues and concerns (Crosby & Pitts, 2007). Trans women of colour may experience exclusion on the basis of intersecting racial and trans identities, reflecting racism in the LGBTIQ+ community (Cyrus, 2017; Giwa & Greensmith, 2012; Patel, 2019). This community has been described as being characterised by a "culture of white privilege", which "invisibilizes, alienates, and revokes agency from these women who do not fit the majority's conceptualizations about what a queer woman looks like" (Patel, 2019, p. 410). Notions of a broad and supportive LGBTIQ+ community may therefore have little meaning for trans women of colour.

Gaps in the research literature

Within literature on LGBTIQ+ communities, trans individuals are described as the most stigmatised and yet the least understood (Lui & Wilkinson, 2017; Meyer, 2012). Most existing research on trans people has tended to focus on gender diverse communities as a whole (Callander et al., 2019), on gender diverse men (Jones, 2015), or on white, middle-class trans women (de Vries, 2015). There is minimal research that has focused on sexual violence among trans women (Duke & Davidson, 2009; Fernández-Rouco et al., 2017; Grant et al., 2011; Lombardi, Wilchins, Priesing, & Malouf, 2002). Importantly, little is known about the lived experiences of gender transitioning for trans women of colour living in Australia, and sexual violence experienced by such women.

Equally, previous research with women from CALD communities has focused on cisgender women, with sexuality research primarily examining sexual health problems, barriers to service use, or constructions of sexual identity (McMichael & Gifford, 2009; Rawson & Liamputtong, 2010; Ussher et al., 2017), rather than on sexual violence, or gender and sexuality diversity. In Australia, the focus of sexuality research with CALD women has also been on single cultural groups, primarily Vietnamese or South-East Asian populations (Gagnon, Merry, & Robinson, 2002), which can marginalise differences across CALD groups (Garrett, Dickson, Whelan, & Whyte, 2010), as well as the intersections of cultural background with other social structuring factors, such as sexuality, age, gender identity, religion or social class (Botfield, Newman, & Zwi, 2016; Manderson & Allotey, 2003).

Aim of the research project

The aim of this research project is to fill these gaps in the literature, with the goal of increasing understanding of the lived experience of being a trans woman of colour living in Australia, and trans women's experiences of sexual violence. The project's specific aims were to:

- explore the lived experiences of gender transitioning for trans women of colour living in Australia
- investigate the lived experiences of sexual violence among trans women of colour living in Australia
- identify strategies that trans women of colour in Australia employ to deal with sexual violence in their everyday lives and mechanisms that can promote their health and wellbeing

- examine accounts of sexual violence among broader trans communities

- compare the experiences of sexual violence of trans women of colour in Australia with a) non-CALD trans women and b) cisgender lesbian, bisexual, queer and heterosexual women

- use the voices of this marginalised group to inform culturally sensitive prevention and responses to sexual violence experienced by trans women in Australia

- develop resources for policymakers and healthcare providers in Australia to work effectively with CALD trans women.

Structure of the report

The report is broadly structured into three sections. The first section includes two chapters. Chapter 1 is a scoping literature review of research on sexual violence experiences of trans women of colour from a CALD background. The findings of this review are compared to existing literature on sexual violence of cisgender women, across LBQ and heterosexual identities. Chapter 2 outlines the methodology and feminist intersectional theoretical framework of the research.

The second section includes three chapters that report the results of interviews with 31 trans women of colour, as well as second interviews conducted with 19 of the initial cohort of women, which included discussions on these women's photovoice images. Chapter 3 examines how the interviewed women described their experiences of gender expression and transitioning. Chapter 4 documents their accounts of sexual violence, including both sexual harassment and sexual assault, in the public and private domain. Chapter 5 explores the women's responses and strategies for coping with the threat of sexual violence, or the consequences of sexual violence that has occurred, focusing on agency and resilience.

The third section comprises two chapters: Chapter 6 includes an analysis of online forum posts about sexual violence within trans communities, and Chapter 7 focuses on an analysis of results of the mixed method survey, comparing the experiences of sexual violence of CALD and non-

CALD trans women with cisgender women across LBQ and heterosexual communities. The Conclusion draws together the findings of the different stages of the study, summarises the findings in light of previous research, and makes a series of recommendations for policy and practice.

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State of knowledge review

Rosie Charter, Virginia Schmied, Jane M. Ussher and Alex Hawkey

This State of knowledge review will present the outcomes of the scoping review of previous research on sexual violence, including sexual harassment, experienced by trans women of colour. This is contextualised among the broader research on, and global rates of, sexual violence against women. The review then examines the context of research on CALD women and sexual violence, and rates of sexual violence reported by gender and sexuality diverse women. Following this background, the aims of the scoping review, the search strategy and the methods used in the scoping review are outlined. A total of 46 papers and reports have been included in the review. The review addresses the prevalence of sexual violence among CALD trans women and the social and cultural contexts that predispose trans women of colour to sexual violence, including family rejection, migration-related experiences and sex work. The last section of the review reports on the impact of sexual violence experienced by CALD trans women, particularly the physical and mental health impacts and the barriers and enablers to support for trans women who have experienced sexual violence.

Background: Context and global rates of sexual violence against women

Experiences of sexual violence are categorised by different contexts and types of experience (World Health Organization, 2013). The two primary contextual categories are intimate partner-related sexual violence and non-partner-related sexual violence (Bagwell-Gray, Messing, & Baldwin-White, 2015; Decker et al., 2014; Graham, Mennicke, Rizo, Wood, & Mengo, 2019). Intimate partner sexual violence is defined as intentional perpetration of sexual acts without consent in intimate relationships. Intimate relationships can include married partners, de facto partners, and non-cohabitating partners. Intimate partner-related sexual violence includes any forced sexual activity or rape using physical force or psychological coercion, as well as reproductive control (Toivonen & Backhouse, 2018). Non-partner-related sexual violence includes any type of forced sexual activity using physical force or psychological coercion perpetrated by individuals such as strangers, friends, co-workers, peers, teachers or neighbours, among others (Abrahams et al., 2014).

According to the World Health Organization (WHO), the definition of sexual violence also includes sexual harassment. Sexual harassment is defined in the Australian Sex Discrimination Act (1984) as

> any unwelcome sexual advance, request for sexual favours or conduct of a sexual nature in relation to the person harassed in circumstances where a reasonable person would have anticipated the possibility that the person harassed would be offended, humiliated or intimidated. (Australian Human Rights Commission, 2018)

In the Australian Personal Safety Survey, 2016, sexual harassment was considered to have occurred when a person had experienced or had been subjected to "one or more selected behaviours which they found improper or unwanted, which made them feel uncomfortable, and/or were offensive due to their sexual nature" (ABS, 2017), including receiving indecent phone calls; receiving indecent texts, emails or post; inappropriate comments about the person's body or sex life; and unwanted touching, grabbing, kissing or fondling.

Other contextual categories of sexual violence include child sexual abuse, experiences of first forced sex or sexual initiation, and multiple person sexual victimisation, also referred to as gang rape (Dartnall & Jewkes, 2013). However, these categories are not exhaustive and researchers acknowledge that measuring sexual violence, given the stigma and shame involved, presents many challenges (Logie, Abramovich, Schott, Levermore, & Jones, 2018; Rothman, Exner, & Baughman, 2011).

Prevalence rates of sexual violence vary across the globe. In Australia, 17 percent of women have reported experiencing sexual violence, with 15 percent reporting being victimised by someone they knew and 3.8 percent reporting being victimised by a stranger (ABS, 2019). The Australian Personal Health Survey, 2016 reported that

> approximately one in two Australian women (53%) had experienced sexual harassment by a male or female perpetrator during their lifetime … Women were more likely to experience sexual harassment by a male perpetrator than by a female perpetrator. It is estimated that around one

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in two women (52%) had experienced sexual harassment by a male perpetrator and approximately 11 percent of women had experienced sexual harassment by a female perpetrator during their lifetime. (ABS, 2017)

The most commonly reported forms of sexual harassment were inappropriate comments about body or sex life, unwanted touching, grabbing, kissing or fondling and indecent exposure (ABS, 2017). In the European Union, one in 10 women had reported experiencing "cyber-harassment since the age of 15 … including having received unwanted, offensive sexually explicit emails or SMS messages, or offensive, inappropriate advances on social networking sites" (European Union Agency for Fundamental Rights, 2014).

In a multi-country study from the Middle East and North Africa, between 40 and 60 percent of women said they had experienced street-based sexual harassment (mainly sexual comments, stalking/following, or staring/ogling) (El Feki, Heilman, & Barker, 2017). Global population-based estimates of sexual violence among women puts median rates at 7.2 percent for experiences of non-partner related sexual violence (Abrahams et al., 2014) and 30 percent for experiences of intimate partner sexual violence. Regional prevalence rates exhibit significant variation with intimate partner sexual violence rates. In Europe, for example, the rate of intimate partner sexual violence is 23.2 percent, compared to the western Pacific region showing rates of between 60 and 68 percent (Vanuatu Women's Centre in partnership with the Vanuatu National Statistics Office, 2011). A review of data from 12 Latin American and Caribbean countries estimated that 7.7–25.5 percent of women experienced intimate partner-related sexual violence (Bott, Guedes, Goodwin, & Mendoza, 2012). Meanwhile, a systematic review using data from 22 countries in the Arab League found intimate partner related sexual violence rates at 11–40 percent (Elghossain, Bott, Akik, & Obermeyer, 2019).

Sexual violence is grounded in gender-based discrimination and inequality (Edwards & Sylaska, 2013; Jauk, 2013; Jina & Thomas, 2013; Langenderfer-Magruder, Walls, Kattari, Whitfield, & Ramos, 2016). As such, it is vital to understand that underreporting, barriers to disclosure, and cultural differences in understanding and operationalising what sexual violence includes means that prevalence rates—including those reported in this review and in the data reported in this study—may still be significantly underestimated and not reflect the full impact and extent of sexual violence in the global community (Testa et al., 2012).

CALD women and sexual violence

Research involving CALD women and sexual violence most commonly focuses on migrant and refugee women, and their experiences of sexual violence prior to migration, as well as its effects on health and wellbeing before settlement (Vu et al., 2014). However, once women migrate they are still at increased risk of both physical and sexual violence due to factors such as poor support networks, socioeconomic disadvantage or financial dependence, and settlement challenges, including difficulties arising from dependant or temporary visas (Allimant & Ostapiej-Piatkowski, 2011; Taylor, Putt, & Makkai, 2007). For example, one study conducted in Belgium and the Netherlands interviewed 223 refugees and found that 69.3 percent of refugee women had experienced sexual violence since migrating to the European Union (Keygnaert, Vettenburg, & Temmerman, 2012).

There is limited information available on sexual harassment experienced by CALD women globally. A report by the Australian Human Rights Commission (AHRC) on work-based sexual harassment reported people who speak mainly English at home (71%) experienced more lifetime sexual harassment than those that mainly speak a language other than English in the home (64%) (AHRC, 2018). As the survey was in English, comprehension of the survey questions or cultural differences may have affected responses to this question (AHRC, 2018).

Australian research shows that migrant women from CALD backgrounds are often transitioning from countries where a discourse of women's sexual rights is less prevalent, resulting in the regulation of women's sexual agency and rights in negative ways (Hawkey, Ussher, & Perz, 2019). For example, the intersections of culture, religion and gender roles have been shown to shape CALD women's capacity to disclose

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unwanted or painful sexual encounters, even with known partners (Ussher et al., 2017). Women transitioning from such contexts may also have narrow definitions of what constitutes sexual violence, and therefore not know their sexual rights following migration (Taylor et al., 2007; Zannettino, 2012). This was evident in a study by Hach (2012), where women did not see sexual violence within marriage as a "real" crime.

Cultural discourses of shame and silencing surrounding sexuality, the sexual body and violence in relationships may also impact on CALD women's capacity to seek help (Chung, Fisher, Zufferey, & Thiara, 2018; Hawkey et al., 2019). For instance, Chung et al. (2018) found that while young African migrant women and service providers identified that sexual violence and exploitation was occurring, shame and fear of the consequences of speaking out were disincentives for disclosure and help-seeking by women. Other reasons CALD women may not disclose sexual violence include limited English proficiency or fear of not being understood, distrust of police and people of authority, and the possibility of experiencing racism when accessing services for support (Taylor et al., 2007). This highlights the fact that CALD women may face a range of cultural and structural barriers to identifying sexual violence and obtaining adequate support.

Sexual violence experienced by gender and sexuality diverse women

Research indicates that sexuality diverse women who identify as lesbian, bisexual or queer, as well as gender diverse women, are at a significantly greater risk of sexual violence than heterosexual cisgender women (Sigurvinsdottir & Ullman, 2015; Szalacha et al., 2017). A study by Drabble (2013) of 11,169 people found that lifetime experience of sexual violence was 79.6 percent for bisexual women and 59.1 percent for lesbian women, compared to 43.2 percent for female heterosexual participants. A systematic review by Rothman et al. (2011) found that lesbian and/or bisexual women experienced high lifetime rates of sexual violence (45.8%), childhood sexual violence (34.5%), adult sexual violence (23.2%), intimate partner-related sexual violence (12.6%) and hate crime-related sexual victimisation (5%).

A recent survey of trans and gender diverse Australians, which asked participants "Have you ever been forced or frightened into doing something sexually that you did not want to do?", reported that 53.2 percent had experienced sexual violence compared to 13.3 percent of the broader Australian population (Callander et al., 2019). Reports of sexual violence and coercion were more prevalent among trans and non-binary people assigned female at birth, compared to trans and non-binary people assigned male at birth (61.8% vs 39.3%) (Callander et al., 2019). In addition, the AHRC (2018) reported that almost all (92%) women who identify as gay, lesbian, bisexual, pansexual, queer, asexual, aromantic, undecided, not sure, questioning or other have experienced sexual harassment in their lifetime.

These overall rates are similar to those found in United States-based studies. For example, a review of violence against trans people conducted by Stotzer (2009) reported that around 50 percent of trans individuals reported experiencing sexual violence across studies, with "a high prevalence of sexual assault and rape starting at a young age" (p. 171). There is some variation in rates of sexual violence reported by trans women and men living in the United States. In a study conducted in Philadelphia by Kenagy (2005), 69 percent of trans women reported having experienced forced sex, compared to 30 percent of trans men. In contrast, Xavier et al. (2007) reported that 35 percent of trans men living in Virginia had been sexually assaulted compared to 23 percent of trans women. It is not clear why these findings are different across US states; however, successive reports by the National Coalition of Anti-Violence Programs (2014, 2015, 2016) indicate that trans women experience sexual violence at rates significantly higher than all other groups in the broader US LGBTIQ+ community. While trans women make up 8.6 percent of the broader US LGBTIQ+ population, they account for 44 percent of homicides within that community (Levitt & Ippolito, 2014). Cultural background also adds an extra layer of vulnerability.

In addition to sexual assault, trans individuals also experience high rates of sexual harassment, ranging from 26 percent (Xavier, 2000) to 56 percent (Lombardi et al., 2002). While neither of these studies directly asked whether harassment was specific to gender nonconformity, Witten (2004) reported that 48 percent of trans individuals had experienced harassment

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as a result of their transgender status at some point in their lives. In further research, Clements-Nolle et al. (2006) reported that 63 percent of trans individuals had experienced "verbal gender victimization" and Dang (2007) found that 69 percent of transgender Asian Pacific Islanders living in the United States reported discrimination based on their trans identity.

Aim of the review and search strategy

The purpose of this state of knowledge review was to investigate the current research reporting the prevalence and experience of sexual violence among trans women of colour from CALD backgrounds. A scoping review methodology was selected for this review (Munn et al., 2018), because it is most useful when the purpose of a review is to determine the scope or coverage of a body of literature on a given topic and to identify the volume of literature and studies available, as well as to provide an overview of the focus of the available literature (Arksey & O'Malley, 2005). Scoping reviews are suitable "for examining emerging evidence when it is still unclear what other, more specific questions can be posed and valuably addressed by a more precise systematic review" (Munn et al., 2018). The aim was to identify the breadth of literature reporting the prevalence, experience and impact of sexual violence among culturally diverse transgender women and to identify key knowledge gaps. Therefore, this review adopted a five-stage scoping review methodological framework described by Arksey and O'Malley (2005) as follows: identify the research question; identify relevant studies; select the studies; chart the data; collate, summarise and report the results. Quality appraisal of included studies is not usual in a scoping review (Pollock, Fernandes, Becker, Featherstone, & Hartling, 2016) and was not appropriate for, or relevant to, the aim of this review. Thus, quality appraisal was not incorporated into the methodological approach.

The following databases were searched: SCOPUS, ProQuest, SocIndex, Psychology and Behavioral Sciences Collection, Psychinfo, and PubMed. These databases were accessed through the Western Sydney University Library throughout 2018, and an updated search was performed in October 2019. Searches were conducted with Boolean operators "and/or", using combinations of the following keywords:

- sexual violence, sexual assault, rape, sex trafficking, sex crimes, sexual harassment
- transgender women, gender diverse, gender variant, non-binary, transsexual, trans woman of colour
- refugee, migrant, immigrant, asylum, asylum seeker, culturally and linguistically diverse, overseas born, non-English speaking, diaspora.

Inclusion criteria for publication retrieval was as follows:

- articles published from 2009 to 2019
- studies undertaken worldwide, provided they were published in English
- qualitative, quantitative and mixed methods papers.

The search identified 80 papers in total and this scoping review includes a total of 46 papers and four reports or grey literature. Screening was undertaken by reading through the papers and identifying those that addressed sexual violence prevalence, experiences and outcomes for transgender women of colour from CALD backgrounds. Much of the research for the papers was conducted in the country of origin—for example, in Pakistan, India, Spain (30 papers). There were 16 papers that addressed sexual violence and transgender women from CALD backgrounds who were migrants or refugees settled in another country or region, such as Europe or the United States. Papers that included trans men and other gender and sexuality diverse individuals as well as trans women were included in the final selection, although only the findings for trans women are reported here.

Sexual violence specific to trans women of colour from CALD backgrounds

Prevalence of sexual violence among CALD trans women

Trans women of colour from CALD backgrounds constantly experience multiple stigmatising situations and contexts that make them more vulnerable to sexual victimisation. The

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largest transgender survey to date in the United States found lifetime prevalence rates of sexual violence at 45 percent for white participants, while trans people of colour experienced significantly higher prevalence, with 53 percent of black participants, 58 percent of Middle Eastern participants, 59 percent of multiracial participants and 65 percent of Indigenous participants reporting sexual assault in their lifetimes (James, 2016).

For many, this experience commenced in childhood (de Lind van Wijngaarden et al., 2013; Logie et al., 2017). Forced first sex against trans girls or gender nonconforming children is a common occurrence in countries such as India and Pakistan (Hawkes et al., 2009). One study on trans women living in Pakistan who were engaged in the sex industry found their entire sample reported experiencing first forced sex and subsequent sexual abuse, with the first assault occurring at an average age of 12. Additionally, for 60 percent of women, the initial sexual assault was the first time they knew about the existence of sexual intercourse (de Lind van Wijngaarden et al., 2013). High levels of early sexual victimisation have been found in other studies on Pakistani trans women (Abdullah et al., 2012), as well as among trans women in Thailand (Nemoto et al., 2011), Mongolia (Peitzmeier et al., 2015), Spain (Fernández-Rouco et al., 2017), Latin America and the Caribbean (Lanham et al., 2019). These findings align with broader international research that has established a link between childhood gender nonconformity and a significantly increased risk of childhood abuse and victimisation (Roberts, Rosario, Corliss, Koenen, & Austin, 2012; Walker, Hester, McPhee, & Patsios, 2019).

In line with findings from the broader population, the primary perpetrators of sexual violence against trans women of colour are family members, predominantly male, and other people known to the victim (Cense et al., 2017; Fernández-Rouco et al., 2017; Gowin, Taylor, Dunnington, Alshuwaiyer, & Cheney, 2017; Hawkes et al., 2009). A study by Cense et al. (2017) reported 30 to 34.5 percent of trans women experienced victimisation by a relative, with similar findings among populations in Spain (Fernández-Rouco et al., 2017) and Mexico (Gowin et al., 2017). Intimate partners are also responsible for significant rates of sexual violence and abuse, with 44.7 percent of trans women of colour in a US-based study reporting intimate partner violence in the last year (Bukowski et al., 2019), as well as trans women in countries such as Pakistan (Hawkes et al., 2009) and India (Carson, 2017), and Latina trans women living in the United States (Palazzolo, 2016). Those who engage in sex work also reported sexual violence perpetrated by clients as a significant issue (Ganju & Saggurti, 2017; Hawkes et al., 2009; Magno et al., 2018), with 50 percent of participants in a study from a Puerto Rican sample reporting sexual victimisation by a client (Rodríguez-Madera, 2017). Additional studies reported that the police are significant perpetrators of sexual violence (Lanham et al., 2019), especially if trans women are engaged in sex work (Logie et al., 2017).

Social and cultural contexts that predispose trans women of colour to sexual violence

Experiences of migration and asylum

Statistics on the prevalence of violence for trans women of colour and CALD women who are migrants or refugees are scarce. The literature that exists focuses primarily on experiences of undocumented migration and the pursuit of asylum or refugee status (Alessi, Kahn, & Van Der Horn, 2017; Alessi, Kahn, Woolner, & Van Der Horn, 2018; Anderson et al., 2015; Cerezo, Morales, Quintero, & Rothman, 2014; Cheney et al., 2017; Hopkinson et al., 2017; Lee & Brotman, 2013; Palazzolo, 2016; van der Pijl, Oude Breuil, Swetzer, Drymioti, & Goderie, 2018). What is known is that many trans women of colour seek to leave their country of origin to escape violence, persecution, family abuse or rejection, and economic disadvantage related specifically to their gender identity (Alessi et al., 2018). Some also report migrating in order to access better healthcare, education and employment, and to experience gender affirmation without fear of violence (Cerezo et al., 2014; Munro et al., 2013).

However, migration and the pursuit of asylum involves many stages and, given the violence and disadvantage this population has already experienced in their lifetimes, the migration process can be significantly challenging and generate a new level of vulnerability and victimisation (Alessi et al., 2017). Research on

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the migration experiences of trans women from the Middle East, North Africa, Asia and Latin America has reported significant and repeated incidences of sexual and physical violence during these women's migration journeys perpetrated by fellow refugees and members of the local population, with some trans women choosing to present as men in order to protect themselves (Alessi et al., 2018; Cerezo et al., 2014). Additionally, trans women experience a heightened risk of sexual victimisation if they are caught and detained by local authorities or immigration officials, and this risk extends to detention in the country where they are seeking asylum (Tabak & Levitan, 2013). Once they reach their final destination, this population must then endure an asylum claims process that requires a highly detailed and repeated accounting of a lifetime of trauma, abuse and sexual violence, compounded by the knowledge that if their claim is denied they will be forced to return to that life (Kahn & Alessi, 2018).

Very little research specifically addresses trans women of colour's early migration experiences. However, the existing data shows regular experiences of transphobic and racially based abuse and discrimination; low employment due to language issues and transphobia; and, for many, a return to sex work (Anderson et al., 2015; Cerezo et al., 2014; van der Pijl et al., 2018). Additionally, due to repeated and prolonged exposure to significant violence and trauma over their lifetime, post-traumatic stress disorder, depression, and anxiety are endemic, making integration into their new country even more challenging (Alessi et al., 2018; Gowin et al., 2017).

Family and community rejection

Due to pervasive societal transphobia and the ways in which conservative culture, religion and politics shape familial structures, relationships and expectations (Chakrapani et al., 2007), many trans women report experiencing family and community rejection (Peters, 2018; Sausa et al., 2007). There is evidence of high rates of rejection of trans individuals by their parents (Koken, Bimbi, & Parsons, 2009), which has implications for social support, as trans individuals with accepting parents are more likely to turn to their family for support (Le, Arayasirikul, Chen, Jin, & Wilson, 2016). Lack of social support has been identified as a central component of the minority stress experienced by the LGBTIQ+ community (Kamen, Mustian, Dozier, Bowen, & Li, 2015), a key explanation for the higher rates of mental health problems and

suicidality reported by trans women (Budge, Adelson, & Howard, 2013; Nemoto, Bödeker, et al., 2011; Pitts, Smith, Mitchell, & Patel, 2006).

For some, this rejection can be experienced at a very young age, meaning that homelessness and poverty are extremely common for young trans women and girls (Logie et al., 2017; Logie et al., 2018; Ojanen et al., 2019; Rodríguez-Madera, 2017). Coupled with educational and employment discrimination, many trans women have limited recourse to support themselves or meet even their basic human needs, so engaging in sex work is necessary for them to survive (Abdullah et al., 2012; Alessi et al., 2017; Alessi et al., 2018; Ganju & Saggurti, 2017; Garcia, 2009).

Sex work

Trans women of colour are more likely to enter and stay in sex work compared to other trans women (Weinberg, Shaver, & Williams, 1999), due to the disadvantages they experience in terms of schooling and employment—as a result of racism and transphobia—combined with the impact of immigration restrictions and language barriers (Sausa et al., 2007). Data on the actual prevalence of engagement in sex work among trans women of colour is scarce outside of US-based samples (Nadal, Davidoff, & Fujii-Doe, 2014). Additionally, given the different ways in which sex work is categorised or considered in varying cultural contexts, as well as privacy concerns and the punitive way many trans women are treated regardless of their actual engagement in sex work, it is not surprising that sex work rates are significantly under-reported (Nadal et al., 2014). Some small studies offer a snapshot of the proportion of trans women in sex work. For example, a Jamaican study reported over half their participants engaged in either sex work or transactional sex (Logie et al., 2018). In other studies, 33 percent of trans women in an El Salvadorian sample reported sex work (Andrinopoulos et al., 2014), as did 40–60 percent of trans women in a Peruvian sample (Silva-Santisteban et al., 2012).

Engagement in sex work can be a positive experience for trans women and create a sense of community between sex workers (Fletcher, 2013). Sex work has been described as a "cultural norm" that is "integrated within transgender

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culture" (Sausa et al., 2007, p. 775), acting as a rite of passage at the beginning of transitioning that provides entrance into a wide social network of more "seasoned" transgender women (Sausa et al., 2007, p. 772). Sex work can provide financial security as well as independence and non-reliance on an employer (Sausa et al., 2007).

However, there is also consistent evidence of the significant levels of sexual violence and victimisation experienced by trans women of colour when engaging in sex work (Sausa et al., 2007). Much of this literature is embedded in large-scale epidemiological research on global HIV/AIDS rates (Andrasik et al., 2014; Andrinopoulos et al., 2014; Baral et al., 2013). Logie et al. (2017) reported that 75 percent of trans women sex workers in their Jamaican sample had experienced at least one sexual assault related to sex work, while data from countries such as Côte d'Ivoire, Togo and Burkina Faso (Stahlman et al., 2016), Brazil (Magno et al., 2018), Pakistan (Ganju & Saggurti, 2017), Portugal (Gama et al., 2018), and Puerto Rico (Rodríguez-Madera, 2017) confirms that experiences of rape, sexual battery, harassment, and even murder of trans women of colour engaged in sex work are common occurrences. As such, trans women of colour are subjected to a pervasive and very real threat of danger in the pursuit of their basic survival. Violence is a common experience for all sex workers (Deering et al., 2014); however, interviews with trans women sex workers suggested that male clients' self-loathing and rejection of the trans woman after sex is an additional factor that makes trans women sex workers vulnerable to such violence (Fletcher, 2013).

Research from countries such as India (Sinha et al., 2017), Thailand (Nemoto, Iwamoto et al., 2011), Peru (Juárez-Chávez, Cooney, Hidalgo, Sánchez, & Poteat, 2018), and Mexico (Infante et al., 2009), as well as from a sub-Saharan sample (Stahlman et al., 2016), indicates that irregular, low or negligible condom usage with clients and partners is not uncommon among sex workers, and is often demanded with threats of violence or the threat of withholding money, food or shelter (Selvey et al., 2018). Additionally, some trans women of colour reported being subjected to regular unprotected sexual encounters with police, particularly in contexts where sex work is criminalised, in order to avoid arrest or violence, in countries such as Colombia, Brazil, Portugal and Mexico (Lanham et al., 2019; Rodríguez-Madera, 2017; Sinha et al.,

2017). In a systematic review of sexual violence against sex workers, there was found to be consistent evidence of an independent link between the criminalisation of sex work and resultant policing practices, such as arrest, coercion, violence, and high rates of violence against sex workers (Deering et al., 2014).

Compounding the experience of violence from clients during sex work, many trans women of colour are also impacted by a lack of basic sexual health education and access to contraceptives. As a consequence, trans women experience an HIV rate 49 times higher than that of the broader global population (Baral et al., 2013), with reports suggesting that 19 percent of trans women globally are HIV-positive, rising to 27 percent for trans women who engage in sex work (Poteat et al., 2015). Rates of other sexually transmitted diseases and associated cancers are also extremely high in many regions, such as Latin America, where infection rates of syphilis are 50 percent, Hepatitis B 42 percent, and human papillomavirus 97 percent among trans women who engage in sex work (Pan American Health Organization, 2014).

High rates of condom use are reported by Australian sex workers, including those who are trans (Selvey et al., 2018). This has resulted in rates of HIV and Sexually transmitted infections among sex workers that are equivalent to or lower than in the general population (Donovan, Harcourt, Egger, & Fairley, 2010). However, there is some evidence that condom use by sex workers is in decline, due to pressure from clients (Selvey et al., 2018).

Impact of sexual violence experienced by CALD trans women

The studies discussed above illustrate the significant physical health burden placed on trans women of colour due to pervasive sexual violence; however, equally significant is the psychological toll. Thus, mental health is one of the most commonly studied topics in trans research in Western-centred studies. However, the specific mental health concerns of trans women of colour from more diverse global regions are significantly less explored (Singh & McKleroy, 2011). Understanding the differing cultural discourses around mental health and help-seeking behaviours is important

as they vary widely across cultures and may impact on the way people centre and articulate their experiences around mental health, as well as how that information is positioned by researchers from within or outside that culture (Bazargan & Galvan, 2012).

Current evidence suggests that there are high self-reported rates of depression for trans women in countries such as India (Ganju & Saggurti, 2017), Jamaica (Logie et al., 2018) Mexico (Cheney et al., 2017), Colombia (Zea et al., 2013) and Australia (Pitts et al., 2006), and in countries in North Africa, as well as in the Middle East and Asia, and among Latina trans women living in the United States (Alessi et al., 2018; Bazargan & Galvan, 2012; Cerezo et al., 2014; Kussin-Shoptaw et al., 2017; Martinez et al., 2016; Nemoto, Bödeker et al., 2011). This has been explained within a minority stress model, which examines the impact of the chronic stress on LGBTIQ+ people arising from stigmatisation within a heterosexist and transphobic society (Hendricks & Testa, 2012; Meyer, 2003). Supporting this explanation, a US study of trans sex workers found that depression was significantly and independently correlated with lack of social support, transphobia, and levels of income and education (Nemoto, Bödeker et al., 2011).

High rates of drug and alcohol misuse are also prevalent among trans women, especially among those who also engage in sex work, which may partly result from sexual violence experienced by trans sex workers resulting in post-traumatic distress (Gama et al., 2018; Keuroghlian, Reisner, White, & Weiss, 2015; Logie et al., 2017; Lyons et al., 2016). Trans women also report higher rates of social isolation, homelessness and poverty than the general population (Logie et al., 2017; Logie et al., 2018; Ojanen et al., 2019; Rodríguez-Madera, 2017), with trans women of colour more likely to experience racism and transphobia, which impact upon school, employment and poverty (Sausa et al., 2007).

Support for trans women who have experienced sexual violence

Given the high prevalence of violence, trauma, stigma and discrimination experienced by trans women of colour, support

for their physical and psychological health and wellbeing is essential; however, access to even basic healthcare, let alone specialised sexual trauma or trans-inclusive services, can be prohibitive because of cost and appropriateness (Lanham et al., 2019). Research in multiple international healthcare settings confirms that discrimination against trans women of colour in relation to the quality of care they receive is common (Adams & Vincent, 2019; Gómez & Freyd, 2018; Hendriks, Anke Marie-Josée Aimé, Peeters, Roelens, & Keygnaert, 2018). Medical professionals and ancillary staff can behave in openly transphobic, hostile and dismissive ways and, in some instances, trans women of colour are refused medical treatment altogether (Global Rights, 2018; Infante et al., 2009; Lanham et al., 2019; Leyva-Flores et al., 2019; Stotzer, 2009; Wylie et al., 2016; Xavier et al., 2013).

In regards to reporting sexual victimisation, many trans women of colour experience significant fear of retaliation, fear of not being believed, fear of unwanted or forced gender disclosure, and fear of transphobia from support workers and professionals (Ming, Hadi, & Khan, 2016; Poteat, German, & Kerrigan, 2013; Valentine et al., 2017). Additionally, discrimination and violence from the police is pervasive and reported by trans women of colour in every global region (Langenderfer-Magruder et al., 2016; Lanham et al., 2019; National Coalition of Anti-Violence Programs, 2014, 2015, 2016; Stotzer, 2009). For example, a study of a sample of trans Latina women found that 22 percent of the participants reported being sexually assaulted or abused by police, with 15 percent of the participants stating that the perpetrator was in uniform at the time (Woods, Galvan, Bazargan, Herman, & Chen, 2013). Trans women of colour who engage in sex work are particularly vulnerable to victimisation by police, with reports of being detained unlawfully, being forced to provide sex in order to be released, rape, assault, extortion and even murder in countries such as El Salvador, Trinidad and Tobago, Barbados, and Haiti (Lanham et al., 2019), India (Ganju & Saggurti, 2017), Peru (Juárez-Chávez et al., 2018) and Mexico (Cheney et al., 2017) as well as for Native American trans women working in Canada (Lyons et al., 2016).

Additionally, across all studies internationally there is an acknowledgement of the lack of migration services that are both trans and culturally competent (Alessi et al., 2017;

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Alessi et al., 2018; Anderson et al., 2015; Cerezo et al., 2014; Cheney et al., 2017; Gowin et al., 2017; Hopkinson et al., 2017; Kahn & Alessi, 2018; Munro et al., 2013; Padilla, Rodríguez-Madera, Varas-Díaz, & Ramos-Pibernus, 2016; Palazzolo, 2016; van der Pijl et al., 2018; Yamanis et al., 2018), as many trans women of colour feel excluded from broader migrant services due to perceptions of transphobia in the broader migrant community. However, some studies have found resilience among migrant trans women of colour, where trans individuals commit to building a new life where they will be safe to live as their authentic selves (Alessi et al., 2018). Seeking social support and building a community of other trans women of colour around them has been positioned as vital in this process (Cerezo et al., 2014).

Conclusion

This scoping review of the prevalence, experiences and impacts of sexual violence against CALD trans women indicates that trans women—and particularly trans women of colour—experience levels of sexual violence above those of many other women. Sexual violence often commences in childhood and is a motivation for some trans women to migrate. Research suggests that the migration journey and settlement process can be precarious for CALD trans women. Trans women of colour also experience high levels of homelessness, unemployment and discrimination, and many opt to work as sex workers to earn an income. These contexts expose trans women to higher levels of sexual violence, leading to consequent physical health impacts, such as high rates of HIV, and psychological impacts, such as depression, anxiety and suicide attempts. The lack of understanding and high levels of discrimination experienced through encounters with health professionals and with police or the judicial system means that many CALD trans women do not receive the support they need. Trans women who are migrants or refugees may also be disappointed by immigration services. While some recommendations for policy and service improvements could be made based on the studies examined in this review, the available literature is limited and further research explicating the contexts, experiences and impacts of sexual violence against CALD trans women is needed.

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Methodology

Pranee Liamputtong, Tinashe Dune, Jane M. Ussher and Alex Hawkey

This chapter reiterates the rationale and aims of this study, followed by a summary of the research design, theoretical frameworks and the methods used in it. Data collection strategies and methods for analysing the data are discussed in detail.

Rationale and research questions

Previous research suggests that trans women are at higher risk of sexual violence than cisgender women (James, 2016; National Coalition of Anti-Violence Programs, 2014, 2015, 2016). Trans women of colour face discrimination and violence on the basis of the intersection of their gender, racial and religious identities, and for some, their sexual identities as queer women. However, there is an absence of Australian research investigating the experiences of sexual violence of trans women of colour. There is also an absence of research examining the lived experiences of transitioning for trans women of colour living in Australia, and the implications of transitioning for experiences of sexual violence.

This research aimed to fill the gap in the literature by addressing the following research questions:

1. What are the lived experiences of gender transitioning for trans women of colour living in Australia?
2. What are the lived experiences of sexual violence of trans women of colour living in Australia?
3. What strategies do trans women of colour living in Australia employ to deal with sexual violence in their everyday lives in order to enhance their health and wellbeing?
4. What are the experiences of sexual violence in broader trans communities in Australia?
5. How do the experiences of sexual violence of trans women of colour living in Australia compare to those of non-CALD trans women and to LBQ (lesbian, bisexual and queer) and heterosexual cisgender women living in Australia?

Research design

This project used a sequential mixed methods design to address the study aims. This involved both qualitative and quantitative methods within a study sequence that is illustrated in Figure 2.1.

Following a discussion of the theoretical and methodological frameworks used in this study, each stage of data collection and analysis is discussed in more detail.

Theoretical framework

Intersectionality and feminist theory

The methods used within this research are situated within a feminist intersectionality theoretical framework, which recognises the multiple intersecting identities in a trans woman's life. Arising from the black feminist movement in the 1980s, the term "intersectionality" challenges the notion of a universal gendered experience for women. Kimberlé Crenshaw, the theorist who coined the term, argues that the intersection of race and gender needs to be considered when understanding the experiences of women of colour (Crenshaw, 1989). More recent developments of intersectionality focus on the interaction between and mutually constitutive nature of gender, sexual identity, race, social class, age and other categories of difference in individual lives and social practices, and the association of these intersecting social identities with health and wellbeing (Hankivsky, Cormier, & De Merich, 2009; Vaughan et al., 2015). This framework recognises that trans women of colour are characterised simultaneously by multiple and interconnected social categories, and that these categories are properties of the individual in terms of their identity, as well as characteristics of social structures (Crenshaw, 1991). Analyses using single determinants such as gender are insufficient, since social categories—such as gender, race, and sexuality—are experienced simultaneously (de Vries, 2015; Moolchaem et al., 2015). These intersections potentially expose trans women of colour to "dual marginalisation" (Glass, 2011).

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Figure 2.1 Sequential mixed methods research design
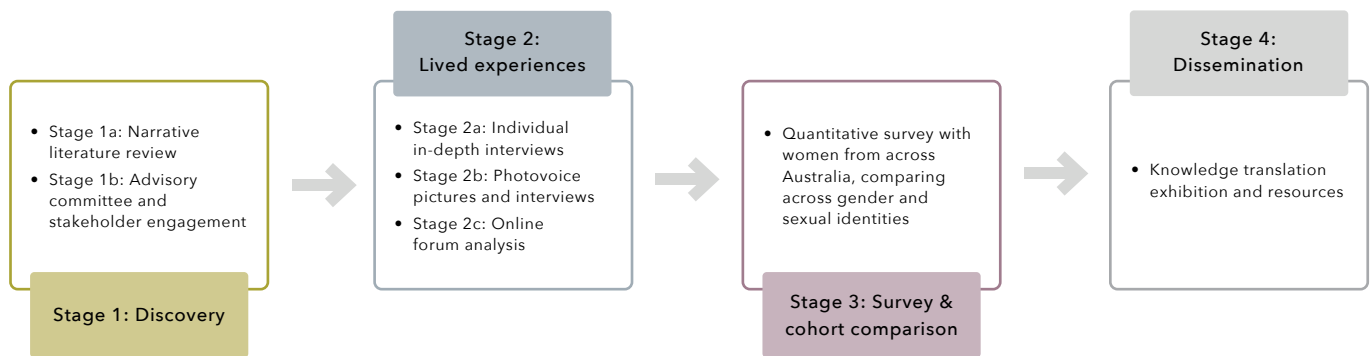
This study also draws on feminist theory and methodology to explore CALD trans women's experiences of sexual violence. This methodological framework emphasises the importance of engaging with women's actual voices and lived experiences to develop greater understanding of sexual violence at the nexus of culture, gender and sexuality (Hesse-Biber, 2014, 2017; Liamputtong, 2007). Beneath the umbrella of feminist methodology, this project fits within a model of feminist action research and integrated knowledge translation (IKT) (Graham et al., 2006). This research framework engages with community stakeholders, including LGBTIQ+ organisations and trans women, and integrates their perspectives and experiences throughout the research process.

Equally, Hankivsky et al. (2010) argue that intersectional researchers need to work alongside a variety of stakeholders to undertake research that results in social change. Such an approach was essential for this project to ensure it reflected the experiences of trans women of colour and to ensure that the research was undertaken in an inclusive, culturally appropriate and respectful manner. It was also a vital step to ensure the possibility of knowledge translation (Graham et al., 2006), with meaningful outcomes for trans women of colour, as well as for healthcare professionals or other community members working in this sphere.

Participatory IKT research and feminist research both seek to shift the centre from which knowledge is generated (Reid, 2004). Further, they both work towards social justice and democracy. As noted by Reid (2004, p. 4):

> By combining feminist research's critique of androcentricism with participatory research's emphasis on participation and social change, feminist action research provides a powerful approach to knowledge creation for social and personal transformation.

Reflexivity in the research process

Increasingly in qualitative research, researchers are seeking to acknowledge the situated nature of their research through a process of reflexivity (Berger, 2015; Finlay & Gough, 2003). Reflexivity requires critical self-reflection, or self-awareness, into the ways in which a researcher's social background, assumptions, positioning and behaviour may shape the research process as a whole (Finlay & Gough, 2003; Shaw, 2010). It includes transparency in decision-making at a number of levels: the personal, methodological, theoretical, ethical and political (Engward & Davis, 2015). The process of being reflexive is also interlinked with the theoretical frameworks of feminism and intersectionality drawn on in this study. Central to both theories is a consideration for how the intersectional identities of the researchers relate to those of other team members, as well as how the researchers' perspectives and positions may shape aspects of the research process (Clark et al., 2009). In this vein, the research team for this study considered the ways in which their subjectivity may have shaped the research process. The research team included individuals who are cisgender and trans, men and women, from CALD and non-CALD cultural communities, across sexual identities—heterosexual, lesbian, gay and queer.

Research methods

To effectively explore the multidimensionality of trans women's voices and experiences of sexual violence, the study included three data collection stages and a knowledge and dissemination stage (Figure 2.1). In line with the sequential mixed methods design, each of the stages was interconnected and supported the development and execution of the following stage. The stages were as follows:

Stage 1: Discovery

Stage 1a: Narrative literature review

A review was conducted of peer-reviewed and grey literature in Australia and internationally on experiences of sexual violence of trans women of colour, compared to other LGBTIQ+ and cisgender, heterosexual women. The findings, presented in Chapter 1 of this report, helped to contextualise the experiences and perceptions of sexual violence among trans people globally. Notably, the literature review indicated that many of the poor health outcomes faced disproportionately by trans people are closely associated with their experiences of sexual victimisation and that these inequities are intensified for trans people from CALD backgrounds. This review of the literature and emergent recommendations provided the research team with a better sense of the main gaps to address and explore with trans women of colour in Australia.

Stage 1b: Advisory group and stakeholder engagement

Drawing on the feminist action research model, an advisory group made up of policy experts, researchers, service providers, and other community group members with expertise in sexual violence and/or trans health and wellbeing was established at the start of the project. The engagement of national stakeholders is an essential component in research involving marginalised and vulnerable research participants (Liamputtong, 2007, 2010). This approach also ensures that stakeholder perspectives, voices and experiences are understood and engaged with in meaningful and impactful ways that allow for translation to policy, research and practice outcomes.

The advisory group was engaged via email or videoconference every four to six months across the life of the project, to assist and provide feedback. The group drew on their expertise to collaborate in the development of the project around the key research questions; to assist with methodology of data collection and recruiting participants; to comment on the analysis of the results; and to assist in disseminating the project findings across a range of platforms (Higginbottom & Liamputtong, 2015). The advisory group was active in the development and design of the project and provided feedback on the survey when a draft was produced by the chief investigators, with some members also making detailed comments on the analysis presented in the report.

Stage 2: Lived experiences

Stage 2a: Individual in-depth interviews

Interviewing is the preferred method of research for investigating subjective experience within CALD communities, as it facilitates the involvement of individuals who may not be comfortable with completing written surveys or may not have high levels of literacy (Liamputtong, 2007; Ussher et al., 2017). In-depth interviews with trans women of colour from CALD backgrounds living in Melbourne, Brisbane and Sydney were undertaken by a researcher who is a trans woman of colour. Interviews and photovoice took place between September 2018 and September 2019. In-depth interviewing is a technique used to understand participants' "perspectives on their lives, experiences, or situations as expressed in their own words" (Taylor, Bogdan, & DeVault, 2016, p. 102). This method is essential in learning about the life of the research participants in great depth (Brinkmann & Kvale, 2015; Morris, 2015; Serry & Liamputtong, 2017). Through conversation, researchers will learn about the "hidden perceptions" of

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their research participants (Marvasti, 2004). The women for this study were recruited using purposive and snowball sampling, through local LGBTIQ+ networks, and through social media, outlined in detail below. Interviews were held face to face at a location that suited the participants if they lived in Sydney, or via videoconferencing for those who were unable to meet in person. Previous research has considered interactional differences between semi-structured qualitative interviews conducted by telephone or face to face (Irvine, Drew, & Sainsbury, 2013; Sturges & Hanrahan, 2004), and similar to the findings of Sturges and Hanrahan (2004), this study found that there was no discernible difference between the content of interviews undertaken by videoconference or face to face. The interviews were conducted in English, digitally recorded, and took between 60 and 120 minutes. Participants were provided with a participant information sheet and they signed a consent form before the interview.

To help balance the power dynamic between participants and the researcher, the interviewer asked participants to elect an appropriate venue to carry out the interview. Prior to the interviews, the interviewer talked to participants on the phone, usually two or three times, to organise a time and date; checked they were still available for the interview the day before it occurred; and rescheduled if a participant could not make the original time or date. This gave the interviewer the opportunity to establish a rapport with the women and a level of comfort and trust prior to the actual interviews. The interviewer disclosed her identity as a trans woman of colour, and was open when asked personal questions. Aligned with the research aims, the interview participants were asked about their life as a trans woman of colour, with a focus on experiences of transitioning; their definition and experiences of sexual violence; the strategies they use to respond to sexual violence; their experiences of support; and what they feel health and social care providers and policymakers need to do to address sexual violence experienced by trans women. While there was a semi-structured interview schedule in place to guide the discussion, the interviews were conversational in nature, and often did not follow the set order of questions.

Stage 2b: Photovoice pictures and interviews

To provide an illustrative context around the data, the method of photovoice was incorporated into the interview. Photovoice involves the taking of pictures to help stakeholders visualise elements within an individual's life that are pertinent to a particular phenomenon (Liamputtong, 2010; Teti, Majee, Cheak-Zamora, & Maurer-Batjer, 2018). When it is situated within a feminist action research model, the photovoice method has been described as an innovative method for working with marginalised people, as it implicitly challenges traditional structures of power as well as traditional modes of production of knowledge within research (McIntyre, 2008). Within photovoice methodology, researchers focus on the involvement and empowerment of research participants. The photovoice method thus tends to be used in collaborative and participatory research (Lopez, Eng, Randall-David, & Robinson, 2005; McIntyre, 2008; Teti et al., 2018; Wang, 1999; Wang & Pies, 2008).

The interview participants from Stage 2a who opted to complete the photovoice activity were invited to take at least two photographs that chronicled important aspects of their lives relating to their experiences of being trans women of colour, their experiences of sexual violence, and their strategies to stay safe from sexual violence, and then to attend a follow-up interview to discuss their photographs with the researcher who conducted the initial interview (Stage 2a). Written and visual information was provided to aid in the photovoice process (see Appendix A). To ensure their anonymity, they were asked not to take pictures that would reveal their own and/or someone else's identity. However, they were given the option of taking identifiable photographs if they wanted to do so, and the opportunity for photos to be pixelated to disguise their identity. The participants used their smartphones to take the photographs, and the discussion of the photographs with the researcher permitted the women to articulate their understanding and interpretations of the images they had taken (Teti et al., 2018). All women provided permission for their photographs to be used in the report after being sent a copy of the images selected for the report and the accompanying text for approval. Additional permission was sought for the exhibition of the photographs in an online and physical exhibition outlined below. Trans women of colour and trans community stakeholders were involved in the decision-making process for the selection of exhibition images and accounts, and the way they would appear in the exhibition.

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Sample and recruitment of Stage 2a and 2b participants

Purposive sampling techniques were adopted to select participants in these stages of the study. Purposive sampling refers to the deliberate selection of specific individuals, events, or settings because of crucial and specific information that they can provide relevant to a particular experience or phenomenon that cannot be obtained so well through other channels (Creswell & Poth, 2018; Liamputtong, 2017). Purposive sampling focused on trans women of colour from CALD backgrounds, with the aim of seeking their perspectives and lived experiences of being trans women, their understandings of sexual violence and, for some, their lived experiences of sexual violence.

In research involving marginalised individuals, the recruitment must be undertaken sensitively (Liamputtong, 2007; Manohar, MacMillan, Steiner, & Arora, 2018). In this research, participants were recruited from a range of contexts found to be successful in the researchers' previous studies, including organisations focusing on LGBTIQ+ communities, such as Twenty10 and the Gender Centre; organisations focusing on CALD populations, such as the Community Migrant Resource Centre (CMRC); and social media. The social media advertisements (see Appendix B) requested those who were a "trans woman of colour" or a "trans woman from a non-English speaking background" to take part in interviews about sexual violence. Snowball sampling was also used to recruit participants. Snowball sampling involves asking study participants to pass on the study information to someone whom they know who would fit the sampling criteria (Bryman, 2016; Hesse-Biber, 2017). This technique is employed extensively in research with groups whose members are difficult to locate or unlikely to be willing to take part without referral from others in their own network, such as trans women.

Using these techniques, 31 CALD trans women were recruited who completed the first interview, and 19 completed both the initial and photovoice interviews (demographic details of participants are provided in Chapter 3). The mean age of participants was 29 years old, with the range of time since migration for migrant women being 4 months to 44 years. It was anticipated that data saturation would occur around 20 participant interviews. With 31 participants, saturation was achieved in this part of the project (Bryman, 2016; Hennink,

Kaiser, & Marconi, 2017; Liamputtong, 2020; Morse, 2015). Women who took part in the photovoice contributed on average seven photographs each (with a range of one to 15 photographs).

To recognise the participants' time, each was provided with a gift voucher of AUD$50 for each interview. Such compensation is essential when working with marginalised groups to acknowledge their effort and contribution to social knowledge (Liamputtong, 2007, 2010).

Data analysis for Stages 2a and 2b

Data from the lived experience stages was analysed thematically. Thematic analysis is most commonly used to analyse qualitative research data (Braun & Clarke, 2006; Braun, Clarke, Heyfield, & Terry, 2018). Here, themes refer to "overall patterns that are recognised in the data through categorisation and analysis of individual units of meaning" (Houser, 2015, p. 430). Thematic analysis is therefore "a method for identifying, analysing and reporting patterns (themes) within the data" (Braun & Clarke, 2006, p. 79).

All interviews were professionally transcribed verbatim, and then integrity-checked for any errors. Halfway through the process of data collection, the initial stages of analysis began. To begin the process of becoming familiar or "immersed" with the data (Braun & Clarke, 2013), a random subset of participant transcripts were individually read and re-read by two members of the research team. Following an initial reading of the transcripts, as has been recommended (Bazeley, 2013; Braun & Clarke, 2013), transcripts were then printed and read line by line in close detail, with hand written notes added to capture relevant concepts or "codes" arising from the data. Given the inductive nature of this analysis, whereby the development of themes is driven more by the data and less by existing theory, research, or hypothesis (Braun & Clarke, 2006), this process was comprehensive and inclusive. Known as semantic codes, these first order codes were mostly descriptive and reflected the semantic content of the data (Braun & Clarke, 2006). Examples of first order codes included concepts such as "rape", "sexual assault", "psychological distress", "feeling like an outsider", "inability to say 'no' to sex" and "fear of sexual violence".

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The research team then met to discuss first order codes. Through a process of discussion and decision-making, the team grouped first order concepts where commonalities occurred, making a smaller number of more distinct categories. Following this, concise overarching or higher order codes were added, such as "types of violence", "impact of violence", "being trans", or "healthcare professional support", under which the first order codes were listed. This process of discussion and collation allowed for both the refining of codes and definition of what data should be included within each code to ensure consistency. The parallel processes of data collection and coding also allowed the researchers to determine when data saturation had been reached. Having formulated the coding framework, transcripts were then imported into NVivo, a software program that facilitates the electronic organisation of qualitative data into the relevant codes. After applying the coding framework to a number of interviews, the researchers made minor changes to the framework, further collapsing a small number of codes due to an overlap in concepts when coding the data.

Coding the whole data set was an ongoing and continuous process of discussion and refinement, undertaken by a number of research assistants. If the research assistants were unsure about where to code a certain section of data, they would consult with one another, and with the team member who oversaw this process and checked transcripts and the coding framework for consistency. The overall interview coding framework can be found in Appendix C.

Once the data coding was complete, each of the coded sections was then summarised within a coding summary. Developing the coding summaries involved reading the coded data line by line and extracting brief statements or small snippets of quotes that identified what had been said. This information was then inputted into a table noting what had been said by which participant, and marking the participant with the most illustrative quotes with an asterisk. For example, under the broad code "types of violence", and the first order code "verbal violence", participants generally discussed how verbal violence could be transphobic (negative comments from others; being purposely misgendered; bullying; other forms of discrimination; or happened to others), or racist. Thus, this process further helped to refine commonalities across the data set. Appendix D includes an illustrative section of a coding summary for the code "verbal violence" under the topic "types of violence".

The process of coding, re-reading the coded data, collating and summarising the data played a major role in facilitating the identification of themes across the data. The development of themes from the coded data was an active process, which involved reviewing the codes and collating the codes according to similarities in concepts (Braun & Clarke, 2013). A number of core themes were identified and, where necessary, subthemes were then developed to capture specific aspects of these dominant themes (Braun & Clarke, 2013). When writing each of the chapters in this report, the researchers continuously referred to the coding summaries and collated codes, drawing on multiple codes within and across topic areas for each theme.

As suggested by Braun and Clarke (2013), to further develop the analysis, the researchers returned to the coded data set and extracted data that was relevant to each of the themes and subthemes highlighted in the chapter outlines. This process helped the researchers confirm that the data was correctly placed into the themes and that the data supported the argument of each chapter. Theme refinement was an ongoing process, however, and occasionally it was not until writing up the analysis that the researchers recognised that some themes might not be appropriate and needed further tweaking and refinement. Analysis and writing was thus an iterative process, conducted through constant consultation and refinement by the team members who conducted the qualitative analysis.

When the reporting of the analysis was completed by the writing team, members of the stakeholder advisory group were given the opportunity to read and make comments on the team's interpretation and reporting of the data. The analysis was then revised to incorporate changes in language or interpretation that were read differently by trans community stakeholders. A number of comments by trans community stakeholders that were pertinent to the analysis, and clarified or emphasised particular points, have been incorporated into the report.

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Stage 2c: Online forum analysis

To contextualise how gender identity and sexual violence are understood, experienced and managed by transgender people in the broader sphere, this research gathered qualitative data from pre-exisiting and publicly accessible internet forums written by transgender and non-binary people in which they discuss gender transitioning and sexual violence. Using the data from online forums—which are online discussion sites—has been described as an "unobtrusive method" (Lee, 2018) which produces more "naturalistic" data, as the researcher does not affect the outcome in the same way they might in interviews or participant observation. Due to anonymity, participants are likely to be less inhibited when discussing sensitive or taboo topics.

Equally, as the division between virtual, or online, and face-to-face communication breaks down, identity formation and negotiation of sexual violence is influenced by and takes place online in addition to offline spaces. This can be particularly the case for marginalised groups who may not be able to express and develop their identities in public or at home. Cavalcante (2016) argues that recent media and technology developments have facilitated movements towards more mediated gender transition. He characterises online forums as "care structures" or "architectures of organised care and concern" (Cavalcante, 2016, p. 110) where connections are formed and a sense of belonging is created. Young transgender people also use online support groups to form friendships and connections with other transgender people (Evans et al., 2017). Because transgender people are a minority and only comprise a small percentage of the population, many young people who are curious about their sexuality may not have met a transgender person face to face before. According to an Australian research project, 37 percent of "gender diverse and transgender young people" (Smith et al., 2014) felt better after being involved in online forums.

Data collection for Stage 2c

A Google search for potential forums was undertaken in 2018 using the terms "transgender forums", "trans forums" and "transsexual forums", to identify active, public, up-to-date online transgender forums. To respect transgender communities who were uncomfortable with their forums being researched, all forums that explicitly stated "no researchers allowed" were excluded. In the remaining eligible forums, the researchers only viewed publicly available posts and did not subscribe as forum members. All relevant forums were screened for their relevance to the study's research questions and inclusion of trans women of colour. Four forums were selected for analysis: three forums ("subreddits") from Reddit, titled r/asktransgender, r/transsupport and r/transgenderau; and one forum from TransPulse. Only discussions that were relevant to the study's research questions were selected for analysis. Since the people who posted their stories to such forums may not have intended for them to be read by an outsider to the forum, de-identifying procedures (e.g. use of numbers rather than tag names; presenting aggregate data in themes rather than cases) were used to ensure anonymity and respect the privacy of contributors.

Data analysis for Stage 2c

The online discussions were analysed thematically by going through posts repeatedly and identifying the main themes and sub-themes (Liamputtong & Serry, 2017). The analysis was completed in a few iterations, as new insights were found from studying the findings and the relevant literature. Overall, the analysis included 39 forum threads with 950 comments written by 480 unique posters. Most of the posters in the selected threads explicitly identified as trans women (n = 282). For those who did not explicitly state their gender, it could be clearly deduced from their posts that they were a trans woman, feminine genderqueer or non-binary person. With approval from ANROWS, a peer-reviewed paper has been published outlining key findings (Noack-Lundberg et al., 2019). Additional findings from this stage of the study are provided in Chapter 6.

Stage 3: Survey and cohort comparison

To understand the experiences of trans women of colour in relation to other women's experiences of sexual violence in Australia, an online survey was developed to be administered nation-wide. Using the survey, the project set out to compare the experiences of trans women from CALD backgrounds (target number 100) with a) non-CALD transgender women

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(target 100); b) cisgender, heterosexual women (target 500); and c) cisgender, LBG women (target 500).

The survey, which focused on women's experiences of sexual harassment and assault, was developed by the research team, informed by the findings from Stages 1 and 2 (see Appendix E). The survey was reviewed by the advisory committee and staff at ANROWS, who made suggestions for changes to ensure relevance, accessibility and readability across diverse cohorts of women in Australia. Prior to its launch, the revised survey was uploaded to Qualtrics and piloted with 20 women, purposively sampled across the above comparison groups. After piloting and revision, the survey was launched digitally across all major social media platforms as well as through LGBTIQ+ organisations and groups across Australia from August to October 2019. The final survey of 26 questions used a combination of closed and open items. There were no forced completion or compulsory items, and respondents could exit the survey at any time by closing the survey window.

Sample and recruitment of Stage 3 respondents

To ensure that diverse women were directly targeted in recruitment, the survey was launched with three different versions of the introductory text and images specific to: a) trans women (CALD and non-CALD); b) LBQ women; and c) cisgender, heterosexual women (see Appendix F for the three different versions of recruitment text and images). As with the interviews, survey respondents were recruited from a range of contexts, including organisations associated with the investigators and advisory group; LGBTIQ+ communities, Twenty10 and The Gender Centre; organisations focusing on CALD populations such as the Community Migrant Resource Centre (CMRC); and through social media and snowballing. No incentives were offered for participation.

Data analysis for Stage 3

Survey data was analysed with appropriate descriptive procedures, including cross tabulation analysis, to describe, identify and compare sexual violence occurrence and responses across the cohorts. Thematic analysis was used to analyse open-ended survey accounts, using the same procedures outlined above.

Stage 4: Knowledge translation exhibition and resources

To support LGBTIQ+ networks, health workers, tertiary health and social science professionals and researchers, and the wider Australian community, the data from this study was disseminated across three formats.

First, the project findings were developed into resources for policy and practice. These resources include a summary video of the findings, an information sheet with guidelines, and policy recommendations that can also be used to inform the delivery of workshops and training on trans women's safety.

Second, an online exhibition of CALD trans women's lived experiences from the findings of the study was created (crossingtheline.online), with a physical exhibition planned for Sydney and Melbourne after the 2020 Covid-19 restrictions have been lifted. This will be a crucial component of the photovoice method. The exhibition will showcase the voices and experiences of the CALD trans women who chose to participate in the photovoice portion of the project. It will also summarise the quantitative comparative findings to highlight the need for acknowledgement of and engagement with trans women's perspectives on sexual violence. The exhibition will therefore be an innovative and intersectional means to share the knowledge collected through the project with a range of LGBTIQ+, mainstream, practice, policy and government stakeholders. This sharing activity will help to enhance the profile of sexual violence as experienced by trans women of colour from CALD backgrounds, as well as to empower and recognise the importance of the information and lives shared by the participants. The exhibition attendees will also be asked about their perceptions of the impact of the findings on Australian society.

Finally, a webinar will be held in June 2020 to present the findings of the research and launch the online exhibition, with face-to-face stakeholder workshops organised after the Covid-19 restrictions have been lifted to present the findings of the research and to engage in experiential and developmental training on how to support CALD trans women who are at risk of or may experience sexual violence.

To support this training, two training packages have been developed: a short version for 45–60 minute presentations, and an eight-module teaching version for half-week training or for use in undergraduate or postgraduate teaching units.

Ethical issues

In research concerning vulnerable people such as trans women, the safety of the research participants must be considered seriously. Ethical conduct is therefore an essential part of research (Creswell & Poth, 2018; Hesse-Biber, 2017; Israel, 2015) and ethical guidelines were strictly observed prior to, during and after the project completion.

This project was approved by the Western Sydney University Human Research Ethics Committee (H12530) and the Twenty10 ethics committee. As outlined in the ethics protocol, interview participants were provided with information that clearly explained involvement, their rights in the research and the project funding. They were also informed that they could withdraw from the project at any time if they decided to do so, and that their withdrawal would not have any repercussions on their current and/or future relationships with the researchers and supporting organisations. Participants were invited to provide consent before taking part in the project, which could be rescinded at any time during the project. Participants who were interested in taking part in the photovoice aspect of the study and in having their photograph presented at the exhibition were informed that they could withdraw their photograph at any time without prejudice. Those who decided to have their photograph exhibited were informed of the potential risks of doing so and were given ample time to decide whether they wanted to provide a photo and/or have it displayed.

The participants were also briefed about how to protect themselves during the research process, particularly when taking photographs for the photovoice project. All participants were assured that their identity would be protected in all research reports and publications, unless they explicitly gave permission for an identifable image to be used. Only their signed consent form contained their real name, and these forms were kept securely during the research process, separate from the data, and will be disposed of seven years after the completion of the project.

Where participants became distressed during the research process, the interviews were paused and the participant given the option to discontinue or resume at a later time, if they felt ready to do so. All participants completed the interviews with no such incident. All participants were provided with information for mental health services in the participant information sheet and in the interviews. However, most of the women already had links to mental health providers as part of their regular modes of self-care. Support was also provided for the interviewer, who engaged with the interviewees over a number of occasions, and listened to many accounts of sexual violence that were emotional and potentially distressing to hear. This included regular debriefs with the chief investigator on the project who is a trained psychologist, and funding to access external psychological support if needed.

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Analysis of interviews with trans women of colour living in Australia

The following three chapters (Chapters 3–5) examine what it means to be a trans woman of colour living in Australia, drawing on initial interviews held with 31 women, as well as follow-up interviews—including discussion around related photovoice images—conducted with 19 of the women.

The women who participated in this study showed diversity and fluidity when asked how they identify, reflecting that trans "self-identities are complex and hard to pin down" (Bettcher, 2014, p. 389). For example, interviewees described their gender identity as being "non-binary transfeminine", "genderfluid", "transgender female", "female", "sistergirl", "genderqueer", "woman", "trans woman" and "fa'afafine" (see Table 2.1). Sexual identities included straight, gay, lesbian, queer, bisexual, pansexual, asexual and fluid. Many women adopted more than one gender or sexual identity, and some spoke about how their identities had changed over time. All of the interviewees were from CALD backgrounds, with ethnicities including Malaysian, Aboriginal, Chinese, Samoan, Iranian, Indian, Tamil, Black, Sri Lankan, Filipino, Argentinian, Korean, Egyptian, and a combination of ethnicities. While the interviewees drew on a variety of gendered terms to describe themselves, for consistency, this report describes them as "women" and uses the term "queer" when referring to non-heterosexual identities. The term "women of colour" is used to refer to the women's ethnic identities, as this was the term most commonly used by the women. Interviewees are referred to through the pronouns "she" or "her", unless individuals indicated that they preferred to use a different pronoun, such as "they" or "theirs".

As shown in Table 2.1, the women were allocated pseudonyms, which they chose themselves. In the table, those born in Australia are indicated with "N/A" under years since migration. The gender identity, sexual identity and ethnic identity listed in the table were those described by the women.

Table 2.1: Demographic profile of trans women of colour who took part in interviews

Pseudonym	Age	Gender identity and pronoun	Sexual identity	Ethnic background(s)	Years living in Australia
Amanda	54	Fa'afafine/trans woman, she/her/hers	Straight	Samoan, German	29
Asami	30	MTF female	Pansexual	Chinese	25
Claudia	24	Female, she/her/hers	Bisexual	Vietnamese, Turkish	N/A
Dalilah	27	Trans woman	N/A	Egyptian, Sudanese, British	2
Dinaz	32	Trans non-binary/gender-queer/transfemme, they/them/theirs	Queer	Half Goan, half Parsi	N/A
Dora	24	Female, she/her/hers	Bisexual	Filipino	23
Elizabeth	27	Binary trans woman, she/her/hers	Lesbian	Thai, Malay, Muslim	20
Emma	20	Female, she/her/hers	Bisexual	Chinese	0.4
Fairuza	33	Trans woman, she/her/hers	Straight	Iranian	2
Fiona	44	Non-binary transfeminine	Bisexual/asexual	Jewish ancestry	N/A

Pseudonym	Age	Gender identity and pronoun	Sexual identity	Ethnic background(s)	Years living in Australia
Gabriella	28	Trans woman, she/her/hers	Heterosexual	Black	6
Jennifer	26	Trans woman, she/her/hers	Straight	Filipino	0.4
Jenny	45	Female/sistergirl, she/her/hers	Lesbian	Aboriginal/half white/Koori	N/A
Krithika	28	Trans woman, she/her/hers	Interested in women/trans women	Indian	4
Kelly	33	Trans lady, she/her/hers	Straight	Vietnamese	17
Lin	34	Trans non-binary/genderqueer/queer, they/them/theirs	Fluid/ace/leaning towards mostly men/curious/queer	South-East Asian Chinese/Asian Australian	10
Lisa	20	Non-binary trans woman, she/her/hers	Panromantic/demisexual	Chinese, Cambodian	N/A
Maria	22	Trans woman, she/her/hers	Asexual	Spanish, English	N/A
Maya	23	Non-binary femme, they/them/theirs	Pan/bisexual	Sri Lankan	19
Mei	20	Female, she/her/hers	Bisexual	Chinese	4
Natasha	27	Woman, she/her/hers	Queer/bisexual	Malaysian Chinese with a white dad	N/A
Petra	22	Non-binary trans woman, she/her/hers/they/them/theirs	Lesbian	Serbian Greek Australian	N/A
Rena	22	Transgender female, she/her/hers	Pansexual	Malaysian, Chinese	7
Revathi	32	Woman, she/her/hers	Straight	Indian	1
Sam	21	Gender fluid/ feminine, they/them/theirs	Gay	British, Indian	N/A
Sasha	25	Gender fluid	Straight/interested in men	Korean	10
Sefina	44	Fa'afafine, she/her/hers	Straight	Samoan	15–19
Selvi	27	Woman, she/her/hers	Pansexual	Tamil	26
Sofia	39	Transfemale, she/her/hers	Straight female	Argentinian	17
Steph	18	Female, she/her/hers	Pansexual leaning towards women	Chinese, Vietnamese	18
Tina	20	Female, she/her/hers	Bisexual	Hungarian, Irish, Australian, Pakistani, Mexican	N/A

Note: ᵃ N/A indicates born in Australia

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CHAPTER 3:

Being a trans woman

Jane Ussher, Alex Hawkey and Jessica Sekar

This chapter examines how the women interviewed for this study described their experiences of gender expression and transitioning. It starts by exploring these women's experiences of negotiating or discovering a trans identity in childhood. It then discusses how these women negotiated being trans as adults, specifically examining their development and manifestation of a feminine or trans identity through bodily agency, feminine appearance, and the use of hormone therapy. The chapter unpacks the positive implications that adopting a trans identity has had for these women (e.g. sense of self, wellbeing), but also explores the complexities of coming out as trans in terms of work, family and social spheres. This analysis foregrounds the implications arising from the intersections of being trans and a woman of colour—and, for many women, also being queer. While experiences of negotiating a trans identity across cultural context and racism are raised here, they will be elaborated on in the following chapter.

A journey to finding the true self: The process of identification as trans

"I knew I was a different gender": Discovering a feminine or trans identity

Across their narratives, the participating women described a variety of ways in which they became aware of being "different" and discovering a feminine or trans identity. Some women relayed that they just "knew" from childhood that they were "different", "nonconforming" or "genderqueer", as reported in previous research (Bouman et al., 2016; Robinson et al., 2014; Smith et al., 2014) and in ethnographic accounts of gender transitioning (Peters, 2018). The women stated, "I've known that I was gender nonconforming since I was nine years old really" (Lisa); "Like, I knew I was different" (Gabriella); and "I've known since the age of four that I am a girl" (Fiona). Jenny said that being gender nonconforming was not negatively positioned in her cultural context: "When I was growing up, I just knew that I was a different gender … different but accepted. I was actually initiated as an [Aboriginal] female, because they've recognised me as more feminine trait than male." Using Snapchat, Jennifer applied a baby filter onto one of her childhood photos, and reflected:

> It feels so accurate … It feels like I have to frame it because it, kind of, gives me a glimpse of what I should have looked like before … I would have been, probably, a lot happier if I was born as a girl.

Photo 3.1 Jennifer, *Child self*

> I picked this for the "my life as a trans woman" because, basically, this photo tells me that this should have been me if I was born a woman.

For other women, it was through identifying with "lady-like" mannerisms that they grew to know what felt "right". As Gabriella said,

> It was obvious that I was girly … my mannerisms, the way I place my hands at the dinner table … if I sit down, I cross my legs, and all of that. It was always very lady-like and very feminine.

Many women described their gender realisation occurring after childhood, particularly during puberty, high school and

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into young adulthood. Asami said, "Yeah. When I hit puberty, that's when it really hit me", and Dora explained, "It was only when I had the space to do it, which was towards the end of high school where I realised a lot of what I was feeling is linked to my transness." While some women suspected that they were "different", a lack of exposure to genderqueer or queer communities in general meant that they did not have a reference point from which to realise and express their trans identity, as reported previously (Peters, 2018). As Dinaz observed, "I had no exposure to rainbow stuff as a child … I actually always gravitated towards hanging out with the girls' groups in primary school and never really felt … it took me a long time to really understand my sexuality and gender." Equally, Dora explained, "There was nothing I would see in any kind of mainstream media about that kind of stuff too. So there was nothing to reference." Consequently, a number of the women only realised their trans identity once they had learnt about it from others who had adopted a trans or non-binary identity. For example, Maya said, "When I went to uni … one of my best friends told me they were non-binary … and I was like, 'Oh! That's it.'" Maria described:

> It was sort of a journey, I think mid-2017 a friend of mine came out to me as a gender fluid, and it was the first time I started thinking about it; I was like, oh, I never really felt like this, sort of thing. I used to joke that I identified as a rock.

For many, the "journey" was not a linear process. For example, Dalilah relayed, "I think I came out as gay when I was 12, and bi when I was 18, and then kind of a few years after that, I found the word 'queer' and that was a bit more appropriate."

In each of their accounts, the women described how identifying as a trans person or as femme was a process that took place over time, often involving a slow realisation of the significance of feelings they had about themselves, or a dawning interpretation of the meaning of behaviours they unthinkingly adopted. For each woman, it was a movement away from the unquestioned positioning of the self as masculine, because of their gender assignment at birth, to identification as feminine, transgender or a trans woman.

Many postmodern and social constructionist theorists have argued that gender is a performance rather than an inherent disposition for all people (Butler, 1993; Connell, 2005), a viewpoint taken up by some trans researchers who openly seek to challenge the "normative coercion to perform gender dichotomously" (Peters, 2018, p. 11). However, the trans women interviewed in this study positioned feminine or non-binary gender as "real" or "true", reflecting an essential self that they felt they had "discovered". Gender transitioning and an adoption of a feminine identity was therefore a process of affirmation, rather than a "performance". In this vein, one of the study's trans community stakeholders commented:

> I feel uncomfortable as a trans woman with the use of this word [performance] except in specific contexts. The word "performance" has allusions to some of the common misconceptions about trans women, i.e. we are men trying to trick men into sex by "pretending" to be women. This is often cited as a defence by men who've murdered trans women. Claiming that trans identities are somehow false plays into the violence against trans women, particularly those of colour. If you don't "pass" very well as a trans woman or man or you are nonbinary, one common response from cis people is that "you're not fooling anyone". When so much of society, so much of the internet, is devoted to invalidating your gender as a charade, a *performance*, and you have to struggle as a trans person to prove yourself and find validation, the word "performance" becomes a loaded term.

By contrast, one of the other trans community stakeholders commented: "Cis and trans people [both] perform gender; trans people are just more aware of how superficial and cultural our lived experience of gender actually is from having crossed the tracks."

These accounts suggest that contemporary academic theorising about gender performativity may not resonate with the experiences of some trans people, as it may be interpreted as questioning the very legitimacy of their status as trans people, and therefore does not resonate with their sense of self. However, for others, the idea of "crossing the tracks" demonstrates the socially constructed nature of gender.

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"I'm really happy and content": Positive impact on the self

For the majority of the women interviewed, discovering their "true" gender identity and presenting as a trans woman, as gender diverse, or as non-binary was positioned as having had a positive impact on their sense of self, which aligns with previous research (Riggle et al., 2011). For example, a number of the women talked about feeling an increased sense of "comfort", as well as feeling "content", "empowered" and "confident". Steph said, "Well, when you start presenting yourself as female and like you feel a lot better … more comfortable", while Revathi commented, "I don't regret changing myself as a woman. I'm really happy." For Lin, living as a trans woman meant that they finally felt at home in their body and at peace with themselves, as illustrated in their photograph *Blue sky with trees* (Photo 3.2).

Photo 3.2 Lin, *Blue sky with trees*

> I stare in the sky and all notions of trauma or needing healing or needing to be saved from myself, all of that stuff disappears … there isn't any significance to the trees or the clouds. It's literally, I was at a place where I feel at home in my body and non-traumatised and I just wanted to take pictures to show.

Kelly said she was "more confident than when I was a boy" and Gabriella described, "I'm in a point of my life where I feel content … I feel healthy, I feel like my life has some

form of direction … I know where I'm going. I just felt satisfied." Gabriella represented her experience of feeling more "authentic" or "real" in her photograph *White bouquet* (Photo 3.3).

Photo 3.3 Gabriella, *White bouquet*

> White roses represent new beginnings, new life. I feel like I have a new life now, I'm a woman now, and, you know, I'm a different person than who I used to be. I'm much more authentic. I'm much more real.

Transitioning and feeling to be one's true self had broader positive implications for the women's wellbeing, including improved mental health. Dalilah said that transitioning has "been really good for my mental health … I've been able to kind of focus more on self-care because I don't have this lingering in my mind." Petra mirrored this comment, saying, "There have been a lot of positives … my mind is not stifled … like it's given me a lot clearer path". Many women also stated they "feel great" (Mei) and are in "a much happier place for sure, it's only been 11 months but it's been a massive difference" (Emma). These sentiments were also reflected in Jenny's account: "I'm happier today. I'll be honest with you, I'm happier being transgender than I ever was … trying to live as a cis male."

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Although some of the women said that they always knew they were "different" and wanted to identify as trans or genderqueer, for some it was migration that had facilitated their transition, particularly those who came from countries where being gender diverse or transgender was not accepted. The ability to finally present as femme was often met with relief and an immense sense of joy. As Emma described, "I went to the airport and I changed out of my guy clothes and that was that, that was the start of my true life, pretty much, and ever since then I've been happy and I haven't stopped feeling happy." In a similar account, Sofia explained:

> In Argentina … I didn't have the courage to come out because I was in a really violent household … So I think I had it in me that I couldn't come out, like I was lost. So to me, going to Australia was the exit—*like the paradise, freedom*, you know what I mean?

Similarly, Krithika said she "never had the chance to explore" her real gender identity in India as "everyone is closeted". Migration gave her freedom to express herself, "So this is the first time after coming to Australia I'm living [as a trans woman]". Like many of the women, Jennifer described feeling "safer in Australia"; for her, because she doesn't stand out as tall in Australia, her "height dysphoria really vanished because I thought I'm tall, 'cause Filipinos are just like five flat or 5'2" and I'm like 5'5". I'm like, 'Oh my God, I wish I get smaller or shorter.'" After migration, she could more easily pass as a woman, and so feel happy in her body: "A lot of my dysphoria vanished when I'm here and I am grateful for that." Migration also opened up work and study opportunities for trans women that would not be available to them in their countries of origin, due to discrimination. Krithika said that in India, trans women are often "like homeless and really bad, because all they do is like ask for money, do sex work, except for one in a few thousands … because they don't have any opportunities", illustrating the intersection of gender and social class in her experience.

These accounts demonstrate both the positive and beneficial aspects of transitioning that the women interviewed have experienced, and the intersecting influence of culture and migration on their ability to live their lives as their "true selves".

"My family are very accepting": Social support and acceptance as key to positive experiences of gender transitioning

Support from family, partners, friends, places of work and the LGBTIQ+ community was a key factor in the women's positive discoveries of their true self, with such support facilitating living freely as trans women, as reported in previous research on trans mental health (Hyde et al., 2014; Levitt & Ippolito, 2014). Some participants described their families as being "very accepting", "very good" and "understanding". For example, Mei said, "My family—it's very good family, so they accept me" and Sofia said, "From day zero, she [her sister] was like, 'You're my sister', that's it. She never misgendered me. She's so supportive. She's the most supportive person." In a further account, Maya relayed:

> So my family, they're very, very accepting. My dad and my mum, especially my mum. My mum treats me just like I am one of her daughters … My dad—one time, I had a conversation with him … I asked him, "Why didn't you get mad when you knew that I'm different?" And then he's like, "Whatever I do to you, you're still gonna be who you are." And that felt very accepting.

Jennifer, who was "accepted by my dad and my mum and my relatives", positioned herself as being "privileged compared to the others where they have to struggle with acceptance". She reflected that having a supportive family is not always the case among the trans community, describing her life as "one of those that you can say that any trans woman will wish to have". In a similar account, through her photograph *My life as a trans woman of colour* (Photo 3.4), Mei talked about her relationship with her aunt and the importance of family, saying:

> When I told them I want to be a transgender woman, she [her aunt] feels surprised, but she accepts me … the family is the place that you [are] always living with … if the family gives them great support, the trans people will feel the most strength and happy and support.

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Photo 3.4 Mei, *My life as a trans woman of colour*

> **Family is the most important part of trans women's lives.**

A number of women also reflected on the importance of having friends who understood and supported what they were going through, as reported in previous research (Levitt & Ippolito, 2014). Emma said, "Fortunately, my friends who actually knew that I was trans didn't misgender me and if I told them I would prefer to use 'she' and 'her', they would respect that." Dora explained that when she was coming out, her friends said, 'Go do it, go be happy.' All that kind of stuff", which made her feel supported. Mei said that for her, "Our friends is also very important when you are being the transgender woman." She continued:

> They can support you, they understand you and then they can help you in many ways. We help each other together. And sometimes I feel unhappy or she's just unhappy, we will talk to each other and then it's very important for help someone to listen to you.

Gabriella used her photograph *Photo booth pics* (Photo 3.5) to encapsulate the importance of her relationships with her trans peers, saying, "So that picture just represents the importance of friends … just having that sisterhood … She calls me when she wants to vent. I encourage her … We all come from a journey of pain."

Photo 3.5 Gabriella, *Photo booth pics*

> **So that picture just represents the importance of friends.**

Similar sentiments surrounding the importance of "sisterhood", particularly for women of colour, were reflected in Amanda's account: "Sisters of colour always embrace each other … we know our journey … We also believe in culture and that's one thing that brings us together, and this is the truth about us girls." Dalilah described feeling

> really lucky that I have a partner who has listened to me about all of this and who has educated himself, and I feel that he does step in for me lots of times or he does step in for other people.

She reported that this "reduces my anxiety because I don't feel unsafe as a trans person of colour".

The women also sought support from within the larger trans community, particularly from trans people of colour. Interviewees described this support as being important for "solidarity" and "affinity", being "super helpful" and central to women's sense of belonging. For Elizabeth, meeting other CALD genderqueer peers through community events facilitated a feeling of belonging:

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It was a theatre project … it was an all-women and non-binary people of colour event, and there was one other trans woman there … that was the first experience I had in a space that was feminine and ethnic, and where I felt like I belonged in a way, that was really wholesome for me.

In a similar vein, Dinaz described, "It's been nice to find the community that is really supportive of me and also to reach out to other trans people of colour." Krithika said, "I have a constant urge of making friends with either girls or transgirls … I can be more comfortable with them, more secure with them." Gabriella described that having "a whole army of trans girls behind you" is central for trans women as they have "a similar journey as you … and it makes it easy for you to vent".

Inclusion within the workplace was another important area of the women's lives that shaped their feeling supported and accepted. Jennifer described the positive impact that having an inclusive workplace has on her:

Every time there are clients that will be going to the work, and they would be asking about inclusivity and diversity, they would ask me to go in and they would just tell [them], "Oh, this is [participant name]. She's the only trans person that we have here in this project." I just feel happy about it because they care about me and they value me. I feel very valued … everyone just respects me, everyone loves me, everyone accepts me.

In a similar account, Dalilah explained how a focus on mental wellbeing in her workplace has opened up the space to talk about issues such as being transgender and other difficult topics, including mental health. She said, "I'm extremely lucky that where I work, their main focus is employees' mental health wellbeing … and we've got a new manager now who's really more amazing at it. So I feel comfortable to talk about those things."

Support from healthcare professionals during the women's transitioning and the use of correct pronouns was also important to them. Elizabeth illuminated this in her discussion of how she was treated by staff at her local clinic "that's gender aware" and in her photograph *"She" pen napkin* (Photo 3.6).

She said:

I really appreciated that the person who collected my blood was very knowledgeable—I guess "woke" [culturally competent] for lack of better word—and just knew what to do and how to reconcile the records with my current details and so on, and didn't make a big deal of it.

Photo 3.6 Elizabeth, *"She" pen napkin*

" **This image is just being not misgendered and gendered correctly in a hospital by various medical staff.**

These narratives demonstrate the important roles that family, partners, friends, healthcare professionals, the wider LGBTIQ+ community and the workplace play for women's identity, sense of belonging and self-esteem, and underscore the positive implications for women's overall health and wellbeing when women feel included and accepted.

"Lots of ups and downs": A hard journey to societal acceptance

Ultimately, my life is just a metamorphosis … it's just like—it's just a metamorphosis, you know, caterpillar to a butterfly. Still a work in progress every day. (Gabriella)

A number of interviewees described transitioning and being a trans woman as not always easy but rather a "hard journey" (Jenny) or "tough journey" (Sam), with "lots of ups and downs as I'm sure any trans woman will be able to

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relate with" (Sasha), which correlates with previous research (Brumbaugh-Johnson & Hull, 2019; Levitt & Ippolito, 2014; Peters, 2018). For instance, Amanda asserted, "What's inside me has always been me … the true me, which is a beautiful trans woman, it's a beautiful heart, and I can always see that in all of us girls, we all have it, *but we've always had that hard journey*".

Jenny stated that although today's society is not completely accepting of trans women, she has observed significant progress during her journey, as she used to be positioned as deviant or as other because appropriate terminology was non-existent:

> When I came out or opened up … there was no such thing as the word "transgender". There was transvestite. You were, I don't know, a transvestite, cock in a frock, or a transsexual. And you were despised by everybody. You're basically looked on as being a freak, worse than what we are today. You'd be completely publicly ridiculed … At the time, I was living the camouflage life.

While many participants described having made progress in feeling comfortable as a trans woman in terms of their own life journey and the beginnings of awareness of transgender experience in Australia and in queer communities, they observed there was still progress to be made. Sam said, "It's been a tough journey to get where I've come to, and to get comfortable in my own skin, which I'm not entirely comfortable in my skin but we're getting there" and Gabriella said, "It's just unfortunate that we just live in a world where there are so many misconceptions about who I am, and—or who we are as a whole … society can be harsh. It still is." For Fiona, this harsh judgement from society meant she could not be her true self, as illustrated in her photograph *Lock and chains* (Photo 3.7).

Photo 3.7 Fiona, *Lock and chains*

" **It portrays how my inner view is portrayed and it is about my sexuality has been hidden and locked away from public view. I'm still feeling many ways that I have to hide parts of myself because people just cannot handle the truth.**

"It's like being invisible": Transphobia and racism in queer and CALD communities

Many of the women described experiencing intersecting racism and transphobia in public, as well as within work spaces and the queer community. This often led to them feeling isolated, invisible and unsupported. For instance, Amanda said, "Discrimination … even to this day … I get it even on the tram … Why won't anyone sit next to me? Is there something wrong with me? … That's the saddest thing … they judge us just because of the colour of our skin." Being openly ostracised in public was also reflected in Krithika's account: "I feel like people find it a little bit not too inclusive, like even in the trains, they don't immediately come and sit next to us, I mean next to me." Sam drew attention to these feelings, while celebrating their gender fluid trans femme and gay identities in their photograph *Selfie pride—Trans flags* (Photo 3.8). In "pulling the stereotypical Instagram duck face", they said they were communicating that

> Even though I look hella different … I can still pose the same way as you, I can still act same way as you, I can still talk the same way as you, I'm still human. You can still talk to me. Don't be afraid of me.

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Their message was "Hey, we exist, we deserve attention, we deserve to be recognised and we deserve to be appreciated, as part of the human species, part of our cultural, our humanity, our sexuality."

Photo 3.8 Sam, *Selfie pride—Trans flags*

❝ **I turn up to Mardi Gras wearing pure white and the trans flag and then my friends decorated the shit out of my hair in rainbows, I also put little lipstick on me which I love. It represents being gender neutral, neither masculine nor feminine but beyond gender in itself, being gender neutral.**

Discrimination did not only occur from white outsiders, but also within and between different CALD communities, where participants were subjected to racial micro-aggressions (Sue et al., 2007). Maya said, "I've got dozens of examples of racism, like inter-community racism between non-South Asian migrants and South Asian migrants, [and] between white Australians, that's pretty well-documented." Experiencing discrimination as both a trans woman and a woman of colour was described by interviewees as a "double whammy"

(Gabriella), with "the more of a minority you are, the more people seem to hate you" (Emma). This was reiterated in Emma's account: "We have two reasons for being under pressure—I mean, being trans and being international" and Maya described, "I think it's just being a really easy target for people. You are already on so many levels marginalised." This supports previous arguments that queer people of colour are at higher risk of minority stress due to their intersecting social identities (Dominguez, 2017).

This was evident across the women's narratives, as they described a sense of being invisible in society, excluded, or not quite fitting in with the trans community or their CALD community. For example, Maya described feeling invisible due to the lack of representation of women of colour in Australian society, saying "A lot of ethnic minorities, there's very little visibility … It's like being invisible … It is just a little isolating and I don't know how to describe it. It's just not fantastic." For Rena, actively coming out as trans was her way of countering the invisibility experienced by a trans woman. She described:

> Me being trans and coming out to people and all of that is being visible to people … I think it's important just to let people see that you exist is part of being normal and that people should accept that it's a normal thing that we're just all different.

Discrimination towards trans people within the broader queer community was reported by the women, which confirms previous findings (Bornstein, 1994; Levitt & Ippolito, 2014). For example, Jennifer asserted: "Gay people hate trans people." This is more acute for trans people of colour. Dinaz identified exclusion within queer communities, which serves to isolate "queer trans folk of colour" who need support:

> Queers don't organise violent gangs to go round bashing people, but they do exclude people from communities, which results in the death of people who don't—who no longer—have access to their social networks or they feel like they can't rely on their community or they can't reach out when they have mental health problems … We already feel totally isolated as queer trans folk of colour, but imagine finally finding your community …

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Talking in relation to her photograph *Brown enough* (Photo 3.9), Fiona also described how women of colour are often excluded from the queer community. She brought light to this issue by showing a white hand revealing extra layers to the gay pride flag, stating:

> It's all about a very big controversy, about LGBTQ flags that represent people of colour. A lot of those flags had black and brown added above the rainbow, so that's why I made that background to that image, and a lot of white gay men were very offended by this and that's why I've drawn a picture of a white hand tearing the black and brown stripes off it. In the background, I've put the transgender flag there and the five stripes represent the five different main skin tones … going from light brown to dark brown … more fully represent people of all cultures. It was like trans women of colour.

Photo 3.9 Fiona, *Brown enough*

> ❝ **It's a hand tearing the brown and black stripes off the flag and revealing two other flags behind it.**

Krithika also spoke about prejudice that happens against trans women of colour within the LGBTIQ+ space. She said, "They would only accept trans women of white colour first, and they [are] not really taking steps to accept trans people of colour." Maya also described how "narratives of violence" are often used against people of colour as a means to gatekeep involvement in the queer community, asserting it is a way to keep "trans people of colour out of spaces and to keep them from—to keep spaces as white as possible … white supremacy is exercised within the queer community". Similar feelings about gatekeeping by non-CALD queer community members were also expressed by Dinaz, who said:

> It's not like a fucking club where you've got a club list and you can throw people out of the club; when you're queer and you're trans, that is who you are and the community is by virtue. People who gatekeep—and it's always white cis people who are gatekeepers—they're, "Oh, you're not queer enough" or … "You don't look trans enough."

Religious rejection, judgement and isolation

Social exclusion from religious communities is a common experience for many LGBTIQ+ people, a further form of minority stress resulting from intersecting identities (Pallotta-Chiarolli, 2018). Many of the women interviewed described practising a religion prior to their transition and experiencing judgement, gossip or exclusion from religious institutions due to their gender and sexuality diversity. Sam, who previously practised Christianity, said, "because I identified as gay … I wasn't allowed to be in outreach missions anymore. They completely isolated me from being a part of the church and taking part in church, which is really bad." Similarly, Jennifer discussed how "a lot of people use religion to justify their hate on trans women" and that "I hear a lot of people saying that you're going to be burning in hell because you're a trans woman. Like, God doesn't love you, and all that stuff." For Sam, disclosing that they were same sex–attracted resulted in them being required to undergo conversion therapy within the church, which involved:

> Looking at naked women and trying to make yourself sexually attracted to them … looking at people in your friendship circle and trying to be attracted to women … [and] mindfulness meditation based on your homosexual desires … just recognise them, accept them as they are and move on. Don't contemplate on them, don't try to promote them.

This experience for Sam was "really frustrating", "did not work" and ultimately led to suicidal ideation. For Jennifer, being made "to present male … to be able to attend church" resulted in her "not want to go to church anymore" and for

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others, complicated their journey to expressing their true identity. As described by Dora:

> It was just confusion and when I would try and work stuff out, it would be my dad … he always tried to give me advice … "If you go to church and stuff, maybe you'll find the answers you're looking for" … [I] never really found anything at church … it just delayed where I am now … It put more holds on my life, it slowed everything down. I don't really know if I knew what it was like to really be happy and comfortable with myself until after I had dealt with all that stuff.

While many experiences of religious discrimination happened in participants' home countries, particularly where religion shaped broader sociocultural beliefs and practices, some women felt religious discrimination continued following migration and was part of the mainstream Australian culture. This is in line with previous research which reports that individuals who are LGBTQ and from a non-Christian faith (e.g. Muslim) experience discrimination, exclusion and prejudice that mean it is more difficult to access health and social services for support (Pallotta-Chiarolli, 2018). As Fiona said,

> The majority of the federal members of parliament in Australia are white Australian men who were born in England, and their religion is mostly Catholic. So therefore, the Australian parliament will never treat the trans women the same way as straight women because of their religious intolerance.

These accounts demonstrate how some religious doctrines espouse homophobia and transphobia, and how the intersections of sexuality, gender, culture and religion contribute to cumulative discrimination against trans women both prior to and following migration.

"The options are limited": Socio-economic hardship among trans women

Many participants described experiencing financial difficulty or hardship associated with being a trans woman. Asami described having to rely on peer support to avoid homelessness, saying " a bunch of friends pulled together some money so I'd actually have a place", and Sam described having little or no

money after paying her expenses: "I just took my Centrelink money and like, did math … I don't get rent assistance … we're surviving." After suffering sexual violence when staying with family members, Jenny became homeless, and revealed that "there's a time where you could actually get under Town Hall … a lot of homeless people stayed under there. That was fine. It was secluded and there was a secret entrance."

A small number of the women discussed the high costs involved in relation to gender re-assignment surgery or costs involved in presenting femme. Steph said, "Clothes are pretty expensive … That's why I wear boy's clothes because that's what my parents got me", and Claudia described, "A huge chunk of my income goes to either medically transitioning, or therapy, or psychiatrists, other medical fees … this is why I'm living in a house that goes through a dingy alley between some shops." For Asami, being able to get "bottom surgery", a surgical procedure to remove male genitalia, was very important, but seemingly out of reach due to the high costs involved. She said, "I fucking want bottom surgery … all up it will cost me $35,000; it's something I've resigned myself to … I have to save up this amount of money just to feel better about myself." Poverty and lack of resources to live or fund gender-related health costs meant that some of the women remained employed in jobs they did not like or resorted to sex work. Claudia described working in a transphobic environment but felt she could not leave because "[it] was me trying to save up money for transitioning, so hence working even though I wasn't comfortable there". Sasha resorted to sex work, following experiences of chronic illness which meant she could no longer work in her usual profession:

> I was very apprehensive but I figured in all that I need money and I had to pay my house insurance and then I have to also go to a specialist, so they all cost money and in order to survive, I need to do sex work … People are university-educated and very intelligent people that perhaps like myself, sex work is not always our first choice but it's what keeps us alive … the options are limited.

These examples highlight how the intersections of gender, sexuality and social class shape the financial options that are available to trans women, with many of them forced to engage in sex work to survive, and a number of them experiencing homelessness and poverty.

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"They call me by my dead name, their son": Family rejection and lack of acknowledgement

One of the most significant factors that shaped the women's journeys to embrace their trans identity was the way in which their families reacted to their desire to transition, or whether the women could be open about their gender and sexuality identity with their family. For some participants, openly being trans in their family context was not an option. Maria said, "No one outside the immediate family knows that I'm trans, and even my brothers don't know yet", and Lin stated, "I'm only male when I see my parents." Other women described being on a journey of coming out with their family, such as Claudia: "I'm at the stage of testing the ground with closer relatives who seem a bit more open with this kind of stuff … slowly making my way towards the further reaches. Especially like my grandparents."

Family rejection, or refusal to acknowledge preferred gender identities, is a common experience for trans people (Peters, 2018). Family members not acknowledging pronouns or accepting gender diversity was commonly reported by the interviewees. For example, Petra said her mother "won't acknowledge my … pronouns or name … and she's constantly asking me to like, justify myself … but not recognising me". Lisa said her parents "still call me by my dead name, their son". Identifying as queer as an adolescent was often the first step in transitioning, as well as the first step in family rejection. Family estrangement was often the consequence of rejection. As Asami stated, "I've cut all my family away … That was the final straw that broke the camel's back. She [Asami's mother] just kicked me out of house 'cause I told her I was trans."

Some interviewees described their parents as "having used their power" to stop them from transitioning. As Emma said:

> When I first realised I was trans, and I told my parents, there was immediate backlash and that was six years ago, and they basically just abused their parental power over me to prevent me from transitioning, they threatened to kick me out of the house if I ever told my friends or anything.

Lisa said that her parents tried to stop her from taking hormones, saying "these medications have side effects. You should stop taking them." She said that her parents had "obviously no consideration why I was given them", telling her: "No. You're not sick or anything. You're fine. You're a boy. Stop taking them."

For many participants, the lack of support and negative reactions from their families was due to cultural or religious beliefs, as illustrated in Dora's account: "Even slight deviances from straight heterosexual behaviour to my parents was already wrong. It was perceived as what you shouldn't do." Gabriella described having a "complicated relationship" with her mother: "She doesn't hate me, she loves me, but she doesn't like who I am. She loves me as her child. She just doesn't like what I am." Gabriella said this was because her mother "is deeply rooted into her religion". Emma described her religious family as calling her a "monster" and a "prostitute", saying to her

> [that] I might as well kill myself … they would rather I kill myself and spare myself a lifetime of pain than to go through and live as a monster for the rest of my life and be shunned by society … they also told me that if I was a woman, I'd be the ugliest woman in the world and other things along those lines, basically just invalidating me and insulting me.

The consequences of lack of family support were isolation and psychological distress, as reported in previous research (Koken et al., 2009; Le et al., 2016). For example, Revathi said that she felt "emotionally down" because of not being able to communicate with her parents about "particular things" and therefore feeling like she had no one to talk to. Similarly, Lisa described that her mother thought she was a "crazy person" when she tried to see a psychologist about her gender questioning as an adolescent, with her mother simply saying something was "wrong with her". Emma explained that transphobia on the part of her parents and their unwillingness to allow her access to hormone replacement therapy led her to attempt suicide: "The entire reason I'm suicidal is because my parents are transphobic and I haven't been able to receive treatment." Sefina described being caught by her mother with a "knife", a "razor" and a "bottle of pills" and reported that at the time she thought to herself: "I'm being selfish to my parents" and "What have I done?"

Being a trans woman of colour: Bodily agency and avoiding sexual violence

For the majority of women that were interviewed, being a trans woman of colour was described as an embodied experience—with sense of self expressed and experienced through the body (Migdalek, 2014). For many women, this was reflected in growing bodily agency, but also in their constant awareness of the need to avoid sexual violence. Feelings about gender dysphoria prior to transitioning were often located in the body, and experiences of trans identity involved learning to express and engage with embodied femininity. This was gender "work", central to passing as a woman, a process aided by clothes, makeup, hair removal and posture. Therefore, this section examines accounts of the embodied experience of being a trans woman of colour, which for many of this study's interviewees involved the expression of femininity or trans identity intersecting with navigation of cultural and queer identities. This section also examines what motivates gendered expression—including self-expression, pleasure, safety and self-protection, or the need to please men—and the implications of passing as a cisgender woman, or being obviously trans. The complexity of this "navigation" is illustrated in Elizabeth's photograph, *Monthly planner* (Photo 3.10).

Photo 3.10 Elizabeth, *Monthly planner*
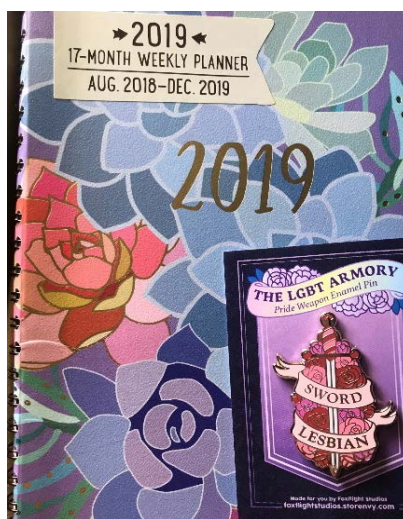
> Just reflecting on being a trans woman and of colour in Australia now, just trying to navigate life and so on.

Identification as a trans woman: Body dysphoria and secret dressing

The identification of one's self as "different", the first step in becoming a trans woman, was for many women an embodied experience, focused on dislike or feelings of "hate" towards the aspects of the body that signified masculinity. For many women, this happened at puberty, a time when physical changes coincided with greater social enforcement of gendered roles; as Elizabeth said, "The more I grew into my body and stuff and social roles enforced by gender, that's when I began to realise something was wrong." For other women, body dysphoria and identification as a trans woman was associated with the expectations associated with the male sexual body, as Mei's account illustrates:

> Other boys, sometimes they will—in school, we live in together—we live in a village, and other boys sometimes always talk about sex, those kinds of things but I don't love that. I hate part of my body, down parts. So after I understand their knowledge, I try to learn how to become a transgender, a trans woman.

Identification of one's self as "different" could also happen through realising that it "felt good" to wear women's clothes, a process that for many women happened without consciously reflecting on their gender identity. As Dora said, "I've always known that there was definitely something different about me … it felt pretty good to raid my mum's closet and wear her stuff." Maya described how as a young person, they liked to dress up as "Asajj Ventress" when they went to Sri Lankan functions, "a beautiful, sleek, bald-headed assassin alien", but hadn't realised this comic book character was a woman until people started laughing at them. They also liked to wear a "particular maroon blouse and long brown skirt, like the ugliest thing" after school. This made them think, "Oh, maybe I'm a trans—not a trans woman but a woman."

Many women initially adopted feminine clothes in secret. For example, Emma said that wearing dresses in secret made her feel better about herself and her body: "It was just

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something I did when I felt particularly dysphoric." Her photograph *Black and white dress* (Photo 3.11) relates to the first dress she ever bought, which she saw online and then "went to the shop with a backpack and I bought it and I hid it in the backpack and then I went home". This helped her to deal with living in a "really transphobic intolerant place" and "having parents who are unsupportive and it being actually dangerous if they were to find out" that she was starting to identify as trans. Wearing the dress in secret meant she could avoid "people [who] were going to make trouble or at the very least stare in a weird way".

Photo 3.11 Emma, *Black and white dress*

❝ **That's the first dress I ever bought when I was still living in Singapore where things were not great and so that helped me get through all of it just having that hidden somewhere in my room.**

Some of the women described engaging in other forms of body work as part of their process of becoming "more gender appropriate", a transition that often happened "slowly" or in degrees. For example, Claudia said that while she currently presented to the outside world as "male", she painted her fingernails, and did other "small things to try and get myself more comfortable with presenting" as a woman, such as dying her hair. She said that she was "slowly being more and more myself, more comfortable with myself, which slowly

helps the anxiety". In a similar vein, Maria described herself as "mostly in the closet", so she is "not really acting [as a woman]" but was "just doing slight things, like my hair is longer, I try to make it so I don't cringe at my own voice, type thing". She illustrated this feeling in her photograph *Dress in closet* (Photo 3.12).

Photo 3.12 Maria, *Dress in closet*
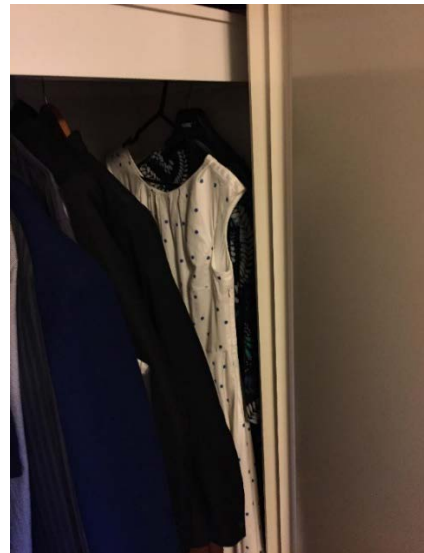
❝ **Hiding what you are in the back of the closet. Like having it be there, not getting rid of it completely but not being able to show it properly. The world's not as kind as it could be, so people get scared.**

Being "closeted" was sometimes due to the women "not [being] ready" to be publicly identified as "a trans woman", as Krithika said. She continued, "I feel like socially embarrassed or nervous to go out in public as a woman, but not as a man", which meant she lived a "double life". She was afraid if "someone comments about me or what if someone laughs and what if someone that I know sees me and identifies me". However, being closeted means hiding a significant part of the self, with negative implications (Cole, 2002).

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Other women talked about only being comfortable being openly "high femme" in safe spaces, such as queer venues, and either taking Ubers or dressing up at their destination to avoid being seen in public "dressed up". For example, Dinaz said "I don't feel safe when I'm dressed high queer, high femme, so I don't jump on the train." They said they disguised their clothes under a "big coat" on their way to queer venues, saying "I have a lot of great big coats."

> I often take my outfits to venues, so while most white queers will show up to the venue dressed there, I will show up normcore. But I will take my drag bag and it'll have all my makeup in it, and then I'll just go into the venue and then [dress up].

Dinaz's observation that "most white queers" didn't have to disguise their "high queer, high femme" appearance is evidence of the intersection of gender, culture and sexual identity in the experience of expressing femininity for trans women of colour. A situation that is safe for a white trans woman may not be safe for a trans woman of colour.

"My goal is just to pass and blend in": Navigating intersecting gender, cultural and sexual identities

While some of the interviewed women, such as Krithika and Emma above, were "closeted" to avoid people they knew identifying them as trans, for the majority of women their focus was on "passing" as "normal" women to strangers in the street, or to men they might meet. Jennifer said that her "looks didn't match my gender identity, so I had to transition". Her "goal" was "just to pass, just to blend in", because "I don't wanna stand out". Jennifer was confident that "any guy would just look at me, they wouldn't know that I'm trans", an "achievement" illustrated in her photograph *Whisper pantyliners* (Photo 3.13). This represented an experience of being given a free pantyliner handed out to women at a train station in the Philippines, which Jennifer said made her "come into a realisation that I'm already at the peak of my transition as a trans woman, because everyone just sees me as cisgender".

Photo 3.13 Jennifer, *Whisper pantyliners*

> ❝ That was my first time I got, like, a pantyliner from the train station, back in the Philippines. It was always my goal to pass and I felt like I achieved it, so, I was really, really happy about it.

Mei emphasised the importance of passing and blending in with others without any attention being paid to her appearance, because "I don't want to be very strange … I think I prefer to be a normal people." In her photograph *Selfie with whiskers* (Photo 3.14), she depicts herself wearing a "little black dress" for a trip on the train, while demonstrating humour through drawing whiskers onto her face. In her photograph *Selfie black-red dress* (Photo 3.15), her normality is demonstrated through adopting "the Australian style, like red and blue, like, Aussie, just the national flag", demonstrating the intersection of gender and culture in her negotiation of passing. She identified and wanted to be seen as an Australian woman.

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Photo 3.14 Mei, *Selfie with whiskers*
Photo 3.15 Mei, *Selfie black-red dress*

> **With the black dress I'm travelling by train and then the second one the dress looks blue and red, I think this dress looks like an Australian style. It looks a little bit like the Australian national flag, right?**

The women's uncertainty about whether or not they would pass was reported as anxiety-inducing, particularly the first time they went out in public, echoing previous research (Levitt & Ippolito, 2014). Talking about her photograph *Self-portrait* (Photo 3.16), Claudia described feeling "terrified" the first time she presented as "femme" in a non-trans space, when she went to "an interview as myself". She was "ecstatic" when she "actually got the job" and described being very happy "not having to be closeted or hide working in places", now having two colleagues who are "cool about everything".

Photo 3.16 Claudia, *Self-portrait*

> **Got a job presenting femme, thought interviews were tense enough without the added anxiety of passing or not.**

Rena described altering her bodily appearance through binding tape, illustrated in her photograph (Photo 3.17), in order to pass and "blend in with the cis-normative society". She used the tape for "tucking" her genitals as well as for hiding her Adam's apple under the high-necked jumpers that she always wore, as a result of the "bad dysphoria" associated with that part of her body.

Photo 3.17 Rena, *Binding tape*

> **I use that for tucking but I also use it for my throat because I have bad dysphoria with my Adam's apple. Basically I wear a turtleneck every day, in summer and in winter, and I use this double tape because it's really strong and I tape it on my back to my turtleneck because it annoys me so much that I just don't want to see it.**

Passing meant that "other people might stop interacting with me in weird ways" (Claudia), or that women were not in "danger" (Dinaz) or "unwelcome" (Gabriella) in public spaces. As Jenny said, "a person that passes, gets treated a lot better". Passing was described as a "privilege" that was associated with women's unalterable physicality; as Gabriella said:

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I'm just lucky that I happen to have the privilege of being somewhat passable. I call it a privilege, because not everybody has that. Not every girl has that. Not every trans person has that. So, I call it a privilege. So, I'm just lucky to have that privilege. So, therefore I can go into certain spaces that may not be as welcoming, and I wouldn't be discovered.

These accounts resonate with previous research on trans women and violence, where women reported constantly monitoring their behaviour in order to minimise the possibility of being identified as trans, and thus being rejected or subjected to violence (Levitt & Ippolito, 2014). As one of the trans community stakeholders who reported on the analysis said, "passing is life or death". There is strong evidence that visibly appearing different heightens the risk of violence for trans women (Jauk, 2013), leading to the conclusion that the threat of violence serves as "gender policing" (p. 808). This form of gender policing through violence or threat of violence impacts all individuals who do not fit comfortably with dominant norms of masculine/feminine behaviour, as deemed appropriate to biological sex (Migdalek, 2014).

Kroeger (2003) theorises that "passing" is a way of fitting in to social contexts that would otherwise exclude or marginalise the passer, allowing them to avoid conflict, danger, prejudice, or discrimination, and facilitating their social acceptance. She also posits that passing can serve as resistance if and when the passer reveals themselves. Alternatively, it can reinforce an oppressive system, which made passing necessary in the first place (Migdalek, 2014).

For some of the women interviewed in this study, passing was also about pleasure and feelings of embodied agency. In her photograph *Selfie with bun* (Photo 3.18), Gabriella illustrates the pleasure she felt when men told her she was beautiful, making her feel like the "prettiest girl in the world". However, at the same time, she recognised that this was "not the kind of feeling that girls like us" often get: "Our beauty is not really celebrated like that."

Photo 3.18 Gabriella, *Selfie with bun*

" I specifically remember how I felt that day. I was dressed, and I went to the theatre to see a musical. And while I was at a theatre, like I had all these men telling me that I looked beautiful, and I looked amazing. So on a day like that day I just felt like the prettiest girl in the world.

As Gabriella indicates in her recognition of having "privilege", not all trans women of colour that were interviewed could pass as a pretty girl or beautiful woman. Some described expressing their gender identity "within the confines or bounds" of the "physical body", subverting or redefining archetypal femininity in the process. For example, Jenny said, "Not in hell I'm gonna pass. That's because of the massive scar across my face." As a result, she identified "not as a cis male", but as a "transgender female and a proud one and a fucking loud one". For Dinaz, it was their size and body hair, as well as their "brown" skin that made passing difficult. They said they could never pass because "I'm tall and I'm big and buxom", and as a result "I have to find the ways of being that are feminine but that also work with my body, not against it." They continued:

It took me to about 28 to really start identifying as femme and I would identify as a sort of femme bear because I was big brown hairy person and it allowed me—creating this subversive weird identity allowed me to explore femininity but within the confines or the bounds of my physical—my bodily stuff.

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Dinaz was explicit about the difficulties of passing for "trans babes of colour" who have to "work against the racism, against white notions of beauty which is hairless and, yeah, skinny and small". In each of these accounts, the women are alluding to the problematic nature of attempting to adhere to "antiquated notions of femininity", and the fact that "restrictions placed on trans women in regards to passing are very oppressive", in the words of one of this study's trans community stakeholders. These accounts support previous suggestions that perpetually striving to attain the appearance of femininity in order to fit in may cause the passer to lose touch with other ways in which they might experience or express themselves (Migdalek, 2014). It has been argued that this pressure to pass may also cause depression, anxiety, hostility, or low self-esteem, since "passing never feels natural. It is a second skin that never adheres" (Kroeger, 2003, p. 8). If trans women of colour are attempting to adhere to ideals of Anglo or white femininity, described as the "benchmark woman" within "patriarchal discourse" (Deliovsky, 2008, p. 49), then this feeling of a second skin that never adheres may be more acute. However, finding a comfortable expression of gender outside of the heteronormative dichotomy of male and female is possible; this has been described as "border-dwelling" (Pallotta-Chiarolli, 2010, p. 14) or "genderqueer" (Fletcher, 2013, p. 66), occupying a unique space in the middle.

For those women negotiating a queer identity alongside their gender and cultural identities, this was a complex process. In her photograph *Painting with trans girl* (Photo 3.19), Elizabeth illustrates the "balance" negotiated by trans women of colour—between their "cultural birthright and gender identity" and their sexual identity as lesbian or queer women.

Photo 3.19 Elizabeth, *Painting with trans girl*

> **The multifaceted nature of being a trans woman of colour: this was a direct creative attempt by me to explore this in one image, combining modern and traditional symbols, Thai folk medicine with a trans flag and sapphic/lesbian symbols.**

Maya said that they "came out as gay initially", which resulted in fights with their parents. They said that they "can't be visibly queer in front of the Sri Lankan community all the time", but do this through body performance, which involves a "really messy mix of me exploring my gender and presentation and costuming and makeup and all of that. Alongside, trying to find my place within my culture or my perception of my culture." This is illustrated in their photograph *Half face mask* (Photo 3.20).

Photo 3.20 Maya, *Half face mask*

> **I use my performance as the way to explore my culture and my gender at the same time. It's a safe space for me to be able to be Sri Lankan and be visibly queer.**

At the same time, not being feminine could also result in exclusion from queer and trans spaces where trans women are normally safe. Fiona said that soon after she started transitioning, she was banned from a number of transgender support groups she had joined "because of my very male appearance and the fact that I cannot cover that up with makeup". As a result, she said "they saw me as one of these concerted infiltrators … they assumed that I was an outsider and they kicked me out".

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Other implications of not passing—including staring, catcalling, physical violence, and sexual harassment or sexual assault—are detailed in Chapter 4.

"Being a woman takes a lot of practice": Femininity as pleasure and self-expression

Transitioning to a feminine appearance and identity and being publicly identified as a woman was described by many women as ongoing gender work that "takes a lot of practice" (Sasha). For many women, this involved embracing an archetypal hetero-feminine appearance, including makeup, hair removal, wearing "floral clothes", high heels, and a womanly posture. When Sasha started to transition, she thought this was the "code" for doing a "really good job" as a trans woman:

> I thought if you wanna be a trans woman, just do a really good job. So, grow hair, shave all the time and like you have to wear really floral things with a lot of flowers and pink things 'cause I thought, well, you know, that's like the code.

This adoption of what has been described as the archetypal "hetero-feminine" appearance was the goal of many of the women, as has been reported in previous research (Levitt & Ippolito, 2014; Smith et al., 2014; Yavorsky & Sayer, 2013). However, it was not universal. Sasha went on to say:

> I realised many years later, you could be a trans woman with a pixie cut and you could wear jeans and you don't even have to have breast augmentations. So, it's just like the different choices that we make.

For some of the interviewed women, learning how to do "makeup" through the application of cosmetics was central to becoming "femme", and was "gender affirming", a manifestation of embodied agency. Dora illustrated this through her photo *Makeup bag* (Photo 3.21). She said that she carried her makeup bag "around all the time" and that her "life is heavily revolving around the fact that I have that with me". She said that makeup gave her pleasure and power.

> To me, it was weirdly powerful, I've got my tools with me, the feeling of euphoric. It's the first thing I check, "Can I just quickly fix something to make myself feel better?" Typically, it does work for me and it's a way to cope. If

I find particular trans makeup people on YouTube, that stuff is really helpful for me because they'll talk about characteristics, like facial characteristics that will, like, really apply to trans women.

Photo 3.21 Dora, *Makeup bag*

> " That's literally my makeup bag, I carry it around all the time. The whole process of doing makeup has brought me this relaxing feeling and it also helps reinforce my identity.

Speaking on her second photograph *Makeup shopping* (Photo 3.22), Dora described the image as representing "one of the first times I went shopping for a whole bunch of stuff. It was really gender affirming". She said that buying and wearing makeup was "in lieu [of] starting HRT", which she described as a "pretty serious step [to take HRT]" that represented being "confident that I've stopped doubting myself in regard to who I am". Support from her cisgender sister in shopping and choosing makeup gave her confidence and "the right mindset to go forwards" with her gender transition. This suggests that while makeup can have a material effect in altering the appearance of the body, it is also highly significant in the expression of gender, and what it means to be a "woman".

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Photo 3.22 Dora, *Makeup shopping*
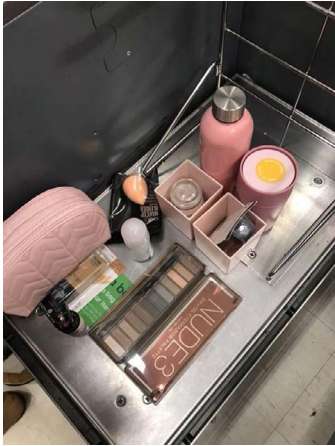
> Going out and buying all that stuff was one of the most affirming things I've done. Nowadays, I go to stores all the time, buy stuff, try stuff on too, but if there's initial times, especially with my sister, who's really supportive, that kind of gave me the right mindset to go forward.

The removal of facial and other visible body hair was also a central part of the experience of femininity for trans women of colour. None of the interviewed women described this as a pleasurable experience. For example, Sofia said that she had spent $10,000 on laser treatment to "kill the hairs forever" across her "whole body", and "it was really painful. It damaged my skin." She explained that she endured this pain because "my skin is quite fair and my hair is black", so she would not pass as a woman if the hair wasn't removed. Other women described assiduously shaving facial and other bodily hair alongside using makeup as "engaging [in] embodying modifications" to achieve "certain kinds of gender outcomes", which produce "differing degrees of vulnerability", in Lin's words. This is illustrated in their photograph *Makeup and razor* (Photo 3.23).

Photo 3.23 Lin, *Makeup and razor*

> Sometimes when I'm a guy I use the blush and sometimes I am using the razor for things besides my face. It feels it's no longer clear who this is for and why it is that by engaging embodying modifications that leads to certain kinds of gender outcomes and differing degrees of vulnerability. So, yes, that's about gender as makeup, gender's makeup.

However, alongside the "vulnerability" that Lin described as resulting from body modification, they also experienced a sense of belonging in their body, and a connection with "the divine feminine". Lin explores this in their photograph *Red moon* (Photo 3.24).

Photo 3.24 Lin, *Red moon*

> Femme-ness has involved the paradox of engaging in the artificiality of glamour in order to experience this supernatural feeling of inhabiting my body on this planet. It really is divine and mysterious and haunting, the nature of the divine feminine.

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Makeup and hair removal were not the only ways that the trans women of colour identified as feminine through modification of their physical appearance. Learning how to "walk as a woman" (Revathi) or wear hair in a feminine way "on the side" (Sam) or "on top in a bun" (Gabriella) was commonly reported. Sam, who identified as gender fluid, talked about using jewellery and scarves as a form of self-expression:

> I've specifically tailored what I would wear or how much jewellery in terms of my gender expression and I'm satisfied with that and it's fulfilling in a way in terms of what's in here being expressed out here.

They were explicit in rejecting hormones as part of their gender expression, as they said, "The way I can tailor my gender expression [through] my physical body is enough for me in this stage". For Sam, scarves and jewellery also reflected the intersection of femininity and their cultural identity as a person from an Indian background. In their photograph *Selfie with red scarf* (Photo 3.25), they described scarves as reminding them of a sari, which "can be utilised in terms of a more feminine energy", demonstrating the intersection of culture and gender in expression of self:

> The scarf that is tied around my belt and I have around me is something I used to gender-express myself as much more feminine. When other people will just look at it and think, "Oh, okay, a scarf", but for me, it's the scarf that comes across as a sari.

Photo 3.25 Sam, *Selfie with red scarf*

> **Scarves are very much feminine and it reminds me of saris and it reminds me of the flowing fabric. That's what first drew me to my feminine nature—the flowiness of fabric, the flowiness of hair.**

Sam's jewellery both "expressed femininity" and connected them to their culture, as it was "what women wear when they are married". They said that while other people may see their jewellery as "skater boy rubber bands" and therefore masculine, "for me, it's much more than that. Sometimes my gender expression is more for me not for other people." The pleasure in their gender expression was for themselves.

Photo 3.26 Sam, *Hand wearing jewellery*
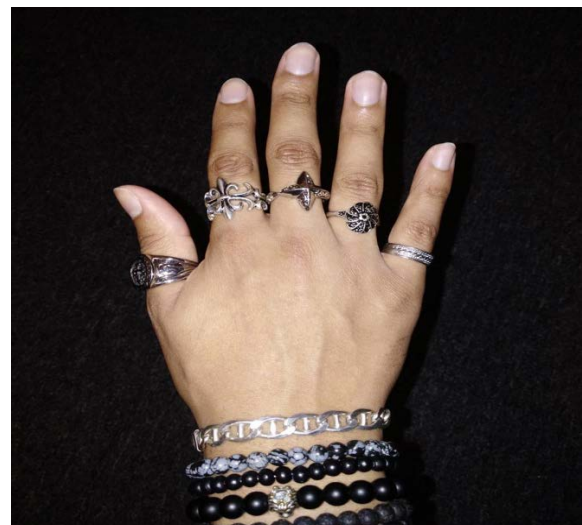
> **Bangles represent what women wear when they're married. For me, it connects me to my culture in a way, but it also connects me to jewellery and design. So that's how I express myself as a trans person of colour.**

Similarly, Dora described wearing a strappy dress that reminded her of traditional Pilipino dresses in order to connect her femininity and her culture, illustrated in her photograph *Traditional dress* (Photo 3.27).

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Photo 3.27 Dora, *Traditional dress*
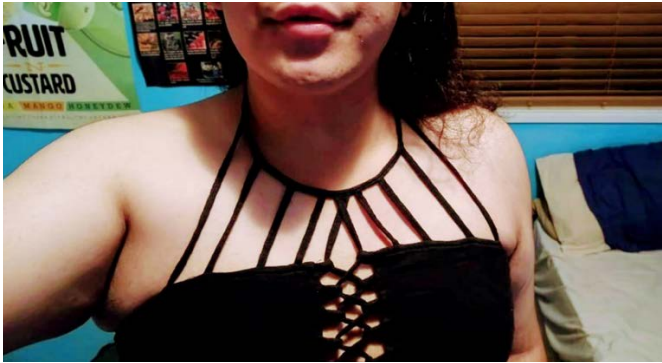
> There's a lot of traditional Pilipino dresses that are very strappy, real tribally looking. As a person of colour, I like to rep it as much as I can, wherever I can, because it brings me a lot of pride with where I'm from and helps me to connect with that part of myself.

The "proud" adoption of a positive cultural identity as a "woman of colour" was evident in the accounts of many other women that were interviewed. Indeed, being a seen as a "woman of colour" was a safer position than being seen as a trans woman for many. As Natasha said, "I love being a woman of colour, but it kind of sucks being trans." Natasha said that she was "very proudly and assertively a woman of colour in every space where I am, so whether it's work or socially" and that she strongly valued "my culture and my ethnicity, I deeply love and I deeply love Malaysia, but Malaysia is a suck-y place for trans people—everywhere is a suck-y place for trans people". Identifying as a woman was not an issue for Natasha—it was being identified as trans, and standing up to transphobia that was difficult.

> I feel like I can be safe being a woman of colour. I can't be safe being assertively a trans person and I think that's where I've landed on and I think if I felt—if I was more confident in public perceptions and about people standing up against trans phobia, I would be more open about it.

In combination, these accounts demonstrate that the embodied performance of gender is a complex process for trans women of colour, as they have to navigate the intersections of gender, culture and sexuality when developing and expressing their identities.

Who's this femme for? Challenging the male gaze and subverting archetypal femininity

Exploring and expressing embodied femininity was not always a pleasure or source of empowerment for the women. A number of them empathised with cisgender women in feeling pressurised by men to adopt a perfect and "unrealistic", archetypal hetero-feminine appearance, including "staying a certain size or having big breasts". This pressure may be worse for trans women, as they are expected to perform sexually as well as look "perfect". As Sasha stated:

> I think men expect cis women to be Victoria's Secret Angels and then they expect us to be like Victoria's Secret Angels with a dick. So, I think it's almost unrealistic but that's what they want.

Sasha said she was asked by many of her sex work clients to adopt an archetypal feminine appearance, with "high heels and a heavy makeup look", and so she had learnt how to do so. Sasha illustrates this in her photo *Selfie red lips* (Photo 3.28), where she is clear she is not "less of a woman" without makeup; it is a performance for men.

Photo 3.28 Sasha, *Selfie red lips*

> I don't think by not having makeup made me less of a woman but it's what the guys want. There's so much to learn because we go from a guy to a girl. I think I just evolved and adapted and learned makeup techniques and styling techniques, which one goes with which one, and something that looks good.

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Sasha said that she wore makeup for men despite feeling she could never "please the client because I'm never really gonna be enough for them". Feeling that one's appearance is "never good enough" is part of the self-objectification which occurs when women internalise the belief that their worth comes from being sexually desired by men (Fredrickson & Roberts, 1997). It is a common experience for cisgender women (Tiggemann & Lynch, 2001), which Lin identified with. They stated that in "feeling solidarity with all women, we're being pressured around how to look in our body". They continued:

> A disproportionate amount of my own self-consciousness is related to being trans but there are lots of cis women who experienced gender dysphoria, there are lots of cis women who are also fucking worried about their hairlines and the bust lines and their hips and just like, "Oh, this is just what it means to be femme. Fucking patriarchy, shit."

Lin was clear that "there's no one way to be femme. And if I wanted to tie my hair back and show my hairline and have no makeup that's OK." In their photograph *Whose femme is this for?* (Photo 3.29), Lin questions who femme was for—"Who gains out of this?"—at the same time as they subvert archetypal femininity through a depiction of part painted fingernails in an unfeminine dark shade.

Photo 3.29 Lin, *Whose femme is this for?*
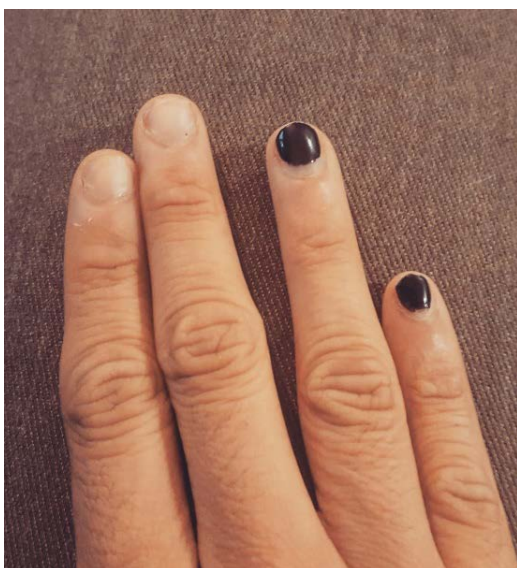
" **Whose body is this? Who does this belong to? When I put on her face with powder and ink and so on, who's the one who's putting on the powder and ink and whose powder and ink has been put on and who is it for? Who gains out of this? Who loses? Whose labour was it? And whose wealth is this? Whose power is this?**

Similarly, as she became more confident in her feminine identity, Sasha said she realised "you didn't necessarily have to have long hair to be a trans woman". This wasn't something she knew when she was "growing up as a trans woman", and she said this was "very confusing because there is no 'one size fits all', but I didn't know that". In contrast to the clothes and makeup she wore for men, Sasha said:

> I just think maybe a day without makeup is heaven, or I can just wear the baggiest clothes around being genderless, sexless and nothing to do, I think it's wonderful. And so if I was really doing myself, I would just be like genderless, just like whatever.

Sasha said she felt "sometimes trans women overcompensate" with "really heavy makeup" because they feel they have to "overcompensate the femininity part of themselves". Feeling comfortable might therefore mean being "genderless and sexless". Other interviewees gave similar accounts. Maria said that "more women are wearing t-shirts and pants, whereas in the old days just dresses", so she didn't feel the pressure to conform to narrow notions of femininity. Steph said that she wanted to feel "comfortable" in her clothes while presenting as a woman. This included wearing black skinny jeans without tucking, while avoiding "getting caught by society" as well as wearing cardigans. This was illustrated in her photographs *Black skinny jeans* (Photo 3.30) and *Grey cardigan* (Photo 3.31).

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Photo 3.30 Steph, *Black skinny jeans*

" Just because you're in skinny jeans, you don't have to tuck … If you don't get caught by society, you get to live longer, you [need to] increase the chance of you not getting bashed.

Photo 3.31 Steph, *Grey cardigan*

" Just pictured the clothes that I really like. I always want to wear cardigans because they are comfortable. Part of presenting as woman.

In her photo *Selfie with scarf* (Photo 3.32), Natasha provided a confident image of comfortable femininity for a "cold winter day", reflecting confidence in "where I am now and how I walk through the world" as "a woman, as a trans woman, as a person of colour". She continued:

I feel confident in myself to walk through spaces in that way and with a certain self-assurance and certain stride. And that's just come from years of growth and years of— as well of learning how to be myself and express myself, as a woman, as a trans woman, as a person of colour, as someone who feels under threat from so many sides, and from so many angles.

Photo 3.32 Natasha, *Selfie with scarf*
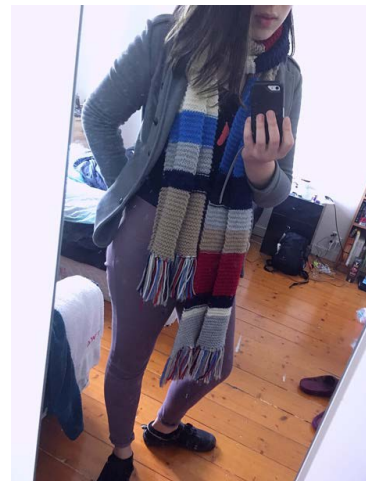
" When I was younger, even a couple of years ago, I would not have felt good enough to go out looking like that. And I do every day now. I feel like it just shows where I am in my journey.

Natasha talked about feeling confident as a person of colour, as well as a trans woman. She was not alone—many other women gave accounts of intersections of gender and cultural identity, as well as sexual identity, in achieving bodily confidence. While Gabriella enjoyed being positioned by men as "a beautiful woman", she was also aware of her cultural and trans identities, saying:

I'm black, I'm trans, I need to deal with it and remember that. Because if I get too comfortable and forget that I am, somebody is going to come one day and remind me.

She was highly critical of "girls who like to live stealth lives", saying they would one day be reminded they were trans "and might not be prepared for it, unfortunately".

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They want to be stealth, they have their name change, they have their sex change, they have everything changed, and you just want to be stealth, don't get involved in anything trans or whatever, don't have trans friends. They just keep to themselves. They want to blend into society and be part of the genetic women world, or the bio-world.

She wanted to say to these women: "You may not be black, but you're trans. Always remember that. Always and forever." Other women demonstrated an negotiation of intersecting gender and cultural identities through subverting expectations associated with archetypal femininity. In her photograph *Selfie with hair product* (Photo 3.33), Jennifer represents her response to the pressure from the "trans community" to straighten her hair and lighten her skin, in order to be "accepted as pretty" and to be "more passable, for you to be more feminine" as a "trans woman of colour" in the Philippines. The photograph is of shea moisturizer, used as a "curl enhancing smoothie". Her "brown skin colour" is deemed to be "something that is bad" because "people from the Philippines are, if you have brown skin, you're uglier" so "change that, change this". To Jennifer, the photograph is "like, me accepting me as who I am, a woman of colour" who is happy with herself without trying to change her curly hair or brown skin. She is not attempting to adhere to the "Western beauty aesthetic represented by the Barbie doll, or the countless variations of idealised white feminine beauty", which is oppressive to women of colour with naturally "frizzy" hair" (Deliovsky, 2008, p. 50).

Photo 3.33 Jennifer, *Selfie with hair product*

> **I chose this photo because I feel like it represents everything to me, like, my hair, my colour, my sexual orientation, my gender identity; it represents that I was able to show this to everyone, that means that I accept who I am.**

Sasha described subverting the association of femininity with women who are "white and skinny" through adopting traditional Korean dress for a photoshoot, where her "little bit curvy" shape was represented as "beautiful". She illustrates this in her photographs *Selfie traditional Korean 1* and *2* (Photos 3.34 and 3.35), where she embraces a traditional Korean notion of beauty, where desirable women are "a little bit heavy".

Photo 3.34 Sasha, *Selfie traditional Korean 1*
Photo 3.35 Sasha, *Selfie traditional Korean 2*

> **This makeup artist did a really amazing job and put me into traditional costumes and all the hairpieces, sort of traditional Korea. It made me feel really beautiful. Because I'm a little bit curvy, she recommended this particular look because she said a long time ago in that era, being a little bit plump is actually a sign of beauty for women. So this is at least in Korea. So beauty hasn't always been defined as skinny. There was a period of time that it was considered beautiful if you are a little bit heavy. So that was what that picture was about.**

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Admiration of representations of the bodies of other "powerful … queer brown" women was further evidence of ways in which trans women of colour took comfort in the self and "found peace" (Dinaz). Dinaz presented a photograph from "about a hundred years ago done by a queer Mexican photographer". She said, "the original is in Getty Museum in Los Angeles":

> I've had this poster of this photograph for more than 11 years, and it reminds me of a time when I lived in [city] and that was really the kind of true awakening for me because it was around when I first met the queer trans community and I discovered that I could exist in a space that was for me … It brings me a lot of peace and a lot of joy, and reminds me of what it means to be really comfortable with one's self and really happy with one's self.

Photo 3.36 Dinaz, *Photo nude woman x3*

" **This work which an old queer brown work is … extremely sublime and beautiful and femme, but it's also really powerful, like her legs have muscles and I just love it so much.**

Admiration of the woman's "powerful" leg muscles, as well as her queer identity, was evidence of Dinaz's desire to be both transfemme and to subvert archetypal cisgender, heterosexual femininity. This supports previous auto-ethnographic accounts of trans women challenging "the normative coercion to perform gender dichotomously" (Peters, 2018, p. 5).

These accounts demonstrate that trans women of colour can express their femininity, and feel confident and comfortable in themselves, at the same time as resisting the constraints of archetypal hetero-femininity and the impact of such constraints on their embodied agency (Westernberg, 2019). Hetero-femininity is associated with a pressure on women to appear and behave in a very specific way, described as "ladylike" displays of attractiveness embodying vulnerability and subordination to men (Yavorsky & Sayer, 2013). Hetero-femininity is also associated with women being expected to embody beliefs and practices of "gendered fear" (Rader, 2008)—indeed, it has been argued that fear is thus a taken-for-granted element" of "heterosexual femininity" for all women (Yavorsky & Sayer, 2013, p. 514).

All women—cisgender and trans—have the possibility of negotiating a positive and empowered expression of femininity that embodies agency (Levitt & Ippolito, 2014; Tolman, Bowman, & Fahs, 2014). However, trans women of colour also have to navigate racial identities and expectations, and for many, queer identities, in addition to being socially excluded or attacked because of being identified as trans (Bettcher, 2014; Yavorsky & Sayer, 2013). In embracing their gender and sexuality diversity in a way that they experience to be culturally appropriate and valued, the women interviewed for this study are thus demonstrating both agency and resilience in the face of a world that is often described as hostile and exclusionary for trans people (Singh et al., 2011).

"I'm now 100 percent woman": Hormones, surgical intervention and navigating the health system

Many of the women that were interviewed discussed modifying their bodies and hormonal treatments, described variously as "T blockers", "HRT" or "hormones". For the majority, this was described as having "brought a lot of positivity" because of "wanting to see a lot of physical changes" (Dora) or wanting to "convert everything … totally change" (Revathi). Mei said hormones were "very important for trans women because that's the way that you can look like a woman".

> [It affects] the beard, that's very important because it looks very weird when a woman have beard. It's also changing

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your body fat, the fat of your body. So, like, your face will look more like a woman and the body—all the body will change to a woman's—to a woman's style.

For many women, these changes led them to feel that they were now "100 percent woman" (Revathi) or "like a lady" (Kelly). Mei said that without hormones, "you feel you're playing the role of the woman but after you take the medicine, you feel you are a woman". This resulted in increased self-confidence and positive "mental wellbeing", illustrated in Dora's photograph *Medicines* (Photo 3.37).

Photo 3.37 Dora, *Medicines*

❝ **The initial image is my T blockers. My experience has been good. [Hormones] brought a lot of positivity, that stuff was really important for my own mental wellbeing.**

Selvi said that she had been through a period of depression "but when I started hormones, I got out of that and started to recover, I started being able to go out again". Before taking hormones, she had been socially isolated, but she said that "now, I love to dance, I love going out on my own". For a minority of the women, hormones were accompanied by surgery. Revathi had surgery and then told everyone "I'm starting my life again as a woman", a gendered position which was accepted by her work colleagues and family.

However, hormonal intervention was not always positively constructed. Hormones were a daily reminder of being different, of being trans, represented in Sofia's photograph *Pills on sheet* (Photo 3.38).

Photo 3.38 Sofia, *Pills on sheet*

❝ **That represents the hormones, which is the reminder that we are trans, the hormones we take every day.**

Hormones were also associated with a range of negative emotions, such as "crying a lot" or "emotionally responding to everything. Well, everything I'm responding to is emotional" (Dora). While Sofia described "how happy I am at the moment", she qualified this statement by saying, "It goes up and down, especially when we are on hormones, you know, of course we go up and down, up and down a lot, like, very sensitive." A few women reported that they had a lower sex drive after taking hormones; as Mei said: "My sex desire is lower and lower." Sasha talked about having to take Viagra or Cialis to achieve an erection, which was necessary for sex work with clients who wanted her to take an active role. Because of the influence of hormones, she had to take three Viagra, of which she said, "I really shouldn't have because it had my blood pressure right up, and it's not really good for me that much." One of the trans community stakeholders commented on the impact pornography has on unrealistic expectations held by men of trans women: "There is a huge rift between how trans bodies function and how trans women experience pleasure and how they are depicted in pornography."

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The emotional and physical side effects of hormones led Gabriella to comment that "transitioning is not a walk in the park". As she continued,

It's a lot. It's all those hormones, and the changes, and the medical, and, you know, the chemical imbalances, and what it does to your brain function, and your emotions, and all of that, like it's a lot. It's a lot.

Many women also gave accounts about the difficulties arising from "gatekeeping" of access to hormones and surgery. Some, like Elizabeth, felt "fortunate" to have been able to navigate the system, as illustrated in her photograph *Boxes of meds* (Photo 3.39).

Photo 3.39 Elizabeth, *Boxes of meds*

❜❜ **I was fortunate being able to have access to hormones and stuff and antidepressants. There's so much gatekeeping to even start hormonal— HRT. And then there was added stigma of mental health and stuff.**

Others faced obstruction or roadblocks, represented in Fiona's photograph *Stop sign* (Photo 3.40). Fiona said that she "was not able to start transitioning in an early age because I was bisexual", according to the "outdated" rules of the clinic she attended. The "pre-existing mental conditions" she had would also be a barrier.

Photo 3.40 Fiona, *Stop sign*

❜❜ **This is about rules about who can access hormones and surgery. I think that affects a lot of trans women of colour because they are still facing discrimination on so many levels.**

Fiona was highly critical of psychiatric diagnosis, and the way it was used to deny her access to hormones, illustrated in her photograph *Torn paper with numbers* (Photo 3.41). She said that "a lot of my doctors went around and saying either I shouldn't be accessing hormones", diagnosing her as "having paraphilias".

Photo 3.41 Fiona, *Torn paper with numbers*

❜❜ **This me saying that we need to tear out two sections of diagnostic manuals in regards to mental health conditions. If they use 6D3Z to say that anyone who's gender fluid has a paraphilia or anyone that asexual has a paraphilia, it's just a ticking time bomb.**

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Lack of access to hormones through the health system can lead women to source "counterfeit" or "fake" hormones, which may not be effective, or may carry other risks. This is illustrated in Jennifer's photograph *Packets of hormones* (Photo 3.42), and she talked about the importance of healthcare providers being "more careful" and "giving information … because if trans women are taking counterfeit medicines, that's going to hurt them".

Photo 3.42 Jennifer, *Packets of hormones*

❝ **The one on the left are the fake ones, and the ones on the right are the legit ones. If trans women are taking counterfeit medicines that's going to hurt them.**

The cost of hormonal or other forms of medical intervention was a major issue for many of the trans women of colour interviewed, and is illustrated in Mei's photograph *Healthcare claim* (Photo 3.43). It has been previously reported that many trans women engage in sex work specifically to pay for expensive hormonal treatment (Sausa et al., 2007).

Photo 3.43 Mei, *Healthcare claim*
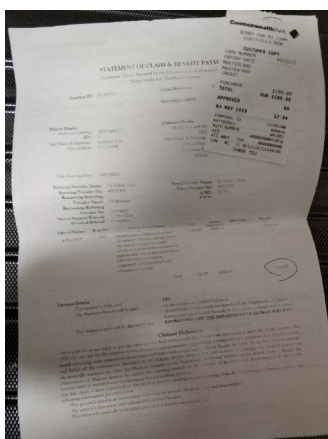
❝ **I was going to see my endocrinologist. I'm very glad that Medicare can cover a part of it, but it would be good to cover all of it because seeing a specialist is expensive.**

Accessing medical care for hormonal or surgical intervention to facilitate gender transitioning could also raise issues in relation to being misgendered by healthcare professionals, as reported in previous research (Ellis et al., 2015; Winter et al., 2016). In her photograph *Medicare and ambulance* (Photo 3.44), Elizabeth illustrated the experience of being "stuck" with the "wrong name" on her Medicare card, which she described as a "humiliating experience".

And that can be very stressing and limiting access for people that also some trans women just have put up with it and put up with that kind of humiliation in a way every time they go to the doctors.

Photo 3.44 Elizabeth, *Medicare and ambulance*

❝ **This picture is about access to basic Medicare and ambulance and just being able to apply for those with a name and state the gender that you're comfortable with.**

Conclusion

This chapter has examined what it means to be a trans woman of colour in Australia in terms of the process of identification of gender as different, the positive impact on the self, the impact of migration, and the role of social support and acceptance as the key to positive gender transitioning. It has also examined the difficulties many of the women in

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this study have experienced in obtaining social acceptance; explored the intersections of gender, ethnicity, religion, social class and sexuality they experience; and considered how the actions of others, including both the wider society and family or friends, has impacted them.

The second part of the chapter examined the embodied nature of being a trans woman of colour, including body dysphoria and secret dressing at the time when identification as a trans woman was beginning to take place. It also considered accounts of passing, and how gender, cultural and sexual identities intersect in this process. Femininity was explored as an act of both pleasure and self-expression as well as gender work; questions over who feminine appearance and manner are aimed at were considered; and resistance towards archetypal white hetero-femininity was detailed. Finally, the chapter examined the role of hormones and gender surgery, as well as the necessity of support from healthcare professionals, in gender transitioning processes.

The next chapter moves on to investigate a commonplace experience in trans women's lives— experiences of sexual violence—and the impact this has on them.

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CHAPTER 4:

Sexual harassment and assault experienced by trans women of colour living in Australia

Jane M. Ussher, Alex Hawkey, Samantha Ryan, Jessica Sekar and Jack Thepsourinthone

Photo 4.1 Fiona, *Air*

> Sexual violence is everywhere. I've had this cloud over me that sexual violence is real and it's happening all the time around me and it's happening to me as well.

The trans women of colour interviewed for this study echoed the statement made by Fiona that "sexual violence is everywhere", which she tried to illustrate in her photograph *Air* (Photo 4.1). This chapter documents the women's accounts of sexual violence, including both sexual harassment and sexual assault, in the public and private domain. It comprises three parts.

The first part of the chapter explores the women's definitions of sexual violence. Following this is an examination of the women's accounts of sexual harassment in the public domain that serve to "cross people's boundaries", through the women being objectified and positioned as other, being stared at, or by having their gender publicly commented upon. This often resulted in the women being hypersexualised, outed as trans, or as a man, leading to social exclusion or a dangerous situation. Also examined are accounts of the women being deliberately misgendered in their interactions with others, as well as being subjected to transphobic and derogatory comments, including being mocked, name-called, or laughed at. The intersection of gender, sexual identity and cultural identity is highlighted in these accounts, as is the sexism, racism, homophobia and transphobia perpetrated both by strangers and from within the queer community. This part of the chapter also examines the threats of physical and sexual violence endured by the women, which have often been a precursor to physical and sexual assault.

The second part of the chapter examines accounts of "crossing bodily boundaries", that is, experiences of physical and sexual assault in the public and private domain. This includes the women being beaten up, spat upon, groped, and subjected to online violence and forced sex or rape in the public domain. It also examines violence and sexual assault in the context of the family when the women were younger; when dating new partners, where fetishisation can also occur; within ongoing intimate relationships; and during sex work.

The final part examines the negative impacts of sexual violence on trans women of colour, including fear, anxiety, depression, self-harm and self-blame.

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"A sexually tinged violation of boundaries": Defining sexual violence

> I would never treat sexual violence any different to other sorts of violence. Violence is violence, whether it's being sexual or whether it's being verbal or whether it's being physical, or anything. Violence is violence … to me, sexual violence is violence like any violence, which shouldn't happen to you. (Krithika)

The interviews began with the women being asked to define sexual violence. For some women, sexual violence was described on a continuum, from staring and verbal abuse to non-consensual touching and sexual assault, which could occur in both public and private contexts. As Fairuza said:

> Sexual violence can be very mild, like the way they looked at you, the way they behave to you and I mean inappropriately, and to a severe condition, like assaulting you verbally or physically.

In a similar vein, Claudia defined sexual violence as "forced sexual experiences or just unwanted comments or actions". Similarly, Gabriella said, "Sexual violence could be a physical altercation, it could be a verbal, or it could just be a form of intimidation based on sexuality or gender or whatever." Implicit in all of these accounts is what Natasha described as a "sexually tinged violation of boundaries" and "a violation of consent", "to you as a person or to your body", which did not necessarily have "some physically violent element". This includes the whole spectrum of what is officially defined as sexual harassment, as well as sexual assault.

For other women, sexual violence was defined more narrowly as "anything intimate without consent" (Sam), ranging from kissing to touching, or forced sexual acts. This included sexual assault in the public sphere, where women were "cornered" or "advanced on", which could result in "rape, molested, groped, unwanted approaches. Unwanted whatever, sexually, forcefully, do something you don't want" (Sefina). Sexual assault could also happen during an initially consensual sexual encounter; as Rena offered, "Sexual violence means being forced to do something that you don't like when you're having sex with someone." This could include forced sexual

acts, "rape" or "taking off the condom without you knowing, to having a transmittable STI without you knowing" (Sasha). These acts were characterised as "occurring in relation to power differences" (Lin), and could include "people being controlling or demanding, asking for things that they know they shouldn't ask for, [sexual] pressure". These acts would fit with formal definitions of sexual assault.

When the women were asked how they formed their definitions of sexual violence, many described representations in the media as a major influence. For example, Maria referred to "maybe lots of YouTube videos of people with their opinions talking about it" and Lisa said she was influenced by "movies that are for people of teenage age and above". Others talked about being influenced by conversations with friends, including "random offhanded comments from other people" (Claudia) and "my friends, a lot of them are outspoken feminists, and when they speak out about things like sexual violence and sexual harassment that helps to form my opinion" (Emma). For many women, their definitions were based on past personal experience; as Fairuza said, "It's from my experience", and Kelly said, "because I am the victim of the sexual harassment". A combination of all of these influences was also common, epitomised by Elizabeth's account:

> It's a mixture of personal experience and, I guess, vicarious experience from my mother and my step-father, and just growing and reading and talking with the community and so on and but, yes, a fair bit of personal experience, not just from that incident but also, I guess, I've understood the feeling of not being able to say no, and the power imbalance when it happened in that instance in the club, but then also later on with my former partner, and realising that mirrored experience there and, yeah, so a big mixture of personal and hear it, learning from others.

This chapter examines all of these forms of sexual violence and their impact on the women in this study, beginning with sexual harassment and assault in the public domain.

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"Crossing people's boundaries": Sexual harassment in the public domain

I think most trans women of colour know as well as I do from bitter personal experience everything there is to know about sexual violence. I don't need to explain to them or advise them about it, because they have already experienced it. I guess for myself, if I was wanting to give myself, my younger self advice, [I'd say] "Where it's safe and you feel safe and you know you're safe, you can be yourself. You can dress how you like; you can present yourself how you like. But when you go out in public, you have to decide to what degree you want to buck social norms and risk being abused because that's part of being trans, because most trans women will not be able to fit into all expectations that most of society has." (Fiona)

The ubiquitous nature of sexual violence in the public domain for trans women of colour is eloquently described in Fiona's comment above. By appearing different, "bucking" social norms, and not fitting into societal expectations, trans women are at risk of weird looks, negative comments, catcalling, and sometimes physical or sexual assault. They are rarely "safe" from attack (Dean et al., 2000; Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). Each of these forms of gendered and racial microaggression (Sue et al., 2007) serves to denigrate, demean and potentially damage trans women of colour.

All participants described experiencing sexual violence when they were going about their daily lives—in the street, in shops and public toilets, at work or school, on public transport, and when socialising with friends. Described by Lisa as individuals "crossing people's boundaries", the perpetrators of such harassment were predominantly men, but cisgender women were also reported to have engaged in staring and negative commentary towards the women interviewed.

A hostile gaze: Public staring and "weird looks"

All of the interviewed women gave accounts of feeling that they were an object of interest and scrutiny as they went about their daily lives, manifested through "staring", "weird looks",

or "disgusted looks", meeting the definition of "microinsults" (Sue et al., 2007, p. 274). In some instances, these "looks" were positioned as invasive curiosity, but their commonplace occurrence was described as unsettling for trans women; as Sefina described, "Even walking out there, or even just when you pass a mother with her child, and they'll look at you. Things like that. You don't notice, but it gets to you. It will get to you." Tina said that, "Early in my transition, I guess, I would get some weird looks", but because she lived in "quite a nice, accepting" neighbourhood, there was "never any action" taken. Rena gave an account of feeling "concerned" about "always" being stared at, giving a recent example of when she was eating in a restaurant with friends:

Two girls sitting beside us were looking at me really weirdly, like just kept looking at me … In my head, that it was just because I'm trans. It's hard to ignore that because who want to be stared at? Like, really? Because—out of no reason. So it's something that I always … I'm so concerned about.

When it was men doing the looking and there was no accompanying comment or actions, there could be ambiguity in the intent. The women wondered if this was the staring commonly experienced by any woman considered "sexy", who is the object of the "male gaze" (Berger, 1979), potentially serving to validate femininity (Levitt & Ippolito, 2014). However, for the majority of women, staring was experienced as malevolent, described as "transphobic", as is evident in Lisa's account:

I've had a number of people stare at me before, as a trans woman. I think it [is because] this person is different sort of way. So, more transphobic rather than, "Hey sexy."

Women who were openly "sexy", wearing feminine clothes or makeup reported that staring was experienced as a violation, serving to "mentally undress" and make them feel "dirty". Gabriella's account illustrates this experience.

They are all looking at me, because I was in a tight-fitting dress, so they're all trying to almost get this Superman X-ray vision to peek through my dress and see what is underneath, because always, when someone is mentally undressing you, I felt dirty.

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In other instances, "looks" were unambiguously hostile. Sofia described waiting for the bus "and this guy walked past me, he just gave me a look, a disgusted look towards me". She said that she thought, "This is so terrible that people have to throw their anger at you because you don't pass or you're just different." Staring could also have predatory connotations if it was repeated or seemingly calculated. Natasha recounted finding a man outside her window, trying to stare in:

> I looked out the kitchen window and I realised there was like the silhouette of someone there and I banged on the window and yelled at the person to go away and the person turned around and it's just some guy wearing literally only a hoodie. That was [not] cool. Later, I found a chair underneath our bathroom window.

In all of these accounts, the women are positioned as "other", as abnormal, as a result of being the object of an inappropriate and invasive public gaze. The everyday nature of this hostile gaze was described as unsettling, in and of itself. However, in many instances, staring was also the precursor for commentary that served to "out" the woman or vilify her, or the precursor to physical violence. The hostile gaze was thus the first step on a continuum of sexual violence, as well as a violation in its own right.

"Oh, that's a man": Being publicly outed or misgendered

Language is a powerful tool, which can serve to denigrate and control women, and many women described repeated verbal "microassaults" (Sue et al., 2007). This is evident in accounts where public staring was accompanied by verbal comments about a woman's gender identity that served to publicly out her as trans, or position her as "a man". This was reported to leave women feeling vulnerable or threatened, or served to exclude them from the public sphere. In some instances, these comments took the form of invasive or "weird" questions. For example, Claudia recounted coming home with groceries, when a "random drunk dude was in front of my house; he stopped me and my partner from getting into our home and just kept asking us weird questions like, 'Hey, where are you two from? What language? Hey, are you a guy or a girl?'" She illustrated this experience with her photograph *Alleyway* (Photo 4.2).

Photo 4.2 Claudia, *Alleyway*

" **Cornered by some large drunk dude. Asking if I was a guy or a girl, then asking my name. All while I'm rushing with my keys in a dark alley near a bus stop.**

Elizabeth described an encounter with a man on a bus "who asked 'Are you a boy or a girl?' And I said, 'Girl.' And he's, like, 'Really?'" More commonly, the outing was a direct statement, positioning the woman as other. For example, Revathi said that people sometimes looked at her "like seeing like a ghost", resulting in comments such as "Wow, this is like—this is not a woman, this is a man." A number of women described being stared at and outed when using women's toilets, leading to attempts to exclude them. For example, Natasha said:

> I was in a public toilet and I came out and an older Malay woman looked at me said loudly, "Mak nyah," which is—it means trans woman. And it was like—there was a queue there, so like there would've been a bunch of women who heard that as well.

Trans women who are excluded from women's toilets are implicitly, and sometimes explicitly, positioned as "predators" or "perverts". This is illustrated in Mei's account, when she said, "Sometimes trans women look like a male, so they will

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think you attack them. They don't know why male comes to a female toilet … like you wanna take a photo or to take a video and just do some bad things". This positioning is demeaning and distressing to women who simply want to have the ability to safely use a public bathroom—the right of any woman.

Jenny said that being questioned about her right to use women's public toilets is so common that she carries a letter with her to demonstrate that she is a woman, so if "somebody goes and complains that 'Oh, there's this guy in the bathroom, in the toilet'", she can say, "Hey, listen. I might have something down there, *but I am a female*. I'm going through the process of becoming a full female." Jennifer also noted the significance of bathrooms, and her photograph *Bathroom sign* (Photo 4.3) relates to this as well as the associated fear of being outed and excluded.

Photo 4.3 Jennifer, *Bathroom sign*

" Someone might know that I'm trans and they might report me to the janitors and stuff like that. But you just want to go to the female restroom just to wash your hands, pee, poop, or anything that basically females are doing, so, why can't you just do that? Why can't you just be comfortable in a comfort room?

Other women talked about being outed and then excluded from "certain shops", illustrated by Jenny's account: "You'd be not welcome to go into certain shops, they'd throw you out. Parents would ostracise you away from their children and stuff like that." She said that while it was a "kind of a lonely lifestyle for us today", "it was worse" in the past when this form of exclusion or "discrimination" was legal.

For some women, being outed was described as a "belittling" experience, which was intended to hurt. For example, Gabriella described being outed by cisgender women, whom she believed were "intimidated" or "threatened" by trans women, as they were in competition for the attention of men:

Some women are still intimidated by you, just by the fact that you are trans. And I don't understand sometimes where that intimidation comes from, but as a result they take it upon themselves to kind of belittle you or to make it known that you are trans, or outing it to everyone who's willing to listen. "Oh, that's a man." Just because she is somehow threatened, or sees you as a competition.

At the same time, Gabriella also described being outed by men she "turned down". Regardless of the source, this "outing" can lead trans women to feel "exposed to something", or "not safe", as she continued:

Like, you're going out to a club for your friend's birthday … I was just there to have a good time with my friends. And then this dude that I turned down proceeds to out me and potentially expose me or something. So, I was uncomfortable, like anybody would be, because I wasn't in a safe space.

Language was also used as a tool of what one participant characterised as "banal violence" (Lin) and which researchers refer to as "microinvalidation" (Sue et al., 2007, p. 274), through the process of deliberate misgendering. This served to deny their identity as women, not seeing who they really are, in the attempt to "mould them" into something "I already know I am not". As Lin stated:

The banal violence of language like "Hey man, 'sup mate? What's up mate? Hey"—and just like being misgendered, that kind of—this banal violence … not only is it not a process of seeing who I am, it's a process of trying to mould me into something that I already know that I am not, right?

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Similarly, Dalilah reported that men would often "call me 'mate', and it's like, for me, that's a bit of a violent act." As one of the trans community stakeholders said, when commenting on this study's analysis:

> Men deliberately use the word "mate" in a very masculine, Ocker [Australian] way regularly to draw a line in the sand, to classify trans women in a category that brings them comfort.

The continued use of a discarded male name was another form of misgendering, with Revathi reporting, "They still call you Emmanuel, Joseph … all this kind of stuff."

Misgendering was also experienced in relation to public institutions, which could have material consequences for women's lives. Fiona described interactions with the housing department, where she showed ID with her preferred name and "letters from my doctor proving that I've been transitioning to a woman for two years". The housing department insisted that she sign the paperwork with her "male birth name", as she hadn't as yet legally changed her name, an experience Fiona described as "horrible" and "transphobic".

Mockery and transphobic abuse: Transphobic verbal abuse is sexual violence

Many forms of verbal violence reported by the women could not in any way be constructed as "banal"; rather, they were clearly a microassault (Sue et al., 2007). The majority of the women recounted multiple experiences of overt verbal harassment in the public sphere, which were described as "name-calling", "mean-ish screams" or "woo" noises. The majority of verbal harassment took the form of public mockery, which served to draw attention to and ridicule the women's transgender status. The verbal abuse was derogatory and threatening, with women commonly being called "a faggot, a tranny faggot" (Jenny), "abomination" (Sefina), "pervert" (Sam), "shemale" (Petra), or "a freak" (Emma). In Sefina's words:

> So, "abomination", "you're sin", what else? There's a lot. You know, "weirdo", "freak", the normal swear words that come along with that, all that. We act tough about it, but at the same time, it does eat you bit by bit. It does, because, as I said, the verbal stuff, you might have had an incident

this morning, hopping on the train, somebody said, "Ah, you're a faggot, poofter", this and that, "You're a man."

These verbal insults commonly occurred when women were going about their everyday lives, such as when Ravathi was "called a lot of names" as she walked down the street and when Lisa was "called out" as she rode her bike. Sometimes verbal abuse was from one person, at other times it was from a group of men, as Jennifer recounted:

> Yeah, [verbal abuse is] on the streets as in literally. I experienced one time, I was just sitting at the jeepney— that's a local public transportation [in the Philippines]—and there were guys who would make fun of me, just calling me names and then they would be like—they were like group of guys and it happened to me a lot.

Transphobic verbal harassment and jokes also sometimes occurred in the private domain, perpetrated by family members. As Steph said, "They were making jokes about like, waking up after one-night stand, next to a girl with a dick, and they were just laughing about it."

Mockery and "offensive terms" to describe women were also experienced in the workplace. Fairuza said her work colleagues "always make fun of you. I had a lot of nicknames, some offensive terms they used behind my back and sometimes I heard them, it was so offensive." Gabriella talked about a colleague at work "talking about me in a condescending, derogatory way". Gabriella was powerless in relation to this abuse, because if she retaliated, she would be positioned as the aggressor:

> Now, if I was to snap on a white girl at work, no matter what she might have done to provoke me to get to that point, it automatically—the narrative always changes, and it looks like the big, mean black girl attacking the innocent white girl. It always looks that way. She always comes off as a victim, and I come off as the aggressor.

For many women, workplace verbal abuse continued a pattern of "bullying, name calling and making jokes" (Sefina) at school. As Claudia said:

In high school, friends would make weird jokes or comments if they realised someone they were with were trans and typically the punch line would be something violent or generally degrading and even in workplaces.

In combination, the accounts above demonstrate the pervasiveness of verbal violence in trans women's lives. There were very few places where the women were safe from abuse, illustrated by Sasha's photograph *Trans Flag* (Photo 4.4).

Photo 4.4 Sasha, *Trans flag*

" If you see that there's a sign display there and then it just makes you know that—any harassment, it's not accepted here, so we don't have to worry about being attacked or people making rude comments about your appearance, and that kind of stuff.

Transphobic verbal abuse: An intention to insult and hurt

In the majority of instances, the perceived intention of verbal abuse was to insult or "hurt" women, inherent in the definition of a microassault (Sue et al., 2007). As Ravathi said, "When they notice all these kinds of things, especially Indian, they start to talk 'this isn't a woman, this is—' they try to call in your language which is a language that's to hurt you. They will call with a lot of names." The intention behind verbal abuse to insult, intimidate or threaten a trans woman is what defined it as violence for many of the women interviewed, as Gabriella commented:

If it's a verbal attack or a verbal intimidation, that is a mental situation. Because you are going out of your way to make me feel uncomfortable, you're making me feel unsafe, and you're making me feel threatened. You're making me feel intimidated just because of the fact that I'm trans. So, that is a form of violence.

The intention to hurt was deemed to result from "ignorance" or "hatred", encapsulated by Jennifer's comment:

I think the root cause of sexual violence for trans women is ignorance, because people hate what they don't know and that's sad. Just because they don't understand it, that means they hate us.

For Gabriella, and for many of the other women who were interviewed, verbal abuse was positioned as an experience that was as "harmful" and "difficult to deal with", "if not worse" than physical violence:

And I think people tend to overlook that part because it's, "Oh, he didn't touch you" or "she didn't touch you". But it is also just as harmful, if not worse. But, it's hard to pinpoint which is worse, because if you put both on a scale, they are just as heavy, and they are just as difficult to deal with.

As Gabriella noted here, "people tend to overlook" the impact of verbal abuse of trans women, or tell women to "ignore it". However, this negates women's experiences. As Jennifer said, "I think [of] verbal abuse sexually, [it's] non-consenting, it's abusive."

The exception was when trans women subverted terms of abuse and used them as terms of "endearment" between each other. Gabriella said that while "a lot of the trans girls are going to disagree with me on this, but the word 'tranny', 'shemale', 'lady-boy', it rolls off of me". She said she uses such labels as "a term of endearment … between me and another girl" and isn't using them in "a derogatory way". She continued:

I think it's kind of like the N-word for African people. A lot of them use it as a term of endearment. Me personally, I don't like to use that word either. But it's how you use it … So, that's just ultimately what it comes down to. And that was the history between me and that girl. The thing

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is, if you're not trans, I'll suggest that you just avoid using terms like that. Because it never really—you never know who—what someone is going through or how someone's feeling, or someone else's sensitivity as well.

This suggests that the meaning of terms of abuse is potentially dependent on the identity of the person doing the speaking, and their intentions. However, those who are outside of the trans community have little legitimacy in using terms such as "tranny" or "she-male", without it being insulting and derogatory.

Intersecting identities: Sexism, racism, transphobia and homophobia

Photo 4.5 Jennifer, *Catcalling*

" **This cat, we took a photo of the cat while being called, and it's like the cat is looking at somewhere. So, I represent … this picture represents catcalling.**

Reports of racism, sexism or combined misogyny and transphobia underpinning verbal abuse demonstrate the intersection of gender, sexuality and cultural identity in trans women's experiences of verbal sexual violence. Sometimes, the women were uncertain as to whether verbal harassment was directed at them as women, experiencing "catcalling" similar to that reported by cisgender women, or where it was transphobic abuse because they were trans women who "don't pass". This had implications for how the women interpreted verbal abuse, as is evident in Lisa's account:

It was a car that drove past me in the opposite direction, riding my bicycle. It was just a guy who gave a generic "woo" … like a mean-ish scream towards me. Like, it wasn't any particular word, but, yeah, I don't know if it was because I was a woman or a trans woman who doesn't pass.

Lisa went on to say, "I don't pass. Not yet anyway, but I do want to pass", suggesting that the "meanish scream" may have had a different meaning if it was directed to her as a woman, as it served to confirm her feminine identity, as reported in previous research (Yavorsky & Sayer, 2013). Similarly, Maria said, "If you catcall someone in the street … there's some cases where you're feeling down and if it's done politely it can boost confidence."

The fact that something as toxic and misogynistic as catcalling could be deemed affirming and validating clearly demonstrates the vulnerability of trans women. Many of the women were aware of this danger, reporting that if a trans woman "takes the compliment" which is supposedly intended as a "catcall", men might "do something to her" when their trans identity is later revealed. For example, Jennifer explained:

For me, one of the most common and, like, ignored sexual violence is catcalling, because it's not just guys telling you, "Hey beautiful," "Hey this, hey that", or calling you names, or saying sexual stuff to you. It's the feeling that you get when guys actually do that because for me as a trans woman, I feel like if the guy is trying to hit on me and if they found out later on that I'm trans, they're going to be mad at me and my life is going to be in danger. For me, that's something that I always avoid.

Media representations of trans women as "sexualised deceivers" (Bettcher, 2014), which legitimate the wrath of men who discover that they are trans, illustrate the reality of Jennifer's fear. Furthermore, a woman being told she is "sexy" may seem complimentary, but it can be interpreted as threatening. Mei gave an example of walking down the street, and a man coming close to her and suddenly saying, "You look very sexy." She said that "It's definitely sexual violence, because he didn't do any body activity to me, but the language is already doing the sexual violence."

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Many women of colour reported life-long experiences of being subjected to racism, which compounded, or was a component of, their experience of verbal harassment and abuse as trans women. This included the whole range of "everyday racism" described as "macroaggressions", taking the form of "microassault, microinsult and microinvalidation" (Sue et al., 2007, p. 271). Natasha described her school experience as "just like shit in the playground like, 'Go back to where you came from'". Claudia said that she had a fair amount of body hair growing up" and as a result was "called gorilla a few times by some of the white boys". She also regularly experienced "casual racism", which was supposed to be a joke. She didn't find it funny. Gabriella gave an account of being "conscious about how I carry myself, because there's already that preconceived judgement about my race, when I walk into a room". She said that a work colleague had tried to provoke her by saying, "I truly want to see you lose your cool and give me ghetto, give me ghetto." Equally, cultural and gender identity intersected in Sefina's account of verbal harassment in her home country of Samoa, where she said "you'd be called AIDS" and told, "You're a man; you're a disgrace; you've got a penis."

Sometimes, racial or gendered abuse occurred in interactions with others from the same cultural background, or with other trans women. For example, Rena described being called a "FOB" ("Fresh Off the Boat") at university by Australian-born Asians, because she was born overseas and had a "really strong accent". Amanda said that white trans women often "stigmatised" trans women of colour through racist comments:

> [They'd say] "The dark girls—be careful of the dark girls, they're shifty, they're shifty." "Oh, honey, you stink of bloody booze." Do I judge you for that? Most of us girls we never judge because we've been through so much shit as it is coming to these countries … they should know being trans women that it's as hard as it is, and then judging your own sisters for just having a different colour, I think it's horrible, and that just winds me up.

In a similar vein, Revathi said that she didn't "really mingle with transgender women" because "some are racists" in the way they "look at you like unwanted object" or "say yucky kind of stuff". The consequence was that Revathi sometimes felt "isolated" from "society". Jennifer illustrated her experience of being judged by other trans women because of her skin colour with a photograph *Red apple* (Photo 4.6), where the apple that is "super red" represents herself.

Photo 4.6 Jennifer, *Red apple*

> There's one apple that is super red, and I feel like that's me. I am more brown compared to other trans women that I've ever seen, but if you look at the picture, they're just all in one. So, even though I look different, I'm still an apple. I'm still a trans woman. I might have a different colour, but my core is the same.

Many of the women also talked about "ugly things" being said to them, or their trans women friends in online communication, such as dating apps, where the intersection of trans identity and sexual identity could provoke "ignorant" comments. For example, Gabriella, who identified as heterosexual, said:

> I try to use dating apps to socialise or to connect with people. And sometimes you get to see the ignorance. Like, just the straight, flat-out ignorance. And just some of the ugly things that people have to say based on the fact that I'm trans, and based on the fact that I'm attracted to men. You get to see some of that from both sides, from men and women.

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For other women, transphobia, homophobia and racism were combined in online abuse. This is illustrated in Rena's account below, when she described men as being "mean" and "harassing" her on online dating apps, then being "violent" in their comments if she didn't reply to them.

> Maybe they'll be like, "You fucking faggot", or "You're ugly anyway", and "You—stop playing hard to get … you're not even a woman", or something like that … This one guy who wanted to talk to me—and I think I said I didn't want to meet or something and I didn't reply for a while—he got really aggressive at me. He calls me a whore … "Thanks for wasting my time." And then he goes, "#nevertrustanAsianwhore".

A number of participants also talked about experiencing verbal abuse, which they positioned as transphobia, within the general gay, lesbian, queer community, which is similar to that reported in previous research (Ellis et al., 2015; Levitt & Ippolito, 2014). Elizabeth talked about being on the tram with "raucous commuters", whom she was trying to block out because she was anxious, "and then one of them who I read as being also queer or gender diverse in some way and a person of colour turned to me and said as they were leaving, 'You're so fucking ugly, you look like a [voodoo] doll.'" Dinaz reported that casual racism and transphobia within the queer community were also part of the "trauma" of coming out.

> And part of the trauma as well is at that time dealing with coming out and then dealing with people who are in the queer community but come at—basically come at you as transphobic and say awful things or say racist things and don't even realise they're saying racist things, think they're super cool and then they just fucking say shit.

This led Dinaz to feel "at a certain point I just don't need to do this labour, bye", so they isolated themself from the queer community. They weren't alone. Fiona said that she believed "both bisexual and transgender are marginalised by the general community, including the lesbian community and the gay community". This suggests a perception of gender differences in her experiences of transphobia within the queer community. She continued, "I think the lesbians are more tolerant, but the gays can definitely be quite hyper-masculine and a bit transphobic even in the gay [male] community."

"We can burn you alive": Overt threats of physical or sexual violence

Verbal harassment or online abuse often contained threats of physical or sexual violence, or acted as a precursor to physical or sexual violence. For example, Gabriella described people from "my country" finding her on social media, and when they realised she was from the same country, threatening her online: "Oh, you do realise that you can never go home again, right? And if you are in Nigeria, we can actually burn you alive and nothing would happen." At the same time, men in Australia posted online threats, such as this one Gabriella reported:

> If I ever come across you in any of the clubs or anything, I know exactly what you are. So, you better run, and you better hide and make sure I don't see you, or wish we weren't in the same place.

Jenny described herself and other Indigenous sister-girls being held in "the city watch house", the men's prison, during the late 1980s, and being subjected to verbal threats of sexual violence from male prisoners.

> They call us every name under the sun. They called us "faggots turn around" and threaten us saying "We're gonna rape you and fuck you up your fucking ass, you faggot!", "I'll fuck you up your ass!" and lovely things like that.

Jenny said that the police did nothing to stop this verbal abuse, because being a trans woman sex worker was considered to be a crime in the late 1980s. Jenny said that at that time, trans women were positioned by police as "scum … we were druggies. We spread disease and we were filthy fucking nobs, filthy fucking trannies. And this was on top of the AIDS epidemic as well." This account suggests that the transphobic verbal abuse and mockery women experienced in the street or in prison were also evident in interactions with some members of the police. Indigenous sister girls may be more vulnerable to this form of ostracisation and verbal abuse, given the "over-policing" of Aboriginal communities, in particular, Aboriginal women (Cunneen, 2001).

Verbal abuse was sometimes accompanied by women being followed, which led to feelings of physical vulnerability. As

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Maya said:

> I got followed from an art gallery once, I was just like, "Holy shit! What is happening right now?" While they were like, cat—not catcalling, I don't think there was any desire in their voices. It was just screaming things.

This sense of danger and lack of safety is illustrated in Steph's photograph *Alley streaked light* (Photo 4.7).

Photo 4.7 Steph, *Alley streaked light*

" **That's an alleyway. It's not very safe to walk at night. There's no one around, so anyone can do whatever they want, and it's dark, so no one is safe.**

Revathi was followed by men who said "they're gonna rape you and they're gonna—told me they wanna hit me, they wanna cut me, they'll throw me in the river". Being followed or grabbed was also experienced by women who "passed" as women. Jennifer said:

> Before, when I was transitioning, [I'd] get catcalled because I am clockable [identified as a trans woman]. But now, I get catcalled because I'm a girl, I'm a woman, and that's more dangerous, because there were times wherein they would catcall and then they would also mix it with a little bit of physical thing.

Jennifer went on to say, "there was one time a guy literally just pulled me and pretended to be my boyfriend and I'm like, 'I don't know you.' That was scary."

The ubiquitous nature of sexual harassment for trans women of colour is eloquently described in Fiona's comment at the beginning of this chapter. By appearing different, "bucking" social norms, and not fitting into societal expectations, trans women are at risk of weird looks, negative comments, and verbal abuse. They are rarely safe from attack. Sexual harassment including verbal violence and abuse often preceded physical or sexual violence. The chapter now examines the women's accounts of sexual assault and violence across the public and private domain.

"Crossing bodily boundaries": Experiences of physical and sexual assault in the public and private domain

Photo 4.8 Natasha, *Road with lights*
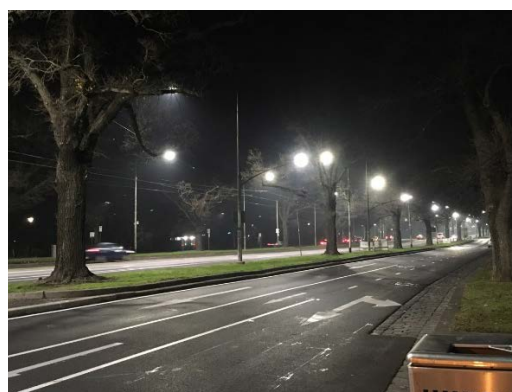
" **Earlier this year, a young woman named Eurydice Dixon was raped and murdered in the park across from that road. And so, it's a place where I used to feel like fine, going around, but not anymore.**

Maintaining safety when in the public sphere—when dating, within established intimate relationships, or when undertaking sex work—was a major concern for many of the women

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interviewed, reflecting the high rates of sexual violence experienced by trans women (Callander et al., 2019; Cook-Daniels & Munson, 2010; National Coalition of Anti-Violence Programs, 2016; Stotzer, 2009). A large proportion of the women described accounts of being spat on, slapped, hit and stabbed, reflecting the fact that trans people are also significantly more likely than cisgender people to experience physical violence (Dean et al., 2000). Sexual violence, such as sexual coercion, stealthing, and rape, was also discussed as being something that was "constantly experienced" by trans women. The sections below will detail the women's experiences of sexual assault that occurred in public spaces, when forming relationships and within establish intimate relationships. Lastly, sexual assault within the family and when undertaking sex work will be explored.

"They punched me in my stomach and then ran off": Physical violence in the public domain

In many cases, the violence directed at the women in the public domain was not merely a threat; rather, it was carried out, and bodily boundaries were physically breached. The women were spat at, objects were thrown at them, or they experienced physical assault, primarily by groups of men. For example, Sam described high school bullies "making weird, sexual noises. In terms of mocking, they were specifically trying to mock me and then they punched me in my stomach and then ran off." In Sam's account, the verbal abuse both made them feel "targeted" and facilitated the physical attack: "And that was purely targeted at me and the actions were purely targeted at me [as a trans woman] because of that mocking sense". Maya described going to a party "in heels and looking femme" when

> these guys just came up to me and they were all like, "What the fuck is that?" And the one guy came up to me and just spat on my feet, like my heels.

For other women, physical violence involved having objects thrown at them as they went about their daily lives. Rena said she was with her friends "and we're all Asian, so we were walking along the park … there was four people in a car, I think—they were driving really fast and they threw eggs". Petra was with her friends at a kebab stand, and "there was this group of guys who were throwing slur[s] at me and my friends and then chucked two Coke cans and missed us". Verbal abuse accompanied the attack; as Petra said, "They were just calling us faggots, they were calling us trannies, shemales, that type of thing. Was not fun."

Physical violence commonly extended to being "beaten up" or "assaulted", when women were isolated from others who could intervene. For example, Gabriella described a situation when she was living in Nigeria which was "just the classic, target me and follow me into a corner and beat me up". She said that it had happened to her often, and it was usually "just some group of people who spotted me and targeted me, and followed me until I was in a vulnerable spot, in a vulnerable corner, and then they attacked me". Dinaz described a situation where they were at a wedding in a country town in Australia soon after they came out as trans.

> I was quite violently sexually and physically assaulted because I was staying in a motel a bit out of town and, yeah, so that was pretty bad, it was three blokes who had been harassing me when I first arrived and then they were waiting when I got back from the reception.

For some women, these experiences echoed experiences they had when they were younger, illustrated by Claudia's account of having been "followed home and punched like bullies in high school". For other women, illustrated by Dinaz's account above, physical assault was accompanied by sexual assault.

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"Unwanted sexual touch": Groping, online violence and forced sex in the public domain

Photo 4.9 Mei, *Hand under skirt*

> **Sometimes, a man, sometimes they will actually touch the, the woman's part.**

Groping and unwanted sexual touching were common occurrences for the trans women in the public sphere, as illustrated within Mei's photograph *Hand under skirt* (Photo 4.9). For example, Sam described their experience with "high school bullies" whom, they said, "came up to me, both grabbing me on each shoulder and then, one of them trying to grope me and feel me up". Maria said, "I think half the time I've gone to bars I've been groped … I consider it harassment but apparently it's an assault thing, so it's unwanted sexual touch." Asami described being at work when a man "snapped my bra strap on my back and asked me if I wanted to go out". Elizabeth was on the dancefloor in a club when a man "saw me, he came over and started dancing with me and then he manoeuvred behind me and grabbed my groin". She felt trapped and unable to escape, illustrated by her photograph of a hand in chains.

Photo 4.10 Elizabeth, *Chains on wrist*

> **Feeling trapped when being groped in public and no one can see. No one can tell that you've not really wanted it at all and that you're uncomfortable and it's a sexual situation. I was frozen.**

Kelly described having her bikini top removed in a public pool, which made her "feel really bad".

> When I go to the public swimming pool. At that time my boobs be small. And the man just took off the top in my swimming pool. In the public and he make a comment for everybody to listen and he say "Your boob is so small and look ugly." That is harassment because he touched my body and the breast is this close.

Being groped or touched on public transport was a common experience—including on buses, trains or taxis. For example, Jennifer described a man "rubbing his dick on my butt" when she was on a train in the Philippines, which she wasn't sure was deliberate at first, "because, it's very congested inside" the train. She then "noticed him breathing on my neck … and then suddenly he grabbed my arse, and that's when I slapped his face". The apparent social acceptability of this situation is illustrated by the response: "he just moved to a different place, and no one even tried to stop him". Jennifer felt this was because she was a woman: "people think that I'm a woman and they didn't even care or bother to stop that guy or report that guy".

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Photo 4.11 Jennifer, *Train*

> That's actually a photo of the train where I was physically harassed. I was harassed multiple times on public transportation.

Sexual violence in the public domain could also take the form of seeing a man masturbate in public, or "dick pics" being sent online. For example, Natasha described seeing "a guy across the street who was openly masturbating while looking at me and my partner at the time". Jennifer said:

> I get a lot of dick pics on my Instagram. Honestly, on a weekly basis … I don't, know why guys think, like, "Hey, I'm just going to send her a dick pic and maybe she would like me and date me."

A number of women described being forced into sexual acts by people they didn't know or were not in a relationship with. Jenny said that when she was looking for work at a country show, a man told her, "If you come in the toilet with me and suck this, I'll get you a job in at one of the sideshows. So, not knowing any better [I did it]." She said that as an adult "I've been raped for quite a few times." She relayed:

> About three years ago, it happened in the city. I just went down to see a friend, and I was going home … I was pissed and stoned and in the wrong place through the narrow path. I come around and I was standing in the middle of [Square] with my knickers around my knees and on my face, crying.

Photo 4.12 Sofia, *Selfie on bed, head down*

> It represents what would happen after you've been sexually assaulted or, been in a sexual situation with someone who wouldn't respect no for an answer.

Sofia's photograph *Selfie on bed, head down* (Photo 4.12) illustrates her experience of sexual assault, which she described as follows:

> It could happen in many different ways, it's not necessarily rape, it could be also, you just don't feel like it or, you feel like they're using your body or, they're just using your soul.

Violence and sexual assault in the context of family

Across participant accounts, the women described experiencing physical violence from family as a consequence of being a trans woman, which resonates with previous US research with trans women of colour (Nemoto, Bödeker et al., 2011; Scheim et al., 2013). Jenny, for instance, discussed the negative reactions from family members when she started wearing feminine clothing, such as dresses. She said:

> If I was seen even looking at a dress shop, I got flogged, or got the back hand across the face. I copped a piece of four-by-two across the back of the head.

Jenny's experiences of transphobic violence, however, were not limited to physical beatings. She continued, "my own big brother. He set fire to me … because I was a freak." These severe acts of violence have left Jenny with life-long burns and scars on her face which are still visible today.

In addition to physical violence, a number of women also described experiencing sexual abuse as a child, as reported in previous international research with trans people (de Lind van Wijngaarden et al., 2013; Fernandez-Rouco et al., 2017; Walker et al., 2019). This abuse was generally unreported. Asami said that she was sexually abused by her mother:

> My mum also did molest me a bit. She always touched me as a kid … ’til like six, she would just touch everywhere on my body … I told her to stop but she would just keep going.

There were also a number of women who experienced rape by a family member. Sefina said she was raped at the age of 12 in Samoa by her cousin, who was 30. Although she felt at the time that "this doesn't feel right", she was also confused because of "not knowing what is good or wrong". The rape served as a "validation" of her emerging feminine identity:

> This man wanting me, and sexually advancing on me. The sexual violence had happened, but going further down, it just—I would go, "Oh, he wants me." Men are attracted to me, to the woman.

This is a further example of how sexual violence, despite being positioned as "wrong", can be affirming of a trans woman's feminine identity, demonstrating the complexity of gender and the vulnerability of trans women.

Amanda positioned sexual assault as being commonplace in Samoa; however, it is something that is silenced. She said:

> It happened even in my culture … [in] Samoa with boys, with men in the family, men in the village, you just shut up, we've always had to put it aside and always had to just toughen up and move on, I've never really dealt with it, I've never spoken about it … even though as I told you it's different gender in Samoa [fa'afafine], you're accepted, all that sort of stuff … you are still the outsider no matter what, you're always going to be the outsider, yeah, and you just keep quiet, it's always been that way.

Amanda said that she had to "just let it go" because "in Samoa they always expect that a fa'afafine is there to satisfy a male gender's needs". This notion of "acceptance" of sexual violence in childhood, even though it was acknowledged to be "horrible", may have influenced women's experiences of sexual assault in intimate relationships in adult life, a common experience of many of the study's interviewees. This may be one factor contributing to higher rates of violence reported by trans women of colour in previous research (James, 2016; Scheim et al., 2013).

The dangers of dating: Forced sexual acts with new intimate partners

Dating and the establishment of new relationships was an area of the trans women's lives that brought a heightened risk of physical and sexual violence. The women described experiencing physical and sexual coercion, including being forced to undertake sexual acts, or rape, on first dates. As Dora said:

> I sat in the seat [of the car] and the doors were locked, immediately. It kind of turned into "if you don't perform oral sex on me, I'm going to beat the shit out of you". My hair was really pulled, I got slapped in the face and I knew this was a very fucking bad situation … I figured unfortunately, the best thing to do was to literally comply … I don't know if this guy is going to pull out a fucking knife on me or some shit like that.

Dora took two photos of the inside of a car (Photos 4.13 and 4.14) to illustrate her experience, stating that she is "always a bit apprehensive when I get into vehicles" and always has an escape route planned when she gets into one.

Photo 4.13 Dora, *Assault in the car*

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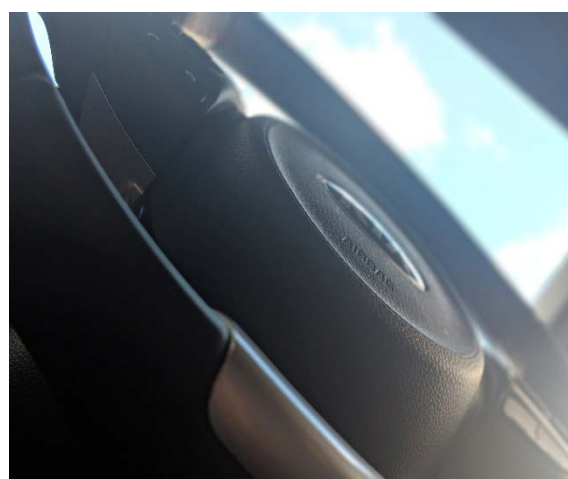
Photo 4.14 Dora, *Assault in the car*

" **This was my personal experience with sexual violence. It happened in a car.**

Lin described an experience where, despite only "planning to have lunch" with a date, things quickly escalated when the man pressured them into performing sexual acts: "He was wanting to cum, I was just like—I don't really want to do this … he's like, 'Come on, come on', so of course, I was like, 'Okay, fine, whatever.'" In a similar account, Fiona described "seeing a man for three months" which eventually led to him "asking me to give him oral sex and he refused to use a condom and I felt obliged. So, once again, I was having non-consensual sex." Gabriella described having "had a date who tried to rape me … he invited me over … he was quite aggressive … I found the emergency fire escape, and I ran down the stairs". Lin said, "I had to learn the really hard way what it meant to be a woman inviting men into my home … of course, I would get raped at some stage."

Complexities surrounding disclosure of trans identity when beginning an intimate relationship with a cisgender man was associated with risk of violence. Tina said that although she had not experienced physical sexual violence, there was the "possible threat of people realising [you're a trans woman], being very unaccepting and then, being violent as a result". She elaborated by saying:

> This can be an issue for a lot of cis het males that have a strong sense of their masculinity … [If] any little holes poked in that can be quite an issue for them.

Similar sentiments were expressed by Dinaz, who described:

> I think because a lot of people do want to hurt us … they feel guilty about finding us hot, they want to have sex with us but then they also have a lot of internalised homophobia, transphobia, a lot of cis straight dudes find trans women hot, and then they get the gay fear when they are engaged in sex.

Hearing about serious violence towards trans women in the media added to concerns and created fear among the women. For example, Claudia said that:

> On the news a couple of months ago about, someone realised whoever they were hooking up with was trans part way through and it not turning out great for them … this guy stabbed this trans woman.

This meant that knowing when to safely disclose trans identity in a new relationship was a confusing and confronting issue for the women: "[It] is just sort of nervousness or anxiety about people realising I was trans while or during or post a sexual encounter … I don't know how I feel about that." (Tina)

"We're turned into something we're not": Fetishisation and the sexual "other"

It has been argued that "non-trans people have a sense of entitlement about trans bodies … that warrants examination and study" (Fletcher, 2013, p. 68). The women interviewed for this study described not only having to be extremely vigilant about the possibility of violence, but also the need to decipher those men who genuinely wanted to form a meaningful relationship from those who were "curious" or who sexually fetishised trans women. As Jennifer said:

> As a trans woman, you have to be very, very careful who you're dating, and you have to be very, very selective, because not a lot of guys who would be telling you that they're generally into trans are genuine. Some of them just want to try … they also make us like a science experiment … they're like, "It's always been my dream to, like, be with a trans woman". And I'm, like, "Okay … like, you're making me your experiment."

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Across participant interviews, the women described feeling vulnerable to sexual violence in intimate relationships because they were positioned as "sex objects" or "exotic", and as a result were highly sexualised due to their trans identity. Jennifer illustrated the sexual objectification of trans women through the use of an eggplant photo.

Photo 4.15 Jennifer, *Eggplants in a box*

> **One meaning of sexual violence for me is to be objectified, because, like eggplants, guys make assumptions about what we are, and what we can do; we're being turned into something we're not.**

The concept of being "different" or "mysterious" and thus of sexual interest was also evident in Dora's account where she said, "in pornography … it's already kind of a fetish … having your own category". In Mei's photograph, where a stranger's hand is touching her crotch, she illustrates people's curiosity toward her genitalia because she is a trans woman, stating:

> When you say you're a trans woman, they are interested in your original body parts, they say will it [penis] become smaller? This kind of uncomfortable words or uncomfortable actions, so they may touch it.

Mei positioned this fetishised curiosity as "sexual violence". In a similar vein, Kelly said that when people find out that she is trans, "they ask me personal questions, like 'Have you got the surgery?' And they ask me 'What's inside your body?' And when I wear shorts or wear some very tight pants, they often look down there."

Photo 4.16 Mei, *Hand touching crotch*

> **When you say you're a trans woman, they are interested in your original body parts. They think that's just having fun but actually already it's sexual violence.**

Being fetishised and eroticised meant the women have had to negotiate relationships with men who turned out to be "chasers"—those who pursue "one trans to another, use their body, their emotions, and basically [it] is about the genitals … we're just a fetish to those men" (Sophia). Women also described being hyper-sexualised, with certain expectations or assumptions being made about trans women's sexual performance. Dinaz said that "There's a lot of expectations that are put on trans women to perform [sexually]." This was also reflected in Jennifer's account, where she said:

> [Men] they're like, "I heard trans women, like, give the best oral" … just because you're a trans you're very good at sex. So, there are, like, a lot of assumptions about trans women being very good with sex.

Following interviews with trans women sex workers, Fletcher (2013) reported that many male buyers of sex were curious about sex with a woman who had a penis, but were often violent after the sexual transaction.

Many of the women interviewed in this study discussed the intersecting nature of being a trans woman and a woman of

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colour, and how this has impacted the way they are viewed by potential partners, particularly white men. Dora said, "There is definitely a thing about South-East Asia, and trans women" and Elizabeth said, "Asian women or South-East Asian women are exoticised in the eyes of white men … there's that intersection of exoticising women of colour and also exoticising trans women." Participants positioned this intersection as contributing to higher rates of sexual violence and the dehumanisation of trans women of colour. For example, Maya explained, "Essentially, if you're fetishising a person for anything, let alone the 'transness' or the 'brownness' … you're basically dehumanising them … [they] become the object of violence in that sense."

Similar sentiments were reflected in Dinaz's account:

> There's a double element when you take on femininity as part of your identity … you come into that space of being sexually attractive—you're sexually objectified but also into the space of violence, and then the race element just, it just pushes it further into dehumanisation.

Elizabeth expanded on how the intersecting nature of being a trans woman of colour impacted on power dynamics within intimate relationships, particularly with cisgendered white men, which often leads to sexual violence. She said:

> What I understand is that a lot of men, when they get together with trans women, they view themselves as giving the trans woman a favour by choosing them over a "normal" cis woman … so there's that level of entitlement to the woman's body by virtue of—a man choosing them … When we talk about women of a colour as a term, it's always in the understanding that they're minorities in white person society, so the lens of being a minority women and the elements of exoticised stereotypes … and power that white sexual partners might have over them … due to ingrained beliefs about race and stuff … sexual violence is often being driven by power imbalances.

For Fiona, being bisexual and a trans woman of colour who also has autism has added to her feelings of vulnerability to violence. She said, "I actually don't know a lot of older trans women of colour, and I suspect that is because like most people with similar issues to me, they have not made it this far." Fiona continued:

More than 50 percent of people born with autism die before the age of 40 and something like 50 percent of people who are transgender die before they finished transitioning, and bisexual people have really high suicide rate as well, and life expectancy of Indigenous people is really low. Life expectancy of Torres Strait Islander is really low and there's no statistic that actually tells me what my life expectancy would be considering that I have most of those problems but a mild level. And I feel that my cohort, my contemporary, they don't exist anymore and that also caused a lot of pain for me as well.

These women's accounts concur with research that demonstrates that trans women of colour are often negotiating sexual and physical violence due to being sexually objectified as a woman (Fredrickson & Roberts, 1997), a woman of colour (Watson, Robinson, Dispenza, & Nazari, 2012), a queer woman (Balsam et al., 2005; Szalacha et al., 2017), and a trans woman (Bettcher, 2014). The intersection of these identities is what increases the risk of objectification and sexual violence for trans women of colour.

"Losing agency in terms of what I wanted": Sexual coercion and rape within ongoing intimate relationships

The majority of the acts of physical sexual violence reported by the women in this study had occurred within ongoing intimate relationships. Frequently, the women described having limited agency and being coerced into sexual acts by boyfriends. For example, Dinaz said they had a boyfriend who "would just always pressure me into doing things that I didn't really want to do … that were painful, which I'm not really into or … engage in risky sex" and Elizabeth said, "Over a period of time, I kept on losing agency in terms of what I wanted." Jennifer illustrated her experience of lack of control in intimate relationships through her photograph of a picture of a doll with her dress pulled down over her breast, as she had no control over what was being done to her.

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Photo 4.17 Jennifer, *Doll in green dress*

> People treat us as a doll; basically, they can do anything with it, they can remove clothes, they can dress us. A lot of people see us as inanimate object … you don't have any control over what's being done to you. You don't ask a doll what kind of dress she wants.

The concept of being positioned as a "doll" and made to present themselves in a certain way to sexually appease male partners was also evident in an account given by Lin. They said:

> I was seeing him for like a year … he was trying to hook up with me, but I didn't really want to … he ended up pushing me into the bathroom and trying to put lipstick on me … I was like oh, no, don't fucking touch my body … I'm not your doll … that was my first encounter with the direct physical violation of my bodily autonomy.

In an account of feeling objectified and controlled in a sexual relationship with a woman, Elizabeth used the image of scissors and knotted underwear to describe "what it felt like to be expected to touch my partner whenever she desired". The tied underwear was a "sign of like breaking a lock" (that is, the relationship), while the scissors represented "something that's meant to be safe and protected that has been violated".

Photo 4.18 Elizabeth, *Knickers and scissors*

> This is just as a sign of like breaking a lock in a way or something that's meant to be safe and protected and violating that.

In addition to objectification and risky sex, a number of the women described experiences of rape by their male partners. In one account, Sam described their partner as becoming unexpectedly "persuasive and manipulative", which eventually led to a "a loss of my own self-voice … I lost my virginity … without even asking for consent … my entire world just got flipped upside … leaving me shocked, leaving me confused, disorientated". Similarly, Sofia said that she "had a partner who was quite violent, like having sex and would not stop even though I asked to stop" and Sefina said, "What really got me about sexual violence was my partner … I know what is good, what's bad, and that was sexual—that was rape, probably every night."

Although the women could identify that their partners were sexually abusive, they didn't feel that is was possible or easy to leave their relationships. As Amanda said:

> [I was] craving companionship, when you're lonely, [when] you're on drugs and you think no one else is going to be with you … [you] tolerate so much of the abuse … you learn to just accept it.

Equally, some women talked about having to learn "that it's okay to say 'no' to sex" in new relationships or when dating someone. Lin had previously identified as a gay man, and

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said they had "just learned how to say 'yes' to everything because gay men are supposed to be super horny and you're just supposed to like it". In regard to their photograph *Intercom* (Photo 4.19), Lin described "a different principle" where they can vet people:

> Once they call on the intercom and I see them on the screen, if I'm, "Actually, you're hotter in your pics. You lied about your age", I can say no. I have the right to say no.

Photo 4.19 Lin, *Intercom*

" The intercom here represents a different principle. [Friend] was the first person to ever tell me, "You know, you don't have say yes to every man who wants you." The intercom is a vetting system.

In some instances, physical or verbal violence accompanied sexual violence within intimate relationships. Revathi said that following her migration to Australia, she experienced serious physical violence from her partner: "Me and my boyfriend fight. That was a serious violence. He was caught by police. He hit me in the road and three of them has witnessed and he was in the jail for a couple of hours."

Negotiating sexual safety in the context of sex work

A number of the women interviewed were involved in sex work, or had friends who were engaged in sex work. As one of the trans community stakeholders commented, "Sex work is something which half the trans women I know are doing to pay for surgeries or because they can't get other jobs." It was commonly reported that physical and sexual violence impacted "a lot of [trans] girls in the sex business" (Gabriella) and that often "we face some violence from clients … hair pulling, scratches, punches came into play" (Sefina). For example, Amanda described being robbed and physically assaulted after providing a sexual service to her client.

> It was after the service, when your guard has gone completely down … everything's done and next minute they completely flip … the person's attacked you and just gone with everything … everything was fantastic and next minute I've just been hit, you know … with some metal bar.

In a similar account, Sasha described how her client was "trying to snatch the bag out of my hand; there was like a bit of a struggle, and then he got my bag, took all my money and then I injured myself". When she fell on the floor during the struggle, Sasha was cut with glass. She called the police, but they wouldn't take her complaint seriously, telling her it was a civil matter, which would be very difficult and expensive for her to pursue.

In addition to physical violence, the women described having to endure multiple forms of sexual violence in their role as sex workers, similar to that reported in previous research (Fletcher, 2013; Weinberg et al., 1999). Many participants said they had clients who would purposefully remove condoms without consent during sex, as reported previously (Sausa et al., 2007). Amanda said, "You have the ones that forcefully, when you keep telling them, 'No, you've got to use a condom' … [and] they've trickily tried to pull it off, or they have pulled it off." Sasha said, "One of my regular clients just decided to take off the condom without telling me … I think because [in] a lot of porn … when people have sex, they wear no condom." The women also described experiencing clients doing "things that we didn't consent to" (Selvi). When women did refuse specific sexual acts, this could result in intimidation and psychological abuse. Gabriella described a hypothetical situation where this might occur:

I've never really dabbled in the sex business … but if I have a client who wanted something that I wasn't comfortable doing, then he proceeds to intimidate me and then takes it further by trying to ruin my reputation, that is a form of violence.

Women who were sex workers said that they felt they were positioned as an "object" deserving of physical and sexual violence, reflecting the findings of previous research with trans women sex workers (Fletcher, 2013) and sex buyers (Jovanovski & Tyler, 2018). The women said they were rarely believed by authorities when they reported physical and sexual violence, and thus these instances went "unreported" and "unresolved". As Sefina stated, "People have said, 'Well you agreed to get paid', but at the same time, I didn't ask for a bloody nose, a broken eye, you know, half my hair pulled out." Gabriella said others outside of the sex industry described it as being "part of the risk of being in the business" and Selvi said people have said to her, "Stop being a sex worker. You deserved it." This is evidence of what has been described as the "deeply embedded stigmatising assumptions of sex work as inherently dangerous" which "can function to alleviate some of the police responsibility in protecting the civic rights of sex workers" (Krüsi, Kerr, Taylor, Rhodes, & Shannon, 2016, p. 1143).

Selvi went on to say that trans women who are sex workers are frequently "powerless" to avoid violence as they often struggle to find other employment, resulting in significant financial insecurity.

It is a problem for trans women because a lot of us may have difficulty finding work, so a lot of us look to sex work to make a living, at least in the interim while we're working things out and working up the confidence to even be able to be in public. It's such a common experience for us. So, yes, violence against sex work is a trans issue.

Being a woman of colour added to the risk of sexual violence during sex work, as Sasha reflected:

Working in a brothel is safer and then the facts are trans women of colour are excluded from those establishments, so we are forced to work privately. Hence, we're more likely to experience sexual violence in our work.

These accounts illustrate the particular vulnerability of trans women of colour who engage in sex work, many of whom have no other option in terms of making a living, or who choose sex work because it gives them a sense of community with other trans women, is empowering, or culturally normative in trans communities (Sausa et al., 2007). These findings reinforce the importance of acknowledging the intersections of gender, race, and social class when understanding violence against trans women (Bettcher, 2014), and in particular trans women of colour who are sex workers (Sausa et al., 2007). At the same time, these accounts support Bettcher's argument that "the role of sex work must be seen as occupying a special role in our understanding of transphobia" (2014, p. 391). In contexts where sex work is heavily policed, women are more vulnerable (Deering et al., 2014). For example, in the state of Queensland:

Street based sex work, massage parlours, any sex workers working in co-op or overhead sharing arrangements, escort agencies, and all communication between sex workers or third parties that could be considered "Knowingly participating in the provision of prostitution" is illegal. (Jeffreys, O'Brien, & Fawkes, 2019)

This compounds existing vulnerability, described in the words of one of this study's trans community stakeholders when commenting on this analysis: "Trans sex workers, especially those who are Asian immigrants, experience so much violence and marginalisation and the police abuse their powers and fail to act on any of their complaints."

The impact of sexual violence on trans women of colour

"This is how girls get killed": Fear of sexual and physical violence in the public domain

Many participants described a constant fear surrounding sexual violence within the public domain, which has been reported in previous research with trans women (Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). This fear was a result of their personal experiences, the experiences of their friends, or their own preconceived ideas of how trans women are treated by the public. For some women, such as Maria,

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this led to being "terrified of the idea of walking down the street in a dress" because "there's a bigger chance of getting murdered, is like 12 times more likely for trans people than it is for non-trans people". Maria continued, "It doesn't mean that it's going to happen, but just the fact that there is a bigger chance is the frightening thing." A feeling of "discomfort" was a result of the "potential for danger" involved for trans women being outed, as this may lead to attack or to trans women getting killed. For example, Gabriella talked about a man whom she "turned down" in a nightclub:

> Let's say he outs me to somebody, and then as I was leaving, this person proceeds to follow me and then attacks me. That happens. This is how girls get killed in America.

The fear of being murdered was shared by many of the women, who described feeling anxious about presenting as a woman in a social context. Claudia said that she worried that passing as straight with cisgendered men would "end up with me dead, or assaulted in some way, just because the term I've heard around a lot is 'tricked' them". Tina shared a similar fear: "I have to make sure that they're not going to kill me as a result of them finding out, and that's just not an issue that other people have." Jennifer described her fear around dating, shared by her mother:

> It actually makes me a lot scared because I'm like, this happened to her, so it might happen to me … my mum is actually pretty scared when I'm dating, when I'm going out, 'cause like, "Make sure you're safe. Make sure you're with someone because I don't want this to happen to you." I think it was last year. There is a lot of news about trans women being killed.

The fear of sexual violence associated with being a trans woman was shaped by the women hearing about others' experiences. For example, Petra said that her ideas came from "[trans] women, especially on the internet who have spoken out [on], like, social media". This resulted in Petra having "secluded" herself, as "sexual violence to me is one of my biggest fears of being trans". Tina stated she avoided sexual encounters, because "it's just the sort of fear of impending threat, with regards to a sexual encounter". These accounts are evidence of vicarious trauma—witnessing or hearing about attacks on others that reminds trans women of the constant threats they face, resulting in fear of psychological

or physical assault that mirrors the experience of their peers (Dominguez, 2017).

Personal experiences of violence were also reported to have had a great impact on participants, as they described constant fear of further violence occurring in the public domain. For some, further violence was expected, as Claudia described being "totally prepared to endure comments or even just getting punched" with fear of an escalation of violence: "It's gonna be way worse than just mild assault and just for something like I need to use the bathroom or walking along the streets." Dora's fear of further sexual violence was reported to have had psychological consequences on her, as she described feeling unsafe and paranoid when getting into an Uber: "Every time I get in an Uber and they lock the doors, I'm immediately fucking paranoid. I tell the guy to please unlock the door." Not feeling safe was shared by other participants, such as Sofia, who described constant fear despite not experiencing violence since her early transition:

> I feel that something's gonna happen at any moment to me and I never had anything happen to me, apart from my really early transition, some people that are like "Get out of my face" and that's it.

In combination, these accounts demonstrate that for these trans women, the experience or witnessing of violence had lasting consequences in terms of their feeling of safety in the public domain, resulting in constant fear and anticipation of experiencing further violence.

Anxiety, depression and self-blame: Psychological consequences of sexual violence

Many of the women reported that their fear or experience of sexual harassment and assault in the public domain has had negative psychological consequences, which aligns with previous research (Alessi et al., 2018; Anderson et al., 2015; Cheney et al., 2017; Smith et al., 2017). For example, Dora reported that her "anxiety flares [up]" and that she is "convinced everyone in the room is staring at me and I'm getting paranoid about how I'm looking". Elizabeth described trying to "block out" everyone around her when verbally harassed in public due to fear of further violence. Sefina

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recounted being called a "faggot, poofter" while on a train, which she explained would "affect your whole day, without you knowing, because it would be at the back of your head". Similarly, Claudia described feeling "pretty scared" when approached by an intoxicated man in front of her house asking her personal questions about her gender. Fear or experience of verbal violence in reference to transgender identity in the public domain can thus be said to be detrimental to women's psychological wellbeing.

Other experiences of sexual violence were portrayed as having significant, lasting psychological impacts, as reported previously (Adams & Vincent, 2019; Fraser, 2016; Hyde et al., 2014; Logie et al., 2017; Rosenstreich, 2013; Testa et al., 2012). For example, Dalilah described how an incident in which they and their partner were attacked resulted in "three months of bedridden depression". Fiona shared an account of being in her local "psych ward three times in the last three months", stating that each time was caused by being "triggered because someone's either verbally, physically or psychologically attacked me for being transgender". Sasha described experiencing a "return of PTSD" when she experienced assault by a sex work client and her complaint to the police was not taken seriously. Experiences of violence in childhood and adolescence in the public domain were also reported as having negative psychological impacts into adulthood. For example, bullying experienced in a school setting was described by Sam as making them feel "like a helpless cow being led to slaughter, with all that helplessness and all the fear".

Participants described numerous negative psychological consequences of experiencing sexual assault within intimate relationships. Sam said their reaction to being sexually assaulted by a partner was to feel isolated—"another reaction to sexual violence, pure isolation". They went on to share the depth of these feelings:

> [I] just feel so isolated and alone. It goes to the notion you don't have to be alone to feel alone … things that drive you, things that comfort, and things that make it all better, still doesn't make everything all better; instead, it's just more isolation.

Isolation in response to sexual assault by a partner was also described by Lin, who felt like their "femme" side went "into hiding":

> After I was sexually assaulted, after this body was sexually assaulted … I just didn't want to put on my makeup, I just felt like crying and I hated being out—I just stayed at home.

Sefina described pushing others away for fear of being perceived as "weak" by family and friends because of having experienced violence, expressing the negative feelings she had towards herself as a result of violence:

> You feel like, "Who else is going to accept you?" You know, you feel so ugly. You feel so unloved. You start to cut ties with your family and friends; push them aside, just because of this person, and then at the end of it, when that person's gone, nobody else is around.

Thoughts of suicide were reported as a psychological impact of experiencing sexual assault by a partner. For example, Sam said:

> Some days were very difficult to make it to the next day, to the point where I literally could not be anywhere near a station in case my suicidal tendencies would push me too far.

Struggling to make it to the next day was also expressed by Dinaz, who reported being "extremely depressed and suicidal and anxious". Dinaz said that working through "the trauma stuff" had an impact on them dealing with their trans identity: "It's delayed my development, because I've had to spend a lot of time and resources in making myself well." This illustrates the magnitude of the psychological impact of sexual assault experienced by transgender women in the intimate domain. Steph illustrated her distress and hospitalisation for mental health concerns following violence through her photograph *White hospital blanket* (Photo 4.20).

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Photo 4.20 Steph, *White hospital blanket*

" It's a blanket from the mental ward. That was the first significant experience in [my] life, the bad one. Isolation and I don't wanna to finish my studies.

A minority of the women who were sexually assaulted by their partners blamed themselves for not anticipating the assaults, as Gabriella described: "So I was just very hard on myself after that. Like damn, I'm good at reading people. How could I not see?" She continued to characterise this event as a "learning experience", which she would attempt to avoid in future. Others conveyed self-blame through reporting that they choose abusive partners. Fiona said that she is "attracted" to people who are "willing" to abuse her, and went on to say:

> It's very hard for me to delineate between what I enjoy and what is abuse, because I've been raped, and one of the symptoms of being raped is picking people that want to abuse me.

Placing this responsibility and blame upon the self was described by Fiona as "self-destructive", suggesting that she also questioned her self-blame. Similarly, Sam reported struggling with self-blame in relation to their experience of sexual assault: "The worst part … I've noticed on reflection, was I hated it but also enjoy it, and that aspect in itself warped with my head a lot."

Self-blame can lead to helplessness. A lack of care for one's own wellbeing as a result of sexual assault by her partner was encapsulated by Fiona's comment: "If someone tried to bash me or rape me now, I would just let them, because I honestly don't care anymore what happens to me." Feelings of helplessness in experiencing sexual assault from a partner were shared by Sofia, who explained that she felt she had little agency in her experience: "You have to put up with the feelings of not accepting—the person not accepting the 'no', and you just have to let go and let it happen." This lack of agency over her body left Sofia feeling like she had been used by her partner: "They're using your body … they're just using your soul and that's the ending you know, feeling left with not much feelings and feeling useless or like traumatised sometimes." A lack of agency over the body was also discussed by Sam when describing losing their virginity to their partner in the context of a sexual assault:

> There's values and sacredness of my virginity, was to be my own experience, with one person, and that's what I truly held in high value and then now that he took it, I just felt bound to him without my will and say in it. It's like he snatched the keys to my house, so I have to go to him if I'm to unlock the door to my own property anymore.

Childhood sexual abuse within the family was also reported to have had lasting negative psychological consequences, as is now widely recognised in the general population (Maniglio, 2009) and with gender and sexuality diverse women (Hyde et al., 2014; Szalacha et al., 2017). A sense of helplessness and self-harm was reported by Fiona, who also experienced childhood sexual violence that led to "depression that has gotten to that point where I am almost completely hopeless for my future". Fiona went on to share the consequences of her experiences of violence as "suffering darkness for over 30 years" and engaging in self-harm to cope with the incident: "I got very good at hurting myself and causing no permanent injuries." Sam described feeling "humiliated" and "exposed" by their father, who would not allow them to go to the bathroom alone, or wipe themself, during childhood to adolescence, which she described as making her feel "abused". Asami reported that as a result of molestation from her mother in childhood, she "just felt so dirty", which added to existing feelings "of being ashamed" and "just unhappy" with herself. Sefina positioned

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her experience of sexual abuse from a family member as "like another push to a direction" and a "little tap to move forward" with transitioning, demonstrating the complexity involved in interpreting and constructing one's experiences of abuse. Some of the participants discussed thoughts of suicide as a result of experiencing violence within their family. Because of their sexual molestation, Asami reported self-harming behaviours and suicide attempts: "I would just cut myself. I would just beat my head against stuff. Tried to drink detergent to kill myself, tried to overdose on Panadol pills." These accounts demonstrate the psychological impact of family violence from childhood and into adolescence and the lasting impacts that this has into adulthood.

A small number of participants described using drugs or alcohol as a means to block out memories of their experiences of trauma, as illustrated in Steph's photograph *Smirnoff with hand* (Photo 4.21).

Photo 4.21 Steph, *Smirnoff with hand*

❝ **Depression, escapism. Dysphoria.**

Amanda said that sexual violence "drove me to the drugs and to block off everything and it was torture", and Asami stated, "I always try and block out those memories—memories of growing up, memories of shit time. And I have turned to

drugs and alcohol 'cause of that." Even when her family was supportive of her being trans, Sefina described still feeling "outside of the house, you know. And it was that, all comes along with the drug taking and all that."

Conclusion

This chapter has highlighted the pervasive nature of sexual violence experienced by trans women, which confirms that found in previous research (Fernandez-Rouco et al., 2017; Moolchaem et al., 2015; Reisner et al., 2016; Stotzer, 2009; White Hughto et al., 2015). With their experiences of sexual violence often starting in childhood, the women described that most of this violence occurred in contexts where the perpetrator was known. Sexual assault also occurred when forming intimate relationships, within ongoing intimate relationships, in the public sphere, and during sex work.

The poor health outcomes experienced by many trans women are closely associated with their exposure to sexual violence and the social inequities and transphobia they endure (Chakrapani et al., 2007; Jordan, Mehrotra, & Fujikawa, 2019; Logie et al., 2018; Reza-Paul et al., 2012). This is evidenced by the women's accounts of sexual violence resulting in a variety of negative psychological and emotional consequences, including a constant fear of sexual violence in their daily lives, a fact that has been documented in previous research (Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). Many of the women also reported negative psychological responses, including anxiety, depression, self-blame and suicidal thoughts, illustrating the previously reported connection between sexual violence and the mental health of gender and sexuality diverse women (Hyde et al., 2014; Szalacha et al., 2017). However, the women were not passive in their response to sexual violence. Thus, the next chapter examines the agency and resilience of trans women of colour, and what these women want to make the world a safer place.

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Trans women's responses to sexual violence: A story of resilience and agency

Alex Hawkey, Samantha Ryan, Jane M Ussher and Jessica Sekar

Photo 5.1 Fiona, *Purple arm*

" **This is about strength and about building. My feeling is trans women of colour by necessity need to be physically stronger than the average man so that they can defend themselves if they'll ever be attacked—which is specifically extremely likely. But we need a lot of strength to change institutionalised behaviours that are included, and we've got a lot of work to do to get from where we are now to where we need to be.**

This chapter explores the women's responses and strategies for coping with the threat of sexual violence, as well as the consequences of these strategies on the women's mental health and wellbeing. This is a story of agency and resilience, for despite the high prevalence of sexual harassment and assault in their lives, none of the women interviewed for this study described themselves as "victims". As is illustrated in Fiona's description of her photograph *Purple arm* (Photo 5.1), many of the women positioned themselves as needing to be both physically and psychologically strong in order to both protect themselves and change institutional practices and behaviours to protect other trans women of colour.

The women responded to sexual violence in a number of ways, adopting a range of coping strategies. The first to be considered is the psychological strategy of rationalisation and the normalisation of violence as a means of defence against the psychological impact of abuse. Following this is the women's behavioural responses to violence, including hypervigilance in the public sphere, isolation or not going out in public, and the avoidance of intimate relationships. The women also adopted a range of positive strategies to make meaning of their experiences, and to facilitate coping, further demonstrating agency and resilience. These included naming sexual violence, seeking out the positives in their experiences, self-acceptance, prioritising the self, talking about sexual violence, and seeking support from healthcare professionals and the police.

Women's psychological and behavioural responses to sexual violence

"Being trans, it's kind of a different culture": Rationalisation and normalisation of sexual violence

When speaking about their experiences of sexual violence, the women interviewed for this study drew on different strategies to make sense of what they had undergone. Some of the women positioned sexual violence as the norm for trans women of colour—it is seen to be "more acceptable" to subject such women to sexual violence (Selvi), and there is a view that "everybody has been sexually assaulted" (Sefina), because trans women of colour are seen to be part of a "different culture … it's easier to be raped by people" (Rena). Selvi described sexual violence as almost expected for trans people: "Being trans has this weird thing that … it's almost … just part of the experience of being trans. It's almost a heartbreaking way to describe that." Equally, for Gabriella, experiences of sexual harassment were normalised due to a lifetime of persistent verbal abuse. She said, "I was already getting called a faggot when I was 10 years old … name calling was almost second nature … it wasn't a shock or something out of the blue." This corroborates the suggestion that previous experience of abuse

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and oppression teaches trans people of colour how to endure inequality, and as a result they may be more resilient in the face of gender-based discrimination post-transition (Levitt & Ippolito, 2014). For Maya, following their first experience of sexual assault, they came to the realisation that "I'm not necessarily going to always be safe in my skin type of deal", something that was taken for granted in their previous life when presenting as a man. This reflects previous findings that trans women experience fear after transitioning, in a way that they never experienced when they presented as a man (Yavorsky & Sayer, 2013).

While Selvi acknowledged that violence most likely occurs due to "less respect for autonomy and agency", she described adopting her position of rationalising violence as one that helps her both normalise her experiences and makes her feel more agentic. She stated that by doing so, like her trans peers, others may see trans women as being "more fun and receptive". She continued:

> But you get it into your head that these things could be true and you just rationalise it when it happens … it's just easy for me to rationalise away my own agency, if that makes sense.

This is similar to Sefina's account of her childhood rape by her adult cousin, when she said:

> It didn't upset me, because *everybody* says they've been sexually abused in one part of that time in their life, and, you know, just not a good thing, never between anybody. But, for me, there was, as you said, the validation. Having this man, at the time, 30 years old, and me 12, 13, oh my gosh, it was like a little crush.

Sefina's cousin saw her femininity, and her need for validation, and exploited them to full effect. In hindsight, she learnt it was "wrong" and "horrible". One of this study's trans community stakeholders commented on this aspect of the analysis:

> For trans kids, our bullies, abusers and tormenters always recognise our femininity even if much of the world denies it. This search for validation puts trans women, particularly trans kids, in such danger. The complex interplay between the need for validation of gender and sexual violence is a unique trans experience.

These accounts demonstrate that the women in this study have a complex relationship with sexual violence, positioning it as the norm, something to be expected. This meant that for some, when it did occur, it validated their identity as a trans woman of colour. Other women tried to position themselves positively, such as being seen as more "fun" and "receptive" to explain or rationalise why they were vulnerable to sexual violence.

"I'm always looking behind me": Anticipation and self-protection against sexual violence in the public domain

The women described a number of strategies they employed in an attempt to keep themselves safe from sexual violence both in the public and in the private domain. Many participants described being "overly cautious" when in public, as reported in previous research (Brumbaugh-Johnson & Hull, 2019; Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). Some women attributed not having experienced sexual assault to this cautiousness. As Maya said, "people should be overly cautious, but just because I've become maybe hyper cautious nothing's happened in that sort of realm". Being cautious was described as a behaviour taken up due to the unpredictability of others in the public sphere. As Tina mentioned:

> I have no idea what this person is capable of, who they're friends with, what sort of ideologies they have. That's the sort of situation where I get a bit more anxious and quite a lot more cautious.

This guarding of the self from others in the public space was also enabled through trying to be invisible in public and not "take up too much space" (Elizabeth) to avoid being noticed. For example, Emma said, "I try not to draw too much attention to myself" and Elizabeth stated:

> I have learnt to move around the world as a minority person and now as a woman, keeping myself small and quiet and so on, that's the way I avoid [sexual violence] as much as possible.

Rena's tactic for remaining invisible was not speaking or engaging with people in public; as she explained:

> I would not even talk to people because I feel like people would know that I'm trans 'cause the way my voice

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[sounds] and I feel like people would just—they know that I'm trans and they will give me a look and they'll be transphobic … I'm just afraid to even talk to people … we're just more cautious of what people think of us. And we never want people to think less of us … some of us are really proud obviously to be trans and—but at the same time, we have to think of safety.

In contrast, to avoid violence Natasha tried to project confidence and strength when moving about public spaces. She described:

When I walk around, if it's late at night I have a very stompy, very purposeful walk … the big one for me is just not showing any vulnerability in public … I can just tap into that … look like a bitch, and own it.

In a similar vein, Sam described:

In terms of confidence, even if it's a false sense of confidence … if I'm walking down the street and people are staring … or whatever sometimes, I will literally either look at them death glare, then being like "Don't fuck with me."

The majority of participants, however, described being "hypervigilant" and "very wary" in public spaces. The women described being highly aware of their surroundings, being "more cautious of their environment" (Gabriella); "picking up quickly like what's happening around me … understanding my surrounding" (Petra); and "always looking behind me" (Emma). Mei asserted it's a woman's responsibility to have plans in place in anticipation of violence, stating, "You need to have a mind that if something happened, what should I do … you need to care about yourself because sometimes the public security is not close to you."

Other strategies the women adopted in an attempt to keep themselves safe included avoiding certain places, making sure they do not go out alone, or ensuring they are surrounded by people in public if they do go out. Steph said, "Don't do stupid shit, don't go into an alleyway when there's like a whole bunch of people … just don't do sketchy things at night." Tina said that she would sort of "gauge what sort of sense of morality these people have" before socialising with new people. In a further account, Sam described how they would specifically catch "a crowded bus all the way home, because I didn't want to walk home alone, in case anything bad would happen" and

they "hung out in groups, I don't tend to go anywhere alone". However, being constantly "very wary about where I will go … who I will be with" (Petra) had significant implications for women's mental health. Petra continued:

It's made it quite an anxious and stressful experience … Trying to navigate it all because … I don't want to be a statistic and I don't want any other trans women to be a statistic as well.

For some women, the threat of sexual violence was so significant they avoided going out in public all together. As Claudia said:

I'm still terrified to go out, not terrified, but in some ways it's terrifying, but just anxious to go out, because I don't trust people are going to be reasonable with how they act.

Maria mirrored this comment by saying, "I don't go in bars that much … just introversion mainly. I can enjoy myself doing things at home" and Tina said, "I sort of secluded myself, and wasn't a member of society for the early part of my transition." In regard to Sam's photograph (Photo 5.2), where they are sitting on the bed alone, they describe the impact that this has had in terms of feeling isolated from society (Cole, 2002). They said:

Another reaction to sexual violence, pure isolation … The bed in itself is symbolising like comfort, or like a place of safety … the person, me, in there, like held up in the corner, not connecting to the various safety or warmth or connection but instead it's closed off from everything around.

Photo 5.2 Sam, *Sitting on bed*

> ❝ **The one thing that's all out of the picture is the person because they just feel so isolated, abandoned and alone.**

Dinaz described that one way they counteract fear of the violence in the "outside world" is "to make my house the safest space as possible". They continued:

> [I] fill it with all of the joys, things in my life. I just need a constant reminder of things around me that give me joy too psychologically—I just feel that the outside world is really not that pleasant … it's just nice to be in a space where I have those joyous things … for a moment, I can feel embodied and feel loved and find solace and calm—[it] makes me feel calm.

While the majority of women were happy to discuss their self-protective strategies, it is important to note that one interviewee, Petra, was unhappy being asked this question, saying "that question doesn't really solve anything, 'cause it's putting the onus on us to protect ourselves rather than a society [where] the way that they treat us is absolutely revolting".

In combination, these accounts illustrate the potential psychological consequences of fear of violence: isolation which may be associated with depression and anxiety, as reported in previous research (Adams & Vincent, 2019; Fraser, 2016; Logie et al., 2017; Rosenstreich, 2013; Testa et al., 2012), but also an ability to self soothe, which is a sign of women's resilience (Singh et al., 2011; Singh & McKleroy, 2011).

"I don't ever let people near me": Avoidance of intimacy and intimate relationships

A fear of intimacy as a result of experiencing sexual assault was reported by many participants as being a barrier within their intimate relationships. Fiona reported that for 15 years after her assault, she "didn't have any sexual contact with anyone whatsoever". She said, "That is very painful, spending your entire young adult life being frightened to have any kind of sex with anyone even if you're attracted to someone because you're afraid you're gonna get hurt again." These fears were shared by Maya, who discussed that they "stopped looking for that sort of thing, sexually" following

their sexual assault, describing feeling unsafe and needing new sexual partners to "constantly ask for consent" in regards to the way they wanted their body "to be dealt with". They said that for a long time they "didn't want to, ever, let people near me in case bad things happen". Dinaz said they were "very sceptical of relationships", and didn't know how they could "be safe and protect myself" unless they were "dating another genderqueer person of colour who at least, who at some level understands the multiple intersections of gender and race and sexuality". In a similar account, Lisa described:

> Until next year, it's a hard boundary, that includes sex with either a partner or a friend … I think it'll have to be a person who I trust and know what they're doing because I'll be very vulnerable so I wouldn't say I'm traumatised by it long term, but I think the next few times will be a little harder.

When women did engage in relationships following sexual assault, they reported being "a lot more held back with any kind of sexual encounter", or "always a bit worried" (Dora). Some women decided that they "can't put myself in a situation like that again where I can't get out. So I won't meet people at their homes and stuff like that, or private places" (Dora). Similar feelings were shared by Gabriella who expressed being more "conscious" when dating, following her experiences of sexual assault, indicating that her "mind has been reset after those incidents". As a result, Gabriella engages in protective behaviours such as "looking for emergency exit signs" when going to apartments of potential partners, describing that "in case anything goes wrong, I know exactly where to run and how to exit the building". Others talked about learning to "say no" to sexual acts they didn't want to engage in. Lin said, "Now I'm smiling 'cause I feel like I've come a long way. I really learned how to say no. I know how to say no to a lot of people." In a similar vein, Amanda said that she feels like she has more agency in the context of her role as a sex worker, and now refuses clients or sexual acts from clients in which she does not want to participate. She stated:

> You're number one first priority, if you decide, and you have that feeling, no, not you, not today, I don't care about that extra $100 or $200, close that door and say "no, thank you".

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In a similar vein, Sasha described gaining both agency and a "send of satisfaction" through sex work, where she didn't "always have to be passive, submissive and just kind of take it" but "could be a little rough with them, and they liked that".

However, self-protective behaviours were reported to have had negative consequences for some of the women. Dora described her fear of allowing potential partners to meet at her home stopping her from experiencing chivalrous acts, such as being driven to a date:

> I do have like scenarios in my head where I'd love for that to happen, but my brain says no, don't do it, you've been hurt pretty badly in that kind of scenario.

Dinaz shared similar feelings, describing their fear of relationships as stopping them from finding a partner: "It's sad, it's like I'll miss out on potentially finding someone to fall in love with and get married and have kids and all that stuff." Jennifer described comparable feelings, reporting feeling "desperate" to find love but feeling that "the circumstances that are around us are different compared to an average man or woman, so we have to do extra care".

Calling out violence: Naming and talking about experiences of sexual violence

In contrast to accounts of normalising violence, the women also responded to experiences of sexual violence by calling it out, and labelling unwanted experiences as "harassment" or "rape", removing self-blame for what had happened. For example, Amanda said, "It's rape, it's horrible rape, even when sometimes you think it's consent, it's not consent at all when you say no." She continued:

> I can see it now, it's rape but at the time … you always blame yourself … it's always your fault because you're not on guard, you always say you've got to be 100 percent on guard and, you know, alert, it's not your fault … I had to learn to say that … I'm glad I've finally just stopped going around corners and just bluntly say it.

For Amanda, labelling her experiences as sexual violence and removing the personal blame was an important part of her healing experience. This was also reflected in Dalilah's

account when they said, "It's not the victim's place to ever put the onus on them." Other women called out sexual violence by reporting it when it occurred; as Jennifer said, "It can be a form of harassment, sending you dick pics … I report them and at the same time block them." In a similar account, Mei described experiencing unsolicited touching of her body in public and confronting perpetrators: "I will tell them I don't want you to touch my ass, my secret part. My parts belong to the women and you should respect me."

Another response to sexual violence was for women to talk about their experiences with peers, as reported previously (Levitt & Ippolito, 2014). For Dalilah, the recent #MeToo movement has placed sexual violence on the public radar, facilitating more open conversations and comfort talking about this topic. They said:

> This #MeToo movement that's brought out a lot of conversations … I feel like people feel a bit more comfortable to talk about these things, which I think is always the main point. I'd rather have more conversation than more situations.

Fiona considered that "to tell my story over and over and over" was an important form of "therapy" for her to deal with experiences of sexual violence. For her, talking to people and seeing people's reactions to what she had been through was also positioned as validating: her "life experience isn't fake". In her photograph *Selfie with tears* (Photo 5.3), Sasha illustrated an experience of empathising with her "Aboriginal sister girls" who had experienced sexual violence. She said that she attended a conference for sex workers, where "they were telling their stories about system abuse from the police as well as abuse from the general community and also health professionals, and then about them being abused and being raped, overdosed or committed suicide", and she was "moved to tears", an example of the impact of vicarious trauma (Dominguez, 2017).

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Photo 5.3 Sasha, *Selfie with tears*

> **Aboriginal sister girls telling their stories about abuse and rape. I can feel that what they were saying was true, at least true to them. So I was moved to tears because they were crying and you can see that they have truly suffered for being what they are.**

Natasha spoke about the importance of sharing her "shitty experiences" with friends, highlighting that for some women, talking about what they had been through facilitated coming to terms with their experiences. These accounts suggest that while women experience sexual violence across multiple contexts in their lives, they don't simply accept it, but exercise agency by naming sexual assault and sexual harassment, by drawing on strategies to remove violence from their lives as much as possible, and by naming violence for what it is with people who cross their personal boundaries. For some women, having the opportunity to have their voices and experiences heard also facilitated coping.

"Looking forward to the future": Seeing the positive in life

Across the interviews, the women described adopting a positive outlook in response to experiences of sexual violence as a strategy for coping. In particular, participants talked about "not dwelling" on difficult experiences and "looking forward" to the future. For instance, Sefina described, "It reminds me

of what happened, made me move forward. That's how I look at it. Not dwell … and that's why I believe 'Be a fighter, be out there.'" In a similar vein, Rena said:

> I just have to move on. I just have to think of my future and just be positive … I just kind of escape the reality and just kind of focus on now and be happy at the moment.

Women also discussed "ignoring" people who behaved negatively towards them, or "not caring what society thinks" (Sefina). Gabriella described getting "to the point where you stop caring what other people think" as a way to carry on with her normal, day to day life.

Another strategy many women engaged in to facilitate coping was gratitude. Lin described their experience of sexual violence as having "affected me by teaching me how to remain ever presently grateful for the body that I have, for the life that I've lived, for all the opportunities I've been given". Gabriella said:

> You survive, and you live and you learn, and you have stories to tell. It is what it is … And that—we're lucky … I'm lucky. Every day that I go to bed at night and I'm still alive and I'm still okay, I may not notice it, but I'm actually lucky … because a lot of people deal with—a lot of people are then thrown into despair, and then resort to end their lives. So, I'm alive, that's the reason to feel lucky.

Having experienced sexual violence and understanding the struggles associated with being a trans woman of colour, the women also described giving back to their communities or supporting fellow women from within their social and professional networks. Because of the high rates of sexual violence and discrimination among trans women, Sefina described:

> That's why I've done all this sort of work with the trans community, the Pacific Islands, it's to be giving them a voice, there's a lot of work out there that needs to be done … suicide is still high.

Dinaz said that in their workplace:

> [They are] very inclusive and I try and give opportunities to other people who are intersectionally in need of the equity … I've got my group of allies and supporters … yeah, you win through positivity, you win through inclusion.

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These accounts suggest that many trans women of colour take a positive approach when responding to past experiences of sexual violence and that they can construct their experiences and lives in positive ways, despite multiple forms of marginalisation and adversity.

"I've found a balance in life": Prioritising the "self" and self-healing

From the women's narratives, it was evident that having a strong sense of self and prioritising one's own needs were critical to healing and coping with difficulties associated with the intersecting impacts of transphobia, racism and sexual violence. For many women, self-acceptance was the first step in their coming to terms with their trans or non-binary identity. As Gabriella expressed:

> I have started to find a balance where I'm like, okay, I'm black … I'm not everybody's cup of tea. And this is who I am—this is my gender identity, this is my sexuality, I'm not everyone's cup of tea either. And it's okay … don't let it control your life, where your whole life is controlled by the fact that you're trans and you're black. It's not the only definition of my life … My race doesn't define me, and my gender doesn't define [me].

In a similar vein, Sefina described:

> I'm at a point where no regrets in life at all … I look back and I'm like, yeah, it could have been, but I'm happy where I am … You know, it's made me who I am and where I am now.

Both Lin and Gabriella described reaching a point of self-acceptance, which was described as an "epiphany". Lin said:

> I can't regret a thing, that's with these men, or with makeup, or with experimenting with gender … I can look at a person in the mirror and be like, "Wow, you're actually really awesome and beautiful", and that's such a nice thing to feel.

Similarly, Gabriella described:

> I just woke up one day, I had an epiphany and I was like, you know what, enough is enough, I'm done … I'm just

being happy … me feeling beautiful. Me feeling happy. And me just looking in the mirror and just enjoying what I see, and enjoying who I am as a person now. This is—it's still new to me.

Dalilah described getting to a point of self-acceptance through challenging negative inner thoughts, which was facilitated through receiving support for her experiences of sexual violence. She said:

> Instead of having these voices in my head, it's like, "You're not worthy, you're terrible, you're shit …", I'm noticing that I'm saying to myself, "Well done, that was really good. You're really talented. You've come a long way." I can feel that there's a shift … that's all of the tools and support that I've acquired and learned through my life so far.

For many participants, protecting the self also involved being selective about who they socialised with or chose to associate with in their immediate networks. For some women, this meant making sure they were surrounded by like-minded peers and excluding people from their life who weren't understanding or kind. Dinaz explained that they are

> hyper aware of white nonsense and I've got no time for it and I'm—it's just I will cut people out of my life like a cancer and that's taken a long time to get—feel that strength.

Jennifer said that in the first instance she engages with humour with people who discriminate against her, stating, "I don't want to be the type of person to just be arguing and spreading hate" and sees these encounters as an opportunity to "educate them and to give them a chance to accept us". She continued, "If they don't [accept us], then let's move on to other people." For Gabriella, self-protection meant not engaging with negativity on social media. She explained:

> I have to take care of myself … I don't have time to deal with the back and forth bitchiness on social media … I'm just busy taking care of myself, and making sure that I'm okay … ultimately someone is going to be negative. Or somebody's going to try put me down. I've worked too hard on myself to backslide like that.

Other women described cutting ties with family as central to their experiences of healing and recovery. Natasha described, "I cut off contact with her [her mother] six years ago … she was toxic and emotionally abusive … my life improved immediately afterwards … she's also bigoted and racist and … I just kind of don't need that."

Other positive strategies women described undertaking in response to their experiences of violence included a range of different hobbies, such as poetry, gardening, music and sports. Elizabeth said, "I used to write poetry a fair bit, that would be my way of exposing it and expressing my outrage at it, I guess", meaning that she "found my own coping mechanisms especially in music because I don't have to rely on anybody else". For Lin, gardening was particularly therapeutic in their recovery following sexual violence. They said:

> Well, I love plants … You can train plants to grow along, netting or sticks or things like this, and so it can be reshaped and that kind of feels like my relationship to gender at the moment. And for that matter, my relationship to trauma, like it was really helpful for me to reframe my experiences … plants and flowering is from the mud of the trauma, from the mud of all of that is actually a fruit, it's actually a flower and now I know better than to try and engage in the kinds of sexist, transphobic logics, upon my own body that I thought that I was exempt from, but I thought I would never do that again. I'm just the wiser person had better boundaries and all that. So that the plants represent that for me.

In other instances, women described actively seeking a spiritual connection that facilitated healing and sense making. In relation to her Christian faith, Amanda said:

> I pat myself on the back all the time for having that strong will to keep going and never to give up … and that's the faith for me, and He gives you life, He gave me this special gift that I am, who I am today and that's all that matters so don't worry what other people think.

Similar sentiments were reflected in Sam's account, who said "having that faith … having that spiritual connection for me, really is important and is really what I feel protects me … gives me that safety and that protection". For Lin, it was their

"relationship to my Buddhism and my spirituality" that has allowed them to "trust in the quality of my own experience … let go of that a little bit".

In each of these accounts, indicating a range of strategies, the women demonstrate agency and resilience in finding positives in their lives, embracing and celebrating their trans identity, and ridding themselves of negative connections that might cause them distress.

Experiences of formal and informal support for sexual violence

Taking responsibility to actively seek support from others in response to sexual violence was also conveyed as important for some participants. Sefina described reaching out as valuable for "healing", saying, "If you don't ask for help then nobody is going to help you. I can only make assumptions that you're okay." Similarly, Sofia also described the importance of reaching out for help, suggesting "I think always be aware that there is support out there" and "look for support always". This support was obtained through both informal and formal networks, and was sometimes effectively provided, sometimes refused.

"Are you okay, babe?": Support from friends

Photo 5.4 Dinaz, *Flamingo lamp*

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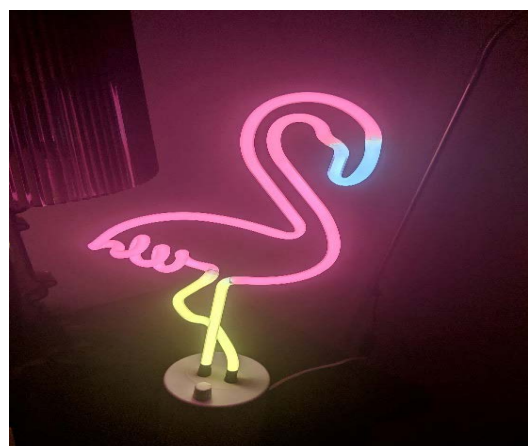
> This is one of these Sunny Life lamps … that's next to my bed and it's the last thing that I see when I go to bed. It fills me with joy in a really gay way. And it reminds me of lesbian [friends] who are really supportive.

The women described seeking support following sexual violence from informal support networks including friends, and other members of the transgender community, as reported in previous research (Levitt & Ippolito, 2014; Singh et al., 2011; Singh & McKleroy, 2011). This is illustrated in Dinaz's photograph *Flamingo lamp* (Photo 5.4). Some women identified positive experiences of receiving support from friends; for example, Elizabeth described the reactions of her friends following an incident of sexual harassment in public: "They were able to talk me through it and just keep me company." Elizabeth went on to describe that a friend, along with offering emotional support, also ensured that she was safe following the incident: "He accompanied me and waited for the night bus with me, so I could get home safely and that was really nice after the fact." Seeking support from friends to feel safe in public was similarly described by Asami: "When I go out, I normally hang out with friends." Amanda sought support from friends following sexual assault by a client while working as a sex worker, and described her roommate always knowing what had happened and asking, "Are you okay, babe?"

Others sought support through online transgender community networks. For example, Sasha reported being involved in a Facebook page in which sex workers identify potentially dangerous clients who should be avoided. Financial support from friends while trying to escape sexual violence and abuse was described by others, such as Asami, who reported, "A bunch of friends pooled together some money so I'd actually have a place to stay." These accounts suggest that many of the women in this study had positive experiences when turning to their friends for support in a variety of contexts, including emotional and financial support, along with providing physical safety in public. They also illustrate the intersection of gender and social class in women's experiences of surviving violence.

"That's what you get for being a poof": Refusal of support from family and friends

Conversely, a number of women described instances of reaching out to their family for support following experiences of sexual violence and being denied this support, while some of them felt as though they were unable to reach out to seek support from family—both of which have been reported in previous research (Hopkinson et al., 2017; Logie et al., 2018). Dinaz described their family feeling "really sad" that they have experienced "terrible traumas" associated with sexual violence but also explained that "they will be supportive, but they'll also be pretty non-supportive at first". Family members blaming sexual violence on the woman or her transgender identity was also reported. For example, Lin relayed a negative experience when confiding in their father about their experience of sexual violence.

> My father decides to commit his beautiful patriarchal faux pas and says to me "So now, Lin, what do you think you could have done better so that this wouldn't have occurred?" And I'm like "I'm not really interested in answering that question." Because it assumes that I did something wrong … I think maybe you don't get to lecture me as someone who has been sexually abused on how I should or shouldn't deal with my own experiences.

Similarly, Sefina also described feeling as though her family would blame her transgender identity for her experiences of sexual violence, believing that they would say "That's what you get for being a poof", as has been reported in previous research (Cense et al., 2017; Davies & Hudson, 2011). She described young transgender girls as being unable to seek support from their fathers, imagining that their fathers would respond with "I told you so".

A variety of negative consequences of not receiving support from family, or from friends, were reported by the participants. Fiona described trying to escape an abusive relationship and feeling as though she was unable to turn to her friends as they were "totally exhausted from helping me so far". The consequence of this lack of support was significant financial stress placed on Fiona:

> That's the only way I can get myself out of a crisis like this. It's by spending huge amounts of my savings over a very short period of time to escape abuse and get to a safe place.

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Fiona also described negative emotional consequences associated with a lack of support received following the experience of sexual violence, "When I was sexually assaulted, I had very bad support and I've been in knots ever since." She illustrated this in her photograph *White knotted rope* (Photo 5.5).

Photo 5.5 Fiona, *White knotted rope*

> **When I was sexually assaulted, I had very bad support and I've been in knots ever since. And even though more recently, I've managed to access support, I still feel like I'm tied in knots and my emotions are very complicated.**

Sefina similarly described psychological consequences associated with a lack of support from friends who, she reported, had a "I told you so attitude" towards her experience of sexual violence. She shared, "It does play with you; your head does get with you, your mental health, because nobody is around." These accounts demonstrate the negative psychological consequences for these women associated with not receiving informal support for experiences of sexual assault.

"They just believed me right away": The importance of support from healthcare professionals

Support from healthcare professionals for trans women can be central to their resilience and survival following sexual violence (Winter et al., 2016). Participants described accessing a number of healthcare professionals for support following experiences of sexual violence, including GPs, clinic nurses, psychologists and psychiatrists, LGBTIQ+ community support workers and physiotherapists. For many women, these experiences were positive. For example, Dinaz described a positive experience with their GP, who spoke about consent and sexual violence with them: "My GP who was queer, an amazing doctor, really I'm so thankful." Lin reported seeking mental health support from an LGBTIQ+ support service and of being provided with a "person of colour" as their support worker when requested. Lin described this as a positive experience, sharing "He was awesome. He just believed me right away … he just got it, and he worked with like, different modalities with me." Kelly saw a psychologist after being assaulted in a public swimming pool, and said, "The psychologist is really good, they helped me a lot … Don't think too much about the past, just move forward." Sasha also described positive experiences with psychologists in an outpatient group, reporting that she was learning to "manage mental health crisis and how to regulate your emotions, the ups and downs, and stress tolerance." She illustrated this in her photograph *Day program sign* (Photo 5.6).

Photo 5.6 Sasha, *Day program sign*

> **So that was the hospital that I went to. They run an outpatient group. I'm still learning a lot of different concepts, mindfulness—I think it's good.**

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Being able to attend services or organisations that were accepting of sex work was reported to be important. For example, Selvi said

> I used to go to Twenty10, and I got connected with the nurses and I remember going in for an appointment and just being like, "So I'm doing this [sex] work but I don't know what I'm doing", and two of the nurses came and sat with me for two hours or something, just speaking to me about it and they were always just so open and check on me all the time whenever I'm there.

In contrast, some of the women described negative experiences associated with seeking support from healthcare professionals following sexual violence, as reported in previous research (Ellis et al., 2015; Hendriks et al., 2018; Owen-Smith et al., 2016), with many women giving accounts of services being "transphobic" or "disrespectful to trans women of colour" (Lin). For example, Fiona described attempting to reach out to support groups for sexual assault, but found that she "cannot access women's sexual assault services because I'm transgender. And the other straight women will be afraid that I'm a perpetrator." Selvi spoke of her experience in a hospital following a "queerphobic-motivated attack", describing her experience as being made to be "more difficult" due to a lack of understanding from the hospital staff, suggesting that "if people were educated, maybe the experience wouldn't have been as difficult". Sofia described attempting to reach out to helplines for support but finding that "they're not really helpful at all because they're just doing their job and, you know, they just want to get onto the next patient or the next person who is on the line".

These accounts demonstrate that many of the women felt that the formal support after sexual assault that was available to cisgender women was not accessible or adequate to address their concerns and needs. This supports previous findings that many trans women report encountering healthcare professionals and ancillary staff who are openly transphobic, hostile and dismissive, or refuse to administer medical treatment altogether (Global Rights, 2018; Infante et al., 2009; Lanham et al., 2019; Leyva-Flores et al., 2019; Stotzer, 2009; Wylie et al., 2016; Xavier et al., 2013)

"We need to be protected and not treated like scum": Negative experiences with the police and legal system

Negative experiences with police and legal systems were described by some of the participants, who reported feelings of judgement, mistrust and a lack of acknowledgement that sexual violence had occurred, as reported in previous research with trans women (Bevensee, 2014; Jauk, 2013; Langenderfer-Magruder et al., 2016; Rodríguez-Madera, 2017). For example, Amanda described her negative experiences with police in which she felt she was blamed for her experiences of sexual violence:

> We need to be protected in that way and not be treated like scum, a trans should be able to walk into the police station and say, "He hurt me, he hurt me and that's wrong and he should be dealt with." But the problem is they look straight at you and they say, "You're wrong and it's your own fault." That's how we always felt being judged.

Similarly, Jenny described being blamed by the police for her experience of sexual violence when she was "raped three-and-a-half years ago". When she reported her rape to the police, they responded with "Don't dress like a faggot then you wouldn't have copped it. What do you expect us to do? Go away." Claudia reported an instance of feeling judged by the police, describing that when she phoned them to ask them to "save" her "from someone … they seemed to be more concerned of me dealing drugs or something". These events demonstrate instances of victim blaming in the context of sexual violence for trans women, which, for Amanda, led to a sense of mistrust in police: "I'd never look at a police officer and feel safe, never will." Negative or dismissive responses on the part of police have been reported by cisgender women who have experienced sexual violence (Human Rights Watch, 2013). However, the existence of transphobia reinforces the suggestion that sexual violence against trans women is viewed as even more unproblematic, making the availability of support and acknowledgement less important (Peitzmeier et al., 2015; Rymer & Cartei, 2015; Singh & McKleroy, 2011).

In contrast, Kelly described the police favourably based on her experience with reporting a sexual assault: "The police, they were really nice to me, they help transgender a lot." Her negative experience was with the defence solicitor, when the

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case went to court. She said, "He asked me a lot of questions … that is mean to me. Sometimes it's hurt me." While negative and intrusive comments are a common occurrence in sexual assault trials, and one of the reasons many women choose not to make a formal complaint (Gavey, 2005; Ussher, 1997), in the case of trans women, their gender identity is open to public scrutiny. As Kelly said, "Every people know. Every people in the court room hear about that." As a result, Kelly said, "I just feel crying."

A lack of formal response in collecting DNA or other samples after sexual assault was also reported by some of the women in this study, which they attributed to their being a trans woman of colour. Dinaz shared a negative experience in reporting a sexual assault where the police "didn't do anything—the regional police station that I went to didn't do anything as a result of my sexual assault". Dinaz did not receive a rape kit and no DNA testing was conducted, which they felt would have been different if a "white woman would have showed up and had been like 'I've been raped' there would have been a really different response". This experience with the police was reported to have had negative psychological consequences for Dinaz, who said:

> I think they've dehumanised us to the point where they don't think that we should exist, so they don't lift a finger, that's hard and at that time I internalised that, I felt that that was deserved.

Selvi described similar feelings regarding her perception of different treatment by police of white cisgender and transgender women sex workers, as she felt the police "treat white cis women who are workers completely differently. They actually follow up on sexual assault incidents whereas that would never happen for us." Petra described police arriving three hours after she'd called them on the phone to report an incident as "pointless". These accounts support previous reports that trans women of colour who are sex workers are unlikely to be taken seriously by the police (Sausa et al., 2007). It is also evidence of the stigmatisation of sex workers by the police, with the women who engage in sex work being blamed for "risky" work and positioned as "trash" (Krüsi et al., 2016).

At the same time, experiences of violence from police were reported by some of the participants, including physical violence and sexual harassment, aligning with previous US research with trans women of colour (Sausa et al., 2007; Woods et al., 2013). Gabriella described an instance in which a police officer referred to her as a "sissy" and asked her "Are you single? You're really feisty." Jenny reported being physically struck by police and believing that police would "shoot" transgender women if they "said the wrong thing". Selvi reported being "humiliated" by police in being purposefully misgendered and believed that due to her transgender identity, "they'll be more physical with you". Experiences of violence from police overseas, such as in Iran and India, were also reported by Fairuza and Revathi. Fairuza described being "scared" of going to prison overseas, as "I've heard a lot of raping, bad behaviour towards trans women." Similarly, Revathi reported worrying about "being put with other men" in prison and reported being sexually harassed by police, who asked her "What do you have inside?" and "Can we meet tonight?"

These negative experiences demonstrate that for many of the women in this study, police were not a source of support or protection, and for some were even a source of violence, revealing a strained relationship between trans women of colour and the police. This is in line with reports from the National Coalition of Anti-Violence Programs (2016) in the United States, which found that of the trans people who reported sexual violence to the police, 35 percent reported indifference, 31 percent reported open hostility, and a minority reported police violence and false arrest.

What do women want? Trans women's suggestions of solutions to sexual violence

The women interviewed for this study had a variety of ideas regarding strategies that could be adopted to reduce violence experienced by transgender women, and in particular trans women of colour. They also had many suggestions for what could be undertaken to better support those who are subjected to sexual violence. The strategies included increased education for the public, healthcare providers, and police regarding the violence experienced by transgender women; addressing

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racism and transphobia; addressing issues with policy and legislation; and providing support for transgender women.

"If people don't know about us, they continue hating us": Education for the public about sexual violence against trans women

Many of the women discussed the importance of education for the general public regarding issues surrounding violence experienced by trans women, as well as education about how to prevent it. Dinaz wanted more research on this subject, and said that providing the statistics about the regularity of sexual violence in trans women's lives would be beneficial, as "there's so much going on and we are left in the dark". They went on to explain:

> Providing the statistics on the nature of violence against trans women of colour, and if they don't have statistics then they need to finance research to do those statistics to pull that because we know anecdotally that the violence is extreme and we know anecdotally from stories and case studies that the violence is both more prevalent and much more intense.

Research can also inform culturally safe policy for trans women, so we need to "collect the data because policy is driven from data and when there's no data there's no policy" (Dinaz).

Information and education about issues of consent, sexual harassment and rape were also discussed as needing to be brought to the attention of the wider public. As Emma explained:

> We need to teach people that no means no and that rape is never okay, it's never the victim's fault and that if you are a rapist that you will be harshly punished for it.

The importance of not blaming women for violence perpetrated against them was also discussed by Maria:

> The victim didn't do anything, and you say well they could've done something, well just because they could've done something it doesn't mean them not doing it puts them at fault of what's happening.

These accounts suggest that the women in this study believe that sexual violence is an issue that needs to be addressed widescale, by challenging dominant societal views around consent, sexual violence and woman blaming.

Suggestions to help educate society about the issues of consent and sexual violence were provided by some of the women. Claudia thought these issues should be addressed through adult education in a formal setting:

> Places [should] have sexual harassment seminars, maybe and anti-racist seminars, maybe something like that too, 'cause a random 50-year-old person at my work making jokes about people creeping into a bathroom, not exactly the greatest thing.

Dalilah discussed the importance of "visibility" in educating the public about sexual violence, as they shared that "it's also about getting that information into places that you don't have to Google to find it". Dalilah suggested that it would be beneficial to have articles regarding how to avoid sexual violence in "obvious places" such as "bus stops" and "women's toilets". They also discussed their belief that the current sexual harassment initiative in place at certain bars in which women can go to staff and "ask for Angela" to signal that they feel unsafe and need help is beneficial in helping to prevent sexual violence, a comment echoed in Jennifer's photograph *Ask for Angela campaign* (Photo 5.7).

Photo 5.7 Jennifer, *Ask for Angela campaign*

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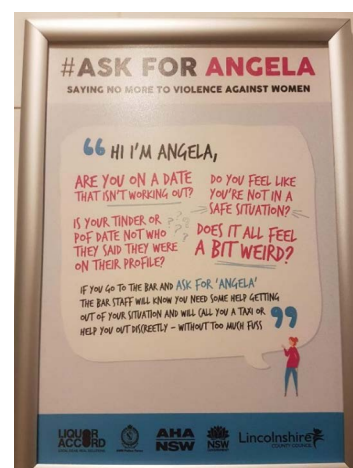
> It's a nice thing, because I feel like this way, like, the government is already doing one step to protect trans women. Because, at least, like, we have something that we can do if we're in a dangerous situation or a dangerous spot.

Education regarding transgender identities and sexual violence within the school curriculum was also discussed by the women, with many of them describing the current system as inadequate in both helping to prevent violence towards trans women and sexual violence towards women in general. Jennifer discussed her belief that education regarding transgender identities within school would aid in "myth busting" about transgender people: "They have to educate about gender dysphoria and also they have to clearly state that being trans is not a mental illness." Jennifer believed that the lack of education about transgender people contributes to violence and hatred directed towards them.

> I think education 'cause I think a lot of people that are mean and would do something bad to you, they're uneducated, they're ignorant, they're bigoted … if people don't know about us, then they wouldn't care about us. They would continue hating us.

An absence of positive words to explain gender diversity, as well as absence of information about what it means to be a trans woman, is illustrated in Fiona's photograph *Brick wall* (Photo 5.8), where she said, "As I grew up, there didn't seem to be any way for me to access information about being transgender", so she had to rely on the media, which was often negative.

Photo 5.8 Fiona, *Brick wall*

> This is representing restrictions to accessing information about being trans women. When I was very young, there were no books on the subject in the library.

Educating children about consent within school was also considered to be important in preventing sexual violence. Dinaz discussed their absence of education about sexual consent during high school, and the implications of having to develop these skills on their own.

> I was never taught consent in high school, children are still not taught consent in high school, they're not taught safe sex in high school, they're not taught how to practice your "no" in high school, all these things are absolutely critical to my own wellbeing and yet I've had to develop it over 15 years of my own time as a result of a lot of sexual violence.

The importance of learning consent at a young age was similarly discussed by Dalilah, who described the importance of teaching children that "no means no, end of" and that consent is

> something you kind of learn as you grow older, but I feel like we teach kindness at school, but we should be teaching consent, because consent isn't just sexual, consent is a skill.

Others thought education should be used as a tool to address the absence of understanding that often fuels transphobia within the wider society. Jennifer described how education could reduce the transphobia faced by gender diverse people when transitioning:

> If you're trans and you don't know how to transition, you cannot just ask your professor like, "I'm feeling this, I'm feeling that." They cannot even identify. They would just be like, "Can you just act properly?"

Jennifer identified the cause of this transphobia as being that "they don't actually understand" and believes that "education" would prevent this from happening. Jenny described taking it upon herself to educate others about what it means to be transgender in the hope of reducing transphobia. She described going to bars and answering people's questions about her identity, which she said "broke their fear" of transgender

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people. Jenny believed that although transphobia will "never be stamped out", by "letting someone know, it's not tolerated", she may be able to reduce its prevalence. Conversely, Lin believed that the responsibility is on others within society to listen, and to educate themselves about transgender people, in order to reduce transphobia. As Lin stated:

> Believe us when we tell you our story. Listen, listen to what we are saying. Don't misgender us. Do your background research … we are not abnormal. We are real. We have always been in existence and the violence that have been committed against us are not acceptable, and they are never our fault.

In combination, these accounts demonstrate that the women recognised the importance of education about sexual violence, as well as education about the nature of transgender identities, in order to aid in the prevention of transphobia and discrimination, as well as to prevent sexual violence from occurring.

"We need empathy and to be believed": Education of healthcare professionals and police

Some of the women in this study expressed their desire to receive more understanding from healthcare professionals and the police when discussing experiences of sexual violence with them, as well as an acknowledgement of how their transgender identity has influenced the situation. As Gabriella describes, "understanding of the situation and that it's not just what happened, there's a lot more involved because I am trans". Gabriella said that receiving "empathy" from healthcare professionals and police would go a "long way" in supporting transgender women in their experiences of violence and that if "they did have empathy it [seeking support for sexual violence] wouldn't be so difficult". In a similar vein, Jennifer illustrated the lack of sensitivity and acknowledgement of trans women's experiences of sexual violence on the part of police in her photograph *Mind the gap* (Photo 5.9). She said training was needed so that police know "this is not right. This is not cool. This is not in any way less bad than guys harassing women. It's still harassment."

Photo 5.9 Jennifer, *Mind the gap*

" **This represents the government, or law enforcement to have some, sort of, SOGIE [Sexual Orientation Gender Identity and Expression] training for them to be able to address properly trans women.**

In addition to stating that the police should be "more fair and empathetic towards people, empathy is key I think", Emma said that they also need to "take the side of the victim first and foremost" and should be educated to "be better equipped to handle violence against trans women". Taking the side of and believing any woman subjected to sexual violence was also discussed as important by Maria, who said, "You hear about women getting raped and they go to the police and nothing happens or they're not believed or they side with the perpetrator." Maria suggested that police need to "get rid of the stigma around them being bad with these sort of things" in order for women who experience sexual violence to "be comfortable enough to move forward". Dora shared a personal experience in which fear of having a negative experience with police stopped her from reporting her sexual assault: "The last thing I want to do is experience what I've experienced, go to the cops, then get fucking dead named [her male name assigned at birth used] all day." She went on to discuss that proper training may have provided a different outcome for her: "For me, it definitely would've given me the confidence to tell someone about what happened."

Many of the women in this study wanted healthcare professionals or the police to adopt direct strategies to reduce the transphobia they had experienced from these services, emphasising the importance of models of culturally

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competent care for transgender people (Pallotta-Chiarolli, Wiggins, & Locke, 2019). Petra wanted training so that they knew to keep transphobic beliefs to themselves, and "always be professional".

> No matter what their private, personal beliefs are, if they're transphobic, if they don't believe in trans people, or think that trans people shouldn't be like that or whatever, they should keep that to themselves and to just always be professional.

Healthcare professionals were primarily accessed when women were seeking hormonal intervention as part of their gender transitioning. If women had had negative experiences of gatekeeping in accessing hormones, they were often wary about seeking support in relation to sexual violence. This suggests that culturally competent care associated with hormonal intervention is part of sexual violence support for trans women. Equally, because passing is a key factor in women avoiding violence in the public sphere, access to hormones serves as a preventative strategy. Many women wanted this to operate through an "informed consent model", illustrated in Dora's interaction with a GP who specialised in "queer-related health":

> Literally the experience was this: I went in. I sat down. I explained to her that I have been presenting female for a long time now. I'd like to go forward and start HRT. And she was like, "Okay, cool. I'm not in a position to question your experience." That's a quote a from her. And I was like, "That's really positive to hear. I think I'm in the right place."

The Informed Consent (IC) model was released by the World Professional Association for Transgender Health (WPATH) in 2012. Cundill and Wiggins (2017) developed protocols for the initiation of hormone therapy for trans and gender diverse patients at Equinox, a Victorian-based gender diverse health centre, that are based on this IC model. Gender diverse people who have visited the clinic have evaluated the IC model of care very positively (Pallotta-Chiarolli et al., 2019), alongside other trans affirmative care adopted by the clinic, including use of correct pronouns, staff trained in cultural safety, non-gendered bathroom facilities, and trans and gender diverse-specific literature and health resources.

A further suggestion from the women is the provision of culturally safe support groups, including "training sessions" for support group leaders to "encourage them by giving them more opportunities and then being more inclusive" (Krithika). Sam discussed wanting more support from the police in terms of teaching transgender women how to defend themselves against violence, as they shared:

> What if cops give free tutorials on how to defend yourself to trans women of colour? And went to properly advertise that and get that out there, and have it as a regular thing.

Finally, suggestions of the need for safe spaces and material support were made by some of the women. Some described needing "more women's shelters" and a "crisis house" which trans women can use as an "emergency place", staffed by "support workers" that are "in our shoes and understand our story". Previous Australian research with LGBTIQ+ Muslims has suggested that health services need to be inclusive of religion and spirituality, as well as sexuality (Pallotta-Chiarolli, 2018). For women who are recent migrants or who don't speak English, practical support with translation is important. As Kelly said:

> So how can I know what is the right department to report [to]? It may be difficult for me if I can't speak English because you need to see a lot of people, psychologists, police, so basically for everything, you need to speak English to communicate with them. They can organise for you the interpreter. But people trust you more if they hear the voice from you.

These accounts demonstrate the impact that healthcare professionals and police can have on the experiences of sexual violence in trans women in terms of support, and the need for training, understanding and empathy.

Legal redress, inclusion and empowerment: Legislation, policy and practice

Legislation and policy were mentioned by many of the women in this study as crucial to addressing sexual violence experienced by trans women, in order to provide protection and support. For example, Dinaz spoke of targeted protection for "trans women of colour", whom they said "actually need to be actively protected in public spaces, I think it needs to

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be really obvious protection". They also said that transgender women should not be excluded from social spaces and made to "wait in a queue outside a pub or club" due to fear that "it's too dangerous to be so visible on the street, the harassment is just too extreme and so there needs to be a way to allow people to enter those spaces". Gabriella argued that "pepper spray" and other "self-protection" should be made "legal" because "these men are crazy out here". Jenny discussed "trying to persuade our lovely senator" to provide trans women with access to locked disabled toilets to help them feel safe when using public bathrooms. These accounts demonstrate the extent to which transgender women feel unsafe in public spaces and their desire to be protected by the law in these spaces.

Having legislation and policy in place to ensure that perpetrators of sexual violence face meaningful consequences was also deemed to be important. As Dinaz said:

> There needs to be really obvious serious consequences for people who enact violence, currently people who bash trans women, particularly trans women of colour, don't really receive serious charges, serious jail time, and it needs to end.

Dinaz was specific in stating:

> There needs to be a public humiliation that is associated with that; the press don't report in the same way that they might report on say a young white girl getting bashed.

Fiona wanted a change in the burden of proof enshrined within the law to support those who are subjected to sexual violence: "If trans women say they've been abused, the burden of proof should be on the perpetrator. If they can't provide proof, then they should be charged."

Legal redress for transphobia was also discussed. For example, to prevent discriminatory practice, Jenny suggested "fining the owner of a small business … over time they'll know what to do". Similarly, Rena described wanting "discrimination law" in the workplace to be applied to "transphobic stuff", stating that "the law does change people's behaviour and change people's way of interacting", which she felt would "help trans people feel more safe in society". In this vein,

Sam said that current laws "no longer apply" to transgender women or "hurt" more than they "help". Sam went on to say:

> We need to find ways that the general community can change and alternate laws that are adaptive to our times. The laws need to be more versatile, not just black and white.

Sasha said "decriminalisation is the first step" in addressing violence against sex workers in states such as Queensland, and would have a big impact on many trans women of colour, who are often more vulnerable than other sex workers. She stated that this decriminalisation would encourage police to "do their jobs properly", and take women's complaints of sexual violence seriously.

Some of the women in this study placed responsibility on transgender women to create change within society and to prevent experiences of violence. Increasing the visibility and authority of trans women by placing them in senior policy-making positions was described as an important factor; as Amanda said, "We don't need people to represent us, we need us in there, we need us." Similarly, Dinaz discussed the importance of having not "one but six or 10 or 15 trans women" involved in "policy discussions", as they bemoaned their current exclusion from such discussions: "We're never included so that's a really important part. We need representation because it's about us and no one really knows what we go through." The importance of having trans women in positions of authority was a view shared by Elizabeth, who suggested that making complaints "heard" is the "second best". At the same time, Revathi said that trans women should educate themselves about sexual violence to feel empowered to "say no" and to anticipate situations where violence might occur:

> Always say no, so when it comes to things like this, it's going to put you in some sort of situation where there's gonna be sexual violence—read more, get to know the world more, how things can happen, how the violence can take place and keep up.

Dalilah was confident that transgender women are the ones who are creating change for themselves and their sisters. They said, "We're getting closer to finding what the roots of the

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problems are and it's not gonna change the world overnight, but it's part of these movements." Dalilah believed that women being "higher up" and able to support other trans women to "make the change themselves" will contribute to positive change. Amanda described experiencing "guilt" at letting others treat her poorly in the past and expressed her desire for others to not do the same:

> What I say for transgender girls of colour is to speak up, stand up and to say no and this is wrong and not just let it slide by or let it be done to you.

Conclusion

This chapter has examined the women's responses to sexual violence, which reveals a story of agency and resilience. Some women rationalised and normalised sexual violence as a means of defending themselves psychologically, and a way of explaining its common occurrence in their lives. Women also adopted a range of behavioural strategies of self-protection, including anticipating violence, and avoiding potentially violent situations, including intimate relationships where violence might occur. Calling out sexual violence through naming it was a common strategy. Many women also adopted a positive attitude to life to counteract the negativity of sexual violence, or found balance in life through self-healing. Experiences of formal and informal support were a key aspect of this self-healing, and women described receiving support from friends and healthcare professionals. This chapter also examined refusal of support, and its impact, in terms of women's sense of isolation and distress. The police were identified as a group that are unreceptive to the needs and concerns of trans women who experience sexual violence, with the perception being that trans women of colour are less likely to be taken seriously compared to any other group of women.

The chapter concluded by examining what women in this study want, in terms of educating the public about transgender identities and about violence against women. Also discussed was the need for healthcare professionals and the police to be educated on these matters, so that they can be respectful, empathetic and take reports of sexual violence against trans

women seriously, as well as the need for changes to legislation, policy and practice to occur, so as to enshrine such respect and recognition of violence enacted upon trans women of colour into formal societal structures.

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Online forum analysis of trans women's experiences of sexual violence

Brahm Marjadi and Alex Hawkey

This chapter examines trans women's accounts of their experiences of sexual violence that were posted in online forum threads. While some data from the online threads has been published previously (Noack-Lundberg et al., 2019), this chapter provides an additional unique analysis exploring experiences of sexual violence. This analysis was performed between October and November 2019. The researchers analysed 39 global online forum threads, written by 480 unique posters, containing 950 comments. While the majority of the threads were written in 2017–18, the time range of the posts was from six years to one hour from the time of data extraction. Most of the participants in the selected threads explicitly identified as trans women (n = 282), and many who did not identify their gender could be clearly deduced from their posts as being trans women or feminine genderqueer or a non-binary person. The remainder of the forum participants identified as trans men (n = 29), genderqueer (n = 14) and agender (n = 11). To differentiate forum contributors in the reporting below, the online forum participants (OFP) are identified by numbers: OFP-01, OFP-02, etc. Where the original posts did not have a participant identifier, OFP-X is used.

This chapter focuses on the following key themes that emerged from the online excerpts: experiences of violence, the impact of violence, self-protection, and help-seeking after a violent incident. It explores the subthemes of bullying and discrimination; the intersecting nature of gender, ethnic, and racial identities; anger and fear; distrust in men; and questioning gender identity.

Experiences of violence

Bullying, discrimination and violence before and after transitioning

Across forum comments, participants shared experiences about violence, which for some had occurred since childhood in a variety of different forms. For many, childhood bullying occurred in relation to gender appearance or race, particularly where participants did not fit the "norm". For example, participant OFP-01 described that they were "a feminine non-assertive man [with] low weight" and OFP-02 called herself "short, brown, mixed heritage", which contributed to constantly "being clearly told exactly how inferior I was at every turn, even back in adolescence/grade school". While for OFP-02, this experience was described as "traumatic", for other participants, early life experiences of discrimination were said to have contributed to strength and resilience later in life; as OFP-03 commented, "I spent my youth bullied so much that now I have like a layer of armour over my heart."

For a large number of forum contributors, violence and discrimination continued to occur into adulthood, heightened at the time of transition. Many participants reported experiencing verbal violence, such as deliberate misgendering, described as "an act of mental cruelty" (OFP-04) and as something that "eats at the spirit" (OFP-05). Some experiences of verbal violence were transphobic, such as the use of the term "trap", reported by multiple participants. One contributor highlighted the derogatory nature of the term by writing,

> Trap, the object, has a negative connotation. It implies being cleverly hidden, through camouflage or subterfuge, who's hidden nature is only revealed when the trap is sprung and it attempts to capture or damage its victim. (OFP-06)

This transphobic positioning of trans women by others places them at heightened risk of violence, as described by OFP-06: "Trans people are routinely killed over transphobic beliefs."

A large number of contributors also reported accounts of sexual assault and rape, or disclosed that this was a common occurrence among trans women. For example, one participant noted:

> When he saw I was wearing panties he called me a fucking tranny and punched me in the face, flipped me over and penetrated me. Woke up alone and naked a few hours later. (OFP-07)

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The shifting nature of sexual violence that occurred following transition came as a shock to a number of participants, particularly those who acknowledged their male privilege prior to transitioning. One white trans woman recalled:

> [The] closest thing I'd ever come to being discriminated against was being teased at school for being a ginger. I was not prepared for the discrimination [after transitioning]. It was, and is, awful. (OFP-08)

In some cases, forum contributors reflected that it was unclear whether sexual violence and discrimination were specifically directed at them because they were trans or if they were experiencing the day to day misogyny that also affects cisgender women. For example, OFP-9 sensed a change after transitioning to a woman, stating "At work, men now seem to take me less seriously and that's weird." Other participants spoke of the "shock" of being offered fewer work opportunities since transitioning, as described by OFP-010:

> My biggest shock came not from being the target of transphobia, but misogyny. I was once volunteering for an organization that I was very passionate about. I had asked about paid positions and was told none were available by someone I trusted. But I later found out that was a lie. I figured it was a mistake at first, until I talked with quite a few other women in the organization who all said that they had experienced similar biases against them.

Intersecting gender, ethnic, and racial identities

For some participants, experiences of sexual violence were shaped by the complex intersection between being a trans woman and being a member of an ethnic minority. The intersection of transphobia and racism in sexual violence against trans women is exemplified by OFP-11's account:

> There is an outrageously disproportionate number of trans women of color targeted by anti-trans hate, way outside of the ratio that should be expected of the intersection of "happens to be trans" and "happens to be black" … Last I checked, of the more than 2 dozen deaths at the hands of anti-trans violence this year, all but 2 of them were trans women of color. There is a clear bias at play, and it's compounded by the issue of race specifically, not coincidentally.

In another account, white trans women were seen by non-white trans women to have a privilege that granted them greater safety from sexual violence and discrimination. As OFP-12 wrote:

> Sadly we still have less privilege than white trans girls. All my white friends are openly trans and stuff while I'm stealth for my life but it's just about staying more alert than usual while dealing with intersectionality.

In this account, it is evident that fear of violence and discrimination means that some trans women of colour cannot live as their preferred gender. Conversely, a white trans woman reflected on her privilege, stating:

> I realize that as a white trans individual I still have a level of privilege that others in our community would be grateful for … and for that, I feel infinitely blessed. (OFP-13)

The women's accounts indicated that ethnic-based privilege and disadvantage were nuanced. OFP-14 wrote, "I'm mixed (Melungeon), and despite several other intersectional barriers I deal with daily, I still experience white privilege." Her statement indicated a level of privilege which some mixed-race women of colour have. A different nuance was reflected by OFP-15, who regarded that being seen as a person of colour could have dual impacts, being a "privilege and curse to being seen as the 'model minority' (Asian)". Being a particular minority, belonging to an ethnic group may confer "privilege", such as positive treatment from other people who prefer that ethnic group. Yet, being fetishised or receiving discriminatory and targeted violence may also occur, which was seen as a "curse".

Within the trans community, certain ethnic groups, such as Asian trans women, were positioned as being somewhat safer from sexual violence as they could "pass" more easily, due to an absence of strong masculine physical features. However, this seemed to only apply in non-Asian settings, as participant OFP-16 noted:

> Each ethnicity has their own sort of unique features both masculine and feminine that they are able to recognise, so to non-Asian people they would see a woman but to Asians they would know they are trans.

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Some Asian trans women reported being more easily "clocked" (identified as a trans woman) by fellow Asians of the same origin. For example, Chinese trans woman OFP-17 stated, "Over here [in the United States], I never get clocked … unless I walk into a Chinese restaurant." She further elaborated that people from different parts of Asia were quite specific in their ability to "clock" trans women from the same ethnicity:

> It was funny when I was going out with my Korean ex-girlfriend, we would take turns getting clocked, depending on whether we stopped to eat at a Korean or a Chinese restaurant.

This statement further indicated the finer nuances of being people of colour. While "Asians" may be used to refer to one group, as in OFP-16's statement, their passing in different Asian communities could be quite different.

Across the online posts, many participants positioned sexual violence against all trans women as a problem that the whole trans community needed to tackle together. As OFP-18 wrote:

> One can't seek justice for (all) queer people while ignoring injustice being perpetrated against (specific) queer people … As long as racism persists, there will still be trans people facing discrimination and oppression.

However, a number of participants claimed that specific sexuality and ethnic identities placed some trans women at an increased risk of violence, which needed to be highlighted and not combined with trans women's experiences in general. Participant OFP-19 commented:

> Assuming that black and LGBT causes are the same is dangerous territory that both sides should stay clear [of]. In my experience, White trans people only say this when acknowledging racism makes them feel uncomfortable … Every TDoR [Trans Day of Remembrance] event I attend is white trans people crying about homicide rates to a backdrop of murdered Black trans women. When it's for their pity party, suddenly Black trans issues are unquestionably LGBT issues.

Two participants pointed out that these discussions may turn to an unhelpful competition about which trans women group is most disadvantaged in what OFP-20 called "oppression bingo" and OFP-21 called a "self-deprecation festival". These accounts demonstrate the importance of adopting an intersectional lens when addressing sexual violence among trans women, as women's experiences are not homogenous across differing intersecting identities.

Impact of sexual violence on trans women

The emotional impact of sexual violence: Anger and fear

Experiences of sexual violence were reported to have a wide range of negative health and psychosocial implications for online forum participants. For instance, a number of contributors described feeling anger; participant OFP-22 reported that they were "constantly angry at society for being horrible" and OFP-23 stated:

> I'm angry with him for what he did, and for ruining my first time [for sex]. I'm angry with me for putting myself in the situation. Deep down I know it's not my fault, but I can't shake that it partially is.

Another participant described the emotional toll of experiencing sexual violence, including fear and self-blame. OFP-24 wrote:

> Letting your memories and emotions linger and fester will just prolong your suffering. You begin to blame yourself. You may become afraid of going out, interacting with people, scared of letting your guard down. Releasing your pent-up trauma won't completely erase the memory, but it does bring a sort of closure. My attack set me back years.

Similar sentiments of fear were reflected in OFP-25's account: "You are dealing with the aftermath of what happened to you in the past, and fearing you'll encounter similar things in the future." These accounts highlight the negative and ongoing impacts of sexual violence on trans women's mental health.

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Distrust in men

Across the forums, a number of participants reported that as a consequence of sexual violence, or fear of violence, they had lost trust in (cisgender) men, which resulted in an avoidance of intimate relationships with men. OFP-X wrote:

> Although I haven't ever had something that bad happen to me, there have definitely been times in my not too distant past when I've been close to it. Close enough that I no longer have any interest in men as potential romantic partners.

Similar sentiments were reflected by OFP-26, who stated "I know that I'm completely and totally attracted to men. And now I know that I will NEVER be able to trust one EVER again. Hello Darkness, my old friend." In particular, OFP-26 discussed that she feared being attracted to male "chasers" (cisgender men who sexually fetishise trans women), who had no genuine interest beyond satisfying their fetish:

> What makes this situation depressing and impossible to my eyes is that I haven't found one, not ONE man who doesn't fit the description of Chaser. Men who don't know that I'm trans want nothing to do with me. Men who know I'm trans want to have sex and nothing more. My experience is that it's black and white. When I thought I had found someone who broke the mould, it turned out that they had just managed to hide it better.

In discussing the fear of being assaulted by men, OFP-27 recommended trans women look for "bi, queer or trans men, who would probably feel more like 'your people'". However, this option may not work for those who are mainly attracted to cisgender men, which is a known side effect of hormone replacement therapy during transitioning: "The idea of being exclusively attracted to men [due to hormonal therapy] is worrying to me as dating as a trans woman can be dangerous, especially with some cis guys" (OFP-28). The fear of dating the gender of their preference, or the avoidance of intimate relationships often resulted in participants feeling isolated or upset at the prospect of being alone. As OFP-26 described:

> I can be a doormat and have sex, or I can stand up for myself and not have sex … So I'll just curl up into a ball and cry myself to sleep every now and then, comforted by the fact that at least I won't be hurt again.

For trans women who engaged in sex work, choosing not to engage with male clients following an experience of sexual violence was not always a choice, with significant implications for women's mental wellbeing. OFP-29 reported feeling suicidal when she had to return to life as a sex worker due to her past experience of sexual violence:

> I encountered violence, which is why I'm so scared going back to that life. I placed a new ad 45 min ago and already have a response, I feel sick, taking deep slow breaths so I don't puke. Having to go back to that life just makes me feel so horrid, I already want to end my life, not one booking into the work and I want to escape from life.

The impact of sexual violence on gender identity and transitioning

Sexual violence was reported by participants to have a number of implications on their life journey as trans women. Some participants had been sexually abused as a child or teenager, which led them to question their gender identity. OFP-30 wrote, "I can't help but shake the […] worry that I might feel transgender because of this assault (as opposed to really being transgender)." This experience was echoed by OFP-31, who stated, "I wonder if I hate my body because of what happened or if I hate my body because I'm trans, or both." Questioning the impact of sexual violence in earlier life on gender identity was reported to occur over the trajectory of participants' lives, as recounted by OFP-32:

> I was abused as a child by my mother. And I always worried that I wasn't really trans and that it was just some kind of fucked up manifestation of things I hadn't dealt with. It took 20 years of self-hate and finally cutting her out of my life for 2 years before I really started to realise that no, just an awful coincidence.

In another account, OFP-X described how her therapist contributed to her gender confusion:

> I was ten. I had begun to question my gender identity before then but I didn't understand it. After the event, and all the legal and therapy, I told my parents something was wrong and that I should be a girl and not a boy. The therapist they took me to felt that I was trying to rationalize my rape by changing genders. That somehow in my mind it

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was more okay to be female than male. (Hurray for early 90s mental health logic).

In some forum accounts, it was evident that fear of sexual violence and past sexual trauma may have delayed or even reversed a person's decision to transition. OFP-33 reported that the news about sexual violence against black trans women was "a big reason why I'm putting off my transition" and OFP-34 wrote, "These fears [of sexual violence] did put me off coming out, transition[ing], or even talking about my gender dysphoria for a long time." OFP-07 resorted to de-transitioning after being raped as a trans woman:

> I had only recently started to come out as trans before this happened, but that night set me back several steps. I'd started again to view trans as being dangerous. Every time I looked in the mirror and saw the bruises, I found myself thinking that this is what happens to people who try to tinker with their gender. Afterwards, I basically decided to go back to being a plain old straight cis male.

These accounts demonstrate how fear of sexual violence and past experiences of sexual violence result in the questioning of one's gender and may prohibit trans women from living as their preferred gender.

Keeping safe:
Self-protection and help-seeking

Some participants shared their behavioural strategies for improving their safety and for avoiding future violent attacks. Among them were making sure they were never alone, avoiding commonly known high-risk areas, limiting outings at night, and not over-sharing personal details on social media, or when starting a date. For some contributors, maintaining safety and good mental health as a trans woman was positioned as challenging, with OFP-35 likening it to "juggling chainsaws while being on fire, I have no ability to prevent the hurt other than a few circus tricks".

Some participants reported the value of surrounding themselves with good friends and "awesome people". Others drew on the importance of "passing" to their safety, with one participant calling it "a survival strategy". Adopting

self-defence techniques or carrying weapons, such as mace spray or a gun for protection, were also commonly mentioned ways to avoid sexual violence. As OFP-36 wrote:

> I abhor violence, I don't condone it, but the reality is I've always got some type of weapon on my person at all times. Never had to use 'em, never want to use 'em. But they there just in case. Know what I mean?

Many participants cited a number of barriers to help-seeking and support following experiences of sexual violence. Some participants reported feeling uncomfortable using gender-specific sexual trauma support services because they were a trans woman, as OFP-37 expressed:

> I would never be allowed in a women's crisis center because of my rotten worthless male body so I suffer surrounded by triggering things and carry this almost utterly alone, no feminist solidarity with the male violence I've experienced or even empathy or community.

Accessing cisgender services was problematic even for trans women who pass; as OFP-07 wrote, "I wouldn't be able to describe what happened without revealing what parts I have." She continued:

> Even though I AM a woman, I'd still feel like I was invading a safespace. It's really frustrating because on one hand, I want to be mad at the cis-women for misgendering me, but on the other hand, I completely understand why they wouldn't feel safe with me there.

Similar sentiments were described in relation to accessing support groups for cisgender males. OFP-07 commented, "I wouldn't feel safe there for the same reason I wouldn't be welcomed to a women's group. The thought of talking so vulnerably in a room full of cis, mostly straight, men sounds absolutely terrifying." These accounts highlight the complexity that trans women may face when trying to access appropriate support services for sexual violence.

Accessing mainstream health services for support may also be hindered by past negative experiences, particularly during the transitioning process, which left some participants feeling distrust with health professionals. This was particularly the case when trans women felt doctors were "gatekeeping"

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their transition journey by denying them the hormones they required, for example. One participant wrote, "If you tell a doctor or therapist you are trans and their response is anything other than 'how can I help you' then they are gatekeeping. The end." (OFP-38)

Going to the police was also not a viable option for a number of participants due to the police's notoriety for ignoring trans women's reports of sexual violence. Some participants expressed a strong distrust and fear of the police, particularly for trans women of colour. One participant stated:

> Black trans folks. Black and Brown trans folks do not have the same benefit of the doubt with police, Black and Brown folks are seen as more "aggressive", as "thugs", as "dirty", in a way white folks are not. (OFP-39)

Forum contributors saw the police as the extension of the state's authority, which is clouded by political influences and the general racism in the community. Some participants felt that police were perpetrators of violence, including sexual violence. As one contributor wrote, "there are looooong histories of police harassing, brutalizing, and even killing black people. All of the trans people I know have had at least one bad experience with police" (OFP-40). In this vein, due to these difficulties, several online forum users commented on accessing support primarily online, emphasising how important it was to be able to use the online forum to seek help from others, especially trans women.

Conclusion

The accounts presented in this chapter reveal insights into the global experience of sexual violence against trans women, and the impacts violence has on these women's lives. The intersections of gender, sexuality and race were found to compound trans women's negative experiences of sexual violence and the ability to live as one's chosen gender identity, and shaped their ability to seek support. However, trans women actively sought means of support, such as seeking solace from other gender diverse online forum users. This is not only evidence of trans women's resilience but also highlights potential avenues to deliver future preventative measures and support services to this marginalised community.

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Comparison of sexual violence experiences of CALD trans women, non-CALD trans women, and cisgender, LBQ and heterosexual women

Janette Perz, Alex Hawkey, Jane M Ussher, Jack Thesourinthone, and Samantha Ryan

To understand the experiences of trans women of colour from CALD backgrounds in relation to other women's experiences of sexual violence in Australia, an online survey (see Appendix E) was administered nation-wide. Survey development and recruitment practices were described in Chapter 2. The analysis compared the experiences of trans women from CALD backgrounds in Australia with a) non-CALD transgender women in Australia; b) cisgender, heterosexual women in Australia; and c) cisgender, LBQ women in Australia.

The online survey was accessed by 2663 people, of whom 368 were excluded from analysis because of the following reasons: 107 were assigned male at birth and identified as male; 183 discontinued the survey after accessing it or part-way through; and 78 were assigned female at birth and identified their gender as trans, non-binary, poly or genderfluid. Of those who accessed the survey, this represents a completion rate of 86 percent, with a final sample of 2295.

The survey comprised closed- and open-ended questions. In reporting the data below, responses to closed-ended questions about the nature and experience of sexual violence are presented in tables, pie charts or bar charts that identify the number of responses per item and valid rounded percentages that do not include missing cases within each group (i.e. the percentage of the total number of women within each group). The majority of participants responded to the open-ended questions, and a selection of their open-ended qualitative responses is represented

in tables that summarise the patterns across women, as well as any differences identified across groups. Thematic analysis was used to analyse the open-ended responses, as noted earlier. In the reporting of results below, ideal or typical quotes have been selected across the range of demographic groups as exemplars of each theme.

Survey respondent profile

Survey respondents described both their gender and sexuality identities using a diverse range of terms or labels, in response to closed-ended questions and an open-ended response option. Multiple and overlapping identities were common. To allow for a comparison of the groups identified in the research aims, four broad groups were classified. For this report, respondents who were assigned male at birth and identified as woman, trans woman, transfemme, non-binary, or other gender diverse identities were classified "trans women", representing 7.9 percent of the sample. For purposes of analysis, trans women were further categorised into non-CALD (6.7% of total sample) and CALD (1.2%) groups. Respondents assigned female at birth were classified as "cisgender, heterosexual" if they identified as a woman and as heterosexual (54.4%), or "cisgender lesbian, bisexual or queer (LBQ)" if they identified as a woman and lesbian, bisexual, queer, or other sexuality diverse identities (37.7%) (Figure 7.1).

Figure 7.1: Survey sample respondent numbers

- 27 respondents identified as trans women, assigned male at birth; CALD
- 153 respondents identified as trans women, assigned male at birth; non-CALD
- 1249 respondents identified as cisgender heterosexual women
- 866 respondents identified as cisgender lesbian, bisexual or queer women (LBQ)

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Figure 7.2: Respondent groups according to CALD or non-CALD background
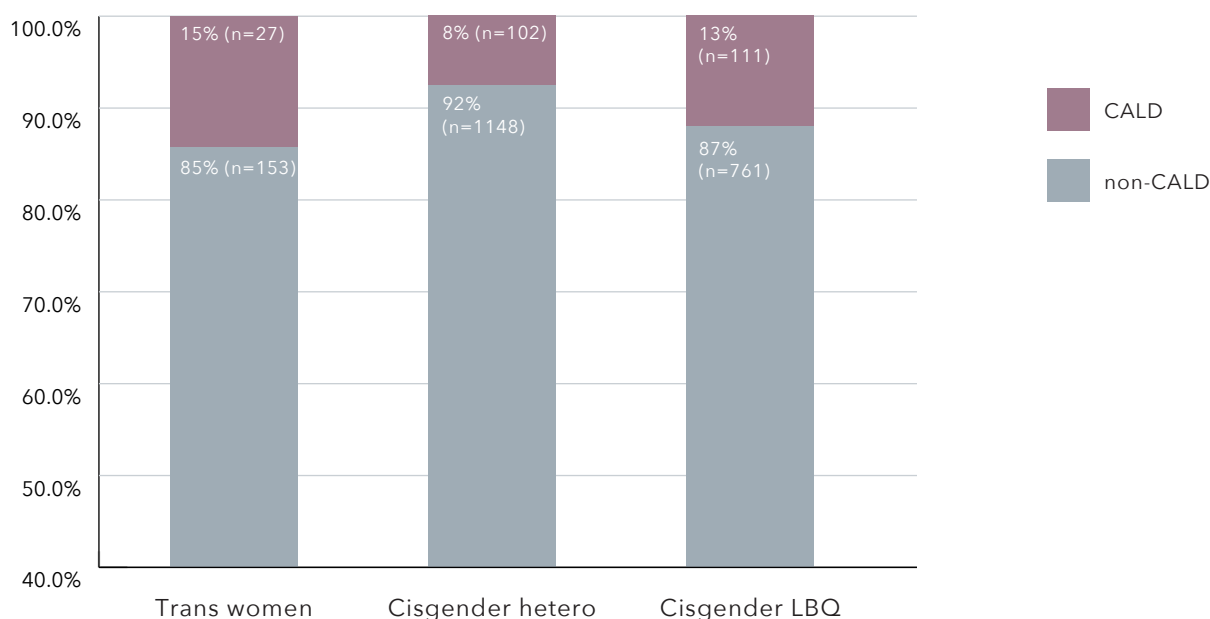
The cultural and linguistic background of respondents was simplified for comparison into two broad categories, CALD and non-CALD, on the basis of responses to survey questions: "Which ethnic background do you identify with?", "Where were you born?", and "Is English your first language?" CALD respondents made up 10.5 percent of the total sample, and were composed of six broad ethnicity groupings: Australian Aboriginal or Torres Strait Islander (1.7%), Asian (3.4%), Black/African (0.3%), Middle Eastern (0.9%), mixed (2.9%) or other (1.1%). These categorisations were arrived at by collating the responses of the participants, a process conducted by a research assistant and confirmed by one of the chief investigators. Of the three primary groups, the largest proportion of CALD respondents was found for trans women, at 14.8 percent (Figure 7.2).

The present study does not claim to include a representative sample of the population, as survey participants responded to a request for women who had experienced sexual violence. However, it is useful to compare the proportion of this study's sample that were CALD respondents to that of population averages. While it is difficult to estimate the percentage of CALD people in the Australian general population, English is not the first language for 15 percent or 3.5 million people (Australian Government Department of Health, 2016).

Respondents ranged in age from 19 to 82, with the majority falling between 24 and 51. Cisgender, LBQ women were younger than cisgender, heterosexual and trans non-CALD women (Table 7.1).

Table 7.1: Average age for respondent groups

Trans women Non-CALD	39.5 (19–75)
Trans women Non-CALD	41.4 (19–65)
Cisgender, LBQ	33.1 (19–73)
Cisgender, hetero	42.6 (19–82)

Just over half of the trans women were not in an intimate relationship (52% CALD and 54% non-CALD), compared to one third of cisgender women (33% cisgender, heterosexual and 36% LGB women) (Figure 7.3). Overall, across all respondent groups, "multiple relationships", "casually dating" or "other" relationship types were not common. Trans women were reportedly more than twice as likely to be in multiple relationships as cisgender women.

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Figure 7.3: Relationship status for respondent groups

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
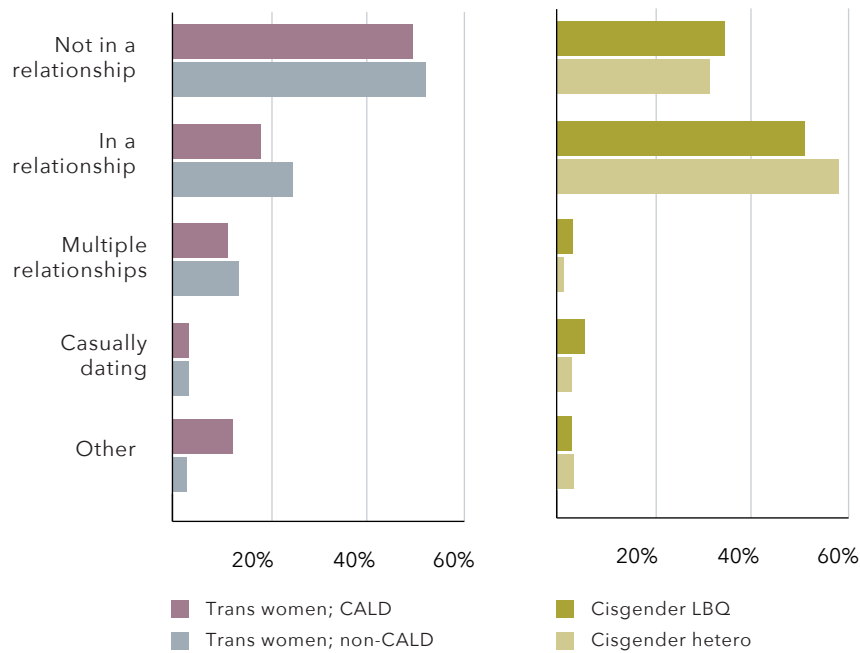
Sexual harassment experiences

Rates and frequency of sexual harassment

The majority of respondents indicated that they had experienced sexual harassment since the age of 16, with Figure 7.4 presenting the rates for respondents who had experienced sexual harassment. Reports of sexual harassment were higher for cisgender, heterosexual (1169, 94%) and LBQ (811, 94%) women than for CALD (23, 85%) and non-CALD (122, 80%) trans women. Sexual harassment had occurred on multiple occasions for the majority of women who reported it. CALD trans women reported more frequent sexual harassment than other women, with 70 percent having experienced sexual harassment 10 or more times and a further 25 percent indicating that the harassment had taken place 2–10 times.

For all women, sexual harassment was most likely to be more than a one-off experience.

In the open-ended survey responses, sexual harassment was described as "inescapable" for women across groups, with many stating that they have had too many experiences to remember or count, and that they knew many other women who had had similar experiences. Respondents reported that women are expected to cope with constant sexual harassment and are burdened with constantly trying to find ways to manage and counter attacks from men. Table 7.2 presents a sample of the open-ended responses that highlight the pervasive nature of sexual harassment across respondent groups.

Figure 7.4: Sexual harassment: How often have you experienced this?

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
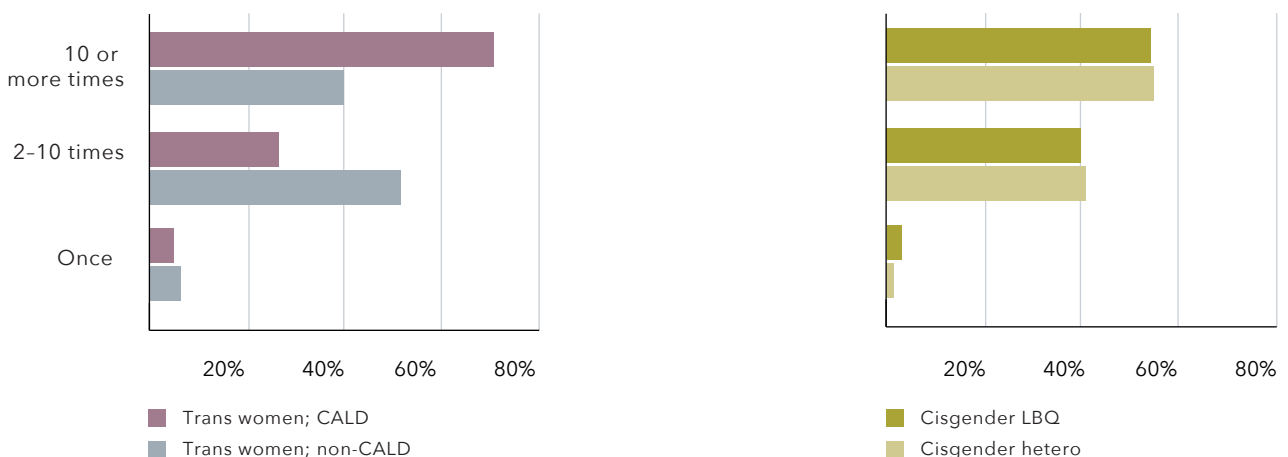
Table 7.2: Open-ended survey responses: Frequency of sexual harassment

It's a constant near daily life-long occurrence. (Trans woman, non-CALD)

It has happened over a lifetime in multiple environments. (Cisgender, hetero)

Far too common and is almost an acceptable form of social behaviour. (Cisgender, hetero)

I cannot count the amount of times throughout my life, especially in my late teens and 20s, I received some level of sexual harassment. (Cisgender, hetero)

Between 14 and 40 it was so constant as to be tiring and exhausting. (Cisgender, hetero)

It's basically constant, men are sexually inappropriate everywhere I go and everything I do … I've experienced all the types of sexual assault listed previously. I do not have a single female friend who has not been sexually assaulted in one way or another. (Cisgender, hetero)

It's too common. It happens to nice girls. It happens to nice middle-aged women. It happens regardless of what you're wearing. It happens when you're sober. It happens without provocation, invitation or any sane reason. (Cisgender, hetero)

It's inescapable. (Cisgender, LBQ)

Every day I have at least one experience where an older man makes me uncomfortable. (Cisgender, LBQ)

Too many times and places to mention. (Cisgender, LBQ)

A woman's life is constantly about finding ways to manage and counter these attacks from men. (Cisgender, LBQ)

Felt like the abuse and harassment would never end. If not one thing it was another. (Cisgender, LBQ)

I feel like most women have experienced sexual harassment and sexual violence, so in that sense it feels kind of like a sick rite of passage. (Cisgender, LBQ)

Sexual harassment perpetrators

Strangers were the most common perpetrators of sexual harassment for all women surveyed. Sexual harassment by a stranger was more common for CALD trans women (21, 78%) than for non-CALD trans women (91, 60%). Previous partners, ex-boyfriends/girlfriends, dates or other known persons were more likely to be reported perpetrators of sexual harassment by cisgender, heterosexual and LBQ women, compared to trans women, across both CALD and non-CALD communities. Other known people included family members or relatives, work superiors, co-workers or colleagues, teachers/tutors or classmates, and friends/acquaintances or friends of friends/family. Figure 7.5 presents rates reported by each respondent group against each perpetrator, with multiple responses allowed.

In the open-ended responses, verbal sexual harassment was reported to be experienced predominantly by strangers in public, with women describing men catcalling, whistling and yelling inappropriate sexual abuse at them from cars, or when they encountered a group of men in public spaces. Women described negotiating unwanted sexual advances while in social settings and being reprimanded or insulted by men if they objected to this behaviour. Women also recalled experiencing verbal sexual harassment from male friends in the form of vulgar comments. Straight men sexually harassed lesbian couples verbally, asking them to kiss for their entertainment, and transgender women reported being frequently asked about their genitals.

Unwanted touching by men was common. Women described having their breasts and genitals groped and being pressed up against men on public transport, in shopping centres and in nightclubs and bars. Women were pushed into toilets and groped, tricked into unwanted kissing, had their bra undone or their clothes ripped and lifted by strangers. Women also described being groped at work by bosses and colleagues, including men putting their hands down women's underwear, licking their necks and groping their breasts. Men also exposed their genitals to women on trains and buses.

Sexual harassment online and via text messages and phone calls was common. Many women reported receiving unsolicited

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Figure 7.5: Sexual harassment perpetrators
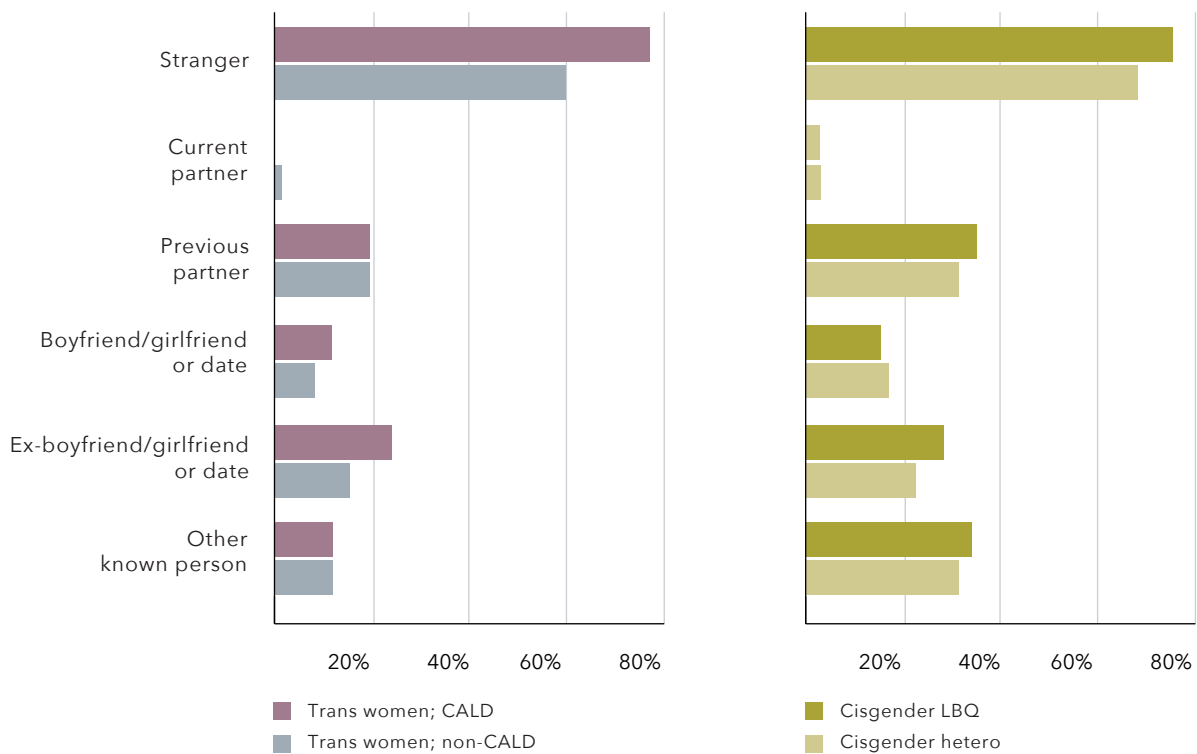
"dick pics" and pornographic videos from ex-partners, and having men request naked photos of them. Women frequently reported receiving "humiliating", "harassing" or "explicit" messages from known men, including colleagues. Sexual harassment was also experienced on professional websites, such as LinkedIn, and on YouTube.

Being stalked and looked at by men was also reported by many women. Women described men staring at their breasts and "looking them up and down", being followed by men in person or in vehicles, and being stalked by both known and unknown men. Table 7.3 illustrates the types of sexual harassment experienced from different male perpetrators.

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Table 7.3: Open-ended survey responses: Perpetrators of sexual harassment

I have often been catcalled at after I had begun transition. The longer it has been since starting my transition, the more I have received catcalling and wolf-whistling. (Trans woman, CALD)

Also misgendering and public humiliation. (Trans woman, non-CALD)

Co-workers and colleagues would make highly inappropriate comments about my body and sexual preferences and had a super creepy fixation on knowing what surgeries I was going to get. (Trans woman, non-CALD)

Many people commit sexual harassment in the form of checking what genitals you have literally by grabbing them. Plus, things like pulling my bra open to see if my boobs are real. (Trans woman, non-CALD)

At the start of my transition I acquired a stalker, who kept harassing me to take his phone number. (Trans woman, non-CALD)

The other day I got a dick pic out of the blue from a guy I went to high school with years ago, at an all-boys school no less. (Trans woman, non-CALD)

I remember men would often yell sexualised things in the street. (Cisgender, LBQ)

Mostly straight men approaching myself and a female partner and speaking/behaving inappropriately, or staring at us like we're a spectacle for their entertainment. (Cisgender, LBQ)

Males making sexual advances and joking about turning me straight. Butt slapping, sexual jokes, mimicking oral sex. (Cisgender, LBQ)

Unwanted touching on all erogenous zones and others, pressing of genitalia against me, my clothes getting ripped from someone trying to prevent me from leaving the area. (Cisgender, LBQ)

Mostly being grabbed in a club or similar place. (Cisgender, LBQ)

Everything from men staring at my breasts or slowly looking me up and down. (Cisgender, hetero)

A drone was used to spy on me and I was watched showering, going to the toilet. (Cisgender, hetero)

I have been followed home by a group of drunken men before. (Cisgender, LBQ)

Online unsolicited penis pics is sexual harassment and I've lost count of how many pics I've received. (Cisgender, hetero)

Digital harassment is particularly increasing. The amount of inappropriate unwanted texts and image sharing is alarming. (Cisgender, LBQ)

The obtaining and sharing of naked pictures. (Cisgender, LBQ)

Sexual harassment: Where did it happen?

The women surveyed experienced sexual harassment across a broad range of sites and locations. Figure 7.6 presents rates reported by each respondent group against each site or location, with multiple responses allowed. Across groups, a high proportion of women reported that sexual harassment occurred at a place of entertainment/recreation or outside, with these contexts being the most commonly reported sites for trans women. CALD trans women were the most likely to report sexual harassment outside (67%), compared to non-CALD trans women (41%), cisgender, LBQ (54%) and cisgender, heterosexual (45%) women. Conversely, cisgender women were more likely to report sexual harassment occurring at work (40% for LBQ and 47% for hetero women), in comparison to trans women (33% CALD and 20% non-CALD). Between one quarter and one third of respondents, across groups, reported sexual harassment in their home, the home of the harasser, another person's home, or at a place of study.

In the open-ended responses, women gave details about the variety of contexts in the public domain where they experienced sexual harassment, including at school, gyms, night clubs, pubs, concerts, schoolies events, toilet blocks, university, motels, shopping centres, taxis, parties, public transport and cars. Some women described experiencing harassment every day from strangers, which meant that they did not feel safe to be in public. Illustrated in Table 7.4 are women's accounts of sexual harassment that occurred in the public domain.

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Figure 7.6: Sexual harassment: Where did it happen?

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
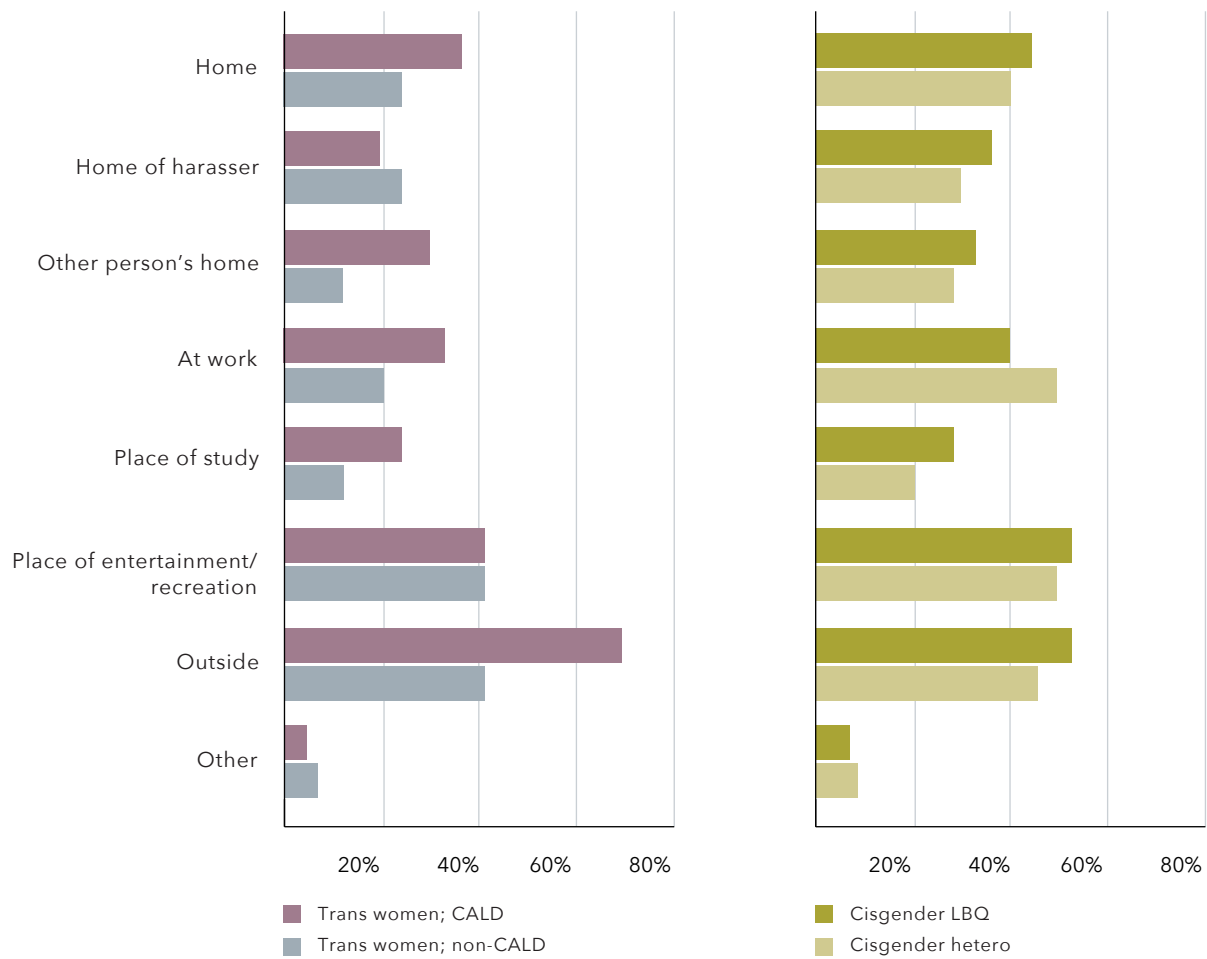
Table 7.4: Open-ended survey responses: Sexual harassment in the public domain

A guy grabbed my boobs in a nightclub thinking it was a big joke—that I was just a guy in drag. (Trans woman, non-CALD)

The taxi driver tried to pull me from the back seat into the front seat. (Trans woman, non-CALD)

Several different incidents, from bum slapping, boob grabbing and groping by strangers in public events and bars. (Cisgender, hetero)

I was at a pub on the dance floor and a man came up to me drunk and tried kissing me and I was with a friend and tried ignoring him. He stuck his hand up my dress and grabbed my pants and squeezed. (Cisgender, hetero)

I was in a university library and a young man lifted my dress up to my undies to admire my legs. I felt vulnerable and had to make light of it. (Cisgender, hetero)

A lot happens on public transport and it's not at night. It's literally in the middle of the day on the weekend or during the morning commute during a work week. (Cisgender, hetero)

[I was] about 16, walking home … harassed by middle-aged man in a car … then various incidents up to and including one just a few weeks ago while walking home in the afternoon … it's a drag and very demoralising. (Cisgender, LBQ)

Men catcalling on the street, pulling over trying to get me into their cars, etc. (Cisgender, LBQ)

One of the places I have felt most harassed has actually been at the gym. (Cisgender, LBQ)

The most intimidating cases of sexual harassment for me are in the street. (Cisgender, LBQ)

I have been repeatedly sexually harassed at live music venues and public transport. (Cisgender, LBQ)

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Table 7.5: Open-ended survey responses: Sexual harassment in the workplace

[At] a place I used to work, the director of the company used to make sexually inappropriate comments and would come up behind me and try and touch me as I was working behind my desk. (Trans woman, non-CALD)

A boss in a factory regularly groping me, putting his hand down my t-shirt, getting angry when I wore a t-shirt with a higher neck-line, also trying to take me out—another man in the factory wanting to tell me about his dreams that I featured in. (Cisgender, hetero)

I work in customer service as a cashier and honestly I have lost count of the amount of times I have had men be overtly sexual to me, making me uncomfortable, consistently insinuating sexual things, talking to me like an object and being just sooooo casual with their sexual harassment is absolutely ridiculous. Maybe 100 times in 10 years of customer service … but maybe more. (Cisgender, hetero)

Discouraged from coming forward and making a claim at work, despite it being a university. (Cisgender, hetero)

The most common was harassment at work … over 30 years in the workplace and I experienced at least 10 occasions of severe harassment to the point where I might take a day off. (Cisgender, LBQ)

It happened frequently at a previous job. The industry I work in is heavily male-orientated, so intimidation and sexual harassment were frequent. (Cisgender, LBQ)

When you report micro-aggressions in your workplace it is very hard for managers to follow up on them. For example, if someone made you uncomfortable—how do you prove it? (Cisgender, LBQ)

Many women described experiencing sexual harassment in their workplace (Table 7.5). The perpetrators were predominantly male figures of authority sexually harassing young women. Women also described experiencing sexual harassment by other male colleagues and customers. Commonly mentioned industries where sexual harassment occurred included hospitality, healthcare, retail, corporate jobs and the armed forces. A large number of the women reported being verbally harassed and groped, with many receiving hostile and aggressive responses if they objected, and some even losing their jobs. Frequently women said that they did not report these incidents due to fear of losing their jobs, or because they were frightened of the perpetrator. Some women reported taking days off from work to have a break from the harassment, while others described resigning from their jobs to escape it.

Sexual assault experiences

Rates and frequency of sexual assault across groups

Over two thirds of the cisgender (825, 66% hetero; 573, 66% LBQ) and CALD trans women (18, 66%) reported that they had experienced a sexual assault since the age of 16, compared to 50 percent (76) of the non-CALD trans women. Rates across all respondent groups were lower that the rates reported for sexual harassment. For all respondents, sexual assault was most commonly experienced 2–10 times, with rates ranging from 56 percent to 61 percent. More than a quarter of CALD trans women (28%) reported having experienced sexual assault more than 10 times, double the rates of other women. Figure 7.7 presents the rates for respondents who had experienced sexual assault.

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Figure 7.7: Sexual assault: How often have you experienced this?

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
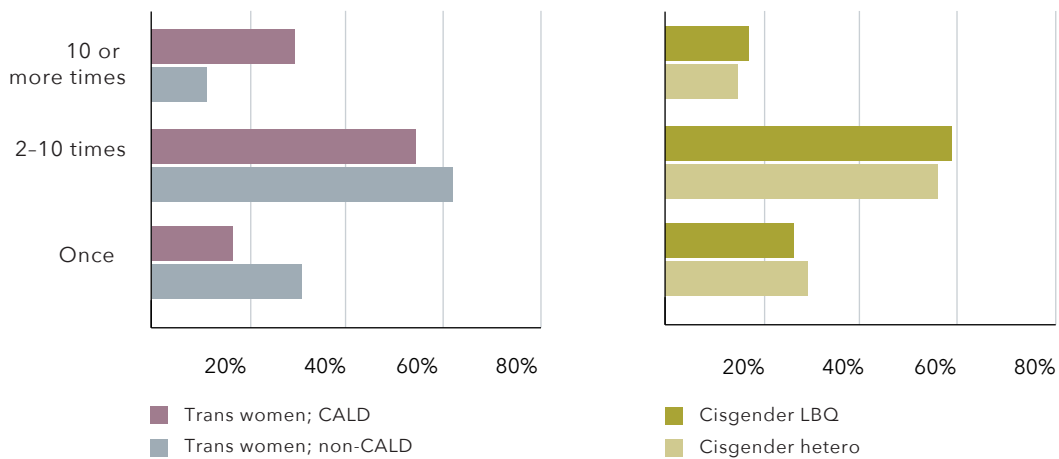
Sexual assault: Who was the perpetrator?

For most respondent groups, strangers were the most commonly reported perpetrator group. Figure 7.8 presents rates reported by each respondent group against each perpetrator of assault, with multiple responses allowed. CALD trans women (44%) were more likely to have experienced sexual assault by a stranger compared to other women. Previous partners were described as the perpetrators of sexual assault for one fifth of all women. Few respondents indicated that a current partner was their sexual assault perpetrator. Cisgender women were more likely to report that an "other known person" had been a sexual assault perpetrator. The most frequently nominated "other known person" types were family members or relatives, work superiors, and friends/acquaintances or friends of friends/family.

In their open-ended responses, women reported experiencing sexual assault from a range of people, both people they knew and strangers. Men were overwhelmingly the perpetrators of sexual assault, with only a minority reporting sexual assault from another woman. Known perpetrators were most commonly partners (i.e. someone women lived with), older men, men in positions of power—including bosses or work colleagues, school principals, and therapists—family (e.g. grandfathers, fathers, step-fathers, uncles, brothers and step-brothers), as well as male friends, housemates or neighbours. Table 7.6 provides exemplars of sexual assault by different perpetrators.

Figure 7.8: Sexual assault: Who was the perpetrator?

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
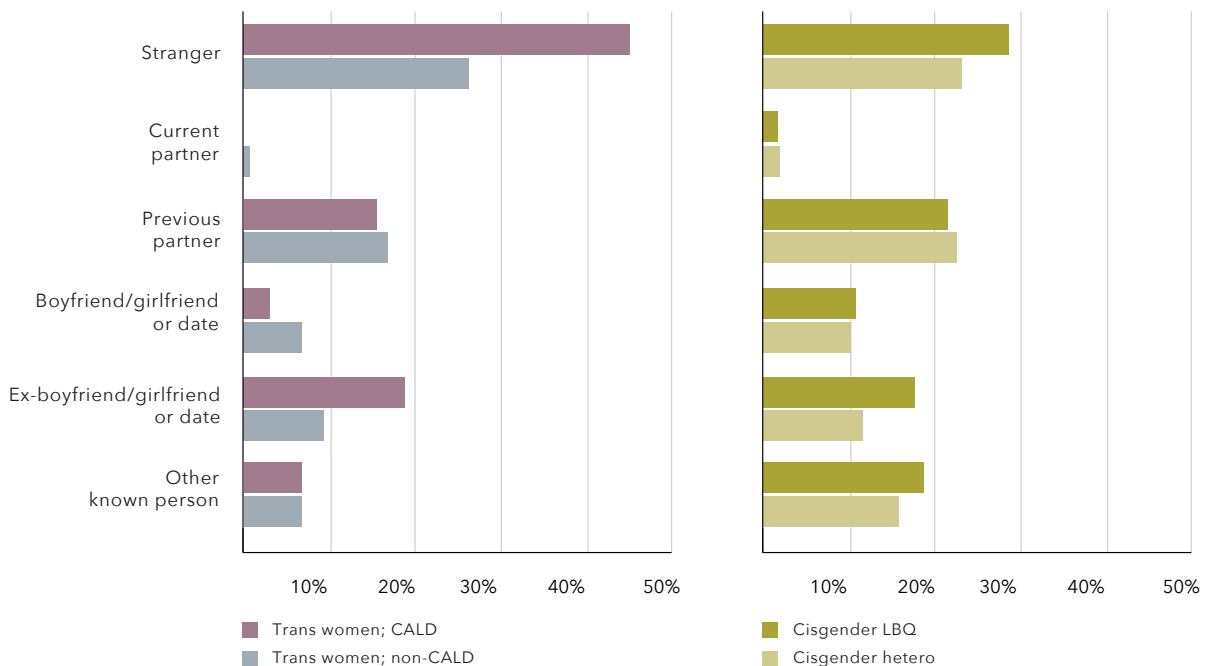
Table 7.6: Open-ended survey responses: Perpetrators of sexual assault

[My] father molested me for the last time when I was 16 before I got out. (Trans woman, CALD)

I was repeatedly coerced through guilt to masculinise myself and "be a man" during sex with my then girlfriend. (Trans woman, non-CALD)

The majority were males. Some females. Unprovoked. (Trans woman, non-CALD)

Marital rape is very common among migrant women married to white Australians. People suffer in silence for fear the partner will withdraw visa sponsorship. (Cisgender, hetero)

My most recent experience with a long-term ex-partner was incredibly traumatic, violent, in earshot of my children. I was forced to inhale something and lost motor control. (Cisgender, hetero)

The most devastating was the sexual assault I endured at the hands of a former (male) partner. (Cisgender, LBQ)

A previous boyfriend did a sexual act I had told him I didn't want him to do (ejaculate in mouth). (Cisgender, LBQ)

Includes assaults by both men and an ex-girlfriend/partner. (Cisgender, LBQ)

All were from people I considered friends or loved ones. (Cisgender, LBQ)

I lost my virginity to a stranger in a park where he raped me. (Cisgender, LBQ)

In the first instance in my family home by a family friend and I did not tell anyone until a few months later. (Cisgender, LBQ)

From my own male extended family members. (Cisgender, LBQ)

Experienced from both men and women in both the queer and straight communities. (Cisgender, LBQ)

Sexual assault: Where did it happen?

Sexual assault was reported to have occurred across all sites and locations. Figure 7.9 presents rates reported by each respondent group against each site or location, with multiple responses allowed. Overall, the home of the woman or their perpetrator was the most common location for sexual assault, with CALD trans women most likely to report a sexual assault at those sites. CALD trans women reported higher rates of sexual assault occurring outside (44%), at home (41%) and at work (22%), compared to other groups of women. The most commonly identified "other" locations included the car or carpark, hotel, and doctor's office, hospital or clinic.

In the open-ended responses, many women described the nature of sexual assault within their own homes, friends' houses and family homes at a party or family event, or in their own homes by men who were their partners at the time. Sexual assault that occurred in private spaces was most commonly described as "rape" and "gang rape". Table 7.7 illustrates women's accounts of rape that occurred in the private domain.

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Figure 7.9: Sexual assault: Where did it happen?

Trans women; CALD
Trans women; non-CALD
Cisgender LBQ
Cisgender hetero
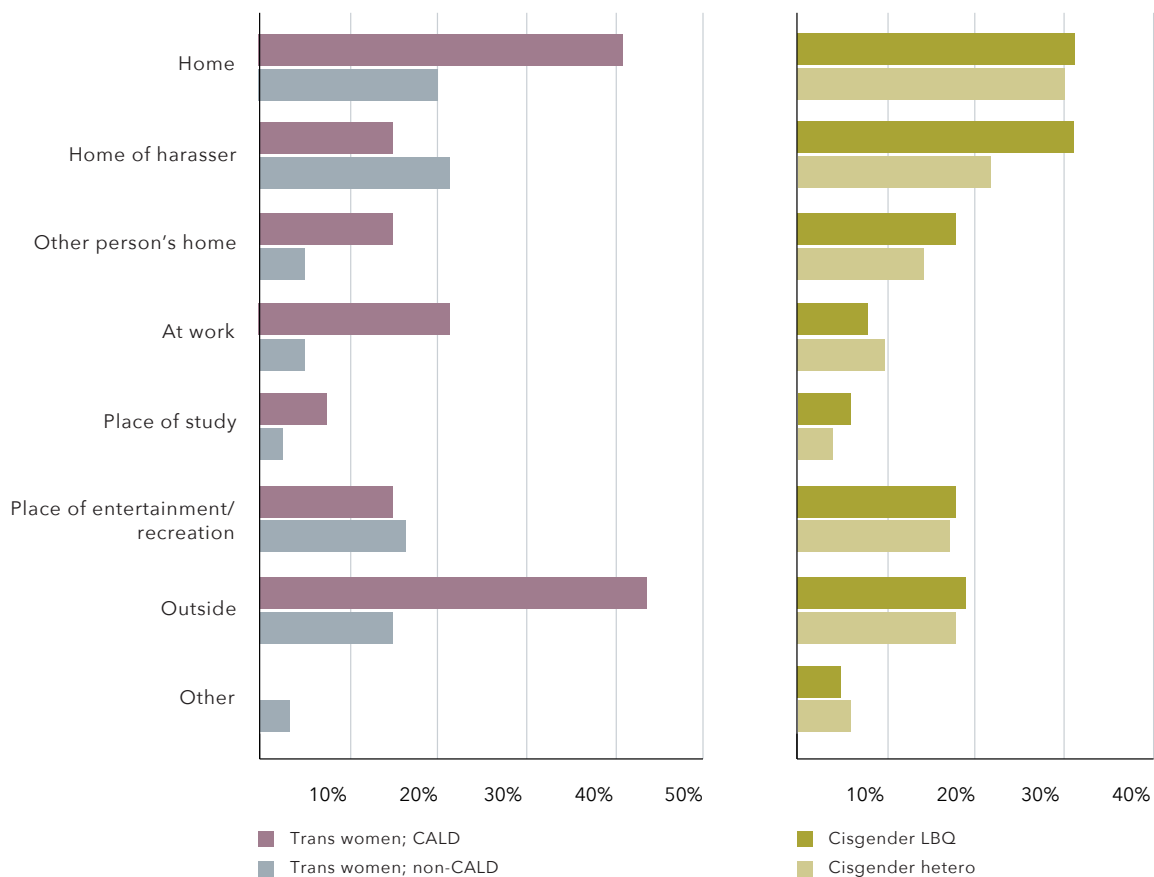
Table 7.7: Open-ended survey responses: Rape in the private domain

I was asleep when it happened; he pulled down my pants and had sex with me. (Trans woman, non-CALD)

[I was] gang raped at a house party. (Cisgender, hetero)

The other times had been when I was passed out drunk at friends' houses thinking I was safely sleeping off my intoxication and was set upon by men thinking they would make the best of the opportunity. This happened on two separate occasions in two separate houses. (Cisgender, hetero)

My two ex-partners raped me multiple times in our house. The last partner did it over 12 years. (Cisgender, hetero)

The first rape was at 16 yrs by my boyfriend at the time at his residence. The second rape occurred when I was 43 yrs by my soon-to-be ex-husband, who let himself into the house dragged me to the end of the bed. (Cisgender, hetero)

A date raped me by forcing and coercing me into sex. (Cisgender, hetero)

I was drunk and stupidly agreed to go back to the motel room with one guy. While in the motel room, I was suddenly surrounded by about eight to 10 guys. I was raped vaginally, orally and anally. (Cisgender, hetero)

One was at a party in a group house I lived in where I went to bed drunk and was woken up to it. The other was a boyfriend that was sharing a flat. (Cisgender, LBQ)

It's happened to me twice, both on the same night. I was at a party at a friend's house. (Cisgender, LBQ)

More extreme abuses occurred in closed settings such as homes. (Cisgender, LBQ)

I was drugged and raped at a party when I was 17. (Cisgender, LBQ)

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Women also described other forms of sexual assault in the public and private sphere, including unwanted "digital penetration" by colleagues, health professionals, people known to them and strangers, and being physically forced, coerced and persuaded into performing sexual acts, including performing oral sex, anal sex and violent sex with partners. Many women also described men removing condoms during sex without consent. Others described initially consenting to sex and being told it's "too late" if they changed their mind. Frequently, women described having drinks spiked, being drugged, or alcohol contributing to their experiences of sexual violence. Table 7.8 presents accounts of other types of sexual assault inflicted by different perpetrators.

Support following sexual violence

Women's experiences of support for sexual violence

Figure 7.10 presents rates reported by each respondent group for sources of support for coping with sexual harassment or sexual assault, with multiple responses allowed. Self-support was the most widely used source of support for coping with sexual harassment or sexual assault, nominated by 55 percent to 70 percent of all women. Friends followed by partners were the second and third most commonly used sources of support (31%–44% of women). Reports of support from police/justice agencies were low (5%), with no trans women nominating this category as a source of support. CALD trans women were more likely than other women to report receiving no support (22%), compared to 15 percent of non-CALD trans women, 11 percent cisgender, LBQ women, and 13 percent cisgender, heterosexual women.

Table 7.8: Open-ended responses: Other forms of sexual assault in the private and public domain

Since coming out, other trans women have also violated me several times. A girl I used to date forced herself on me when I was clearly uncomfortable. (Trans woman, non-CALD)

Even if the person is somewhat known to you and you are flirting you can start with consent then they do things you didn't want and that didn't come with consent. (Cisgender, hetero)

I said "no" but he kept going further. I didn't expect that it would happen because it was during the daytime. He didn't have my permission to do what he did. He forced digital and oral penetration after I said no. (Cisgender, hetero)

Two experiences, both separate guys that I was casually dating, during sex. About six year[s] apart. One ghosted me, i.e. took the condom off without me knowing. The other introduced "choking play"; I said I wasn't into it, moved his hands away, then as we continued, he did it again. (Cisgender, LBQ)

He liked to not wear a condom. We once had a fight about it, he agreed to wear it then took it off and came inside me. Then he showed me the condom and laughed at me. (Cisgender, hetero)

My ex would pressure me into performing sexual actions that I did not want to do and that I was not comfortable with. (Cisgender, hetero)

It was not consensual in the context that I was too drunk to consent. (Cisgender, hetero)

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Figure 7.10: Who has supported you in coping with sexual harassment or sexual assault?

Trans women; CALD
Trans women; non-CALD

Cisgender LBQ
Cisgender hetero
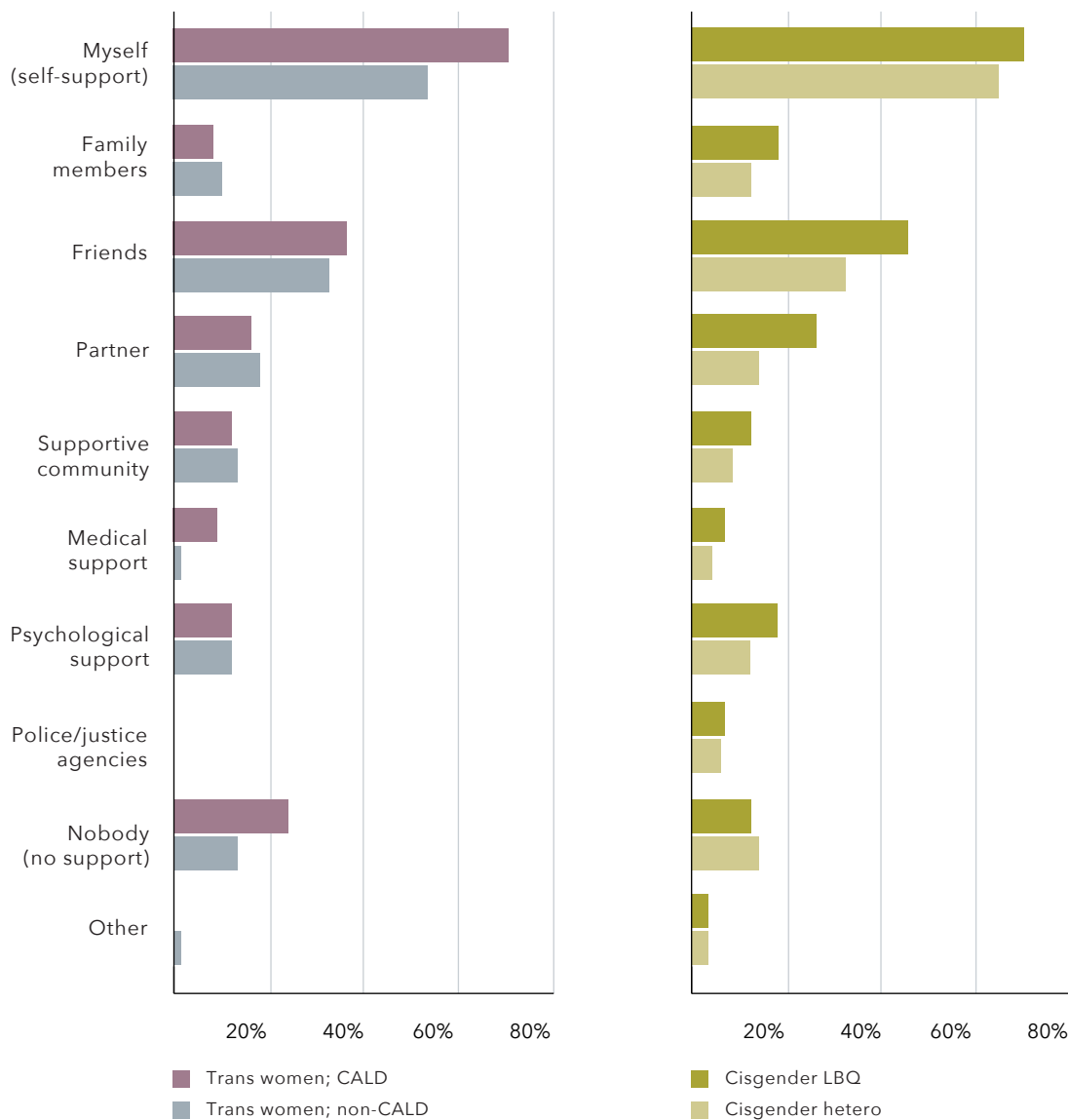
In the open-ended responses, women described their experiences of informal support for sexual violence (Table 7.9). Women described their partners being protective of them and making them feel safe, encouraging them to report their assault and helping them to confront family members who were perpetrators. Women described being believed by family and friends, feeling validated that their assault was "not okay" and receiving emotional support, in particular from other women. However, a large number of women described these personal support networks as being unsupportive and dismissive, disowning and blaming women for their assault. Some women reported feeling unable to tell their partners, family and friends about their experiences due to shame and judgement.

Experiences of seeking from support from healthcare professionals, including doctors and psychologists, varied across respondents (Table 7.10). Some respondents described positive experiences in seeking support, including empathy,

organisation of support teams, and referrals to counselling. Community spaces and support groups for women who had experienced sexual assault or domestic violence were also labelled as positive modes of support for some women. Online support groups, forums and trauma blogs were reported to be supportive, due to the anonymity that women could maintain, as well being able to read others' stories, which reduced feelings of loneliness and isolation.

However, other respondents described negative experiences in receiving medical treatment and support from healthcare professionals. Some women described a lack of empathy and caring from doctors, as well not being provided with a rape kit. Some participants also reported being shamed, "slut-shamed" and victim blamed.

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Table 7.9: Open-ended responses: Informal support following sexual violence

Friends

Only told my best friend. She did not judge. She was absolutely supportive. (Cisgender, hetero)

My best friend saved my life. (Trans woman, CALD)

Opening up about abuse to my friends has always been very difficult but trying to in more recent times. (Trans woman, non-CALD)

It was good to have friends to talk it over with, see how I could react better in future. (Trans woman, non-CALD)

Several of these occurred while I was in the company of so-called friends who I thought I could trust! I was then told "I deserved it!" "It's only sex!" (Cisgender, hetero)

I lost almost all of my friends because they believed the person who raped me rather than me. (Cisgender, LBQ)

Family

My mother was very supportive and even talked to the police officer that blamed me. (Trans woman, non-CALD)

I plan to never tell family of my experiences. (Trans woman, CALD)

Got no support from family [in] any of the instances. (Cisgender, LBQ)

Too embarrassed to tell family. (Cisgender, LBQ)

They [family] were the worst from doubting to blaming me. (Cisgender, LBQ)

Partner

My partner is aware of my previous experience of sexual assault and is navigating how to be of support. (Cisgender, hetero)

The most supportive human alive [partner]. The reason I am still alive. (Cisgender, hetero)

Probably the only reason I told friends and went to a counsellor is because of the love and support from my partner towards healing. (Cisgender, hetero)

My current partner is wonderful and has been very helpful and understanding when I have discussed traumas from my past with him. (Cisgender, LBQ)

Partner was not supportive, blamed me, impatient with recovery and side effects. (Cisgender, hetero)

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Table 7.10: Open-ended responses: Formal support following sexual violence

Positive experiences

I currently do counselling and peer support to help others within the LGBTIQ+ community, so this gives me the knowledge that there are indeed people who care and are available regardless of the time of day and night. (Trans woman, non-CALD)

I'm thankful that I had professional support when I needed it most. (Trans woman, CALD)

Some limited psychological support, but opening up about abuse has been very hard. (Trans woman, non-CALD)

Forums are useful; a social worker helped get me free psychology. (Cisgender, LBQ)

My GP is fantastic. (Cisgender, hetero)

I saw my doctor about what had happened as I had some injuries. She organised for a team to support me. (Cisgender, hetero)

I have been lucky so many times because medical practitioners took the time and care to make sure I was safe when suicidal or injured by a partner or self-harm. (Cisgender, LBQ)

Current psychologist very good, aware of compounded trauma and violence. (Cisgender, hetero)

Hundreds of hours of therapy helped me understand the factors that made me vulnerable to self-blame for assaults and the impact of sexual devaluing. (Cisgender, hetero)

Good support from my individual counsellor. (Cisgender, LBQ)

Negative experiences

They have often told me it was my own fault that things happened to me. (Trans woman, non-CALD)

I'm still traumatised by that GP's lack of care and not referring to police and rape crisis centre for further investigations. (Cisgender, LBQ)

Received a bad experience when I went to get an STI check after the sexual assault I hadn't told anyone about. A female doctor shamed me for not using protection. It left me too scared to tell anyone about it. (Cisgender, hetero)

I talked about it with a psychologist, but he was incredibly unhelpful. His responses actually made me feel more ashamed and alone. I felt he was asking to share responsibility with the perpetrators for what they did to me. (Cisgender, LBQ)

Reports of support from the police and the justice system were varied (Table 7.11). Some women described positive experiences, with police and detectives described as "outstanding", helping them to feel safe and respected, and having helped "tremendously". However, the majority of women surveyed reported negative experiences when seeking support from police and the justice system. These included not being taken seriously by police when reporting sexual assault and being laughed at, mocked, or disbelieved. Others described being blamed for not fighting back, or for not reporting the assault sooner. Women also described being discouraged from reporting sexual assault and believed the justice system had "failed" when perpetrators were not found guilty or received inadequate sentences.

Table 7.11 Open-ended responses: The response of police and the justice system

Positive experiences

Reported the assault from Brisbane lesbian to police who were very good. (Trans woman, CALD)

I found the detective very caring and supportive—this was helpful. (Cisgender, hetero)

Took my report seriously and respectfully. I felt safe, which was unexpected. (Cisgender, LBQ)

Negative experiences

No support from police and in one instance of sexual assault, I experienced victim blaming with the police. (Trans woman, non-CALD)

I found that the police treated me like I was guilty. (Cisgender, hetero)

The process of giving evidence in court was extremely traumatic and the sentence given to the perpetrator was grossly inadequate and an absolute injustice. The automatism defence is disgusting and must be abolished. I would never again report sexual assault due to the complete disregard the legal system had for me as a human being. (Cisgender, hetero)

Went to police, was discouraged from pressing charges because I didn't fight … made a complaint about officer and she was cleared of any wrongdoing. No support services offered by police. (Cisgender, LBQ)

Police and the court system blamed me for my sexual assault. (Cisgender, LBQ)

Worst ever. Trauma from them is possibly worse. (Cisgender, LBQ)

Reported one rape which went to trial and there was a guilty verdict but it was very traumatic, I was made to feel like the guilty one and the sentence was negligible so I refused to go through it again with any other assaults. (Cisgender, LBQ)

Mixed experience

One detective was calm gentle and thorough, while the other seemed like a 1970s misogynist who blamed victims. (Cisgender, LBQ)

Not receiving any type of support following experiences of sexual violence was common among respondents. Various reasons were given for not wanting to tell others, including not feeling like they could talk about it, not trusting others, feeling in denial and wanting to ignore what happened, fear of not being believed or dismissed, and fear of damaging their own and the perpetrator's reputation. Feelings of shame and embarrassment also stopped respondents from seeking support (Table 7.12).

In this vein, it was very common for women to report trying to support themselves through their experiences. Some women described ignoring violence, pretending it didn't happen, trying to forget about it, or not speaking about it at all. Additionally, there was a range of self-care strategies that women adopted including recreation, sport, exercise, meditation, seeking information online, and (most commonly) reading self-help books. Some women also mentioned that they were now stronger or more resilient following their experience of sexual violence, or that they now know how to cope or prevent sexual violence.

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Table 7.12: Open-ended responses: Receiving no support or supporting self following experiences of sexual violence

Absence of support

For the most part I have never had any support due to the complex nature of dealing with sexually related abuse and violence. (Trans woman, CALD)

Especially when I was pre-op, as a trans woman I wouldn't tell many people and especially not any professionals for fear of discrimination as it didn't fit the typical narrative that is told by cisgender women. (Trans woman, non-CALD)

Culturally I was disowned. (Cisgender, hetero)

Often, it felt like no one was really there for me. It's different when people are paid to. Its [sic] damaging when people are paid to and they just don't. (Cisgender, hetero)

Because of the social acceptance of these behaviours, reporting such behaviours would never be treated seriously. (Cisgender, hetero)

I don't trust anyone with this information. I think people won't believe me and blame me. (Cisgender, hetero)

I don't talk about it. I feel for others that have had these things happen. You are reminded all the time. (Cisgender, hetero)

I never spoke about the times I was raped, so seeking help was not an option I felt I had. (Cisgender, hetero)

I had nowhere to go for help, support, or to stop the abuser from harassing me. (Cisgender, hetero)

I was let down—everyone told me I should talk to someone else about my problems. (Cisgender, LBQ)

The LGB community will ostracise you if you ever speak up about harassment from a trans person. (Cisgender, LBQ)

I felt helpless. That because the sexual assaults were not "violent" and by my then husband and a date I went on, nobody would care and it is unlikely I would have been believed. So I felt there was no point ever reporting them and just managed it on my own. (Cisgender, hetero)

Self-support

Meditation, listening to music, educating myself about sexual assault/harassment/unrelated counselling, talking to friends. (Cisgender, LBQ)

Reassuring yourself. Reminding myself that I am not at fault and I am not responsible for anybody's actions. (Cisgender, hetero)

I have read self-help books. (Cisgender, hetero)

I like to do art and music to help get my emotions out. (Cisgender, LBQ)

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Figure 7.11: Changes in the way you go about your day to day life as a result of having experienced sexual harassment or sexual assault

Trans women; CALD
Trans women; non-CALD

Cisgender LBQ
Cisgender hetero
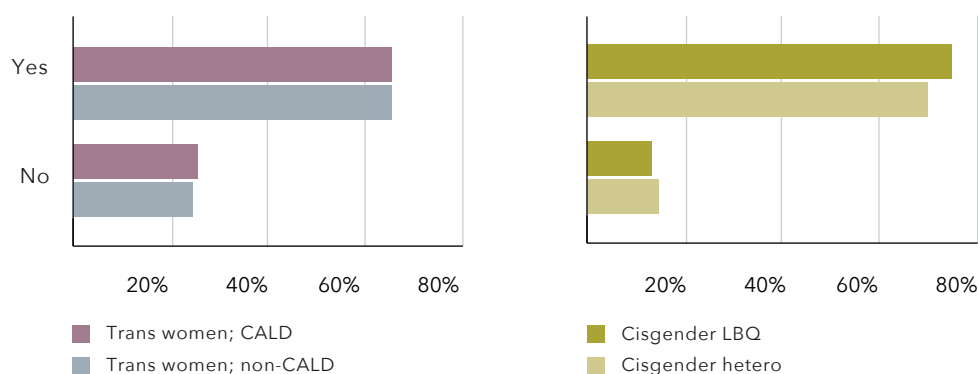
Women's behavioural changes in response to sexual violence

The majority of women across groups reported that they had made small or large changes to their life as a result of having experienced sexual harassment or sexual violence (Figure 7.11). Trans women were less likely than cisgender women to report having made such changes.

Hypervigilance in the public sphere

In the open-ended responses, women detailed a number of behavioural changes in response to their experience of sexual violence. Hypervigilance was described as a protective measure for reducing their risk by a very large proportion of survey respondents, across groups (Table 7.13). Many women described being in a constant state of fear and vulnerability in public, being suspicious and guarded when meeting new people, and constantly evaluating the potential threat of men they encounter. This included being prepared for an attack by a man, assessing situations for an escape route, avoiding public transport, not wearing headphones in public, watching their drinks, checking locks on doors, and always imagining the worst-case scenario in order to prepare for and protect themselves from violence.

Table 7.13: Open-ended responses: Women's hypervigilance

I'm hypervigilant, I carry weapons, and I don't trust anyone. (Trans woman, non-CALD)

Ensuring my home is secure at all times. Installing security lighting. Ensuring my address is only known to trusted friends (this is always compromised when you need tradespeople). (Trans woman, non-CALD)

Extremely self-protective, guarded, over aware of surrounds and people. Still have trouble being close to strange (and some familiar) men who are loud or show real or pretend aggressiveness. Will cross the road to avoid walking past strange man. (Trans woman, CALD)

I am so aware of myself and my surroundings whenever I am by myself. I am always looking for exit routes and considering worst-case scenarios in which I might need to defend myself against an attack. (Cisgender, hetero)

I'm on alert. And alert for others too. (Cisgender, hetero)

Vigilant of my surroundings. Cautious how friendly I am in case it's misconstrued. (Cisgender, hetero)

Conscious of exits, interactions and perceptions. (Cisgender, LBQ)

Being careful about what situations I am in. I choose to spend my time in queer and queer-friendly spaces. (Cisgender, LBQ)

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Avoidance of men

Avoiding men for fear of experiencing sexual assault or sexual harassment was reported by many survey respondents (Table 7.14). Women described avoiding being alone with men known to them, men who were strangers, and groups of men. Other strategies to avoid sexual violence included questioning men's intentions, being careful not to lead men on, choosing not to work for men, and not disclosing personal information to men. Others described avoiding flirting with men, online dating, and dating in general, with many choosing to be single due to fear of experiencing sexual violence. Many women described avoiding engaging in sex with men, or only dating women due to fears surrounding men. Avoiding services with men was also described, including only seeing female healthcare professionals such as doctors and physiotherapists, and not allowing any male workers into their houses unless they were with a trusted friend, family member or partner.

Table 7.14: Open-ended responses: Women's avoidance of men

Nearly all of my friends now are women or gay men and I'm not comfortable making friends with straight men, apart from a few exceptions. (Trans woman, non-CALD)

Don't feel safe around men anymore. I question their intentions constantly. I wonder if they can spot an easy target (me). I expect them to treat me poorly. (Cisgender, hetero)

I refuse to have a partner. I never flirt. I will not interact with a man that shows interest in me. (Cisgender, hetero)

I make sure that I'm never in a situation where I am alone with a male that I do not know and trust 100%. I won't take that risk. (Cisgender, hetero)

I don't walk outside at night. I have my phone always ready when out walking. Locked doors, routine checks and live in completely secured apartment. Only female doctor, masseuse, physio, etc. (Cisgender, hetero)

I avoid strange men whenever possible. I feel uncomfortable being too close to strange men/masculine people in public. When I'm caught in a confined space (like an elevator) with a man I start to have a panic attack. I used to identify as bisexual for most of life; I now identity as a lesbian because the idea of having sex with men again is too traumatic. (Cisgender, LBQ)

I stopped dating men and exclusively only date women now. (Cisgender, LBQ)

I will never again work for a male. (Cisgender, LBQ)

I have no trust in men. I never allow workmen into my home when alone. I never willingly go to a meeting alone with a male. (Cisgender, LBQ)

Avoidance of going out, particularly at night

Many women reported avoiding going out or being alone at night (Table 7.15). Some women described not leaving their houses alone at all, while others described not leaving their houses alone at night, or only leaving their houses if accompanied by someone they trust. When going out alone, women discussed a variety of strategies they use to reduce their risk of experiencing sexual violence. This included not going to new or unfamiliar places alone, only going out in groups of women, walking quickly, keeping their phone accessible, trying to look busy, and taking their dog with them for protection.

Table 7.15: Open-ended responses: Avoidance of being in public

I no longer leave the house alone. (Trans woman, CALD)

I had a massive increase of depression and anxiety, for a time manifesting as agoraphobia. I spent four–five years trapped inside my home because of it. (Trans woman, non-CALD)

I don't like to go anywhere alone. I feel vulnerable at all times. I don't go into new social situations without support from a friend. I don't trust men to respect me. (Cisgender, hetero)

Never EVER go outside alone after dark. Ever. Never go out socially alone. Will spend my last $30 in the world getting a taxi home instead of public transport. Paranoia, fear, anger. (Cisgender, hetero)

I avoid leaving the house—agoraphobia is an issue. Have a fear of strangers especially at night time. (Cisgender, LBQ)

I have become completely shut in, I used to be outgoing, I've stopped trying to make friends, I've stopped going out socially, I've stopped dressing how I like and I very rarely smile. (Cisgender, LBQ)

I avoid going out alone at night. Take the car instead of public transport or walking. Ask friends to walk me to my car at night. Carry a personal alarm. (Cisgender, hetero)

I don't go out without friends or at night without several friends (Trans woman, non-CALD)

Being afraid to walk alone in outside especially after dark in an area that is less familiar. I would tense up when a stranger crosses my path on the side walk making sure I am prepared to attack if things go wrong. (Cisgender, LBQ)

Petrified of walking alone at night. Some places I wouldn't walk alone in daytime either … I drive my car to the front door if I have to go out after dark. I can't take my rubbish to my bin outside at night. (Cisgender, LBQ)

I have constant anxiety I need to have someone I trust around; I go into panic attack when alone. (Cisgender, LBQ)

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Modifying appearance to avoid sexual violence

Modifying appearance in order to avoid sexual harassment and sexual assault was frequently mentioned by women in open-ended responses (Table 7.16). Many women described wearing oversized or modest clothing and avoiding wearing tight or revealing clothing to avoid attention from men. Others described hiding their bodies from men by wearing layers, or covering cleavage, with some women flattening their breasts under their clothes to hide them. Respondents described putting on excess weight and not wanting to look "attractive", "feminine" or "sexy", to avoid potential harassment or assault. Some women described wearing bike shorts under skirts, sneakers to run from attackers, and "rape clothes" (such as tight jeans and high-necked shirts) to make sexual assault harder for perpetrators. Women also described adopting confident body language, trying to appear intimidating to others, or attempting to look small and go unnoticed in public, particularly by avoiding eye contact.

Table 7.16: Open-ended responses: Modifying appearance to avoid sexual violence

Avoid wearing feminine or revealing clothing. (Trans woman, non-CALD)

When I'm presenting femme, I'm super particular about how I pass now. (Trans woman, non-CALD)

I always wear bike pants if I wear a knee-length skirt because the non-consented digital and oral penetration happened when I was wearing a knee-length skirt. (Cisgender, hetero)

We all started wearing shoes that we could run in when a girl in [place] was raped. (Cisgender, hetero)

I am more androgynous in appearance than I used to be. This is mostly about expressing my gender authentically, but being less vulnerable to sexual harassment has been a huge perk. I also feel like in my comfy shoes and androgynous clothing, I would be better able to run/defend myself if I had to … I am large-chested but I tend to keep them bound flat and not show any cleavage … A lot of the harassment I've experienced was about my breasts. (Cisgender, LBQ)

After being sexually assaulted I stacked on a lot of weight and it took me a while to realise it was to prevent attention from men. Every time I have lost some weight the harassment starts up again and I unconsciously hide behind another weight gain. (Cisgender, LBQ)

Outward appearance. I don't want to be to pretty, attractive, approachable, desirable. I want to exude toughness. (Cisgender, hetero)

If I'm going on a date I wear my rape clothes. Boots I can run in and a high neck shirt so not to give off the wrong impression and tight jeans that would be hard for someone to try and take off me. (Cisgender, hetero)

Have tried to make myself as ugly as possible, so as not to draw unwanted attention to myself. I even purposely gained over 30 kg just so I could hide. (Cisgender, hetero)

Adopting more confident body language to appear less of a target, constantly affirming boundaries … attempting to look 'small' and inconspicuous, avoiding eye contact in public. (Cisgender, hetero)

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Table 7.17: Open-ended responses: Avoidance of sex and intimacy

I used to be quite openly sexual with those who were comfortable with it and now I am quite reserved with anything sexual. (Trans woman, non-CALD)

I avoid having sex whenever I can. (Cisgender, hetero)

While I was still in my marriage, I would modify my behaviour to try to avoid the subject of sex coming up. I would avoid showering when my husband was home, I would avoid being unclothed around him and I would try to go to bed early often. When I had to have sexual contact [with] him, I would dissociate to get through it. Now I am out of the relationship I still find I am anxious around men. (Cisgender, hetero)

I never seek it from my current partner and sometimes cry for no reason if we have been intimate. I feel bad for him, he's a great guy. It's not his fault. (Cisgender, hetero)

Although I dated and had a two-year relationship in this time, for six years and after I was assaulted, I did not sleep with anyone. (Cisgender, hetero)

I often experience anxiety about sex, and will sometimes have negative feelings regarding body image and self-worth. (Cisgender, hetero)

I felt revulsion around sex for over a decade and would do almost anything to avoid it. I had to fight myself mentally in order to conceive my children naturally. (Cisgender, hetero)

Avoidance of sex and intimacy

Avoiding intimacy and sex following experiences of sexual violence was reported by many women (Table 7.17). While some women described not engaging in sexual relationships at all following sexual assault, others described a long road of healing and recovery in order to be able to share intimacy with partners. Women described not engaging in sex due to feeling that they are unable to trust anyone or because they no longer enjoyed sex. Women described a number of strategies to avoid sex with partners, including not showering when their partner was home, or going to bed earlier than their partner.

Self-defence

Respondents reported the need to learn how to physically defend oneself against sexual violence (Table 7.18). Some of the women described taking up classes such as kickboxing, martial arts, and Muay Thai, or becoming "obsessed" with strength training for self-protection. Others reported carrying various objects for protection from sexual assault, including pepper spray, aerosol cans, screwdrivers, knives, keys, batons, and pointy perfume bottles, as well as using their handbag as a potential weapon.

Table 7.18 Open-ended responses: Self-defence practices

I'm way less friendly to people when I go out. I will often carry something in my bag that I can use as a weapon, i.e. a small aerosol can to spray in eyes or a small screwdriver to stab with in case I get into trouble. (Trans woman, non-CALD)

Since experiencing harassment, I now start carrying my keys in my hand every time I'm walking from the train station to my car. (Trans woman, non-CALD)

Always carry keys between fingers when walking, even in daylight and well-lit areas. (Cisgender, hetero)

I started doing Muay Thai so I could feel like I'd never again be in a position of weakness. I carry pepper spray and I always let someone know where I am and who I'm with if I've gone out after dark. (Cisgender, hetero)

I always carry a sharp object in my pocket and have had a personal alarm. (Cisgender, hetero)

Carry a knife for protection even though it's illegal to carry one here in Australia. I would rather spend time in prison [for] stabbing a perp than be raped again. (Cisgender, LBQ)

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Impact of sexual violence

In a series of open-ended items, respondents were asked about the impact of sexual harassment and sexual assault in several domains: mental health; physical health; financial; relationships; and gender identity.

Impact on mental health

Sexual violence was said to have had significant and severe mental health implications for the majority of women who participated in the survey (Table 7.19). Women reported anxiety—specifically, general anxiety in their daily lives, anxiety around men, anxiety in certain contexts which may have been triggering, and general social anxiety. Experiencing depression following sexual violence, often many years after the incident, was commonly reported. Post-traumatic stress disorder was also experienced by many of the women, alongside flashbacks, panic attacks, nightmares, sleep disturbances and intrusive thoughts. Self-harm, suicide attempts and suicidal ideation were also frequently reported. Some women also described using drugs and alcohol to cope with their assault.

Women saw sexual violence as contributing to low self-esteem, self-confidence and self-worth, as well as a sense of self-loathing. Many women described blaming themselves, feeling guilty, powerless, disgust and shame after being attacked. Some women reported developing dysfunctional relationships with their bodies, including developing disordered eating behaviours. Many women described a sense of helplessness, hopelessness and feeling "numb" and "broken".

Table 7.19: Open-ended responses: The impact of sexual violence on mental health

I suffer greatly with PTSD [post-traumatic stress disorder] as a result of past trauma caused by acts of sexual harassment, rape and other violent abuse. (Trans woman, non-CALD)

Shame and degradation, not being good enough and being mentally ill. (Trans woman, non-CALD)

Anxiety, fear response when certain things happen with current partner (e.g. playful shoves me/tries to tickle me or touch me), anxiety and depression and post-traumatic stress. (Cisgender, LBQ)

Flashbacks are debilitating—and the anxiety they cause is horrendous. They limit your ability to function in day to day life, which also massively affects self-confidence. You feel like less of an adult, more pathetic, less worthy of basic decency because it feels like your mind is betraying you, or that you can't keep yourself under control. (Cisgender, LBQ)

That was nearly nine years ago and not a day goes by that I don't wish that he had actually succeeded in killing me. It would have been easier and kinder. (Cisgender, hetero)

Several weeks later, I attempted suicide. (Cisgender, hetero)

Have suffered from depression, anxiety, flash backs as a result, along with being suicidal for a significant period of time. (Cisgender, LBQ)

Drug addiction as self-medicating to cope with anxiety and depression. (Cisgender, hetero)

Much shame and distressed ensued. I blamed myself for being so foolish to get into such a vulnerable situation. (Cisgender, hetero)

Woman that is of [M]iddle [E]astern background. We bring shame to the family. (Cisgender, hetero)

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Impact on physical health

Immediate and chronic physical health impacts following sexual assault were described by many women (Table 7.20). Visible injuries such as bruising, cuts, and lacerations were a common consequence of sexual assault. Women also described experiencing internal physical injuries, including internal bleeding, tearing of the vagina or anus, skull fractures, broken bones, and injuries to genitalia requiring reconstructive surgery. Unintended pregnancy was also common among the women who experienced sexual assault, with some women describing abortion or miscarriage following these pregnancies. A large number of women described acquiring an STI as a consequence of sexual assault, which, in the case of herpes and HPV, had life-long negative implications for women's reproductive health and wellbeing. Chronic pain and/or injury were also common following sexual assault, including injuries to the spine, shoulder, wrist, and muscles. Other physical impacts to women's health included sleeping problems, weight gain or loss and chronic fatigue. Additionally, some women described negative experiences with healthcare professionals when seeking support for physical health impacts, or feeling too embarrassed or ashamed to seek any help.

Table 7.20: Open-ended responses: The impact of sexual violence on physical health

I was a victim who received severe head injuries that consisted of lacerations and skull fractures [...] Other minor injuries have included cuts, abrasions and bruising. (Trans woman, non-CALD)

Autoimmune conditions exacerbated. (Cisgender, LBQ)

Two times I was asleep, one of those got me pregnant and I had an abortion. (Cisgender, hetero)

I had bruising and one pregnancy. (Cisgender, hetero)

STI, bruises, torn anus and vagina, brain damage, shock, inability to continue breastfeeding my baby, incontinence, infection. (Cisgender, hetero)

Disfigured face, labia/vulva/vagina and rectum. (Cisgender, hetero)

Trauma to labia—became infected, later admitted to hospital for abscess incision and drainage, scarring, bruises, teeth marks, bleeding, concussion. (Cisgender, hetero)

Hiding bruises from friends and family. The awful, awful stress of getting tested for STIs and pregnancy after. (Cisgender, hetero)

I still have scarring around my anus and one of my labia was ripped and healed with the split still there. I also got chlamydia. (Cisgender, hetero)

I had to do an STI and pregnancy test at my GP afterwards, which was humiliating since the GP blamed me. (Cisgender, LBQ)

Chronic pelvic and back pain, vaginismus, chronic infections, etc. (Cisgender, LBQ)

One sexual assault resulted in pregnancy. I had an abortion and he called me a baby killer. (Cisgender, LBQ)

My physical and mental health suffered my whole life, even today to a point. I was left with herpes. Miscarriages and difficult births. (Cisgender, hetero)

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Table 7.21: Open-ended responses: Economic and financial impacts of sexual violence

I live in economic hardship on the disability pension and have been a victim of financial exploitation, including theft and wilful damage or careless damage to my property. I have lost income and other finances as the result of some very malicious people. (Trans woman, non-CALD)

Because of this incident I quit this job and I didn't formally report any other incidents that happened in the future at other workplaces. (Cisgender, hetero)

I lost my job for reporting him. (Cisgender, LBQ)

When reported to the owner of the restaurant we both worked at, he reduced my shifts so I wouldn't have to work with him, until gradually I had none. (Cisgender, LBQ)

It has changed my entire career trajectory. It has completely turned me off academia, and has made it feel almost impossible at times to finish my PhD. (Cisgender, LBQ)

Demotion due to rejection of demand for sex by boss. (Cisgender, hetero)

Degraded ability to perform at uni and work, virtually so riddled with trauma I can't work. (Cisgender, hetero).

Went from earning $3000 a week after tax to nothing, nearly bankrupt, lost the family farm. (Cisgender, hetero)

Fired from jobs due to lack of concentration due to intrusive flashbacks. (Cisgender, hetero)

Cost me $50,000 to pay his debts and legal costs associated with his stalking and abuse. (Cisgender, hetero)

Lost promotion opportunities. (Cisgender, hetero)

Unable to hold a job, financial hardship. (Cisgender, hetero)

Never had the ability to get a full-time job. Never had the confidence or self-worth to get a reasonable wage. (Cisgender, hetero)

I believe sexual harassment/abuse/assault affected my career prospects. It has cost many thousands of dollars in medical treatment and time off work. (Cisgender, hetero)

The cost of seeing a psychologist. I have spent over $2000. (Cisgender, hetero)

Economic and financial impacts of sexual violence

Many women reported sexual harassment or assault as having long-term negative financial and economic consequences (Table 7.21). Women described losing their jobs, quitting their jobs to avoid sexual violence, being offered decreased work hours, being denied opportunities or promotions, needing to take long periods of leave, and discontinuing their higher education. This was particularly the case for women who had experienced workplace sexual violence from an employer or work colleague. For other women, poor mental health stemming from sexual violence meant they were unable to work or continue with study. Additionally, medical, psychological, and legal costs often presented a considerable economic burden for women. In some instances, this led to women becoming homeless or living in poverty.

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Impact on intimate relationships and friendships

Many women described the long-term impact of sexual violence on their ability to form and maintain intimate relationships and friendships (Table 7.22). "Fear" was a reoccurring word used in responses—fear of sex, fear of others, and fear of relationships, but most common was a fear of men and a fear of intimacy. Women discussed a loss of intimacy with their current partner, difficulty becoming intimate with a new partner, or relationship difficulties following sexual violence. Some women discussed divorce, domestic violence, victim-blaming from a partner and fearing a partner. Other commonly reported issues included avoidance of intimate relationships, fear of starting a relationship, developing a need for approval, attachment or abandonment issues, loss of libido, fear and difficulty having sex, isolation, aversion to physical touch, and for some women, hyper-sexuality. Several women also discussed losing their friends as a result of sexual violence, either through associations with the perpetrator, becoming isolated following the event(s), or the trauma, resulting in poor mental health which in turn impacted friendships. Additionally, some women discussed difficulties in trusting others following sexual violence and thus found it hard to develop friendships.

Table 7.22: Open-ended responses: Impact of sexual violence on interpersonal relationships

I am fearful of any new relationships with other people, especially when it comes to forming close intimate relationships … I also fear intimate relationships in case I am deemed a threat to a man's masculinity or sexuality because such a relationship can result in domestic abuse and violence. I've never had any intimate relationships for nine years now since I transitioned. (Trans woman, non-CALD)

Ending of friendships, reduced participation in social clubbing. (Trans woman, non-CALD)

Fear of men, need for approval, problems with intimacy. (Cisgender, LBQ)

Inability or difficulty in climaxing, sudden tensing or panic in a sexual situation. (Cisgender, LBQ)

I thought I was broken because I couldn't orgasm and hated sex because it hurt so much. (Cisgender, hetero)

Anxiety around starting new relationships. (Cisgender, hetero)

I freeze up if a boy touches me at all from behind, also have trauma-induced hypersexuality. (Cisgender, hetero)

Fear of people, need for approval and loss of intimacy. (Cisgender, hetero)

Difficulty establishing relationships with men—choose not to. (Cisgender, hetero)

It took me a long time to have pain-free sex with my boyfriend, after being raped as first sexual experience. (Cisgender, hetero)

Speaking up about being assaulted brought me nothing but grief, cost me friends, cost me several jobs, cost me family members. (Cisgender, LBQ)

Impacts interactions with friends e.g. whenever sex is brought up, I disassociate. (Cisgender, hetero)

I lost lots of friends because they did not want to deal with my mental state. (Cisgender, LBQ)

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Impact on gender and sexuality identity

Women described how sexual violence had impacted their sexuality and gender identity (Table 7.23). Many reported that they felt constantly at risk of sexual harassment or assault just by being a woman. A lost sense of womanhood and feeling stripped of their femininity was commonly described as an impact of sexual violence. A number of cisgender, heterosexual and LBQ women described wanting to appear more masculine through dress and presentation as a way of avoiding being a target for sexual violence, or as a strategy to feel more safe.

Some women described gender confusion or discomfort as a result of childhood sexual abuse. For some women, sexual violence was described as influencing choices around sexual identity, by choosing to be lesbian or feeling unsure about their sexuality. Additionally, fear of appearing visibly queer was commonly described, whereby women were afraid of coming out or publicly presenting a certain way in order to avoid homophobic or transphobic harassment.

Table 7.23: Open-ended responses: Impact of sexual violence on gender and sexuality identity

Being open about your sexuality makes you more vulnerable. (Trans woman, CALD)

The assault from my partner resulted from my coming out as trans. She wanted me to know "how it feels" to be female. (Trans woman, non-CALD)

I feel a greater urgency to pass as a woman which only acts to mitigate a small amount of the harassment. (Trans woman, non-CALD)

I literally want to be reborn as a man. I want [to] be able to go outside of my house. And not be afraid. (Cisgender, hetero)

Never able to express my own sexuality for fear of repercussion. (Cisgender, hetero)

I have sometimes minimised my femininity to feel less visible/less of a target. (Cisgender, hetero)

For a while I thought I was non-binary because I couldn't accept my womanhood. (Cisgender, LBQ)

I enjoy presenting as a masculine female, but I also feel safer at night. (Cisgender, LBQ)

I have never been able to form my own identity as it has always been mixed up with abuse. (Cisgender, LBQ)

Unable to feel comfortable being a bisexual woman. (Cisgender, LBQ)

I feel I need to hide my identity in certain spaces less as I get older. (Cisgender, LBQ)

I think assault has been a way that my identity has changed, and has helped me to realise that I'm not heterosexual and sometimes I identify as non-binary now as well. (Cisgender, LBQ)

I was raped the first time I had sex by a man. At this stage I didn't realise I was gay. I strongly believe that this experience delayed me developing my understanding about my sexuality. (Cisgender, LBQ)

Confused about gender identity. Wonder if I am asexual. (Cisgender, hetero)

Made me question if I wanted to still be cis female. (Cisgender, LBQ)

I felt and presented non-binary/agender for several years after my most traumatic incident. I felt like I couldn't be feminine or sexual in any way. (Cisgender, LBQ)

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Conclusion

The comparative survey reported on in this chapter demonstrated that multiple experiences of sexual violence were common for all women who responded, including trans women and cisgender women, across sexual identities and cultural backgrounds. The CALD trans women reported more frequent sexual harassment than other women; reported the highest rate of sexual harassment by a stranger among the groups; and were more likely to have been harassed outside than other women. The CALD trans women were twice as likely as other groups of women to have been sexually assaulted 10 or more times; were more likely to have been sexually assaulted by a stranger; and were more likely to have been assaulted in the home and outside when compared to other women.

The majority of women across groups reported that self-support was their primary mode of coping with sexual harassment or assault, with self-support highest among the CALD trans women. They were also more likely to have reported no support compared to other groups of women. No trans women reported support from police or justice agencies. The majority of women reported having made changes to their day to day lives as a result of experiencing sexual harassment or sexual assault. This included being hypervigilant, avoiding men, avoiding sex and intimacy, avoiding going out in public (particularly at night), modifying appearance, and learning self-defence. The majority of women also reported a negative impact of sexual harassment and assault, including psychological and physical consequences.

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Conclusion and summary of the study

The "Crossing the line" research study aimed to increase understanding of gender transitioning and experiences of sexual violence for trans women of colour from CALD backgrounds living in Australia, and to compare their experiences of sexual violence with those of cisgender women who identify as lesbian, bisexual or queer (LBQ) or heterosexual. This chapter outlines the strengths and limitations of the research, and summarises its findings, articulating the project's contribution to the current state of knowledge on sexual violence experiences of trans women of colour and trans women from CALD backgrounds.

Strengths of the research

There are a number of strengths in this research study. The first is the adoption of a feminist intersectional framework. Intersectionality recognises that trans women of colour are characterised simultaneously by multiple interconnected social categories, including gender, sexuality, social class, age and ethnicity, and that these categories are properties of individuals in terms of their identities, as well as characteristics of social structures. A feminist methodological framework emphasises the importance of engaging with women's actual voices and lived experiences to develop greater understanding of sexual violence at the nexus of culture, gender and sexuality. In combination with the research team's adoption of an integrated knowledge translation (IKT) framework, these approaches emphasise community participation at all stages of the research process, from design to dissemination, ensuring that the reserach speaks for and to the communities involved in the research process.

The sequential mixed method design of this research allows for rich and nuanced insights to be gained from the experiences of sexual violence for trans women of colour when compared to those experienced by other trans and cisgender women across LBQ and heterosexual identities. The interviews, conducted by a trans woman of colour, illustrated the complexity of subjective experiences of gender transitioning and sexual violence, as well as the relationship between these two aspects of trans women's lives. The interviews allowed the researchers to understand the women's experiences in their own words, with the photovoice element providing an illustrative context. The project's success in recruiting the target number of trans women of colour to take part in the interviews, and the women's strong commitment and enthusiasm for the project, demonstrates the value of these methods when working with marginalised people.

The analysis of the online posts provided insight into sexual violence within a broader trans community, demonstrating that the majority of experiences reported by this study's interviewees were common in other cultural and geographical contexts. This suggests that the findings are relevant to those wanting to understand the impact of sexual violence on trans women beyond an Australian context.

Responses to the survey designed for this research demonstrated that sexual violence is prevalent for Australian women, with many commonalities identified across sexuality and gender identities in experiences of sexual harassment and sexual assault. There was a very strong response to the survey from both LBQ and heterosexual cisgender women, doubling the target respondent numbers, as well as a good response from trans women. In combination, this suggests that the findings are robust, and can be used to inform policy and practice related to sexual violence committed against trans women and cisgender women who identify as heterosexual or LBQ.

Limitations of the study

In discussing the findings of the "Crossing the line" project, it is important to acknowledge some of the limitations of the research. First, all of the women who took part in the research responded to a request for participants for a study examining sexual violence. This means that rates of violence within or across groups of women cannot be ascertained based on this sample. Although a population-based study was not intended, women who had not experienced violence may not have responded to requests for participation.

Second, recruitment of trans women of colour for the survey was difficult. While interview targets for trans women of colour were met, and survey targets for other demographic groups were exceeded, responses to the

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survey from CALD trans women were less than anticipated. Utilising survey methods with CALD communities is often difficult, due to language accessibility, literacy issues, and lack of access or unfamiliarity with the online modalities used to collect data. While hard copies of the survey were made available, trans women of colour were more willing to volunteer for an interview than to take part in a survey. Furthermore, the CALD trans women who completed the survey were less likely to provide responses to open-ended survey items, which required a qualitative written response, than other groups of women. An LGBTIQ+ organisation that was approached to help in recruiting participants expressed concerns in using a survey methodology with CALD trans women and chose not to collaborate. If surveys are to be used in future research with trans women from CALD communities, it is recommended that they are administered verbally to the participants, preferably in their own language. Verbal administration was not feasible within the current project timeline and budget. Qualitative interviews remain the preferred methodology for research with CALD women, across gender and sexualities, primarily for literacy issues, familiarity and access to online surveys, and potential fears of how online data might be used.

Despite generating an overall large sample, the survey language and mode of delivery may have limited its participation level. While the survey was available upon request as a hard copy, all completed surveys were administered online and in English. These features limited sampling to those women with access to online resources and possessing competent English literacy. As with possible verbal administration noted above, the translation of survey materials and widespread distribution and collection of hard copy surveys were not feasible in the current study.

All of the interviews with trans women of colour were conducted in English. In future research, interviews in the preferred language of participants would facilitate exploration of women who do not speak English. Community interviewers can be trained to conduct such interviews, and can encourage women to share sensitive material (Ussher et al., 2017). Our interviewees were all Sydney-, Brisbane- or Melbourne- based. Further research

is needed to examine the experiences of women living in other cities and states, and in rural and remote contexts.

Many of the women gave accounts of experiencing difficulties with healthcare professionals and the police when attempting to access support or redress (in the case of police), in the context of sexual violence. There were very few accounts given of positive experiences with the police. It is a limitation of the study that the perspectives of healthcare professionals and the police were not investigated, nor their willingness to engage in education and training regarding their response to sexual violence experienced by trans women, including trans women of colour.

Childhood sexual abuse within the family was reported to have had lasting negative psychological consequences for all the women, as is now widely recognised in the general population (Maniglio, 2009) and with gender and sexuality diverse women (Hyde et al., 2014; Szalacha et al., 2017). However, this was not an issue specifically examined in the research, so accounts of childhood sexual abuse were not collected systematically. It is recommended that future research examines the nature and impact of both childhood and adult sexual assault in trans women.

Summary of findings in relation to previous research

Gender transitioning and sexual violence

The findings of this study highlight that gender transitioning or affirmation is a complex process that takes place over time, with the individual's awareness of the desire to transition often starting in childhood or adolescence, as reported in previous research (Bouman et al., 2016; Robinson et al., 2014; Smith et al., 2014). This study found that transitioning to a feminine or trans identity is associated with reports of happiness, authenticity and embodied agency (Bettcher, 2014; Riggle et al., 2011). However, positive outcomes are often hard-won, as trans women have to navigate the reactions and responses of others, including family, friends and work colleagues, and do not always receive support in their transitioning process

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(Brumbaugh-Johnson & Hull, 2019; Cole, 2002; Levitt & Ippolito, 2014). As found in previous research, discrimination and exclusion of trans people were also evident within the broader queer community (Bornstein, 1994; Levitt & Ippolito, 2014) and within religious communities (Pallotta-Chiarolli, 2018). These findings suggest that while gender transitioning is a time of pleasure and self-empowerment, the reactions of others may lead to trans women feeling isolated, invisible and unsupported.

During and after gender transitioning, women are at high risk of sexual violence, including both sexual harassment and assault (Yavorsky & Sayer, 2013). This was reflected in the current study by the women's awareness of the threat of sexual violence, as well as their multiple experiences of sexual violence across both public and private domains.

Verbal sexual harassment included trans women being objectified and positioned as other, being stared at or having their gender publicly commented upon in the public domain. This reflects racial and gendered microaggression, which combines microassault and microinsult (Sue et al., 2007). This often resulted in women being hypersexualised or outed as trans or as a man, which could lead to social exclusion, or a dangerous situation for the woman. Many women were deliberately misgendered in their interactions with others, a form of microinvalidation (Sue et al., 2007), or were subjected to transphobic and derogatory comments, including being mocked, insulted, laughed at, and threatened with physical or sexual violence. These findings reflect accounts of sexual harassment reported by trans women in previous research (Clements-Nolle et al., 2006; Witten, 2004; Xavier, 2000). However, if sexual harassment was experienced as being directed at participants because they were believed to be cisgender women, it could serve to be gender affirming, as reported in previous research (Levitt & Ippolito, 2014). This illustrates the complexity of verbal harassment for trans women, where sexism and transphobia may be experienced differently.

Physical and sexual assault included women being beaten up, spat upon, and groped, and forced sexual acts or rape, in the public domain. There were also accounts of violence and sexual assault in the context of the family when women were younger; when dating new partners, where fetishisation can also occur; and within ongoing intimate relationships. Women who engaged in sex work reported sexual violence from clients. This concurs with the high rates of sexual assault reported by trans women in previous research (Callander et al., 2019; Kenagy, 2005; National Coalition of Anti-Violence Programs, 2014, 2015, 2016; Stotzer, 2009; Xavier et al., 2007), with trans sex workers being noted as particularly vulnerable (Bettcher, 2014). It also reflects the fact that trans people are also significantly more likely than cisgender people to experience physical violence (Dean et al., 2000).

There is strong evidence showing that visibly appearing different heightens the risk of violence for trans women (Jauk, 2013), leading to the conclusion that the threat of violence serves as "gender policing" (p. 808). Trans women of colour also have to navigate racial identities and expectations and, for many, queer identities as well, and the risk of being socially excluded or attacked because of being identified as trans (Bettcher, 2014; Yavorsky & Sayer, 2013). Many trans women of colour in this study experienced intersecting racism, transphobia and homophobia in public, as found in previous research (Dang, 2007; de Vries, 2015; Dominguez, 2017). This may explain the survey finding that CALD trans women were more likely to report multiple experiences of sexual harassment and assault, were more likely to experience sexual harassment and assault by a stranger, and were more likely to report being harassed or assaulted outside than other groups of women. This echoes previous reports that trans women of colour experience higher rates of sexual violence than other trans and non-binary individuals (James, 2016).

The poor health outcomes experienced by many trans women are closely associated with their exposure to sexual violence and the social inequities and transphobia they are subjected to (Chakrapani et al., 2007; Jordan et al., 2019; Logie et al., 2018; Reza-Paul et al., 2012). In this study, sexual violence was reported to have a negative impact on trans women of colour, including fear, anxiety, and self-blame, as has been reported in previous research (Alessi et al., 2018; Anderson et al., 2015; Cheney et al., 2017; Smith et al., 2017). For some of the women, experiences of violence were portrayed as

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having significant, lasting psychological impacts, including self-harm and clinical depression, as reported previously (Adams & Vincent, 2019; Clements-Nolle et al., 2006; Fraser, 2016; Hyde et al., 2014; Logie et al., 2017; Rosenstreich, 2013; Testa et al., 2012). In the open-ended responses to the survey, these negative psychological consequences were also reported by many non-CALD trans and cisgender women, demonstrating that sexual violence can have long-term mental health consequences for all women (Gavey, 2005; Szalacha et al., 2017).

Responses to sexual violence: Self-protection, resilience and agency

The findings from the analysis of the interview and online forum posts resonate with previous research, wherein trans women reported constantly monitoring their behaviour in order to minimise the possibility of being identified as trans, and thus being subjected to discrimination or violence (Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). Passing as a woman, and thus not being easily identified as trans in public, can facilitate social acceptance and reduce the risk of transphobic violence (Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013). In this vein, the adoption of what has been described as an archetypal "hetero-feminine" appearance was the goal of many of the women in this study, which has been reported previously (Levitt & Ippolito, 2014; Smith et al., 2014; Yavorsky & Sayer, 2013). However, some women said that they found it difficult to pass, or chose to develop their own version of femininity, by using scarves, clothes or makeup to express their cultural identity. These findings demonstrate that trans women can express their femininity, and feel confident and comfortable in themselves, at the same time as resisting the constraints of archetypal hetero-femininity (Westernberg, 2019). In embracing their gender and sexuality diversity in a way that is culturally appropriate and valued, the women in this study demonstrated both agency and resilience in the face of a world that is often hostile and exclusionary (Singh et al., 2011).

The majority of the women who participated in the survey, across gender and sexual identities, reported having made changes to their day-to-day lives as a result of experiencing sexual harassment or sexual assault. They reported adopting a range of responses and strategies for coping with the threat of sexual violence, as well as for dealing with the consequences of sexual violence that had occurred, further demonstrating agency and resilience, as reported in previous research with trans (Levitt & Ippolito, 2014) and cisgender (Gavey, 2005; McKenzie-Mohr & Lafrance, 2011) women.

Across gender and sexual identities, some women adopted a psychological strategy of rationalisation and normalisation of violence as a means of defence against the psychological impact of abuse. Behavioural responses to violence included hypervigilance in the public sphere, isolation or not going out in public, and the avoidance of men and intimate relationships, as reported in previous research (Brumbaugh-Johnson & Hull, 2019; Levitt & Ippolito, 2014; Yavorsky & Sayer, 2013).

Trans women of colour in this study adopted a range of positive strategies to make meaning of their experiences, and to facilitate coping, further demonstrating agency and resilience. These included naming sexual violence, seeking out the positives in their experiences, self-acceptance, prioritising the self, talking about sexual violence, and seeking support from healthcare professionals and the police. These strategies demonstrate that women are not passive "victims", but are survivors of sexual violence (Gavey, 2005).

The survey finding that the majority of women across groups reported self-support as their primary mode of coping with sexual violence suggests many women are coping with violence alone. Self-support was highest among CALD trans women, who were also more likely to report no support compared to other groups of women. In the interviews, many trans women of colour described seeking support following sexual violence from informal support networks, including friends and other members of the transgender community, as reported in previous

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research (Levitt & Ippolito, 2014; Singh et al., 2011; Singh & McKleroy, 2011). However, some women described being denied this support, or feeling as though they were unable to reach out to seek support from family, also reported in previous research (Hopkinson et al., 2017; Logie et al., 2018).

Support from healthcare professionals can be central to resilience and survival following sexual violence (Winter et al., 2016). For trans women of colour, support in gender affirmation, through facilitation of access to hormone therapy, reduced the risk of transphobic violence. Some women described receiving positive support from GPs, clinic nurses, psychologists and psychiatrists, LGBTIQ+ support workers and physiotherapists following their experiences of sexual violence. This support served to alleviate distress and to facilitate coping and resilience. Being accepted as a trans woman was a key element to this support, with women's chosen names being used rather than their previous "dead names".

However, many of the interviewees described negative experiences associated with seeking support from healthcare professionals following sexual violence, with individuals and services being described as transphobic or disrespectful to trans women of colour, as reported in previous research (Ellis et al., 2015; Hendriks et al., 2018; Owen-Smith et al., 2016). Consequently, these women felt that the formal support available to cisgender women after sexual assault is not accessible or adequate to address their concerns and needs. This supports previous findings that many trans women report encountering healthcare professionals and ancillary staff who are openly transphobic, hostile and dismissive, or are refused medical treatment altogether (Global Rights, 2018; Infante et al., 2009; Lanham et al., 2019; Leyva-Flores et al., 2019; Stotzer, 2009; Wylie et al., 2016; Xavier et al., 2013).

Negative experiences with police and the justice system were also described by some of the trans women of colour, who reported feelings of judgement, mistrust and a lack of acknowledgement that sexual violence had occurred, as reported in previous research (Bevensee, 2014; Jauk,

2013; Langenderfer-Magruder et al., 2016; Rodríguez-Madera, 2017). Experiences of violence from police were also reported by some of the participants, as reported in previous US research with Latina trans women (Woods et al., 2013), including physical violence and sexual harassment, revealing a strained relationship between trans women of colour and the police. This transphobia reinforces the suggestion that sexual violence against trans women is viewed by the police and the wider society as unproblematic, making the availability of support and acknowledgement less important (Peitzmeier et al., 2015; Rymer & Cartei, 2015; Singh & McKleroy, 2011).

Conclusion

The experiences and needs of trans women in relation to sexual violence remain poorly understood by many healthcare providers, legislators, the police and policymakers. The absence of culturally competent information and knowledge about transgender experience, accompanied by misinformation, can lead to stigma, prejudice and discrimination, resulting in unmet needs for transgender people. This can have serious consequences for trans women's physical and mental wellbeing. Due to the intersections of gender, sexuality and race, trans women of colour from a CALD community, as well as women who identify as queer, may experience additional prejudice and discrimination.

The findings of the "Crossing the line" project give rise to a number of recommendations to policymakers, practitioners and researchers, which have been outlined in the Executive summary of this report. These recommendations come from a synthesis of the experiences and perspectives of interviewed trans women of colour who have experienced sexual violence, the experiences of the non-CALD trans and cisgender women who took part in this study's survey, and the views of the trans community stakeholders involved in this project. Sexual violence is an endemic problem for trans women of colour living in Australia, as it is for every group of women. However, trans women of colour are clear about what they want: raised awareness of the public, healthcare professionals and the police about sexual

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violence against trans women; increased recognition of the specific needs and experiences of trans women of colour; greater education and training around gender and diversity; and the prevention of sexual violence. This needs to be accompanied by legislation and policy that addresses sexual violence experienced by trans women, in order to provide them with protection and support, including visibility and recognition, legal redress, and inclusive language and practice. Only then can women begin to feel safe and free, a feeling encapsulated in Natasha's photograph *Freedom* (Photo 7.1).

Photo 7.1 Natasha, *Freedom*

❝❝ **Merdeka is the Malay word for freedom and independence. I found this along an alley in Footscray, in a space where I might not have previously felt safe. I was looking up at freedom.**

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APPENDIX A:

Photovoice help sheet

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Social media advertisement for interview sample

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Interview coding frame

Types of violence

Sexual

- Rape/sexual coercion by partner—can't say no when they force sex/want sex (women and men partners)
- Rape/sexual coercion by sex work clients; clients won't use condom/rape from behind; violence as part of sex play
- Sexual abuse as a child
- Sexual harassment—in clubs, the street

Physical

- Physical violence from clients after sex work; robbery; from father; bullies at school

Verbal

- Transphobic language—street, school, work, texts; deliberate misgendering language
- Racist insults from white women sex workers/queer people/at school/father

Emotional

- Not respecting boundaries
- Rejection
- Exoticisation of trans women of colour by white people
- Abuse of power imbalance

Institutional violence

- Active: conversion therapy; medical interventions (ECT, hormones); church; police; school

Making meaning of violence

- What does violence mean to me? How women define violence
- Rationalising violence as normal for trans women/expected/has to be tolerated/deserved
- Blame self afterwards (rape)—then say not your fault
- Make excuses for rapist
- Try to convince self it isn't rape
- Acknowledge rape/harassment retrospectively

Coping

- Self-coping (internal): strong will; positive attitude
- Seeking support (external):
  - family friend/support
  - community spaces supportive/online and face to face
  - professional support
  - versus: have to deal with rape and violence alone
- Process of healing

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Solutions

- Speaking out vs keeping silent about violence
- Education
- Activism and advocacy
- Policies and policy gaps

Impact

Psychological

- Isolate self from world/queer venues because of violence
- Shaping trans identity; marker of womanhood
- Breakdown/trauma/depression
- Fear: terrified of being attacked; scared using toilets/change rooms/not safe
- Self-harm; murder, deaths, suicide

Physical

- STI, injuries

Backgrounds factors/risk:

- Homelessness, drugs and alcohol
- Disability, personal circumstances (e.g. masochism)
- Mental health

Being trans

- *Developing trans identity:* coming out; discovering identity; shifting identity; difficulties in transitioning
- *Positive*: feeling positive/real identity; positive aspects of being a sex worker (in Sydney/Australia)/empowering
- *Negative:* feeling different/outsider/isolated/lonely/rejected by society; rejection by parents/family; LGB ignores/rejects trans; being misgendered; not validated as women; difficulties in passing; complexity of relationships

Being CALD:

- *Positive:* solidarity/support from other trans women of colour; cultural identity
- *Negative*: cisgender/white people don't understand how hard it is; different from white trans women/people; violence risk worse on the street (sex workers)—where there are more women of colour:
  - trans women of colour more affected by patriarchal expectations than white women
- *Migration experience/pathway*

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HPS/support

- *Good experiences* of LGBTI clinic/GPs; legal sex work = protected through healthcare (have to be tested in Victorian parlours)
- *Negative experiences:* conversion therapy; medical interventions (ECT, hormones); (coded above)
- *Gaps:*
  - need awareness of trans issues; language issues
  - other training needs
  - need trans representation in parliament/police to represent us
  - trans/queer counselling
  - silencing of violence—not talked about; friends/family don't want to know

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Interview coding summary example (verbal violence)

Coding summaries: Crossing the Line; Sexual Violence Towards CALD Trans women Study

Coding Key

Normal font: 1st Interview   *Italicised*: Photovoice Interview   **Bold**: Reference to photos

Nodes	Coding summaries
TYPES OF VIOLENCE	
Verbal	
➤ Transphobic • Claudia • *Claudia* • **Claudia** • Dalilah • Dinaz • Dora • Elizabeth • Emma • *Emma* • Fairuza • Gabriella • Jennifer • **Jennifer** • Jenny • Lin • Lisa • Maya • Natasha • *Natasha* • Petra • Rena • Revathi • Sam • *Sam* • Sasha • Sefina	**Negative comments from others:** • Negative comment made by passer-by on the street (Rena) • Mocked, making sexual noises (Sam) • Yelled at (Maya) • Friends/family/co-workers would make trans phobic jokes (Claudia, Steph) • Comments saying that women and trans women use their looks to distract and win at games (Claudia) • Harassed by drunken stranger outside of home (Claudia) • Name-calling, freak, monster, she-male, tranny (Emma, Fairuza, Gabriella, Jenny, Natasha, Petra, Rena, Revathi, Sefina, Steph, *Emma, Natasha, Sam*) • Negative comment made by passer-by on public transport (Elizabeth) • Being called a prostitute, being compared to sex workers (Emma, Fairuza) • Negative comments made online (Emma, Jennifer) • Negative comments made by partners' family (Jennifer) • Negative comments made in public restrooms (Jennifer, Jenny, Natasha Petra, *Claudia, Natasha*) • Negative comments made by parents (*Emma*) • Negative comments made at the pub, club, public spaces (Jenny, Petra) • Catcalled (Lisa, **Jennifer_Photo 8_Cat on lino**) • Being talked about/centre of attention when entering public space (Revathi) **Purposefully mis-gendering:** • Being misgendered despite stating preferred pronouns/gender (Elizabeth, Emma) • Misgendered (Jenny, Lin) • Trans women aren't real women, they're still men (Petra, Rena, Revathi, Sefina, *Claudia*) • Use of dead name (Dora, Revathi) • Family pressure to stop presenting as femme/female (Revathi) **Bullying:** • Workplace bullying (Dinaz)
• Steph	• Bullying in school (Dora) **Threats:** • Threatened to get fired (Fairuza) • Threatened online (Gabriella) **Refused access:** • Refused entry into a club (Gabriella) • Refused access to female restroom at workplace (Jennifer) **Other forms of discrimination:** • Ostracised on dating apps (Gabriella) • Putdown (Revathi) • Discrimination (Revathi) • Getting harassed (*Claudia*, **Claudia_Photo 4_Alleyway door**) • Being generalised (Dalilah) **Happened to someone else:** • Verbally harassed on the street (Claudia) • Being compared to pre-transition (Sasha) • Being seen as undesirable on dating apps (Sasha) • Name-calling (*Sam*) A large number of women discussed being called names like tranny or she-male, as well as receiving negative comments when entering public spaces (e.g., restrooms, clubs). Being told that trans women aren't real women or that, no matter what, they are still men was also a common experience among the participants. Other experiences included being harassed, mocked, discriminated, threatened, being called a sex worker, misgendered, being called by their dead name, and getting catcalled.

APPENDIX E:

Survey

The following questions are about you

Q. In what year were you born? (drop down list)

Q. Which of the following best describes you? (tick all that apply)

☐ Woman ☐ Man ☐ Non-binary

☐ Trans woman/femme ☐ Trans man/masculine

☐ Different identity (please specify)

....

Q. What sex were you assigned at birth (i.e., what was specified on your original birth certificate)?

☐ Male ☐ Female ☐ Prefer not to answer

Q. If you are transgender or gender non-binary, can people tell you are transgender/gender non-binary even if you don't tell them?

☐ Always ☐ Quite often ☐ Sometimes ☐ Occasionally

☐ Never ☐ I don't know ☐ Not applicable—I am not transgender or gender non-binary

Please tell us more about this (open response)

....

Q. Do you consider yourself to be: (select all that apply)

☐ Lesbian/gay ☐ Straight/heterosexual ☐ Bisexual

☐ Queer ☐ Prefer not to answer

☐ Different identity, please specify:

....

Q. Which ethnic background do you identify with?

Please explain:

....

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Q. Where do you currently live?

☐ Australia

☐ Other country (drop down list of countries online; open question hard copy)

……………………………………………………………………… .

Q. Where were you born? (drop down list of countries online; open question hard copy)

……………………………………………………………………… .

Q. How long have you been living in Australia? (skip logic online—will only appear for those not born in Australia)

☐ 0–12 months   ☐ 1–4 years   ☐ 5+ years

Q. Is English your first language?

☐ Yes   ☐ No (please specify)

Q. Which of the following best describes your current relationship status?

☐ I am not in a relationship

☐ I am casually dating

☐ I am in a relationship (not living together)

☐ I am in a relationship (living together)

☐ I am in multiple relationships (e.g. polyamorous or open relationships)

☐ Other, please explain

……………………………………………………………………… .

Experience of sexual harassment and sexual assault

The following questions ask about your experience of sexual harassment and assault.

Sexual harassment

Sexual harassment can include unwanted touching, grabbing, kissing or fondling; indecent phone calls, texts, emails or posts; inappropriate comments about body or sex life, indecent exposure, receiving unwanted sexual photos.

Q. Since the age of 16, have you experienced sexual harassment? (those who say no, will go straight to sexual assault questions online, hard copy will be directed to those questions)

☐ Yes   ☐ No

Q. How often have you experienced sexual harassment?

☐ Once   ☐ 2-10 times   ☐ More than 10 times

Q. Who did this to you? (Please select all that apply)

☐ Stranger   ☐ Current partner   ☐ Previous partner

☐ Boyfriend/girlfriend or date   ☐ Ex-boyfriend/girlfriend or date

☐ Other known person, please explain (e.g. relative, friend, work colleague, etc.)

....

Q. Where did this happen? (Please select all that apply)

☐ At home   ☐ At home of person responsible   ☐ At another person's home

☐ At work   ☐ Place of study   ☐ Place of entertainment/recreation

☐ Outside   ☐ Other, please explain ....

Q. Is there anything else about your experience(s) of sexual harassment that you would like us to know?

Sexual assault

Sexual assault includes rape, attempted rape, aggravated sexual assault (assault with a weapon), indecent assault, penetration by objects, forced sexual activity that did not end in penetration and attempts to force a person into sexual activity.

Q. Since the age of 16, have you experienced sexual assault?

☐ Yes   ☐ No

Q. How often have you experienced sexual assault?

☐ Once   ☐ 2-10 times   ☐ More than 10 times

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Q. Who did this to you? (Please select all that apply)

☐ Stranger   ☐ Current partner   ☐ Previous partner

☐ Boyfriend/girlfriend or date   ☐ Ex-boyfriend/girlfriend or date

☐ Other known person, please explain (e.g. relative, friend, work colleague, etc.)

…………………………………………………………………… .

Q. Where did this happen? (Please select all that apply)

☐ At home   ☐ At home of person responsible   ☐ At another person's home

☐ At work   ☐ Place of study   ☐ Place of entertainment/recreation

☐ Outside   ☐ Other, please explain

…………………………………………………………………… .

Q. Is there anything else about your experience(s) of sexual assault that you would like us to know?

………..

………..

………..

Coping and support

Q. Who has supported you in coping with sexual harassment or assault: (Please select all that apply)

☐ Myself (self-support)   ☐ Family members   ☐ Friends   ☐ Partner

☐ Supportive community spaces (online or face-to-face)   ☐ Medical support (e.g. hospital, doctor)

☐ Psychological support (e.g. counsellor, psychologist)   ☐ Police / justice agencies

☐ Other (please explain)

…………………………………………………………………… .

Q. Is there anything else you would like to tell us about your experiences receiving support in coping with sexual harassment or assault? Answer any that are relevant to you.

Self-support

....

....

Support from: family members

....

....

Friends

....

....

Partner

....

....

Supportive community (online or face-to-face)

....

....

Medical support

....

....

Psychological support

....

....

Police / justice agencies

....

....

Other (please explain)

....

....

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Q. In your everyday life do you find yourself changing your behaviour in an attempt to avoid sexual harassment or assault?

☐ Yes   ☐ No

Can you tell us about some of these changes?

....

Impact

Q. Is there anything you would like to tell us about the impact of sexual harassment or assault in the following areas (answer any that are relevant to you):

Gender identity (e.g. as a woman/trans woman/queer)

....

....

Mental health (e.g., anxiety, stress, flashbacks)

....

....

Physical health (e.g., bruises, STIs, pregnancy)

....

....

Financial (e.g., loss of job, money stolen, medical costs)

....

....

Relationships (e.g., fear of other people, need for approval, loss of intimacy)

....

....

Other (please explain)

....

....

Q. Are there any other comments you would like to make about sexual violence, or about your experience of completing this survey?

……..

……..

If this survey raises any issues for you, or has caused distress, there are a number of support networks available to you.

You can contact 24 hour online and telephone counselling services:

1800 RESPECT on 1800 737 732 or 1800respect.org.au

Lifeline on 13 11 14 or lifeline.org.au

Weekday services through:

The Gender Centre on (02) 9519 7599 or gendercentre.org.au

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Survey recruitment and information

Images used for survey recruitment
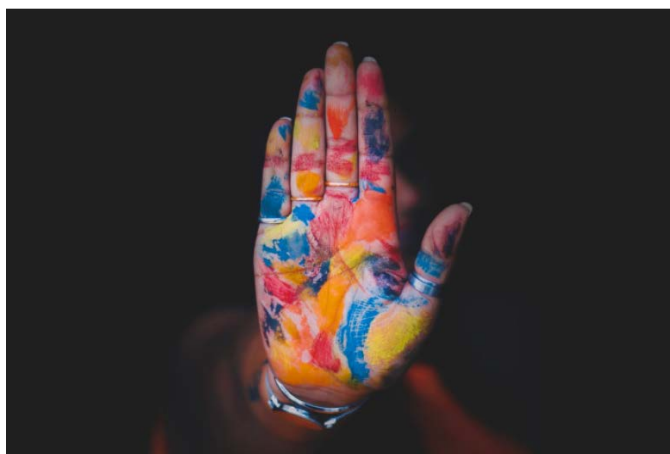
Trans women (CALD and non-CALD) introductory text

Australian Transgender Women's Experiences of Sexual Violence

This survey is exploring transgender women's experiences of sexual harassment and assault.

We are interested in the experience of transgender women who were born in Australia, and those who were born overseas.

This survey will ask about your personal experiences of sexual violence, your coping and support mechanisms, and the impact on your health and wellbeing. This information will be used to develop better information and support.

This research is part of a larger study examining sexual violence in Australian women, funded by Australia's National Research Organisation for Women's Safety (ANROWS).

Instructions

- The survey will only take about 10–15 minutes to complete.
- There are no right or wrong answers, just choose the answer that is right for you.
- The information you provided is confidential, it will not be used to identify you, and no one will know that you have taken part in the study.
- Space is provided at the end of the survey for any other comments you may want to add.

Your participation in this project is greatly appreciated.

Complaints or reservations about ethical conduct

This study has been approved by the Western Sydney University Human Ethics Committee (HREC H12530).

If you have complaints or reservations about the ethical conduct of this research, you may contact the Ethics Committee through Research Engagement, Development and Innovation (REDI) on Tel +61 2 4736 0229 or email humanethics@ westernsydney.edu.au.

Contact us

If you have questions about this study, please contact us at … … .

Lesbian, bisexual, intersex and queer introductory text

LBTIQ+ Women's Experiences of Sexual Violence

This survey is exploring experiences of sexual harassment and assault in women who identify LBTIQ+.

LBTIQ+ refers to women who are lesbian, bisexual, transgender, intersex or queer, as well as those who identify with other descriptor terms used in our communities (+).

The survey will ask about your experiences of sexual violence, your coping and support mechanisms, and the impact on your health and wellbeing. This information will be used to develop better information and support.

This study is funded by Australia's National Research Organisation for Women's Safety (ANROWS).

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Instructions

- The survey will only take about 10-15 minutes to complete.
- There are no right or wrong answers, just choose the answer that is right for you.
- The information you provided is confidential, it will not be used to identify you, and no one will know that you have taken part in the study.
- Space is provided at the end of the survey for any other comments you may want to add.

Cisgender, heterosexual women introductory text

Australian Women's Experiences of Sexual Violence

This survey is exploring Australian women's experiences of sexual harassment and assault.

We are interested in the experience of women who were born in Australia, and those who were born overseas.

The survey will ask about your experiences of sexual violence, your coping and support mechanisms, and the impact on your health and wellbeing. This information will be used to develop better information and support.

This research is part of a larger study examining sexual violence in Australian women, funded by Australia's National Research Organisation for Women's Safety (ANROWS).

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LGBTI health strategies across Australian states

Western Australia

Health strategy:

Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex Health Strategy 2019–2024.

Purpose: "To provide direction to the WA health system and health services on policy development and service delivery to achieve optimal health and wellbeing outcomes for LGBTI populations."

Reference:

Western Australia Department of Health. (2019). *Western Australian Lesbian, Gay, Bisexual, Transgender, Intersex (LGBTI) Health Strategy 2019–2024*. Perth: Health Networks, Western Australia Department of Health.

Link:

https://ww2.health.wa.gov.au/~/media/Files/Corporate/general%20documents/Health%20Networks/PDF/LGBTI-Health-Strategy-2019-2024.pdf

Victoria

Health strategy:

Development of trans and gender diverse services in Victoria

Purpose:

"The overall aim of this initiative is to ensure that trans and gender diverse people—and their families—have access to the appropriate healthcare and support they need, when they need it."

Reference:

Department of Health & Human Services. (2018). *Development of trans and gender diverse services in Victoria, final report*. Retrieved from https://www2.health.vic.gov.au/about/populations/lgbti-health/trans-gender-diverse

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New South Wales

Health strategy:

ACON Strategic plan 2019–2022 (ACON is a community organisation primarily funded by the NSW Government through the NSW Ministry of Health)

Purpose:

Create opportunities for people in the LGBTIQ+ community to live their healthiest lives.

Reference:

Acon. (2020). *Here for health: ACON strategic plan 2019–2022*. Retrieved from https://www.acon.org.au/wp-content/uploads/2019/07/2019-22-Strategic-Plan_B5_FA_spreads.pdf

Queensland

Health strategy:

Queensland sexual health strategy 2016–2021

Purpose:

All Queenslanders experience optimal sexual and reproductive health. Access, equity, person-centred care, partnership and collaboration, acceptance of diversity.

Reference:

State of Queensland (Queensland Health). (2016). *Queensland sexual health strategy 2016–2012*. Retrieved from https://www.health.qld.gov.au/__data/assets/pdf_file/0024/601935/qh-sexual-health-strategy.pdf

Northern Territory

Health strategy:

Northern Territory Inclusion Strategy 2019–2022: Respecting people with diverse sexualities and gender identities.

Purpose:

"The NT Health inclusion strategy: Respecting people with diverse sexualities and gender identities promotes the health and wellbeing of sexuality and gender diverse people, families and communities. It builds on current initiatives and sets clear aims and actions to improve our services and workplaces to become more aware and inclusive of sexuality and gender diverse people. This strategy contributes to NT Health's purpose of working together to deliver better health for all Territorians, with healthy Territorians engaged and living in healthy communities."

Reference:

Northern Territory Government. (2019). *Northern Territory inclusion strategy plans of actions 2019–2022: Respecting people with diverse sexualities and gender identities.* Retrieved from https://health.nt.gov.au/__data/assets/pdf_file/0005/735314/NT-Health-Inclusion-Strategy-Respecting-People-with-Diverse-Sexualities-and-Gender-Identities.pdf

South Australia

Unable to find a health strategy for LGBTIQ+

Tasmania

Mention of the Department of Health's Lesbian, Gay, Bi-sexual, Transgender and Intersex Working Group working to improve health outcomes and access to services for LGBTI Tasmanians. However, no specific strategy or initiative is discussed

Link:

https://www.dhhs.tas.gov.au/publichealth/healthy_communities/glbti_health

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AUSTRALIA'S NATIONAL RESEARCH ORGANISATION FOR WOMEN'S SAFETY

to Reduce Violence against Women & their Children