

Discrimination and Violence against Transgender People

Trans Cinsiyetlilere Yönelik Ayrımcılık ve Şiddet

 Pelin Göksel¹

¹Fatsa State Hospital, Ordu

ABSTRACT

Violence against transgender individuals is pervasive across many sectors, yet discourse on the issue remains limited to a few platforms, with minimal action taken to address it. This inaction contributes significantly to public health problems. Transgender individuals often face myriad forms of violence, including familial ostracization, physical abuse, emotional neglect, school bullying, unemployment, and discrimination in public arenas. Such experiences hinder their social integration and infringe on their personal rights. Research indicates that violence against transgender people has detrimental effects on their mental health, and the rates of reporting such incidents are distressingly low. Factors like stigma, misunderstandings by authorities, fear of transphobic reactions, unequal legal protections, and the risk of unjust arrest discourage seeking help. These challenges increase the vulnerability of transgender people to violence. This review will analyze the existing literature on violence against transgender individuals and explore the societal underpinnings of such violent behaviors.

Keywords: Transgender, discrimination, violence

ÖZ

Trans cinsiyetlilere yönelik şiddet ile pek çok alanda karşılaşmakta ancak sınırlı platformlarda konuşulmakta ve önlemek amacıyla neredeyse hiçbir şey yapılmamaktadır. Bu tepkisizlik halk sağlığı açısından önemli sorunlara yol açmaktadır. Aileden uzaklaşmaya zorlanmak, fiziksel şiddet, duygusal ihmal, okulda zorbalık maruziyeti, işsiz bırakılmak, kamusal alanda uygulanan ayrımcılık bu şiddet olaylarının birkaçıdır ve bu durum trans cinsiyetlilerin toplumsal hayata entegre olmalarını ve kişisel haklarından yararlanmalarını engellemektedir. Yapılan çalışmalar transların deneyimledikleri şiddet olaylarının olumsuz ruh sağlığı sonuçlarına yol açtığını, bu vakaların bildirilme oranlarının çok düşük olduğunu, yardım arama davranışlarının damgalanma, yetkililerce anlaşılma, transfobik tutumlarla karşılaşma korkusu, eşit olmayan yasal düzenlemeler, nedensizce tutuklanma korkusu gibi nedenlerle engellendiğini, tüm bu engellerin transları şiddete daha savunmasız hale getirdiğini göstermektedir. Bu gözden geçirmede trans cinsiyetlilere yönelik şiddet olaylarıyla ilgili literatür incelenecek, şiddet davranışlarının toplumsal temelleri tartışılacaktır.

Anahtar sözcükler: Trans cinsiyet, ayrımcılık, şiddet

Introduction

Transgender, often abbreviated as trans, is an inclusive term referring to individuals whose gender identity or expression typically does not align with the sex assigned at birth expectations (Shaw et al. 2012). Cisgender, on the other hand, denotes individuals whose gender identity aligns with the sex assigned at birth (Polat and Şirin 2020). Gender identity refers to how a person perceives themselves in a gender category (Stoller 1964). Sexual orientation, on the other hand, pertains to a person's sexual and emotional attraction towards a gender and is independent of gender identity. If this orientation aligns with one's own gender, it is termed homosexual; if it aligns with the opposite gender, it is termed heterosexual; and if it aligns with both genders, it is termed bisexual (Polat and Şirin 2020).

Studies focusing on the experiences of transgender people (Goodrich 2012, Uluyol 2016, Aypar and Tanyaş 2017) report various psychological challenges such as distress stemming from incongruence between gender identity and biological sex, concerns regarding the social consequences of gender identity, fear of non-acceptance, internalized transphobia, and anxiety about the future. Transgenders also report experiencing different types of violence in various settings such as public spaces, within families, and in school environments. Similar to other sexual minority people, transgenders encounter negative attitudes and behaviors due to their gender expressions not conforming to societal normative values, and the nature and severity of this violence and discrimination vary based on the societal understanding and acceptance levels (Stotzer 2009, Rogers 2017).

Address for Correspondence: Pelin Göksel, Fatsa State Hospital, Ordu, Türkiye

E-mail: dr.pelingoksel@gmail.com

Received: 10.01.2024 | **Accepted:** 03.04.2024

In a survey conducted in the United States (Casey et al. 2019), the experiences of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people were examined. According to the findings of this study, 84% of transgenders believed that discrimination against transgender people exists in America, 38% reported the use of derogatory language towards transgenders, and 28% directly experienced negative and disturbing remarks. Furthermore, 10% of transgender participants reported experiencing discrimination while accessing healthcare, 22% avoided seeking healthcare due to fear of discrimination, and 27% considered moving to another state due to being marginalized. Despite the significant negative experiences reported (Greenberg 2012), the rates of reporting these experiences are very low, and certain legal or cultural norms contribute to keeping these experiences hidden.

A comprehensive study on the subject was conducted in Vietnam (Yen et al. 2016), revealing that discrimination and violence against transgender students are often perpetrated by other students, but administrators and educators are also responsible for this situation. Transgender students often lack access to adequate support to cope with these issues, and stigmatization and discrimination are widespread at the institutional level. According to the findings of this study, transgender women and gay male students experienced higher rates of violence compared to transgender men and lesbian students. Based on this finding, it was interpreted that there is a higher motivation in society to punish feminine expressions in male bodies. The results of a study offering an educational plan to prevent violence against sexual minorities in schools (Barragan-Medero and Perez-Jorge 2020) emphasized the importance of students being knowledgeable about sexual differences and developing skills to recognize and manage conflicts in their surroundings. The study also underscored the need for state policies to support the struggle against exclusionary binary gender concepts.

Developed by Ilan Meyer (2003), the "Minority Stress Theory" provides a framework to understand and explain why the prevalence of psychiatric disorders is higher among Lesbian, Gay, and Bisexual (LGB) people compared to heterosexuals. In this framework, negative experiences due to sexual differences are considered external factors, while the anticipation and fear of experiencing negative experiences are regarded as internal factors. Additionally, this model claims that coping mechanisms and social support resources can vary the negative impact of minority stress on mental health. Originally conceptualized for LGB people, the theory has been adapted to encompass all sexual minority groups and has been utilized in research (Hendricks and Testa 2012, Goldenberg et al. 2020). Studies on violence experienced by gender minority groups (Budge et al. 2013, Yüksel et al. 2017, Akgül and Ayaz 2021) report insufficient support resources compared to other minority groups, resulting in adverse mental health outcomes and increased suicide risk. This review aims to address incidents of violence against transgenders across different platforms, contribute to the limited Turkish literature on the subject, and raise awareness.

Violence

The World Health Organization defines violence as the intentional use of physical force or power, threatened or actual, against oneself, another person, or a group or community, resulting in injury, psychological harm, death, developmental delay, or deprivation, or the likelihood of such occurrences (Krug et al. 2002). Violence perpetrated by the dominant masculine gender, stemming from unequal power dynamics in the binary gender system, is referred to as gender-based violence (Wirtz et al 2020, Tsapalas et al. 2021). While previously violence, typically perpetrated by men against women, was understood in this context, the definition has evolved to encompass violence experienced by individuals in minority and vulnerable positions due to their lack of power in recent time (White and Goldberg 2006, Dolan 2015). According to a briefing note published by the United Nations Human Rights Committee, violence against Lesbian, Gay, Bisexual, and Transgender (LGBT) people is defined as a form of societal gender-based violence driven by a desire to punish those perceived as not conforming to gender norms (United Nations 2022).

Some Concepts Associated with Gender-Based Violence

Heteronormativity and the binary gender system accept distinct and complementary female or male gender categories corresponding to biological sex and defined according to reproductive physiology (Bem 1981). Coined by Michael Warner (1991), this term has been used to emphasize the societal understanding of sexual minorities as a low-status group and heterosexuality as a privilege within normative society.

The heteronormative system is structured by hegemonic norms, practices, and expressions that consider heterosexuality as natural and superior, thus legitimizing homophobia, transphobia, and all forms of discrimination against sexual minorities (Robinson 2016) Gender-based violence is rooted in entrenched

assumptions about what it means to be a man or woman in a society. In the globally dominant heteronormative order, those who deviate from accepted boundaries become targets of violence (Fried and Teixeira 2014).

Transphobia can be defined as an irrational response to those who deviate from the patterns of sociocultural gender teachings (Whittle and Turner 2009). Some researchers (Bettcher 2007, Perry and Dyck 2013) have argued that these reactions emerge when the masculine gender status is perceived as threatened, and those who do not conform to binary gender acceptance are seen as dangerous in terms of societal gender norms, inciting anger and hatred towards transgender people. Additionally, it is believed that social sexism reinforces negative evaluations of non-cisgender identities as abnormal, triggering individual-level behaviors of disgust and gender-based derogation (Hill and Willoughby 2005).

Incidents of Violence Experienced by Transgenders

There are a limited number of studies examining incidents of violence against transgenders. The most comprehensive research on the subject, the United States Transgender Survey (James et al. 2016) with 27,715 participants has addressed transgenders' experiences of violence across various platforms. According to this survey, 54% of transgender respondents reported experiencing intimate partner violence, 46% reported verbal harassment, 10% reported sexual assault, 9% reported physical assault, and 14% reported not receiving equal treatment in public spaces or being denied access to social services.

Studies on gender minority groups' experiences of violence indicate that transgender adolescents experience significantly higher levels of violence from childhood compared to their cisgender peers. However, experiences of discrimination, bullying, and stigmatization vary depending on factors such as early awareness of gender identity, belonging to any minority group, and the sociocultural characteristics of the environment (Verschoor and Poortinga 1988, Reisner et al. 2014)

In recent years, increasing studies on gender-based violence (Witcomb et al. 2019, Austin et al. 2022, Silva et al. 2022, Chan et al. 2023) have shown that transgenders experience high levels of domestic violence and emotional neglect, face inequalities and biases in public spaces, have their personal rights hindered, are vulnerable to bullying in schools, particularly in the form of name-calling and mockery based on appearance, and have high rates of childhood sexual experiences and intimate partner violence in all forms. All these negative experiences are associated with poor physical and mental health outcomes, low academic achievement, increased suicide rates, barriers to accessing healthcare services, increased rates of sexually transmitted diseases, and escalating stigma and social isolation (Wirtz et al. 2020, Sánchez-Fuentes et al. 2021, Akande et al. 2023, Bourne et al. 2023, Xu et al. 2023).

Studies on Domestic Violence

Any abuse, violence, or threat directed at an individual within the family, regardless of gender, is defined as domestic violence. While research on this topic largely focuses on intimate partner violence, this definition applies to all forms of violence perpetrated by adult family members (Home Office 2012). However, when examining exposure to domestic violence in the context of gender dysphoria, research often tends to focus on intimate partner violence. In this context, the term "domestic violence" is used to refer to violence experienced from one's primary family, and studies addressing this issue are relatively limited compared to research on other forms of violence experienced in gender dysphoria (such as bullying, intimate partner violence).

Some researchers (Link and Phelan 2001, Butler 2004) have argued that families' refusal to have a transgender child is associated with fear of stigma and loss of social status. In many cultures, it is believed that the social status of the family is prioritized over the well-being of the transgender child, and maintaining a reputable family image is associated with factors such as positive self-perception, economic opportunities, and reputation (Brandon et al. 2008). Some of the studies (Goffman 2009) focusing on the domestic violence exposure of trans people suggest that these behaviors have a strong relationship with the concepts of stigma and honor.

In a large-scale study (Bourne et al. 2023) conducted with LGBTQ participants in Australia, it was found that when directly asked, 30.93% of participants reported experiencing domestic violence, whereas when asked in a more nuanced and detailed manner, this percentage increased to 43.18%. The study also demonstrated that this exposure varied with demographic characteristics such as age, gender, and marital status. This research suggests that gender minority people struggle to label their negative experiences within the family as violent or abusive, making it difficult for them to seek legal recourse. The results of this study are consistent with Barnes' (2008) view that the difficulty in naming violence reinforces the feeling of isolation and constitutes an obstacle to seeking help.

A study (Kenagy and Bostwick 2005) conducted in Chicago included 111 transgender participants, with 66% of participants reporting experiencing violence in their homes. However, no distinction was made based on genders or types of violence. In another study the rate of domestic violence among transgenders was found to be 56.3%, with the conclusion that transgender women were more likely to be victims of violence (Kenagy 2005). In a comprehensive survey (Peng et al. 2019) conducted in China, 92.8% of transgender and non-binary participants reported experiencing parental neglect or abuse, with economic control being identified as the most prevalent form of violence (66.1%). According to the results of the United States Transgender Survey (James et al. 2016), 53% of transgenders experienced psychological violence from their families due to their gender identity, and 65% attempted suicide due to their experiences of domestic violence within their families.

In a recent study conducted in Turkey (Tüzün et al. 2022), the levels of depression and anxiety among transgender youth during the Covid pandemic were examined. This study found that participants who experienced difficulty expressing their gender identity and did not receive sufficient support from their families had higher levels of depression and anxiety. Another study (Şahin and Gençer 2023) involving sexual minority groups showed that parental acceptance was associated with lower levels of depression and anxiety.

Nevertheless, especially transgender women often find themselves compelled to continue living in households where they experience violence, frequently failing to report incidents of domestic violence. Economic dependence, limited housing options, social isolation, and service providers' transphobic attitudes pose barriers to seeking help. It is believed that legal regulations are the most important need and effective way to address this concerning situation (Greenberg 2012).

Studies on Bullying at School

Bullying is defined as intentional harm inflicted by one or more youth or a group of youth, characterized by perceived or actual power imbalance and the potential for repetition (Earnshaw et al. 2016). A study (Strauss et al. 2020) conducted in Australia involving 859 participants between the ages of 14-25 with sexual differences reported that 74% of the participants were exposed to bullying and 68.9% to discrimination, and these rates were found to be higher compared to the cisgender population. A population-based study (Eisenberg et al. 2019) focusing on the bullying experiences and emotional distress levels of adolescents with sexual orientation and gender identity differences included 79,989 adolescents. Emotional distress and bullying victimization were significantly higher in heterosexual transgender and gender diverse adolescents compared to their LGBT peers. This result was interpreted as possibly explained by interventions facilitating social acceptance of transgender youth with their desired gender (hormone therapy, psychological support etc.). However, both transgender and LGBT adolescents experienced higher levels of bullying victimization compared to their heterosexual cisgender peers. Additionally, emotional distress and bullying victimization scores were higher in the group identifying as both transgender and LGBT compared to those identifying as only transgender or only LGBT. A large-scale study (Gower et al. 2023) conducted in the United States with gender minority youth found that bullying victimization increased for youth who identified as transgender if they held marginalized social positions. While school bullying targeting gender minority groups may have only been addressed in the past decade, the vulnerability of intersecting identities to bullying has been confirmed since the early studies (Poteat et al. 2011, Garnett et al. 2014, Eisenberg et al. 2019).

In a qualitative study (Earnshaw et al. 2020) examining the bullying experiences of LGBT students and the attitudes of school health professionals (nurses, guidance counselors, psychologists), students were found to frequently encounter behaviors such as teasing, being called derogatory names and physical violence. Additionally, students expressed that the frequency of negative behaviors they faced increased if they had any physical or racial differences. While school health professionals stated that they try to prevent these behaviors, students perceive them as lacking sufficient knowledge and skills in this regard and not being supportive enough. In summary, gender diversity contribute to bullying behaviors and the approaches of school administrators appear to be lacking in professionalism and impartiality.

In a recent qualitative study (Henderson et al. 2022) involving gender minority youth, participants reported experiencing various forms of negativity ranging from exclusion, physical violence, verbal abuse, being treated as deviant, to police violence, which varied from covert attitudes to overt behaviors. The study (Hall 2017) suggests a need for school-based awareness interventions. A systematic review focusing on interventions for bullying in schools found that schools with specific policies experienced less bullying towards sexual minority groups. This study emphasized the necessity of reporting bullying incidents and highlighted policies such as

awareness-based education. Additionally, it underscored that anti-bullying policies initiated in schools could serve as examples for organizational arrangements.

Studies on Intimate Partner Violence

Intimate partner violence is defined as physical assault, sexual violence, stalking, or psychological aggression perpetrated by a current or former partner (Breiding et al. 2015). A recent meta-analysis (Peitzmeier et al. 2020) focusing on intimate partner violence in the transgender population found that transgenders had a lifetime prevalence rate of 37.5% for physical intimate partner violence and 25% for sexual intimate partner violence, with transgender and gender diverse individuals being 1.7 times more likely to experience any intimate partner violence compared to cisgenders. In a study by Goldenberg et al. (2018), the lifetime prevalence of intimate partner violence among transgender participants was found to be 45%, with higher prevalence rates observed among those assigned gender is male at birth compared to those assigned gender is female at birth. This study also identified associations between intimate partner violence exposure and negative mental health outcomes.

While transgender people have higher rates of intimate partner violence exposure compared to the cisgender population, there are also differences in the forms of violence they experience (Yerke and DeFeo 2016). Studies (Brown 2011) have shown that transgenders are subjected to violence by their partners through threats of disclosing their transgender identity to family members or employers, exploiting vulnerabilities related to their sexual differences. Perpetrators may also prevent access to health services necessary for gender affirmation as a form of violence. Additionally, researchers (White and Goldberg 2006, Ristock 2011) suggest that perpetrators specifically target transgenders' sexual organs and unwanted bodily features, viewing them as "more vulnerable" in intimate partner violence situations.

Intimate partner violence and Human Immunodeficiency Virus (HIV) are interrelated problems that reflect the consequences of gender-based power inequalities (Kouyoumdjian et al. 2013). While there is a comprehensive literature on the relationship between intimate partner violence and HIV among cisgender women, there are very few studies (Mittal et al. 2017, Peitzmeier et al. 2020) examining this relationship among transgender women, despite the significantly higher prevalence of intimate partner violence exposure among them. Transgender women are among the most affected populations by HIV. Estimates based on studies suggest that in the United States, 14-16% of transgender women are HIV positive, while globally, this rate is around 19%. Compared to cisgender adults, transgender women are 32.4 times more likely to be infected with HIV (Baral et al. 2013, Becasen et al. 2020). However, there are very few programs aimed at preventing intimate partner violence and HIV prevalence among transgender women, highlighting the urgent need for interventions in this area (Brennan et al. 2012, Nuttbrock et al. 2013).

Studies on Violence and Discrimination in the Public Sphere

According to the results of the United States Transgender Survey (James et al. 2016), 58% of trans people have experienced at least one incident of violence such as inappropriate gender expression, sexual violence, and physical violence by the police in the last year. In this study, more than half of the participants stated that they avoided seeking help from the police due to fear of negative treatment. Transgenders encounter various forms of violence when seeking services from court personnel, emergency management, emergency department staff, and personnel assigned to protect against domestic violence (Grant et al. 2011). In a recent study (Göçmen and Yılmaz 2017) conducted in Turkey, perceived direct and indirect discrimination in accessing services such as health care, employment, and education among LGBT people was investigated. The study found that 53% of participants did not disclose their sexual orientation to health care providers, 23.8% experienced negative attitudes towards LGBT people in the workplace, 14% were subjected to mistreatment by health care providers, and 21.8% frequently experienced and 12% always experienced negative behaviors in school due to their sexual orientation.

An important result of the studies (Kattari et al. 2020) is that such behaviors encountered by the gender minority group in the public sphere constitute an obstacle to receiving health services. A recent study (Kattari et al. 2021) on the subject concluded that 33% of transgender people had at least one negative experience when they applied for health care, and that low-income and disabled participants were more often mistreated in health institutions. In a study (Soner and Aydın Avcı 2023) conducted in Turkey investigating the expectations of LGBT people in the health environment, it was emphasized that expectations such as legal regulations, informing health practitioners, positive communication and attitude come to the fore and laws against discrimination in the field of health are necessary.

Unemployment rates in the transgender population are higher than in society, and the employment rates of trans women are lower than trans men (James et al. 2016). In addition, as perceived gender mismatch increases, unemployment rates increase and there is more discrimination (Miller and Grollman 2015, Leppel 2016). Difficulties in accessing employment services lead to being pushed into sex work, which increases the rates of exposure to sexual violence and the risk of sexually transmitted infections (Cingöz Ulu and Saylan 2016, Logie et al. 2017). However, although the risk of sexually transmitted diseases is high, transgender people have problems applying to health services due to lack of information, problems with social security and fear of discrimination (Onur Şimşek and Özgülner 2024).

In a qualitative study (Sánchez-Fuentes et al. 2021) on transphobia and gender identity, the social representations of transgender women in Brazil and Colombia were investigated. In this study, themes of violence, discrimination, prejudice, denial of rights, and family support were identified. Participants expressed that their efforts to integrate into social circles were hindered by societal anger and prejudice, highlighting society's profound ignorance about gender diversity and how it reinforces transphobia. They also voiced the pain they experienced due to discrimination from childhood to adulthood. The findings of this study are consistent with previous research (Radkowsky et al. 1997, Almeida 2010), indicating difficulties in accessing social rights at every stage, intolerant attitudes in public spaces, low self-esteem due to social isolation, depression, and increasing feelings of loneliness resulting in losses in education, employment, cultural activities, and social security areas. Additionally, this study aligns with previous research (Lacerda et al. 2002, Rogers 2017) in showing that transphobia originates from entrenched social norms and is influenced more by cultural factors than concepts associated with religion.

Despite the alarming levels of discrimination, abuse, and social and economic marginalization, there is a glaring lack of official data collection efforts on transgender murders, and gaps in data tracking systems hinder access to the true rates of transgender murder (Stotzer 2017). A study (Dinno 2017) conducted in the United States to estimate transgender murder rates concluded that transgenders do not have a higher risk of murder compared to cisgenders. The result of this study was explained by transgenders mastering strategies to reduce their potential for harm by concealing their identities. However, the likely more significant reason for the low rates of transgender murders being found is the lack of an established understanding of transgender identity, as well as issues related to death reporting systems and census inaccuracies.

Conclusion

When reviewing the literature, it is evident that transgender people experience higher rates of violence across various platforms compared to the cisgender population. The main cause of these violent incidents is entrenched societal norms and expectations, namely the heteronormative social order. This situation leads to significant issues for the transgender population, including adverse mental health outcomes, low academic achievement, unemployment, being pushed into sex work, and a higher risk of sexually transmitted diseases. When examining the literature on violence against transgenders, it is noticeable that the reporting of such incidents is very low, and there are deficiencies in recording reported cases. Future studies addressing violence rates will need to propose methods to address this issue. Additionally, it is expected that the results of research on interventions aimed at preventing violent incidents will provide a basis for legal regulations.

References

- Akande M, Farno AD, Adrian H, Fogwell NT, Johnson DM, Zlotnick C et al. (2023) 'Sometimes, we don't know if we're getting abused': Discussions of intimate partner violence and HIV risk among transgender women. *Cult Health Sex*, 25:1101-1115.
- Akgül GY, Ayaz AB (2021) Çocuk ve ergenlerde cinsiyet hoşnutsuzluğu. *İstanbul Tıp Fakültesi Dergisi*, 84(Suppl 1):S4-S10.
- Almeida GS (2010) Reflexões iniciais sobre o processo transexualizador no SUS a partir de uma experiência de atendimento. In: Arila M, Lapa TS, Pisaneschi TC, organizadores. *Transexualidade, travestilidade e direito à saúde*. São Paulo: Oficina Editorial, 117-148.
- Austin A, Craig SL, D'Souza S, McInroy LB (2022) Suicidality among transgender youth: Elucidating the role of interpersonal risk factors. *J Interpers Violence*, 37:NP2696-NP2718.
- Ayyar G, Tanyaş B (2017) İstanbul'da yaşayan transların dışlanma ve ayrımcılık deneyimleri üzerine nitel bir çalışma. *Aurum Sosyal Bilimler Dergisi*, 2:71-99.
- Baral S, Poteat T, Strömdahl S, Wirtz AL, Guadamuz TE, Beyrer C (2013) Worldwide burden of HIV in transgender women: A systematic review and meta-analysis. *Lancet Infect Dis*, 13:214-222.

- Barnes R (2008) 'I still sort of flounder around in a sea of non-language': The constraints of language and labels in women's accounts of woman-to-woman partner abuse. In *Gender and Interpersonal Violence* (Eds):. Palgrave Macmillan, London.
- Barragan-Medero F, Perez-Jorge D (2020) Erratum: 'Erratum to "Combating homophobia, lesbophobia, biphobia and transphobia: A liberating and subversive educational alternative for desires". *Heliyon*, 6:e05473.
- Becasen JS, Denard CL, Mullins MM, Higa DH, Sipe TA (2019) Estimating the prevalence of HIV and sexual behaviors among the US transgender population: A systematic review and meta-analysis, 2006-2017." *Am J Public Health*, 109:e1-e8.
- Bem SL (1981) Gender schema theory: A cognitive account of sex typing. *Psychol Rev*, 88:354-364.
- Bettcher TM (2007) Evil deceivers and make-believers: On transphobic violence and the politics of illusion. *Hypatia*, 22:43-65.
- Bourne A, Amos N, Donovan C, Carman M, Parsons M, Lusby S et al. (2023) Naming and recognition of intimate partner violence and family of origin violence among LGBTQ communities in Australia. *J Interpers Violence*, 38:4589-4615.
- Brandon J, Hafez S, Cohesion CFS (2008) *Crimes of the Community: Honour-based Violence in the UK*, 2nd ed. London, UK, Centre for Social Cohesion.
- Breiding M, Basile KC, Smith SG, Black MC, Mahendra RR (2015) *Intimate Partner Violence Surveillance: Uniform Definitions and Recommended Data Elements. Version 2.0*. Atlanta, GA, Centers for Disease Control and Prevention National Center for Injury Prevention and Control
- Brennan J, Kuhns LM, Johnson AK, Belzer M, Wilson EC, Garofalo R et al. (2012) Syndemic theory and HIV-related risk among young transgender women: the role of multiple, co-occurring health problems and social marginalization. *Am J Public Health*, 102:1751-1757.
- Brown N (2011) Holding Tensions Of Victimization And Perpetration: Partner Abuse In Trans Communities. In *Intimate Partner Violence in LGBTQ Lives* (Ed JL Ristock):153-168. London, UK, Routledge.
- Budge SL, Adelson JL, Howard KA (2013) Anxiety and depression in transgender individuals: The roles of transition status, loss, social support, and coping. *J Consult Clin Psychol*, 81:545-557.
- Butler J (2004) *Undoing Gender*. New York, Psychology Press.
- Casey LS, Reisner SL, Findling MG, Blendon RJ, Benson JM, Sayde JM et al. (2019) Discrimination in the United States: Experiences of lesbian, gay, bisexual, transgender, and queer Americans. *Health Serv Res*, 54:454-466.
- Chan A, Pullen Sansfaçon A, Saewyc E (2023) Experiences of discrimination or violence and health outcomes among Black, Indigenous and People of Colour trans and/or nonbinary youth. *J Adv Nurs*, 79:2004-2013.
- Cingöz Ulu B, Sayılan G (2016) Kadın şiddet mağdurlarına yönelik tutumlarda mağdurun trans kimliğinin etkisi. *Türk Psikoloji Yazıları*, 19:94-104.
- Dinno A (2017) Homicide rates of transgender individuals in the United States: 2010-2014. *Am J Public Health*, 107:1441-1447.
- Dolan C (2015) Letting go of the gender binary: Charting new pathways for humanitarian interventions on gender-based violence. *Int Rev Red Cross*, 96:485-501.
- Earnshaw VA, Menino DD, Sava LM, Perrotti J, Barnes TN, Humphrey DL et al. (2020) LGBTQ bullying: A qualitative investigation of student and school health professional perspectives. *J LGBT Youth*, 17:280-297.
- Eisenberg ME, Gower AL, Nic Rider G, McMorris BJ, Coleman E (2019) At the intersection of sexual orientation and gender identity: Variations in emotional distress and bullying experience in a large population-based sample of U.S. adolescents. *J LGBT Youth*, 16:235-254.
- Fried ST, Teixeria A (2014) *International Gay and Lesbian Human Rights Commission input memo to the UN Secretary-General's Study on Violence against women*. New York, NY, International Gay and Lesbian Human Rights Commission.
- Garnett BR, Masyn KE, Austin SB, Miller M, Williams DR, Viswanath K (2014) The intersectionality of discrimination attributes and bullying among youth: an applied latent class analysis. *J Youth Adolesc*, 43:1225-1239.
- Goffman E (2009) *Stigma: Notes on The Management of Spoiled Identity*. New York, Simon and Schuster.
- Goldenberg T, Jadwin-Cakmak L, Harper GW (2018) Intimate partner violence among transgender youth: Associations with intrapersonal and structural factors. *Violence Gender*, 5:19-25.
- Goldenberg T, Kahle EM, Stephenson R (2020) Stigma, resilience, and health care use among transgender and other gender diverse youth in the United States. *Transgend Health*, 5:173-181.
- Goodrich KM (2012) Lived experiences of college-age transsexual individuals. *J Coll Couns*, 15:215-232.
- Gower AL, Rider GN, Del Río-González AM, Erickson PJ, Thomas D, Russell ST et al. (2023). Application of an intersectional lens to bias-based bullying among LGBTQ+ youth of color in the United States. *Stigma Health*, 8:363-371.
- Göçmen İ, Yılmaz V (2017) Exploring perceived discrimination among LGBT individuals in Turkey in education, employment, and health care: Results of an online survey. *J Homosex*, 64:1052-1068.
- Grant JM, Mottet LA, Tanis J, Harrison J, Herman JL, Keisling M (2011) *Injustice at Every Turn. A Report of The National*. 2nd ed. Washington, DC, National Center for Transgender Equality,
- Greenberg K (2012) Still hidden in the closet: Trans women and domestic violence. *Berkeley J Gend Law Justice*, 27:2.
- Hall W (2017) The effectiveness of policy interventions for school bullying: A Systematic Review. *J Soc Soc Work Res*, 8:45-69.

- Henderson ER, Sang JM, Louth-Marquez W, Egan JE, Espelage D, Friedman M et al. (2022) "Words aren't supposed to hurt, but they do": Sexual and gender minority youth's bullying experiences. *J Interpers Violence*, 37:NP8747–NP8766.
- Hendricks ML, Testa RJ (2012) A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Prof Psychol Res Pract*, 43:460-467.
- Hill DB, Willoughby BLB (2005) the development and validation of the Genderism and Transphobia Scale. *Sex Roles*, 53:531-544.
- Home Office (2012) Cross-Government Definition of Domestic Violence – A Consultation Summary of Responses. London, Uk, Home Office.
- James S, Herman J, Rankin S, Keisling M, Mottet L, Anafi MA (2016). The report of the 2015 US transgender survey. Washington, DC, National Center for Transgender Equality,
- Kattari SK, Bakko M, Hecht HK, Kattari L (2020) Correlations between healthcare provider interactions and mental health among transgender and nonbinary adults. *SSM Popul Health*, 10:100525.
- Kattari SK, Bakko M, Langenderfer-Magruder L, Holloway BT (2021). Transgender and nonbinary experiences of victimization in health care. *J Interpers Violence*, 36:NP13054-NP13076.
- Kenagy GP (2005) Transgender health: Findings from two needs assessment studies in Philadelphia. *Health Soc Work*, 30:19-26.
- Kenagy GP, Bostwick WB (2005) Health and social service needs of transgender people in Chicago. *Int J Transgend*, 8:57-66.
- Kouyoumdjian FG, Findlay N, Schwandt M, Calzavara LM (2013) A systematic review of the relationships between intimate partner violence and HIV/AIDS. *PloS One*, 8:e81044
- Krug EG, Mercy JA, Dahlberg LL, Zwi AB (2002) The world report on violence and health. *Lancet*, 360:1083-1088.
- Lacerda M, Pereira C, Camino L (2002) Um estudo sobre as formas de preconceito contra homossexuais na perspectiva das representações sociais. *Psico Reflex Crit*, 15:165-178.
- Leppel K (2016) The labor force status of transgender men and women. *Int J Transgend*, 17:155-164.
- Link BG, Phelan JC (2001) Conceptualizing Stigma. *Annu Rev Sociol*, 27:363-385.
- Logie CH, Wang Y, Lacombe-Duncan A, Jones N, Ahmed U, Levermore K et al. (2017) Factors associated with sex work involvement among transgender women in Jamaica: A cross-sectional study. *J Int AIDS Soc*, 20:21422.
- Meyer IH (2003) Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychol Bull*, 129:674-697.
- Miller LR, Grollman EA (2015) The social costs of gender nonconformity for transgender adults: Implications for discrimination and health. *Sociol Forum*, 30:809-831.
- Mittal M, Thevenet-Morrison K, Landau J, Cai X, Gibson L, Schroeder A et al. (2017) An integrated HIV risk reduction intervention for women with a history of intimate partner violence: Pilot test results. *AIDS Behav*, 21:2219–2232.
- Nuttbrock L, Bockting W, Rosenblum A, Hwang S, Mason M, Macri M et al. (2013) Gender abuse, depressive symptoms, and HIV and other sexually transmitted infections among male-to-female transgender persons: a three-year prospective study. *Am J Public Health*, 103:300–307.
- Onur Şimşek K, Özgülnar N (2024) Evaluation of health status of transgender sex workers in Turkey: A qualitative study. *Aten Primaria*, 56:102875.
- Peitzmeier SM, Malik M, Kattari SK, Marrow E, Stephenson R, Agénor M et al. (2020) Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates. *Am J Pub Health*, 110:e1-e14.
- Peng K, Zhu X, Gillespie A, Wang Y, Gao Y, Xin Y et al. (2019) Self-reported rates of abuse, neglect, and bullying experienced by transgender and gender-nonbinary adolescents in China. *JAMA Network Open*, 2:e1911058.
- Perry B, Dyck DR (2013) "I don't know where it is safe": Trans women's experiences of violence. *Crit Crim*, 22:49-63.
- Polat A, Şirin S (2020) Cinsiyet Disforisi Multidisipliner Yaklaşım İlkeleri. Ankara, Nobel Tıp Kitapevleri.
- Poteat VP, Mereish EH, DiGiovanni CD, Koenig BW (2011) The effects of general and homophobic victimization on adolescents' psychosocial and educational concerns: the importance of intersecting identities and parent support. *J Couns Psychol*, 58:597-609.
- Radkowsky M, Siegel LJ (1997) The gay adolescent: stressors, adaptations, and psychosocial interventions. *Clin Psychol Rev*, 17:191-216.
- Reisner SL, White JM, Bradford JB, Mimiaga MJ (2014) Transgender health disparities: comparing full cohort and nested matched-pair study designs in a community health center. *LGBT Health*, 1:177-184.
- Ristock JL (2011) Introduction: Intimate partner violence in LGBTQ lives. In *Intimate Partner Violence in LGBTQ Lives*. (Ed JL Ristock):9-18. New York, Routledge.
- Robinson A (2016) Heteronormativity and homonormativity. In *The Wiley Blackwell Encyclopedia of Gender and Sexuality Studies* (Ed N Naples): doi: 10.1002/9781118663219.wbegss013. Hoboken, NJ, Wiley-.
- Rogers M (2017) Transphobic 'honour'-based abuse: A conceptual tool. *Sociology*, 51:225-240.
- Sánchez-Fuentes MDM, Araújo LF, Parra-Barrera SM, Fontes ÉRS., Santos JVO, Moyano N (2021) Transphobia and gender identity: social representations of trans women from Brazil and Colombia. *Cien Saude Colet*, 26:5793-5804.

- Shaw E, Butler C, Langdrige D, Gibson S, Barker M, Lenihan P et al. (2012) Guidelines and Literature Review for Psychologists Working Therapeutically With Sexual And Gender Minority Clients. London, British Psychological Society.
- Silva ICBD, Araújo EC, Santana ADDS, Moura JWDS, Ramalho MNA, Abreu PD (2022) Gender violence perpetrated against trans women. *Rev Bras Enferm*, 75:e20210173.
- Soner G, Aydın Avcı İ (2023) LGBTI + persons' experiences, expectations, and suggestions for improving LGBTI + healthcare services in Turkey: a qualitative study. *Issues Ment Health Nurs*, 44:834–843.
- Stoller RJ (1964) The hermaphroditic identity of hermaphrodites. *J Nerv Ment Disease*, 139:453-457.
- Stotzer RL (2009) Violence against transgender people: A review of United States data. *Aggress Violent Behav*, 14:170-179.
- Stotzer RL (2017) Data sources hinder our understanding of transgender murders. *Am J Public Health*, 107:1362-1363.
- Strauss P, Cook A, Winter S, Watson V, Wright Toussaint D, Lin A (2020) Associations between negative life experiences and the mental health of trans and gender diverse young people in Australia: findings from Trans Pathways. *Psychol Med*, 50:808-817.
- Şahin FY, Gençer DB (2023) A study on the life satisfaction, resilience, depression, anxiety, and stress levels of LGBT+ individuals according to parental acceptance and life skills. *J Hum Sci*, 20:311-330.
- Tsapalas D, Parker M, Ferrer L, Bernales M (2021) Gender-based violence, perspectives in Latin America and the Caribbean. *Hispanic Health Care Int*, 19:23-37.
- Tüzün Z, Başar K, Akgül S (2022) Social connectedness matters: Depression and anxiety in transgender youth during the Covid-19 pandemic. *J Sex Med*, 19:650-660.
- Uluyol FM (2016) Cinsiyet kimliği ve cinsel yönelime bağlı zorbalığa maruz kalma, sosyal destek ve psikolojik iyilik hali arasındaki ilişki. *Klinik Psikiyatri Dergisi*, 19:87-96.
- United Nations (2022) Homophobic and Transphobic Violence Fact Sheet. New York, USA, United Nations for LGBT Equality.
- Verschoor AM, Poortinga J (1988) Psychosocial differences between Dutch male and female transsexuals. *Arch Sex Behav*, 17:173-178.
- Warner M (1991) Introduction: Fear of a queer planet. *Social Text*, 29:3-17.
- White C, Goldberg J (2006) Expanding our understanding of gendered violence: Violence against trans people and their loved ones. *Can Woman Stud*, 25:124-127.
- Whittle S, Turner L (2009) Hate Crime in the EU. London, Press For Change.
- Wirtz AL, Poteat TC, Malik M, Glass N (2020) Gender-Based Violence Against Transgender People in the United States: A Call for Research and Programming. *Trauma Violence Abuse*, 21:227-241.
- Witcomb GL, Claes L, Bouman WP, Nixon E, Motmans J, Arcelus J (2019) Experiences and psychological wellbeing outcomes associated with bullying in treatment-seeking transgender and gender-diverse youth. *LGBT Health*, 6:216-226.
- Xu L, Chang R, Chen Y, Xia D, Xu C, Yu X et al. (2023) The prevalence of childhood sexual experiences and intimate partner violence among transgender women in China: Risk factors for lifetime suicidal ideation. *Front Public Health*, 10:1037622.
- Yen NTH, Xuan BT, Xuan BT, Thi Mai Ha N, Diep BN, Van Chien N et al. (2016) Reaching Out: Preventing and Addressing SOGIE-Related School Violence in Vietnam. Bangkok, UNESCO.
- Yerke AF, DeFeo J (2016) Redefining intimate partner violence beyond the binary to include transgender people. *J Fam Violence*, 31:975-979.
- Yüksel Ş, Ertekin BA, Öztürk M, Bıkmaz PS, Oglu Z (2017) A clinically neglected topic: Risk of suicide in transgender individuals. *Noro Psikiyatr Ars*, 54:28-32.

Authors Contributions: The author(s) have declared that they have made a significant scientific contribution to the study and have assisted in the preparation or revision of the manuscript

Peer-review: Externally peer-reviewed.

Conflict of Interest: No conflict of interest was declared.

Financial Disclosure: No financial support was declared for this study.