
Transgender Identifying People's Appraisals of Gender-Based Violence & Continuous Traumatic Stress.

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ABSTRACT

This study aims to explore and understand how transgender people who are at risk of GBV-related continuous traumatic stress experience gender discrimination & traumatic stress and how they appraise this risk. Participants were recruited through purposive snowball sampling techniques. Six transgender participants were interviewed, and the results were interpreted through interpretive phenomenological analysis (IPA). This analysis found a superordinate theme of Otherness, with subthemes being the other (social deviance and intersectionality), CTS (exclusion and violence), liminality (in/visibility and intrusion), and responses to GBV (maladaptive and adaptive).

Keywords: *Violence; Trauma; Transgender; Queer; Interpretive Phenomenological Analysis; Intersectionality; Liminality; Otherness*

DECLARATION

I declare that this research report is my own unaided work. It is being submitted for the degree of Master of Arts in Clinical Psychology at the University of the Witwatersrand, Johannesburg. It has not been submitted before for any degree or examination at any other University.

A handwritten signature in black ink, appearing to read 'Mpho Sharni Ngakane', with a stylized, flowing script.

Mpho Sharni Ngakane

15th day of March in the year 2024

This research is dedicated to Elmari Ngakane and Jean-Michel Molotsi. Mom, you are and have always been my most significant source of inspiration and motivation. I hope I have made you proud. I wish you could have witnessed your child live out their dreams. I love you. Jean, you believed in me on the days I couldn't. I will see you in the next life, my Mich. I love you.

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GLOSSARY

CTS Continuous Traumatic Stress

DBTF Developmentally-Based Trauma Framework

GBV Gender-Based Violence

GD Gender Discrimination

GMSF Gender Minority Stress Framework

IPV Interpersonal Violence

LGBTQI+ Lesbian Gay Bisexual Transgender Queer Questioning Intersex plus

PTSD Post Traumatic Stress Disorder

CHAPTER I: INTRODUCTION

Nationally and internationally, gender-based violence (GBV) has been increasingly recognised. In an address to the South African nation, President Cyril Ramaphosa identified GBV as South Africa's second pandemic (South African Government, 2020). South Africans have a high risk of exposure to violence, particularly GBV. Transgender identified and other gender non-conforming people seem to be hidden figures in an already contentious realm of GBV statistics (SAHRC, 2018). Conventional conceptualisations of GBV lack inclusivity and do not effectively recognise the full spectrum of survivors that cut across gender identity and sexuality (Dolan, 2014). Similarly, Wirtz et al. (2020) highlight how critical it is to address the colloquial use of GBV as a term by capturing GBV through an LGBTQI+ lens because of the nuanced GBV presentations in numerous communities.

Due to the unique nature of GBV exposure to South African transgender-identifying individuals (to be discussed further in the study), there is a need to understand what the phenomenon of this continuous exposure to traumatic stressors is and how this community understands it. Having this sort of understanding has implications for insight into this phenomenon. Broader insight into the landscape of GBV faced by transgender people contributes knowledge that has implications for combatting violence and discrimination meted out against transgender folk.

Rationale

Broad definitions of GBV highlight how it encompasses any form of violence, such as psychological, sexual, physical, emotional, or economic violence, that is directed at an individual because of normative understandings of gender identity and its performance (Schulte et al., 2014, as cited in Wirtz et al., 2020). Gender discrimination (GD) is, therefore,

also at the core of GBV. Wirtz et al. (2020) argue that violence that targets transgender people is inherently related to GBV. Transgender is an umbrella term that is used to refer to a broad spectrum of people whose gender identity differs from that assigned at birth (Wirtz et al., 2020). This violence towards transgender people is often based on prejudices against individuals who do not conform to normative gender identity, perceived sexual orientation, or (for transgender people on the African continent) are perceived as “un-African”(Mampane, 2020, p.250). Transgender individuals are notably at risk of traumatic stressors such as discrimination (Grant et al., 2011), traumatic experiences that are interpersonal in nature (Lombardi et al., 2001; Mizock & Lewis, 2008, as cited in Richmond et al., 2012), and exposure to GBV, harassment, and hate crimes across the lifespan, with both short and long-term effects on mental and physical health (Grant et al., 2011; Grossman & D’Augelli, 2007; Nuttbrock et al., 2010; Spicer, 2010, as cited in Austin & Goodman, 2017). Poteat et al. (2017; as cited in Kaighobadi et al., 2020) describe found that 27.6% of the 937 transgender women in sub-Saharan African countries reported having experienced rape, as compared to the 14.3% of cisgender men who participated.

Research on GBV often excludes transgender and gender diverse people, and sexual minority categories while simultaneously focuses on cisgender heterosexual women (Wirtz et al., 2020). There is an overlap between cisgender and transgender forms of GBV, i.e. Interpersonal violence (IPV), discrimination, and coercive control (Kattari et al., 2022). Because of the exclusion from research, the unique forms of violence transgender people experience in interpersonal and domestic violence contexts are obscured and overlooked, types that a cisgender and heterosexual woman may not be exposed to. This exclusion from research accentuates the importance of understanding transgender people’s appraisals of GBV. In US samples, disproportionate rates of interpersonal violence (IPV) have been found amongst transgender adults compared to cisgender samples. For example, Kattari et al. (2022) describe

unique forms of IPV, including (a) deadnaming, (b) threats to “outing” transgender partners, or intentional undermining of gender identity, (c) control of access to trans-affirming healthcare (King et al., 2021), and (d) physical violation of boundaries (i.e. touching of areas on an individual’s body that are off limits).

Continuous Traumatic Stress (CTS) refers to the ongoing proliferation of trauma on multiple axes of individuals’ lives (Kira et al., 2013). The construct of CTS offers a framework for understanding the psychological impact of being part of a community that is under the threat of trauma continuously (Kira et al., 2013). Given the high prevalence of GBV in South Africa, the potential for vulnerable populations to experience CTS is significant. Although not a given, transgender identity presents the risk for both GBV and GD through multiple dimensions of traumatic events (Testa et al., 2014). There is clear value in investigating transgender peoples’ experience of CTS. While there is a wealth of literature on trauma frameworks that aim to understand continuous traumatic stress in South Africa and beyond (Eagle & Kaminer, 2013), the literature on the impact of discrimination and violence against transgender people is limited in its scope, because of barriers in accessing populations, contestation around definitions of violence and conflating transgender issues with broader LGBTQI+ issues (Wirtz et al., 2020). Despite transgender individuals experiencing a high prevalence of traumatic events and discrimination across the lifespan (Grant et al., 2011), data on this, particularly in a South African context in which discrimination is often marked, remains lacking in the literature. Given the interpersonal nature of gender discrimination and how the continuous threat of trauma has negative consequences for the functioning of the person (i.e. Diamond et al., 2013), an understanding of transgender individuals’ appraisals of life threats will aid in further understanding these concepts and how they may apply to a diverse context. Kira (2021) posits that interventions for trauma are geared towards stress experienced post-trauma and are inappropriate for individuals who are under the threat of continued traumatic stressors and that

new conceptualisations of traumatic stress need to expand to recognise continuous traumatic stressors.

Of the current literature in South Africa, there is a focus on the continuing stressors South Africans may experience through political and interpersonal violence (Eagle & Kaminer, 2013). However, the literature available that explores traumatic stress for transgender individuals focuses primarily on posttraumatic stress disorder (i.e. Reisner et al., 2016) and other psychiatric disorders that arise due to continued bias in society and its structures). The focus of these studies suggests ongoing stressors that transgender South Africans may experience. However, a clear exposition of the experience of this violence from transgender or gender nonconforming people's perspectives is limited

The extant literature suggests that more research is needed to explore the depths of how some transgender and gender-diverse individuals make meaning of the world and their experiences of trauma. Existing psychological literature, according to Ansara & Hegarty (2012), is rooted in assumptions of cis-normativity, thereby emphasising the need for intricate and inclusive perspectives from and for transgender people. This research is therefore valuable in providing insight into these experiences for South African transgender people with a focus on the unique aspects of gender-based violence and discrimination. The insight produced from this study and further research into this area may aid in improving service delivery specifically for transgender people in South Africa in public institutions such as health care, policing, and education. It may also aid in public awareness surrounding the marginalisation of transgender folk. This has important implications for challenging stereotypes, improving the visibility of transgender issues, and promoting social justice (Matthyse, 2017).

In the following chapter (Chapter II), I will explore the literature surrounding GBV and its links with transgender identity. The chapter then details how GBV contributes to traumatic stress. Identity and subjectivity are then discussed, where the concept of "The Other" is reviewed and

described. The chapter details how liminality ties into the experiences of otherness that were crucial to understanding the participants' experiences of GBV and CTS. The links between gender and identity are then explored. I further delve into how intersectionality plays a key role in these experiences. This chapter continues by describing literature on transgender folk's responses to GBV. To best describe this, I explore the challenges to current conceptualisations of trauma and the models that are currently available. I end the chapter by describing the integrated theoretical model through which I analysed the data. The final part of this chapter then situates the study within this theoretical context.

Chapter III provides the reader with a detailed exposition of the research question, participant group, methods of data collection (such as the instrument used and procedure), data analysis through IPA, the ethics surrounding the study, and my personal reflexivity.

Chapter IV discusses the results of the study, where I provide an integrated description of the Superordinate and subthemes that emerged. I discuss the overarching theme of Otherness through exclusion, liminality, intersectionality, and trauma.

Chapter V concludes the study with a summary of the findings of the study in relation to the knowledge frameworks to which they contribute, limitations that shaped them, and their implications for areas of further exploration.

CHAPTER II: LITERATURE REVIEW

Literature review

Transgender people are unquestionably othered in extreme ways and by many social formations. In exploring the literature, I will describe the broader literature surrounding GBV, specifically in the context of transgender identity. This will include the range of and levels of violence. The next section of the literature review will describe the identity and subjectivity of transgender folk exploring concepts such as otherness, social deviance, liminality, and microaggressions. Following this, I will move to describing how gender is an essential factor in the subjectivities of transgender people and the importance of intersectional analysis in considering the nuances of gender and GBV. This will lead me to exploring the current theories of stress and trauma, and why these current conceptualisations do not adequately accommodate the needs of transgender individuals. The final section of the literature review will then move on to describing the integrated theoretical framework that guides my study. This will describe my approach to understanding the intricacies of GBV experienced by transgender people.

1. GBV & Transgender Identity

Transgender people are more likely to experience GBV throughout their lifetime (James et al., 2016). Richmond et al. (2012) found that there is a higher prevalence of sexual abuse, bullying, and childhood emotional maltreatment in transgender participants from the United States who were aware of their gender identity early in life, experiencing even higher life-time experiences of discrimination and transphobia. According to James et al. (2016), 77% of transgender youth respondents experienced a form of violence, such as verbal, sexual, or physical violence, in school because of their perceived or disclosed transgender identity. Chakale and Marumo (2019) describe how four out of 10 queer South Africans know someone who was murdered for being suspected of being queer, with black queer people being twice as likely to know someone in this category as their white counterparts. Often these black queer folk describe

both physical and verbal violence. Grant et al. (2011), in their study with an American transgender population, found that 24% of transgender students who studied further in tertiary education reported experiencing GBV by classmates or university officials. Power differentials are often used to keep transgender victims of GBV subordinate (Tesch & Bekerian, 2015). GBV has severe consequences for the victim. The appraisal of this violence takes on multiple meanings. In the following sections, I will further elaborate on how GBV forms an intricate foundation of CTS for the population at hand and shapes experiences of the population at hand.

Gender-Based Violence

In exploring GBV, it is imperative to discuss the multiple layers of impact it may have on a transgender individual. These layers spin a complex web of unique experience for the population group of this study. Care and protection from violence are not always guaranteed in society. When survivors of GBV seek assistance, they face significant barriers. Fear of further discrimination and stigma, financial barriers, and fear of backlash by abusive partners often keep survivors from accessing health and protective services (Wirtz et al., 2020). Transgender survivors of GBV face unique barriers that are often not recognised in common understandings of GBV, e.g., public officials not using gender-affirming practices while assisting transgender survivors of abuse. GBV appears to be comorbid with other trauma-related disorders such as PTSD, Complex PTSD, and mood disorders such as Major Depressive Disorder (Kira et al., 2015). Haffejee & Wiebesiek (2021) describe experiences of transgender youth in South Africa. They highlight how violence and discrimination are experiences that are perceived due to one's visibility and invisibility. This creates vulnerability to systems of violence such as lack of access to public services and policy. On top of systems of violence, visibility is noted to create space for direct physical harm. In American and British samples, GBV has been associated with poor physical health and psychiatric disorders (Kira et al., 2010; Landrine et al., 1995, as cited in Kira et al., 2015). Certain social institutions and practices hold deeply entrenched normative

values because of social attitudes and beliefs, which continue a cycle of GBV that varies in intensity depending on the institution or practice. Stigma and transphobia, in addition to the stigma of GBV, present a unique instance where transgender people face additional stressors while attempting to access care. Shelters or places of safety often separate individuals by their sex that was assigned at birth. This may negatively impact the mental health of transgender survivors and their physical health through considerations of safety in environments where they may have to disclose their transgender identity (Wirtz et al., 2020) Thus, transgender people often avoid seeking care because of these barriers (Richmond et al., 2012).

Similarly, evidence suggests that transgender people are less likely to report GBV because of previous negative experiences with public officials (Grant et al., 2011). The exclusions of transgender people in research surrounding GBV obscures the unique experiences of violence transgender people may have (Wirtz et al., 2020). An example of these unique forms of violence includes the types of measures of control perpetrators use - often using fear and stigma over disclosure of gender identity and hormone use, or psychological violence through non-affirmation of gender (James et al., 2016). In line with this, disclosing gender identity has the potential for exposure to GBV from people beyond one's partnership in transgender populations; this may mediate or mitigate risk depending on the social support afforded to the transgender person (Wirtz et al., 2020). Self-esteem and coping mediate experiences of social support from significant relationships, both positively and negatively (Ayers, 2009, as cited in Kira et al., 2015).

The uniqueness of the lived experiences of transgender people is essential to recognise when considering how they may appraise GBV-related continuous traumatic stress through the various theories and models described below.

GBV & Traumatic Stress

Gender discrimination (GD) is understood as a “complex social, historical, and cultural phenomenon that regulates, in critical ways, social life and social institutions around male’s dominance and female’s subjugation.” (Kira et al., 2015, p.94), with similar consequences of discrimination found amongst women and gender minority populations (Kira et al., 2013). Aspects of GD include behaviours and cognitions that seek to diminish women’s autonomy and inherent value.

GD has broad effects on health, with mental health specifically found to be negatively impacted by perceived discrimination because of its unpredictability and uncontrollable (Pascoe & Smart Richman, 2009). Depending on the type of traumatic stressor, it may be a chronic identity trauma, a betrayal or personal identity trauma with pathways of violence that include social and economic disparities, prejudicial attitudes, unfair treatment, and negative appraisals based on being female (Kira, 2021). This definition of gender discrimination is cis-normative in its conceptualisation of GD, as it restricts the term female as being aligned biologically and through gender identity. In working towards a more inclusive understanding, constructs such as GD will be considered based on gender identity instead of solely on sex assigned at birth.

Sex, Sexuality and Gender Identity

Gender identity is multifaceted and confers deeper meaning to constructs such as sex. A greater understanding of these constructs needs to be developed in order to discuss gender identity and trauma. This will help clearly distinguish how holding transgender identity, in particular, has unique links with traumatic stressors that impact the personal and collective identities that a transgender person may retain as identity traumas. Sex categorizes biological features of infants at birth depending on genital organs, resulting typically in the classification of male or female. In contrast, gender is the social construction of norms ascribed to what society understands about the meanings of being male or female in sex (Levitt & Ippolito, 2014).

Within a dominant culture, gender is often viewed through the lens of a gender binary (man or woman). Straying from gender identity norms, identifying as transgender is described as identifying as a gender different from one's sex assigned at birth, which makes up an individual's gender identity or the individual's implicit perception of their gender (Testa et al., 2014). Gender identity differs from sexual orientation, which Levitt and Ippolito (2014) define as "sexual attractions to others or the lack thereof" (p. 1728). Often, these terms seem to be used interchangeably in specific contexts, where sexual orientation and gender identity are often thought to imply a type of deterministic relationship with one another (Levitt and Ippolito, 2014). Navigating these misconceptions is essential in considering the nuances of traumatic stressors concerning transgender people.

Kira (2021) posits that chronic stressors, such as discrimination, would be factors that are crucial to the subsequent development of related traumatic stressors. He implies that an initial trauma will further lead to more trauma. This is based on the Trauma Proliferation Theory (Pearlin et al., 1997, as cited in Kira et al., 2013), which hypothesises that primary stressors precipitate a knock-on effect of more stressors (Pearlin et al., 1997, as cited in Kira et al., 2013). An example of this would be discrimination, potentially leading to job loss. These traumatic stressors may make the victim more susceptible to victimisation; for example, job loss may mean dependence on an abusive partner to avoid homelessness. Research in the US indicates that transgender people have a high prevalence of discrimination across the lifespan. In their study addressing transgender patients' experiences of healthcare in Kwa-Zulu Natal, Luvuno et al.(2019) discuss how their participants not only experience direct discrimination by staff but also inadequate care due (2019). Richmond et al. (2012) found a higher prevalence of sexual abuse, bullying, and childhood emotional maltreatment in transgender. Research on transgender people and discrimination may implicitly show trauma proliferation, with transgender people experiencing a higher lifetime prevalence of violence

(James et al., 2016) or being at higher risk of victimisation, leading to poor mental and physical health (Grant et al., 2011). According to Grant et al. (2011), transgender people often experience economic, social, and spatial exclusions. Proliferation theory may would suggest that these systems of oppression cascade into one another, leaving transgender people consistently more vulnerable to other stressors.

Violence against transgender people is a key stressor (Kira et al., 2015). Mampane (2020) notes that GBV can be seen as a hate crime against LGBTQI+ folk, meted out globally; it is a phenomenon that has found purchase, especially in African contexts where homosexuality or queerness are commonly regarded as “un-African” (p.250). Kira et al. (2015) state that it can be severe in some regions of the world, with sub-Saharan Africa reported as having some of the highest rates of gender discrimination. Tharp et al. (2013) highlight that attitudes and hyper-masculinity perpetuate sexual violence in communities dominated by patriarchal belief systems. GBV is therefore seemingly normalised in a South African context, where patriarchal forms of social organisation are preponderant. Human Rights Watch (HRW) (2011) noted that despite constitutional promises of protection, black lesbians and transgender men in South African townships and rural areas encounter a pervasive atmosphere of discrimination and violence. While legislation to protect transgender and queer people is certainly in place, this does not guarantee safety (da Luz Scherf et al., 2021). This implies a resistance towards protecting queer communities and a “positive” appraisal of GBV. Positive appraisal in this context would be the internalising and acceptance of lower social status, i.e. internalised transphobia. According to Kira et al. (2015), acceptance of GD (positive appraisal) may, however, lead to negative cognitions surrounding self-esteem and undermine the overall well-being of the victim (p.110). Positive appraisals of discrimination have been found to assist victims in their coping with GBV (Kira et al., 2015). These findings of appraisals of GD may be useful in understanding the complexities of the appraisal of GBV by transgender people.

Considering the mechanisms of GD, I would posit that GD is a form of GBV linked through deeply entrenched social beliefs and discriminatory, violent events because of one's gender identity. Identity and individual's qualitative experience lend gravity to understanding how individuals appraise the experiences of GBV. This will be expanded further on in the next section.

2. Identity & Subjectivity

The literature has described a marginalization in society of transgender individuals due to their “trans-ness”. The othering of this group of people demands a more in-depth investigation into how marginalized identity impacts and forms experience. Theoretical contributions to understanding of marginality are critical to review in this context. In this section, I will describe theoretical accounts of the other, social deviance, microaggression, liminality, The Gender Minority Stress Framework (GMSF), and intersectionality.

The Other

Otherness, as a phenomenon, refers to an individual’s experience of being perceived as distinct from the dominant culture at hand, leading to negative psychological consequences for individuals who are experiencing this phenomenon (DeWilde et al., 2019). The consequences of this experience include feelings of marginalisation, exclusion, and discrimination. Current literature indicates the presence of these stressors in groups, such as transgender individuals, leading to adverse mental health outcomes such as suicidality, anxiety, and depression (Testa et al., 2017). Additionally, challenges such as accessing social and structural systems, as noted above by James et al. (2016), suggest a compounding of the potential distress experienced by transgender individuals. Multiple theories attempt to explain this phenomenon.

Social Identity theory describes how individuals observe themselves in terms of their membership in a social group and create a sense of identity by contrasting themselves with members of another group (Tajfel & Turner, 2004). Membership in the dominant group in society is referred to as ingroup membership, and being a part of the non-dominant group is called outgroup membership. The feeling or experience of social identity is elicited from contrasting oneself with members of another group. The other is thus created from this difference – naturally leaving the individuals from outgroups as “the other” within the dominant

culture. Tajfel & Turner (1979; as cited in Islam, 2014) propose that social identity is a crucial part of social behaviour and shapes social attitudes, the classification of individuals into distinct groups based on perceived similarities and differences. The authors theorise that people strive to achieve a positive social identity by favouring their group over outgroups. It is theorised that intergroup conflict occurs more commonly between individuals who are from opposing groups. The conflict arises because of group membership rather than an individual's characteristics or interpersonal tensions. This does not necessarily account for all conflicts. Social identity theory has merit in conceptualising the factors that would lead a transgender person to feel "othered" in our current socio-political climate in South Africa. Conflict between groups of people arises because of the above othering of outgroup members.

The Intergroup Contact Theory by Tajfel & Turner (2004) describes factors for conflict, namely, social mobility and social change. The authors posit that these factors describe a continuum of belief systems which make assumptions about how intergroup relations are structured. Social mobility on one end of the spectrum is the belief that individuals within a group can move to other groups should they be unsatisfied with the structure of their current group. Group membership is seen as flexible. An example of this may be a person moving from a history of middle-class economic status to upper-class through promotions. Social change on the opposing end of the spectrum is the stratification of the status between social groups. This stratification makes it hard or impossible for members unsatisfied with their group membership to extricate themselves from membership to an underprivileged or stigmatised group. An example of this may be a person of colour in a country where they are a minority group. This is a physical trait that this individual cannot change and may lead to discrimination. The authors continue to describe that when there is a significant perception of stratification between groups, intergroup patterns of relating are more prevalent as opposed to interpersonal patterns (Tajfel & Turner, 2004). Group status becomes important as membership carries labels such as

superior and inferior. Conflict and its intensity are theorised to be related to a continuum of social change, particularly concerning culture. Outgroup members may be seen as traitors. The closer group members are to the social change end of the spectrum and intergroup behaviour rather than interpersonal relating, the more uniformity in behaviour is seen. These individuals will be seen as outgroup members and will be treated in an undifferentiated manner, ignoring individual characteristics (Tajfel & Turner, 2004). When there is an unequal division of resources such as power and wealth, the disparity leads to antagonism between over and underprivileged groups. The authors hypothesise that the unequal distribution of resources is a factor that significantly antagonises the relations between dominant and subordinate groups.

Subordinate groups attempt to reject the status quo and negative attitudes towards their image and work towards a more positive group identity. The dominant group reacts to this by attempting to maintain the status quo in its favour. Ingroup bias is vital when discussing intergroup conflict, according to Tajfel & Turner (2004). The categorisation of individuals into these groups is a schema used to divide and order individuals within this status quo.

Individuals use these categorisations for self-reference, with attributes holding certain value positions within the society.

This theory helps consider the pattern of othering members of a subordinate group, such as transgender individuals. The experience of transgender people in a majority heterosexual and cisgender population, such as South Africa, where GBV is prevalent, describes a sort of stratification regarding group status. In attempting to understand the experience of otherness, I believe this is an important foundation to hold in mind.

Otherness and Transgender Identity

Otherness is intrinsically entwined with ideas of gender normativity, its social construction, and the expectations of individuals participating in this system. This binary sets social rules to be obeyed within the ideas of what a man or woman is expected to be in traditional masculine or

feminine roles. Not conforming to these norms (as a transgender-identifying person may) has the potential to be perceived as abnormal or even deviant by dominant social groups (Goffman, 1963 / 2006), which elicits feelings of otherness for transgender people. Like Tajfel & Turner (2004), Goffman (1963 / 2006) describes the relationship between stigma and social identity. Stigma elicits a negative response from individuals, as they are seen as less desirable and different from the dominant group. Stigma is an attribute experienced as discrediting, leading to negative stereotypes about the characteristics of individuals (Coleman, 2006). Thus, Coleman (2006) views stigma as a value judgment made by the dominant group. The experience or feeling of stigmatisation is a result of social comparison. Coleman argues that an individual's social context and the norms of that context decide the desirable attributions of a social context. The permanency or mobility of these attributes plays an essential role in the experience of stigma. The author continues to describe how, within a social context, there is a common understanding of the differences between groups being undesirable.

An example of this is internalised transphobia. Differences in physical characteristics may be more salient in social contexts than more subtle differences. Similar to Tajfel & Turner's (1979; as cited in Islam, 2014) theory, the difficulty in shifting these differences is important to consider as the process of stigmatisation is significantly influenced by power dynamics. Underprivileged groups that have low mobility, therefore, are at greater risk of stigmatisation. The process of stigmatisation is unpredictable, according to Coleman (2006), leading to the fear of stigma. It also represents a type of social death, where individuals on the receiving end of stigma are regarded as socially deviant and treated as invisible.

Goffman conceptualized social deviancy as a distinctive aspect of human experience and societal organization that diverges from established social norms (Goffman, 1963; as cited in Barmaki, 2021). In this study, deviancy as identity values or social expectations is important to consider. Gender identity plays a crucial role in this form of deviance. Not conforming to gender

norms is theorised to lead individuals to resolve their stigmatised “deviant” status through (a) group membership, (b) divesting from certain communities, (c) altering themselves in order to be more socially acceptable, (d) concealing their deviance (passing), and (e) recreating what values form part of their identity. Deviance is thus linked to otherness through its ingroup/outgroup stratification mechanisms. Samudzi & Mannell (2016), describes hegemonic masculinity as masculinities that are constructed and contrasted in relation to femininity and subordinated masculinity. Within this relationship, individuals who do not or cannot fall within the “real man” category of masculinity are a subordinate group. Hegemonic masculinity is characterized by the ownership and control of subordinate groups, influenced by cultural dynamics, as demonstrated by Morell et al. (2012) in South Africa. Samudzi and Mannell (2016) further illustrate how colonial and traditional African masculinities, as well as black masculinity in urban settings, shape identities and determine social inclusion or exclusion in various spaces.

Otherness is thus enforced and grounded by social deviance in social and economic space. The exclusion from normative ingroups shows large parallels with the extant literature on GBV against transgender individuals in South Africa, particularly around access to health care (Koch et al., 2019), education (Daniels et al., 2019), community (Mavhandu-Mudzusi & Sandy, 2015). Otherness is then useful in providing an understanding of subjectivities in terms of this GBV-related CTS.

Social death is the idea of a dehumanisation process from social groups where an individual has notions of “non-person”, a degradation from personhood (Králová, 2018; Elsrud, 2020). Non-personhood is thus linked to liminality through the loss of social identity in hegemonic social groups, and a sustained identity of “other”. The fringing of individuals in said social death can be seen as a liminal experience. Kleist & Thorsten (2017; as cited in Elsrud, 2020) describe how social death leads to feelings of shame, loss of hope, and loss of agency through

being unable to manoeuvre through social strata. Those who experience social death have a kind of removal of important aspects of their social identity (Králová, 2018). This can be seen as a part of liminal processes and a painful way of experiencing othering from society.

Liminality

In addition to the otherness that exemplifies transgender social identity, the concept of liminality or “betweenness” is also often invoked in the literature to describe the phenomenology of transgender people. Liminality’s usefulness lies in its ability to explain social, anthropological and psychological phenomena. Liminality is the experience of being in a transitional or ambiguous state between two defined positions (Collins & Bilge, 2020; Wagoner & Zittoun, 2021; Stenner, 2018). This experience is often accompanied by uncertainty about one’s location within the defined positions and disorientation. Stenner (2018) describes the experience of liminality as one that occurs during times when there are important transitions or disruptions in an individual’s life. The author divides liminal experiences into spontaneous and devised liminal experiences. Stenner (2018) describes liminality as a process between structure and anti-structure, drawing on Turner (1967; as cited in Stenner, 2018). These experiences are significant to an individual as the structure and expectations that individuals are accustomed to are no longer available to the individual. The individual’s social position is undone in the process of arriving at a new one. The author describes how liminal experiences are transdisciplinary. They refer to the works of Winnicott (1953; as cited in Stenner, 2018) and Mead (1932/1980; as cited in Stenner, 2018) to describe liminality as a process of the self, not necessarily only a process of ritual. The author described how Winnicott (1953; as cited in Stenner, 2018) described a liminal zone of distinctions that leads to the emergence of the self. They state how the self requires an inside and outside perspective or experience. The outside observer of an individual and the individual’s internal experience of self may not align, leading to a third state of experience. This third state is internal and external, a midpoint of subjective

and objective experience. This liminal state of self is thus a mix of Stenner's (2018) spontaneous and devised liminal experience.

Microaggressions

According to Wesselmann et al. (2022), transgender individuals, while experiencing overt aggression and violence, are also exposed to more subtle and covert discrimination from romantic partners, friends, family, or society at large, called microaggressions. These form a part of the subjective experiences of violence and identity. These subjective experiences are a form of othering through social exclusion. These may contribute to physical and emotional health difficulties, such as depression, alcoholism, and emotional distress. Experiences of microaggressions have also been linked to feelings of powerlessness and lower levels of self-esteem. Examples of microaggressions that have been identified by trans people as a common experience (Galupo et al., 2014; Nadal, Davidhoff, et al., 2014; as cited in Wesselman, 2022) include (a) the use of transphobic terms as well as misgendering; (b) ignoring the nuances of transgender experiences; (c) exoticizing of trans people; (d) discomfort or disapproval from cisgender people; (e) promoting binary genders in society; (f) not accepting accountability of transphobia or the existence thereof; (g) pathologizing transgender identity; (h) systemic and family factors; (i) harassment; (j) intrusion into bodily privacies; and (k) delegitimizing gender identity. Nadal et al. (2016) described how different emotional responses to microaggressions, such as discomfort, rationalising, and avoidance of certain spaces, are elicited and used to protect individuals receiving the microaggression. The stress that transgender people may encounter is given expression through the relationship between gender (as an important component of identity) and stress as articulated by the Gender Minority Stress Framework.

Gender & Identity

Gender's role in identity and marginalization is key to understanding the subjectivities of the individuals experiencing GBV. This factor does not stand alone and given the broader discussion on identity, it is imperative to understand how gender intersects across multiple levels of violence, leading to a hierarchy of exclusion.

The Gender Minority Stress Framework (GMSF)

As Tan et al.(2020) noted, psychological research can be cis-normative by presuming that the experiences of cisgender individuals apply to all people, including gender minorities. Meyer (1995,2003; as cited in Tan et al., 2020) initially proposed minority stress theory, which posits that stigmatised individuals in society (because of their social category) have an undue and excess burden of stress because of that social standing. Testa et al. (2015) adapted this framework, since transgender people experience unique stressors based on their gender identity and expression. The GMSF works to identify the types of stressors that affect transgender people and how these stressors are socially and institutionally driven. Through lack of acceptance and exposure to prejudice, Tan et al. (2020) note that transgender people become aware of their exclusion from social norms and may negatively appraise their identity.

In this model, transgender individuals' self-identification is influenced by three factors. The first factor involves (a) distant stressors in relation to gender identity, such as victimisation, discrimination, non-affirmation, and rejection (Testa et al., 2015). The second takes the form of (b) proximal stressors, which include internalised transphobia (the internalisation of social perceptions of transgender people that are negative). These negative expectations are observed through the anxiety about future distal stressors and concealment (non-disclosing of gender identity). The first and second factors are stressors that facilitate the stress level in gender minorities. The final mediating factor includes (c) resilience factors, such as pride and feelings of connectedness within the community. Limitations of this framework, as stated by Tan et al. (2020), include the homogenisation of transgender experiences across cultures,

racism, and classes by using broad terms for identity. While South Africa's constitution allows for certain protections for transgender folk, there is a climate of discrimination and violence faced by trans people particularly in disenfranchised socioeconomic areas. While legislation to protect transgender and queer people is certainly in place, this does not guarantee safety (da Luz Scherf et al., 2021). Given the importance of multiple levels of aggression, discrimination, and personal identity factors that underpin GBV in the context of transgender people, intersectionality is an important theme when considering the crossroads of identity and trauma. This is imperative in the questions of the study and of how transgender identifying people appraise risk of GBV.

Intersectionality

Intersectionality has proven helpful in addressing the overlaps in identity and multiple pathways of trauma mentioned above. The birth of the term intersectionality is attributed to Crenshaw (1989) who notes that she initially used this term as a metaphor in order to better understand and address the overlaps of differing social identities and how this may impact and create different experiences for those within these social identities through spatial and social constructs. Crenshaw (1989) coined the term to address gaps in anti-racist and anti-sexist activist rhetoric. The term has transformed in meaning over the years, leading to its use multidimensionally.

As a heuristic tool, Collins & Bilge (2020) expand on how identity and subjectivity can be reinterpreted and critiqued through a lens that provides more flexibility on the relevant categories such as race, sex, gender, and class while considering sociopolitical environments. A layer deeper, according to Collins & Bilge (2020), is to consider intersectionality as a paradigm, as a framework used to explore or create a model of exploring, understanding, analysing, interpreting and drawing conclusions about social phenomena. Intersectionality is thus a means of creating a system of thinking about these phenomena.

Collins & Bilge (2020) note how paradigmatic thinking using intersectionality has several elements within this model. Relationality, power, social inequality, social context, complexity, and social justice are the proposed constructs that guide critical inquiry through this lens. The principle of this is that systems of power relate to and build on one another. The interactions thereof, lead to inequality in an intricate web of interdependence. They further posit that where individuals or groups are found in these dynamic power structures impacts how these groups or individuals perceive and experience the world.

For this study, the exploration of experiences of a minority group such as transgender people requires that extensive consideration is held in the intersections of social identity, namely being a transgender person in South Africa from differing genders, races, classes, ages and the interaction of power structures both spatially and socially that lead to unique experiences of GD to provide a comprehensive understanding of the appraisal of GBV within this context.

Intersectionality elucidates how processes of differentiation or categories of difference (i.e. sex, gender, race, age) are embedded within society and construct social norms. These processes result in delineating groups as “other” and produce and maintain power differentials.

Intersecting categories of difference or collective identities, that are perceived as “other” often lead to negative social, physical and mental consequences for the bearers of the marginalised identities. Those who do not have these marginalized identities (dominant groups) are thus privileged within processes of differentiation (at the top of the hierarchy of value given to the group). Intersectionality is important to consider as it centres the embodied knowledge of marginalised individuals such as transgender folk (Wesp et al., 2019).

Intersectionality is valuable for understanding the hierarchical dynamics of marginalization, particularly within the context of hegemonic masculinity (Samudzi & Mannell, 2016). The authors illustrate this by examining the impact of intersecting factors in South Africa, where various masculine identities, influenced by colonial history and cultural institutions, contribute to

a hierarchy of othering. In the study, transwomen's experiences highlight the protective role of maintaining masculine features to avoid violence in communities, emphasizing the interconnectedness of trans-misogyny with hegemonic masculinity, cissexism, and transphobia (Arayasirikul & Wilson, 2019). Having described how the intersections of gender and identity through multiple levels of discrimination that provide a hierarchy of value on individuals, in particular ones who form part of the outgroup, It is important to discuss how this hierarchy is exerted through continuous traumatic stressors.

3. Traumatic Stress and GBV

I will be viewing the appraisals of trauma by transgender-identifying people through a lens of continuous traumatic stress, that I have formulated from the extant literature. A discussion on the various models of trauma available is required to adequately link how GBV shapes the phenomenological experience of transgender folk who have experienced and continue to experience this violence.

Continuous traumatic stress (CTS) was initially introduced in 1987 by a team of healthcare workers mobilised against apartheid in South Africa. This was to highlight the ongoing effects of trauma exposure (Hecker et al., 2017) (i.e., political violence – detention, beatings, threatened death, torture) as a signal to other mental health activists about the inadequacy of treatments geared towards past events and mobilise those in the human rights organisations (Straker & the Sanctuaries Counselling Team, 1987, as cited Straker, 2013). The conceptualisation of CTS has evolved, and as Herman (1992) emphasizes, the diagnosis of posttraumatic stress disorder (PTSD) may not be sufficient to capture traumatic stress presentations in all traumatic contexts, the evolution of trauma is subject to the given social and political context it is found in. They have identified chronic and traumatic stressors as an under-explored area in groups of people who are under the ongoing threat of violence and have impacts on the health and psychosocial coping of the victim.

Challenges to current conceptualisations of trauma

Trauma theory in the extant literature and the structure of PTSD seems to be contested by several authors. These scholars offer various reasons why theory and diagnostic criteria are problematic in understanding the nuances of traumatic stress and how its effects impact individuals (Kira et al., 2013). Current conceptual frameworks offer a narrow view of trauma exposure through its assessment, temporal constraints (i.e., when the traumatic event occurs, if it is singular, or multiple events), and focus on individuals while disregarding collective conflicts and dynamics as posited by Kira et al. (2013). The latter, pointing towards the lack of theoretical understanding of marginalised or systematically oppressed individuals, is where CTS finds usefulness (Eagle & Kaminer, 2013).

CTS responses to trauma are not accurately covered in PTSD criteria. For a diagnosis of PTSD or acute stress disorder, an individual must have previously experienced a traumatic event. This ignores the ongoing nature of CTS as a current or potential future threat (Kira et al., 2013). There are challenges diagnostically that would be encountered when applying the PTSD criterion to someone experiencing CTS, namely, being able to differentiate between peritraumatic symptoms (symptoms occurring around traumatic events) and posttraumatic symptoms (symptoms occurring after a traumatic event). Finally, continuous traumatic stress responses appear transient once there is an extended period where the individual is not at direct risk of harm (Diamond et al., 2010). These temporal components that differentiate CTS responses from PTSD and other trauma-related disorders aid in furthering the understanding of CTS as a construct that is linked yet distinct from these trauma and stressor-related disorders.

PTSD and constructs that indicate continuous traumatic stress or ongoing traumatic stress are not entirely separate concepts, and research by Diamond et al. (2013) indicates that there may be relationships between PTSD symptoms worsening or improving when there are continuous traumatic stressors or when those stressors subside (Goral et al., 2017). Critical understandings of the link between PTSD and CTS responses lie in the adaptive nature of the

symptoms. PTSD arousal and avoidance symptoms are related to memories of the events and consequent fear of the memory, whereas it has been proposed that the arousal symptoms observed in CTS are seen instead as generalised feelings of fear, anticipatory anxiety in the form of hypervigilance for ongoing threats, and avoidance symptoms being closely related to adaptive avoidance of realistic threat from the feared traumatic stressors (Diamond et al., 2013; Eagle & Kaminer, 2013; Kira et al., 2013). These indicate a form of adaptive coping rather than maladaptive symptoms of PTSD.

In contrast, Itzhaky et al. (2017) in their study of psychiatric reactions to CTS using the Hebrew version of the PTSD checklist and the PCL (DSM-4 version) (for measures of intrusion, avoidance, and arousal symptoms of PTSD), found that there was a variety of responses to continuous traumatic stressors. Abnormal and non-adaptive responses were found in participants who were exposed to continuous traumatic stressors, with these responses being more similar to a typical PTSD response. The study, however, used measures of PTSD in a population that did indeed experience traumatic events. Potentially, the scales do not gauge the adaptive aspects of what would be viewed as 'symptomatic' presentations described previously. As the authors note (p.99), the measures are limited in exploring the full extent of CTS symptomatology. Other qualitative studies, such as the study by Somer & Ataria (2015), found that psychopathological anxious reactions are because of safety concerns rather than in response to a memory of a traumatic event, corroborating Diamond et al.'s (2013) findings. This corroboration would imply that anticipatory anxiety and anxious avoidance are perhaps appropriate reactions, as opposed to symptoms observable in populations experiencing CTS. According to Greene et al. (2018), symptomatology in terms of CTS should shift focus away from the typical diagnostic criteria and instead point to practical measures of function. In these contexts, symptomology considerations should include impairment in various roles of everyday living and generalised distress.

Models of Continuous Traumatic Stress

The term CTS has been used interchangeably across some bodies of literature, with different conceptualisations of meaning ascribed. Generally, meanings span both the descriptions of the context of exposure to traumatic events and outcomes for continually exposed individuals (Pat-Horenczyk & Schiff, 2019). Models that conceptualise CTS take numerous forms; I will be discussing various models with a focus on the Developmentally-Based Trauma Framework (DBTF). This will form part of the conceptual framework for my research.

Herman (1992) introduced Complex Post-Traumatic Stress Disorder (CPTSD) to expand on PTSD, incorporating a wider array of symptoms linked to disruptions in self-organization, such as self-image, interpersonal connections, and emotional regulation. CPTSD, recognized in the ICD-11 (Cloitre et al., 2020), acknowledges the influence of early trauma on self-identity and focuses on chronic interpersonal stress. However, its limitations lie in the lack of consideration for intersectional constructs such as race, socioeconomic status, and gender identity, as well as its pathologizing nature. This diverges from the study's goal of gaining insights into how transgender individuals perceive gender-based violence amidst ongoing traumatic stress.

The Ongoing Traumatic Stress Response (OTSR), proposed by Diamond et al. (2010; 2013), provides a framework for understanding reactions to continuous traumatic stress, distinct from PTSD. Developed from observations in conflict-affected areas, the OTSR highlights adaptive responses to ongoing stressors, not exclusive to PTSD, but explaining responses beyond it. However, its application is limited to active conflict zones, lacking consideration for continuous threat exposure outside such contexts and how individuals appraise trauma therein.

The Continuous Traumatic Stress Syndrome (CTS) model, originating from Straker & The Sanctuaries Counselling Team (1987), initially focused on the mental health effects of political violence in South Africa. Described as a pathology, CTS necessitates differentiated treatment from PTSD. Eagle and Kaminer (2013) expand on CTS, emphasizing its contextual, current,

and realistically anticipated threat appraisals, particularly in the face of pervasive systemic oppression. Unlike Ongoing Traumatic Stress Response (OTSR), CTS includes a fourth component - the absence of protective systems from violence threats, often linked to failures in societal systems such as law and policing systems. This collective-focused model has limitations in exploring the individual impact of continuous traumatic stress and may face challenges in defining realistic threats within systemic violence contexts.

The Developmentally-Based Trauma Framework (DBTF) proposed by Kira and associates (2013; 2020; 2021) offers an integrative model for understanding acute and chronic traumatic stress, challenging existing psychiatric conceptualizations. The framework encompasses two dimensions, identifying emotional and cognitive traumas influencing an individual's development, including attachment and identity traumas (Kira et al., 2020). The second dimension considers the intersection of chronicity, temporality, and severity, categorizing traumas into Type I to Type IV based on the nature and intensity of the events (Kira, 2021). Specifically, Type III trauma within the DBTF provides insights into how transgender individuals may experience discrimination and trauma related to their personal and collective identity. This includes continuous traumatic stress over time. The DBTF also explores pathways of trauma, identifying interpersonal, intrapersonal, environmental, and systemic sources of stressors, emphasizing the power dynamics and dependencies present in traumatic experiences, particularly relevant to the discrimination and violence faced by transgender individuals. I believe this model aids in building a working framework for analysing and illuminating the phenomenon of CTS in terms of how trans people may appraise GBV. I will use this model along with theories on otherness, intersectionality, and the GMSF to provide a frame for understanding the phenomenon at hand.

An Integrated Theoretical Framework

GBV has the potential to manifest as both a systemic and interpersonal continuous traumatic stressor. This dual lens of traumatic stressors allows for a more comprehensive understanding of the severe effects on survivors of GBV. The nature of the traumatic stressors confronted by transgender individuals calls for a framework that incorporates both cumulative and minority identity-based stressors. This being said, current models of trauma do not adequately address the diversity of individual subjectivities and multiple dimensions of CTS.

As my theoretical framework, I combined aspects of the DBTF with GMSF models to conceptualise the qualitative aspects of GBV-related CTS that transgender individuals may experience. Intersectionality and otherness further add to this framework to gain a comprehensive understanding of this experience and guided the interview questions and analysis. The use of a framework that integrated the intersectional and nuanced pathways of trauma and GBV will allow for rich qualitative descriptions of the phenomenon in question.

The Study

This study aims to explore how participants experience and make sense of their own unique meaning of GBV. Most of the extant literature highlighting transgender people's concerns is mainly within the cultural and sociological realm. As I have explored above, the current conceptualisations of trauma and CTS do not adequately encompass the dimensions and levels of the pathways and experiences of trauma for the purpose of this study. The subjective psychological experiences of GBV and CTS and what meaning is made from the events surrounding these experiences are intricate and involve many levels requiring attention. I propose an integrated framework to guide the analysis of the study to fully capture and elicit a rich understanding of the phenomenon at hand. Research within this realm is significantly limited in a South African context. It is, therefore, essential to centre the South African perspective and critique in the analysis and discussion of the study.

CHAPTER III: METHODOLOGY

In the production of this research, I employed a phenomenological research design to explore the experiences and appraisals of transgender people on GBV-related CTS to guide my study. Phenomenological research aims to describe and explore lived experiences and has the potential to uncover meanings behind these experiences (Streubert & Carpenter, 2011). To study the appraisals of GBV-related CTS in a transgender South African population suggests a constructivist and phenomenological approach. Thus, my research calls for a qualitative lens to effectively explore the meanings of this phenomenon in transgender people and to generate a depth of data.

Research Question

In this study, I explore the complex interplay between gender-based violence and continuous traumatic stress and how individuals appraise these experiences based on their identity. Understanding these dynamics to better support those affected by these issues is important. My research questions are thus as follows:

1. How do South African transgender people at risk of GBV-related continuous traumatic stress experience gender discrimination and traumatic stress?
2. How do they appraise this risk?

Participant Group

This study initially consisted of six people identifying as transgender or gender nonconforming. My sample is limited to transgender-identifying people who believe they are at risk of gender discrimination and / or violence and who are over 18 years of age. For this research, I used snowball sampling. Snowball sampling is a purposive sampling technique where the researcher gains access to participants through identified participants and their available networks (Noy, 2008). This type of sampling method may result in the sample not necessarily being representative of an entire population. However, this may be the most effective method

of accessing the population I wish to study (Sharma, 2017), as transgender people are considered a gender minority and a small subpopulation within the broader South African population.

I recruited individuals through online platforms, such as Facebook and Twitter. On Facebook, there are numerous groups aimed at transgender people and their allies in South Africa, such as “Transgender SOFFA’s South Africa/Africa” or “Queer African Studies”. These groups served as a key platform for sourcing participants who are transgender and based in South Africa. The “share” or “retweet” feature on these platforms aided in increasing the reach of my call for participants. I also used referrals from other participants to recruit two of the study’s participants.

Data Collection

Instrument

I used semi-structured interviews to collect the qualitative data needed for this research. According to Barriball & While (1994), semi-structured interviews are suited to research where perceptions of concepts need to be explored. Interviews with participants included different components, i.e., informed consent, a brief biographical data section, a component exploring gender discrimination, a section on anticipatory stress and increased vigilance, and a component on the appraisals of the GBV-related CTS (see Appendix A). The questions exploring gender discrimination, anticipatory stress, increased vigilance, and appraisals are all structured to elicit answers that aid in understanding the appraisals of my participant group through the DBTF, as the questions have components of trauma over time. I used a deductive approach to the structure of the questions; this is grounded in theory from my initial literature review. The aim of this is to understand the responses to this trauma. Semi-structured interviews allow for probing (Barriball & While, 1994, p.331), which aids in the reliability of data collected from the interviews.

Procedure

My research calls for an exploration of participant perceptions. I conducted interviews over three months. This extended period was because of a limited number of participants responding to the study. I conducted the interviews over the communications platform “Zoom” and lasted between 48 minutes and 2 hours. The flexible structure of the interviews allowed the researcher to capture the unique insights of participants. Each interview was recorded on the researcher’s device and stored securely in a password-protected computer. I contacted the participant via phone when there were any disruptions to the interview. The interviews resumed via Zoom once a stable internet connection was attained.

Data Analysis

The primary data analysis for the semi-structured interviews is Interpretative Phenomenological Analysis (IPA) and is defined as follows:

“IPA requires a combination of phenomenological and hermeneutic insights. It is phenomenological in attempting to get as close as possible to the personal experience of the participant but recognises that this inevitably becomes an interpretative endeavour for both participant and researcher. Without the phenomenology, there would be nothing to interpret; without the hermeneutics, the phenomenon would not be seen” (Smith et al., 2009, p.37).

Thus, IPA emphasises the description, exploration, and interpretation of subjective experiences of the target group. This was used to code important themes resulting from the interviews. After transcribing the interviews, I applied Interpretive Phenomenological Analysis (IPA) to cluster related themes and relationships to employ two layers of understanding.

Four steps of analysis were applied to robustly analyse the data. The first step of analysis for this study was a process of repeatedly reading the transcripts in order to immerse the researcher into the data at hand (Smith et al., 2009). The second step of the process and initial layer of meaning included highlighting comments in each of the transcripts that appeared

significant and adding annotations of the researchers' initial thoughts of what the significance of the comment was. The researcher observed and noted how the participants describe experiences of traumatic stressors and sense of threat and how they appraise this concerning their transgender identity. These observations were done in context of each participant's biographical information and socioeconomic circumstances. In the third step, initial themes were then noted according to recurring ideas that came up in each transcript. The researcher highlighted themes according to data that not only recurred but also provided a rich illustration of experience (Smith & Osborne, 2008). The second layer of meaning is the researcher's understanding of the participants' appraisals using the DBTF and GMSF as guides in interpreting this experience. The fourth step in the analytical process was then to extract the themes from each transcript and then interpreted with a broader lens of what each theme represented in the wider sense of the study, drawing overarching interpretations of the phenomenon (Smith et al., 2009). In highlighting general and unique themes in superordinate and subthemes that apply to the study as key findings, careful consideration of each theme was taken in order to have a cohesive and integrated understanding of what participants said linked to the researcher's interpretations thereof.

The use of IPA is valuable in being able to extract subjective accounts of lived experience, being sensitive to facets of experience such as emotions, beliefs, and motives as a prime focus of the research.

Ethics

Several critical ethical considerations, consistent with those highlighted by the American Psychological Association (2017), were upheld during my research:

The first principle is beneficence and non-maleficence (Safeguarding the welfare of participants and doing no harm). In line with this principle, an advantage of participating in this research is giving gender minority people a voice in psychological research and adding to the literature on

trauma within transgender communities. Given that the participants of this study would be classified as vulnerable because of their exposure to trauma, the risk category is high. A disadvantage of participation in this study is the potential risk of distress that the participant may experience. To ensure the safety and well-being of participants, an external psychologist was on standby throughout the research period to provide containment or debriefing whenever needed, at no cost to the participant. In order to minimise any negative impact on the research, participants were informed that they had the option to choose not to answer any questions or withdraw their participation at any point without facing any consequences. They were additionally offered psychological assistance should they require it from pre-identified healthcare resources such as OUT, who provide free health and psychosocial support services to the LGBTQI+ community. The Emthonjeni Centre at Wits had agreed to provide free counselling services to the participants of this study.

The principle of Fidelity and Responsibility – During the study, I aimed to uphold professional conduct, clarify my role as a researcher and accept professional responsibility to the community I am researching and society. I gave the participants a participant information sheet listing the study details and signed informed consent forms afterwards. This would include consent to be recorded with only the audio recordings kept, that the participant's anonymised information provided may be used after the study for academic purposes, and that I may use anonymised quotes in the report of the study. In the writing up of the study, I allocated each participant a pseudonym.

Thirdly, the principle of Integrity requires that I, as a psychological researcher, promote accuracy, honesty and truthfulness while conducting research. In doing this, I aimed to answer questions participants had honestly and informed them of the research objectives. During my research interviews, I anticipated encountering individuals who have experienced past traumas and that this may cause some distress. I informed all participants as such. I also informed the

participants of the questions I would ask in the interviews.

Further, justice requires that I, as the researcher, promote equal access to research and quality in research. While conducting my research, I aimed to treat all my participants equally and provided the option to view the outcome of the research. As the researcher, I aimed to be informed of the best research methods with the utmost professionalism.

Finally, the principle of respect applies to all participants' dignity and worth, while ensuring privacy and confidentiality. One way of ensuring this principle is through the safekeeping of participant information and data through coded files that are encrypted and password-protected, as Horn et al. (2014) suggest. This includes audio recordings, interview transcripts, and identifying information. There is no identifying information about the individual participants in the final published research; this is done using pseudonyms for each participant.

To ensure the protection of participants in the study, this research project conformed to the Human Research Ethics Committee of the University of the Witwatersrand guidelines outlined for high- risk studies (Protocol number: H21/06/23) before any interviews were conducted (see Appendix E).

Reflexivity

While considering my positionality as a non-transgender researcher, I understood that I needed to be aware of my bias. As Tan et al. (2020) note, much of psychological research in its conceptualisation and presumptions assumes normativity along cisgender lines. I attempted to be cautious of not making assumptions about gender identity that are normative in my questions and interpretations of research. While I understand myself to be a feminist, queer-identifying, and transgender ally, I consider it essential for me to educate myself further to eliminate the blind spots I may have as an active researcher. I engaged actively with individuals who are a part of the transgender community and the current literature to be sensitive to any potential bias I may have had (Horn et al., 2014).

Another consideration in the procedure of the study was my own education level and socio-economic status, which had a potential influence on how the study was conducted. An example would be choosing to host online interviews, which may be a simple process for someone with my background but may be difficult for people without exposure to online platforms or fewer resources. During the study, I attempted to remove barriers to participating in the research by offering multiple platforms to participate and assisting individuals with instructions on using the platforms.

CHAPTER IV: FINDINGS AND DISCUSSION

A clear overarching theme of “The Other” appeared to be a poignant and common theme amongst this study’s participants. While one cannot use the experience of six individuals as a paint-by-numbers guide to the experience of GBV and CTS and how transgender people report on these experiences, the participants of this study’s experiences represent phenomena that occur in their contexts. What ties these experiences to one another is that, in some shape or form, the experience of these transgender individuals connects on different systemic and phenomenological levels.

Below is a representation of the breakdown of the emergent themes of this study. The theme of otherness is the superordinate theme that organises the understanding of how the participants appraised GBV and CTS. The process of othering follows a logical sequence to reach the phenomenon of otherness. I will expand on how this theme is constructed through the input, maintenance, and effects of otherness. Using these themes, I will illustrate the appraisal of GBV and CTS as experienced by the participants in this study.

Otherness							
Input of Otherness		Maintenance of Otherness		Effects of Otherness			
Intersections of Adversity – The Other		Trauma and its Pathways - CTS		Liminal Space – the Spotlight		Responses to GBV	
Intersectionality	Social deviancy	Bars, Bathrooms and Boardrooms - Exclusion	Violence	In/Visibility	Intrusion – “You look like a dude, where is your penis?”	Adaptive	Maladaptive

Table 1 - Themes

In the discussion of the findings, I will be using pseudonyms for each participant. I have provided a breakdown of some biographical information of each participant. This is important in illustrating the interplay of context with identity and trauma to be discussed.

Table 2 - Participant Pseudonyms

Participant No.	Pseudonym	Pronouns	Race
Participant 1	D	Transman He/ Him	White
Participant 2	M	Transwoman She/ Her	Black
Participant 3	S	Transwoman, nonbinary - She / They	Coloured
Participant 4	P	Transwoman – She / They	Coloured
Participant 5	A	Transman - He/ Him	White
Participant 6	T	Transmasc Nonbinary - They	White

Otherness

The phenomenon of otherness is a complex interacting system of factors that ultimately lead to experiences of not belonging, of violence, and a continuous system of managing one's perceptions thereof. The participants of this study illuminate their direct experiences of this system. The phenomenon of Otherness consists of input, maintenance, and effects that interact to construct this phenomenon.

Below is a diagram illustrating the phenomenon of Otherness. This system requires an input of foundational identity factors (subthemes) that construct the other, such as social deviancy and intersectionality. These themes provide intrinsic elements in the production of otherness. Factors that appear to maintain and reproduce the experience of otherness were found to be exclusion and violence. These make up the subtheme of CTS. Finally, the resulting effects of being othered being Liminality and Responses to GBV. The input, maintenance and effects all have an influence on one another.

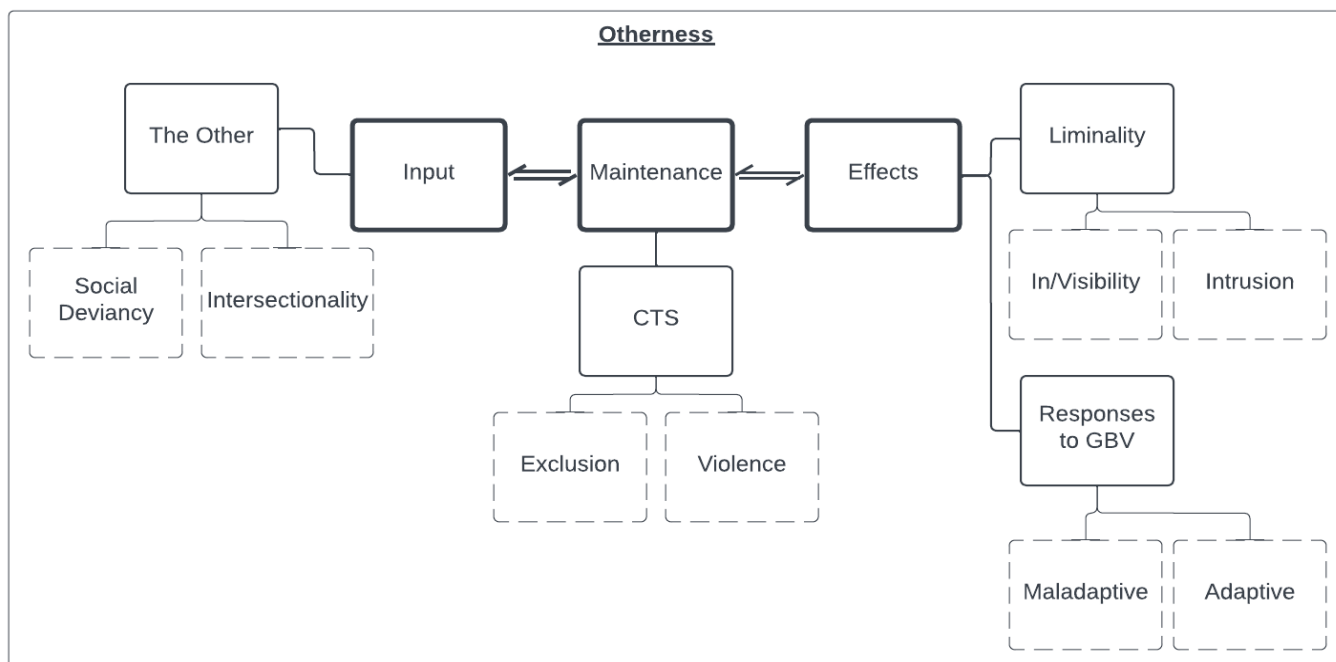


Figure 1 - Otherness

Intersections of Adversity - The Other

The concept of the other discussed in the literature review has strong roots in the experiences of the participants of this study. These roots are grounded by personal and / or collective identity evaluated as deviant, and intersectional factors that provide context to group membership.

For M, there is a sense of surprise that despite current social discourse, transgender people continue to be othered in society:

“It’s 2021 - Surely, by now things will have changed, but unfortunately, when you have entire cultures that are still so predisposed to behaving like that or treating each other like that. And when women also themselves or people of a specific gender, regardless of their gender are accepting that is the norm, I think it just makes it more difficult, because then it’s almost like saying that it isn’t a problem, or that the problem doesn’t exist.” - M.

She links this distancing from dominant culture to a lack of understanding of transgender issues and cis-heteronormativity in socialising from a young age. As mentioned in the literature review, the experience of otherness is linked to a sense of deviance or difference through the stratification of status afforded to certain groups (Barmaki, 2021). Gender identity norms being socialised are supported by Tan et al. (2020). Tajfel & Turner (2004) further expand on social identity theory and explain the sense of otherness because of one’s ingroup or outgroup status, leading to discrimination against the minority outgroup.

To fully grasp the qualitative experience of otherness, one needs to explore the dimensions of being and feeling “other” as the participants of this study experienced. I will expand on these dimensions and how they link to the experience of otherness.

Intersectionality - Privilege and its Crossroads

Intersectionality is important to consider with this participant group. They hail from significantly different racial, gender, physical ability and socioeconomic backgrounds, leading to intersecting social identities that may lead to more or less marginalisation.

Accumulation of more marginalised identities creates a spectrum of otherness when viewing intersectionality within the parameters of this study. Participants closer to the cis-hetero-normative models of social structure are closer to being considered a part of the ingroup than others. Transgender women appear more vulnerable (Krell, 2017). Transgender women of

colour particularly are viewed as more “other”. For the participants of this study who did not identify as transgender women, there appeared to be a level of guilt and gratitude for the social space they occupied. This was around being less vulnerable as compared to their counterparts. The transgender women participants all expressed significant fear for safety in various social spaces compared to transgender men and transgender-masc counterparts. This implies a hierarchy of value given to individuals more masculine (Harrison & Michelson, 2019; Samudzi & Mannell, 2016) on a spectrum of gender identity.

Othering can culminate along with multiple social identity variations. Race, gender, age, ethnicity, and disability are all intersecting identities that the transgender participants held. Some participants expressed othering due to their transgender-ness. However, the cumulative effects of these intersecting identities appeared to place weight on the level of othering they experienced within society. This contributed to varying experiences and GBV. These intersections, on top of patriarchal and cis-het social norms, still endure in many communities. In speaking of these intersecting identities, D spoke of how he previously identified as a lesbian woman.

“A lot of my issues around employment are rooted around gender and mainly about sex...around sexuality. So when I was feminine presenting but identified as a lesbian woman it was difficult to find employment and then, as a nonbinary person. I just kind of left it out and I just went with “yes okay I’m female just leave me alone; can I just have a job please” - D

He found it seemingly more challenging to find employment during this time than when he “came out” as non-binary and eventually transgender.

A spoke to his views of his privilege as a “passing” white male. Due to this social identity, he believed it afforded him more safety, less violation and scrutiny from others. He noted how his “world exploded” when he was accepted socially as a white male. A’s interactions with previous women and men friends had shifted. He felt he was less included in the spaces he once was when he previously identified as a woman, and conversely, he was given more insight into how men socialise and discuss women. This was eye-opening for him. He noted how his outsider status gave him a perspective that is not often available. When discussing his privilege, A noted, “I think I got the lucky end of the transgender stick”. While A is still an “other”, on a spectrum of otherness, he is closest to the ingroup in terms of his positionality. He elaborated on this bittersweet statement, saying that his male presentation afforded him more safety in public spaces. He feared less and was harassed less often. A spoke to an awareness of his

whiteness, also offering a layer of protection in social spaces. This is particularly true with his knowledge of how transgender people of colour have described their interactions in the world.

All study participants who are white indicated how they had heard stories and seen media about the dangers of being transgender women of colour. There was a common acknowledgement of how “things could be worse” should they have had that identity. Having privilege within a marginalised group appeared to carry some guilt for these participants. The guilt results from not experiencing traumatic stress to the same extent as others within the transgender umbrella. Their positionality placed them within a frame where they did not fear similar threats of GBV as their counterparts. *“I think, in general, I would say that transgender women and feminine presenting transgender people are or would be more exposed to GBV” – D.* The experiences of GBV of the participants varied; however, it is noted that there was a resounding fear of physical safety that was described as a daily occurrence, particularly for participants who were transgender women of colour. This fear increased for participants who were lower in socioeconomic status. P described her fears of most public spaces in the township where she lived, where violence seemed more unpredictable than in middle-class areas.

Advocacy groups. Advocacy groups who share some intersecting social identities are noted also to uphold cis-centric hegemonic social structures. T described this phenomenon:

“And if we look at the resources that go into organisations that cater for cis women who are survivors of abuse, if we look at the resources that go in to cater for perpetrators of domestic violence and other forms of GBV. To ciswomen, yes, okay, that is great and it’s important. But I believe that that kind of stance creates a very explicit barrier for members of the queer community”.

- T

T’s description of discrimination in terms of resources allocated to survivors of GBV illustrates the cis-centric hierarchy. How it seemed in organisations meant to serve a purpose of aiding people who have survived GBV, the closer one is to cis-heteronormative identity, the better assistance one will receive.

“But I would definitely say my definition of GBV is broader than the cis-het people who experience it, and that they have a form of privilege in how they can receive support for what ills and harm have been done to them. Whereas if a lesbian goes to the police station, and says my partner beat me up. We have

seen in so much research and reporting on hate crimes, that she will be turned away, she will be laughed at. She will be asked how could you let a woman do this to you? But the same is true for relationships between men. And definitely, you know, when you have somebody who is in the transgender community, in any variation of not being cis, there's so often like a sense of confusion and hesitance - How do we do this? How do we go there?".? You know, this job is for other people and my point is that it ends up being this job other people". - T

Transmisogyny. An essential factor to consider is transmisogyny (Serano, 2007). This violence targets transwomen but affects transwomen of colour to a larger degree (Krell, 2017, 2017). It integrates masculinity and whiteness in the erasure of transwomen of colour through universalising whiteness, middle-class status, restricted sexuality and cis-het gender norms. This may lead to multiple risk factors, such as vulnerability in terms of economic and psychological factors, through the disadvantaging of transwomen of colour. Hegemonic masculinity centres the “successful” masculine and highlights the believed degrading of “failed” masculinity and “illegitimate” femininity (Jewkes et al., 2012; as cited in Samudzi & Mannell, 2016).

A described how his relationship with masculinity removed him from his ordinary beliefs:

“And so you find yourself on the other edge of your belief system, completely on the other edge, it's like, it's very difficult to realise that you are doing something that you find to be heinous. It's... you become ashamed of yourself. I realised, you know what? I'm an abusive partner. You read about all those men who hit their partners. And women who are in abusive relationships - I am that other person, I am that person who is putting a woman in an abusive relationship. And that is difficult to swallow. And so that's why I need to work on that kind of stuff”. – A

Through A's description, he appears to have embodied toxic masculinity, leading to physical violence. Toxic masculinity is a construct where patriarchal beliefs are sustained by subjugating the feminine and maintaining the status of masculinity (Harrison & Michelson, 2019). They further describe that, through toxic masculinity, challenges to masculinity are destroyed. A's violence towards his previous partner cannot be overlooked in exploring social identities and how they interact. His social identities as a white and cisgender-passing man / masculine

person are contained within othered group status. The former may hold him in a superior position compared to other transgender individuals. There is perhaps an element of pressure to gain social mobility, and potential threats to his self-identity may have led to this violence. This also describes the ingroup status of masculinity in IPV, the cyclical nature of trauma, with A describing previous traumatic and physically violent experiences directed towards him.

The above experiences illustrate how varied these experiences may be, even if participants share some social identities. The experience of otherness and GBV have many lenses through which to view it, with a continuum of exposure to traumatic stressors.

Social Deviance

To be an “other”, individuals must belong to an outgroup. This outgroup membership is because of perceived social deviance away from the dominant group. M described a sense of betrayal and rejection from cisgender women, particularly women of colour. Non-support from this group was painful for her. She viewed her position as a transgender woman of colour as similar in the gender-based violence she would experience, much like cisgender women. The isolation from this community contributed to this concept of otherness. M is a transgender woman with unique GBV experiences because of her gender identity. There are also similar experiences of IPV and GBV that she has experienced that would ordinarily afford her ingroup status, which she felt was ignored because of her transgender-ness:

“And you ask yourself, these are the same cis women who asked for our support during their marches during their 16 days of activism, but then when the tables have turned, they don’t support us and it’s sad, because we’re all going through the same things and we’re all experiencing life the same way. Unfortunately, for us, it just happens to be worse. Because we get it from both men and women, you know, and we’re basically alone” - M

Intersectionality and social deviance are illustrated above to make up the grounding factors of identity, factors that contribute to the identity of the “other”. This forms the foundation for the experience of otherness. I will continue by expanding on the maintaining factors that contribute to the continuing of the experience of otherness.

Bars, bathrooms and boardrooms – Exclusion

“The more often it [injustice] happens in a space that I experience prejudice, even if it is on the basis of exclusion, the more adrift I feel from the party that is

excluding me. And when that party has a sense of cohesion, and pride and unity, I've consistently felt like the other". - T

Exclusion forms an integral aspect of the phenomenon of otherness. Forms of exclusion that transgender people experience include (a) structural and (b) social exclusion. Individuals face barriers within systemic and institutional structures, known as structural exclusion (Hereth et al., 2021). These structures include barriers to social services and constructs, such as healthcare, housing, education, and employment. Social exclusion refers to an individual's ongoing isolation from society, whether through physical or psychological means (Wesselmann et al., 2022). This isolation may take the form of diminished social capital and microaggressions.

Structural Exclusion

Throughout the interviews, participants discussed the idea of how specific spaces represented a distancing from society, a proverbial "mean girls' club" of cisgender normativity. This club seemed to create exclusive and unavailable spaces for transgender people, leaving transgender individuals with a fear of explicit and implicit violence.

Spaces may represent safety or danger. These contrasting spaces elicit various responses from my participants, such as anxiety and frustration. To the participants of this study, structural exclusion was pervasive, particularly in areas that may be perceived as gendered or have preconceived notions of gender roles or expectations to conform to prescribed gender boxes. Effectively, this exclusion may lead to transgender people being excluded socially, economically, and spatially.

All participants of this study spoke about the fear of violence and humiliation surrounding the use of public facilities, namely gendered bathrooms, health care services, police stations, and public transport, at different phases of transition. This would lead to avoidance of essential services. Participants described how they would rather avoid these spaces and face the consequences of potential health risks or unreported crimes rather than utilise facilities where they may face discrimination. This may lead to feelings of worthlessness, otherness, rejection and inhumanness.

Transgender youth are at risk of experiencing structural exclusion through discriminatory practices at sites of education (James et al., 2016). S discussed how she was suspended from her school as head prefect, as the school technically did not recognise her gender identity, and leaders insisted on her following the school's code of conduct, explicitly surrounding male

students' appearance. This led to significant distress for S, where she mainly had a clean conduct record and was excluded from academic activities because of this discrimination. McGuire & Conover-Williams (2010) describe how schools are often a challenging environment where structural exclusion may be a common experience for queer youth, which is in line with S's experience.

T has struggled with their identity and accessing government services. They described how they feel alienated by the government by trying to change their gender marker and name on their identity document. This has led to their ID number being blocked by home affairs without recourse for multiple years. At the time of the interview, they were removed from their right to vote. They could not travel outside the country or access various social services. This removal from the system has left T othered but also in a state of liminality - a citizen of this country, yet not. They described this othering as administrative violence. In line with this, S described how structural exclusion impacted her ability to find employment and access gender-affirming healthcare when asked about the discrimination she has faced because of her gender identity:

"Yeah, so I realised that, like, it's more harder for us to get jobs because the thing is, with gender markers being not yet changed, we identify as female, but then our ID's will say we are male, and that's where companies or places will discriminate against us and will also not use our preferred name. Like my preferred name is [name] and my legal name I also put in my CV and it says legal name is [dead name]. So, you know, that's where the discrimination will come. Also it's hard to get access to health care that would actually help you to transition to the person you know, you are". - S

P described how her experience of access to police services is one of exclusion because of peers' experiences with police:

"In most cases, you don't even feel comfortable to go and report incidents. Because, like, we don't want to, because of the reaction you might get even from the people who are supposed to protect you.

Researcher: What sort of reaction would that be?

P: Like, I have a friend, a close friend I know personally, she went to go report an incident. And she's transgender as well. She was in a physical altercation with her boyfriend, and she came to the police station, and she was bleeding,

and they literally told her to wait. And as she was waiting, she heard the police officers, two men behind the counter, talking about her and laughing at her for being transgender. By the time when they eventually helped her, it was past curfew already, and they literally told her that they don't go into that area after curfew. So she literally had to walk home to a friend's place, she couldn't go back home because she and her boyfriend stay together". - P

Through structural exclusion and stigma, P is aware of how people in her ingroup who carry transgender woman status may be excluded should they attempt to access vital resources allocated to society at large but covertly inaccessible to transgender people. Transgender people are at higher risk of discrimination in public institutions and are less likely to access these services because of this risk and fear of violence (Grant et al., 2011; Wirtz et al., 2020 James et al., 2016; Richmond et al., 2012). Previous research by Langenderfer-Magruder et al. (2016) shows a common theme of negative experiences with the police. Interactions with police often lead to a lack of acknowledgment that the violence had occurred and thus low support from the police.

Toilets. Participants of this study would avoid areas such as public toilets. Jones & Slater (2020) aptly describe how the concept of gender can be abstract; however, public toilets seem to solidify and delineate the construct through infrastructure and the surveillance thereof. They discuss how toilets are cited as safe spaces for cisgender women in “gender critical” studies and how they provide a space for the learning of gender. An additional layer to the structural exclusion is through means of misgendering, which, according to the authors, intentionally and violently position transgender women as imposters or deceitful (Ahmed, 2016; as cited in Jones & Slater, 2020). D describes the fear he experiences in public restrooms:

“I no longer like using public bathrooms because I'm just like - there's too much anxiety for me to deal with it.” ... “I don't feel safe if I'm around too many people that I don't know”. - D

M echoed these sentiments and described how she was once directed to use a bathroom stall intended for disabled people:

“The manager told me to use the disabled people's bathroom. And I said, I'm not disabled, I'm an abled body; me using the disabled people's bathroom makes it seem as if as a disability I don't”. - M

M continued to discuss her fear of being raped or sexually assaulted if forced to use the men's bathrooms. She described how her fear of using public toilets resulted in her developing recurrent bladder issues over the years in her avoidance of public restrooms. When asked if there were situations she felt unsafe (particularly as a transgender woman), S had similarly experienced significant distress at the thought of using public bathrooms. She described different safety precautions necessary for her to feel somewhat safe, such as using a stall that has a lock and trying her best to use the toilets when no one else is in the bathroom. S's fear and anticipation of violence are recurrent and often contribute to her ongoing stress as being visibly transgender. The experience of using public bathrooms is terrifying to her because of her perceived social vulnerability in this space. P has had a previous experience of being mocked for being in a "male" bathroom while transitioning. This experience left her feeling tremendous shame, resulting in her crying and avoiding male bathrooms. P noted how she still experiences strange looks from other toilet users when using "female" toilets.

The experiences above show how public physical spaces and institutions can transmit discrimination and othering by excluding the participants due to gender identity. Samudzi & Mannell (2016) describe how transwomen are denied access to spaces that are known as "women only" because of due to their membership to womanhood is gatekept and questioned.

Policing and governing of public bathrooms require one to be socially legible (identified as ingroup) and coherent with social norms (Jones & Slater, 2020). Toilet spaces thus become restrictive and physically dangerous to transgender bodies. With participants explicitly stating their fears surrounding physical violence in public toilets, we see the continuation of traumatic stress of daily living in the public sphere for the participants of this study.

The example of structural exclusion serves to maintain the phenomenon of otherness through continued exclusion from public spaces and social structures. Creating physical social barriers. Less tangibly, social exclusion will be discussed in terms of the perpetuation of otherness.

Social exclusion

Community is seen as a mediating factor against adverse mental health outcomes. Greene et al., (2018). Being part of a social group with status has additionally been described as a drive when considering theories of social identity (Tajfel & Turner, 1979; as cited in Islam, 2014). Social exclusion through various community social groups such as family, friends, church, and work colleagues - is a theme that appeared upon attempting to understand the participants' experience of GBV. D spoke about how he admired religions; however, he often had negative

experiences with religious social groups.

“It’s always about ‘how dare you?’. ‘How can you live with yourself?’, ‘Who do you think you are?’, ‘God gave you one body and now you’re changing it’. - D

He went on to describe how other social groups, such as parents or caregivers, excluded him socially:

“And in terms of people with children, I think when the ones who don’t understand... They try to protect their children from you as if you’re going to hurt them or harm them in some way. There was a children’s home that I wanted to volunteer at, and they very politely said to me that they don’t feel comfortable with me being around the children because these children have been assaulted and molested and whatever... You know for me, because I’ve been through that, that hurt a lot, because I would never ever do that to someone else, but...I mean, again, people, I suppose, don’t understand or don’t want to understand”. - D

D’s experiences of social exclusion are shared with many of the participants of the study. S described the loss of her relationships with close family members, such as her father and siblings, because of her queer identity. She also described how she was removed from other social support systems that were important to her, such as church:

“It’s also the church I went to, I actually encountered discrimination at that church because at that time I was I came out as gay. I was told that I am not allowed to, to sing in the band. Because they want to “protect” me. So, I left that church and that’s also where I started questioning my religious beliefs”. - S

Similarly to S, the church was an important space to P. She described how she was publicly shamed in church:

“I stood up in front of the congregation to tell them, Listen, this is my journey. I no longer identify as he, I identify as she. This is my pronouns, or this is my name. And I would really appreciate it if everyone stopped referring to me on this name, and not refer to me as a male anymore. I’m not asking anyone for acceptance, but I just ask for respect. Because I respect first and foremost, I respect each and every one sitting here and standing here behind me. So that was a big blow up like, while the service was on, people started standing up

and telling me like, they never gonna accept it and this is wrong and it's not happening, they're not going to be in a church where people like myself or was possessed by demons are gonna, they're not gonna allow to be in the same space as I was. Literally half of the church left the church that Sunday and it literally killed me". - P

P describes intense emotional distress at her congregation's responses to her request to affirm her gender identity. She had thought of herself as part of this social group, and once P highlighted her difference from this group, she found herself othered amongst group members. This experience was incredibly isolating and disheartening for her. When asked about how she felt about the loss of her social connections when she came out as transgender, P described the hurt she experienced as a result of this loss:

"Sad, I cry a lot. I am such a... I cry a lot when I'm alone, I cry a lot because like, I think I get into my mind a lot, I think about the people who left because of me coming out, people I was super close with. So it really hurt, it cuts deep". - P

T questioned why there were no consequences for family members that disowned queer people and rendered them homeless. They discuss how through their advocacy work; they are aware of the significant need for shelter queer youth require. The lack of legal avenues and social support for queer-identifying individuals is frustrating for T. Shelton et al. (2020) add credence to this statement (even though the statistics are not specific to a South African population). They describe that trans youth are at risk of homelessness.

A described the use of microaggressions to hold power over him:

"My mom used to use my - she used to use my name as kind of like a privilege system or like a reward system until I alerted you to that in the way that you know, if you're upset with me that does not give you the right to call me [dead name]". - A

A's mother had enough power in her ingroup to use microaggressions to exert power over A. Using this method of punishment indicates how A's identity was not viewed as fixed but rather negotiable. A was othered through how easily his self-concept and autonomy to self-identify were removed through processes of parental power and microaggression. The use of the power to "delegitimize" A's gender identity is an important and unfortunately common

experience of transgender individuals who experience microaggressions (Wesselmann et al., 2022; Nadal et al., 2016). This also aligns with Testa et al. (2015), who described this type of aggression as proximal stressors that lead to adverse mental health effects.

Internalised transphobia. “A” described not wanting to be part of the transgender community:

“I haven’t sought out any transgender community in a way because I don’t want to be part of it but at the same time, I do want to be part of it because I want to meet people that understand how I feel. Because it is lonely because people don’t understand”. - A

He pointed out how isolating from others it can be if he does not actively participate within the transgender community. He did not want to form part of the community, as he was uncomfortable with the idea of being seen as a transman out of fear for his safety. S expressed how she has internal conflict because of her negative experiences within her social systems:

“I feel like, deep down, there is still things that I need to figure out and deal with. Because I will look at myself in the eye and be like you’re not a woman”. - S

As mentioned previously, stigma and othering effectively work against one’s concept of self and self-esteem (Tajfel & Turner, 2004). The effects of exclusion may be seen as the experience of self-hatred. Testa et al. (2015) describe internalised transphobia as leading to adverse mental health effects. It has been previously noted (Grant et al., 2011) that exclusion is recognised as part of transgender people’s societal experiences, which may lead to survival tactics such as sex work or engaging in illegal activities to survive. The result of social exclusion leads to increases in negative emotionality, feelings of devaluation, alienation, helplessness and, at times, suicidality. Exclusion and violence in this context are thus processes of othering and separating transgender people through physical and social spaces. These will be expanded on in “Responses to GBV”.

Trauma and its Pathways – CTS

In the analysis of the data, it was found that the maintenance of otherness is perpetuated by continuous traumatic stress factors. The traumatic stress experienced regularly by the participants is supported by literature that describes how transgender people face multiple forms of this stress Richmond et al., (2012).

Violence

A poignant subtheme of this study is the enactment of physical, emotional, or financial abuse upon the participants. P described how two men raped her because of her transgender identity:

“A few years ago, I was I was raped by two men. And they basically wanted to make me straight. They want they wanted to, to, or what they said was “because you say you’re a woman. Let us show you what do we do with a woman like you. So that happened a few years ago, I was with a friend, and luckily, she got away because I was fighting so that they don’t hurt her, and then they ended up violently raping me. And I never reported that situation”. - P

P’s experience of extreme violence directed towards her left her feeling extremely violated and hopeless. This trauma she experienced directly attacked her gender identity and resulted in extreme psychological distress. M described how she was violently dragged by her hair in an argument with an ex-romantic partner. A had a harrowing experience of violence in police custody:

“I flew into the air and hit the wall behind me. I’ve never been hit that hard in my life. I couldn’t stand up straight, I thought I was going to vomit. I couldn’t see anything. I couldn’t hear anything. There was just ringing in my ears”.

“So basically, he then proceeded to threaten to rape me and walked me an’ forced me into the direction of the bathroom, you know. At this point I was crying, and then he jumped back and then he laughed, and they were all laughing, the warrant officer included”

“I had written out my statement and everything and the police that took my statement was not very knowledgeable about transgender issues and spoke very, very loudly using genitalia terms so that the whole police station can ‘ear it. And I just wanted to sink into a hole”.’- A

A’s experience of interpersonal violence was also because of the direct stigmatisation of his gender identity. When confronted at a police-stop in the future, A described his terror at reliving this experience: *“I got so anxious and scared that I actually fainted, to be quite honest. Which was really embarrassing”.*

The participants’ experiences of violence because of their gender identity give insight into the extreme forms that GBV may espouse. In this, we see how otherness interacts between input

elements of otherness (transgender identity), maintenance of otherness through violence, and the effects of otherness leading to extreme psychological distress. The participants' appraisal of this seems to illuminate how the experience of otherness from intimate partner violence, interpersonal violence and systemic violence may result in severe distress and adverse mental health effects. This will be elaborated on under "Responses to GBV".

The traumatic stress experienced regularly by these participants is supported by literature that describes how transgender people face multiple forms of this stress regularly (Testa et al., 2015; James et al., 2016; Richmond et al., 2012). T noted how they experienced the accumulation of these stressors:

"I went through a gap in employment in 2015 when I came out as being transgender. It was a particularly difficult period, because I received transphobia from one of my colleagues, who then didn't renew my contract. And so that put me in a very difficult position because just prior to that, I'd come out as being transgender to my mom, and she had reacted very badly. I would say that would have been the first incidents of like prejudice or gender-based violence that was focused specifically on my transgender identity. And she really got out of control. She threw things at me, and she got violent. She screamed at me, and then she told me I couldn't live with her anymore. And that was one of the hardest things that I faced in coming out as being transgender to different people". – T

T experienced multiple traumatic stressors such as job loss, transphobia, physical violence and isolation from their family, and homelessness. As discussed previously, trauma proliferation theory (Pearlin et al., 1997, as cited in Kira et al., 2013) describes the cumulative effects of trauma and how they result in more traumatic stressors. T described experiencing a sexual assault by an individual known to their housemate at the time. They described how this changed their relationship with how they cared for themselves and their and resulted in poor mental and physical health. T described a sense of loss and isolation during this time. They felt unsafe in what was once a safe space for them physically (their home at the time) and socially (isolated from their community).

Exclusion and CTS are illustrated above as factors that maintain a sense of otherness. I will continue below to describe the effects of otherness. These effects are products of the initial identity factors and maintaining factors of otherness.

Liminal Space – The Spotlight

Liminality provides a base for understanding the participants' experiences. The implication of levels of an "in-between-ness", transitional, or ambiguous state of being that positions one between two seemingly well-defined states of being (Wagoner & Zittoun, 2021). In understanding the experience of liminality and otherness, participants spoke to their difficulty navigating social spaces while attempting to avoid discrimination due to their visibility or invisibility. This is emotionally taxing on the participants. Another concept the participants of this study had to navigate was their bodily autonomy.

Visibility vs invisibility

The concept of clocking at its core is observing individuals presenting as a gender that contradicts or is other than their assigned gender at birth (Smith, 2020). It adds to the concept of in/visibility. Some authors consider the term clocking problematic due to its cis-heteronormative stance that transgender people are required to fit social norms; otherwise, their gender identity is discredited. While there is an awareness of the contentions of the use of this term, in this research, it is used to illustrate the participants' experiences of this study and how this is an element of othering. Being "visibly" transgender in cisgender spaces can lead to danger or violence (Grant et al., 2011; Richmond et al., 2012). Being "invisible" or appearing cisgender provides safety to transgender individuals. However, this seems to add to a profuse sense that the individual is not seen for their unique qualities. The idea of being seen was pervasive throughout the interviews. This spotlight is linked to fear of victimisation, violence, and stigma.

Visibility, or lack thereof, is essential when considering the contributors to the phenomenon of otherness. An aspect of this is the risk of violence (micro and macroaggression).

Transitioning. The transitioning experience and how this is linked with the self's liminality in both visibility and invisibility. S expressed how invisibility during this period gave her a sense of peace:

"I'm very grateful for lockdown (not for COVID) [laughs]. But it also made me transition in peace, so to say, without the scrutinising of the world, people at the office, the people on my way to work, people in my day-to-day, people I bump into". - S

These visible spaces where she would have been perceived as "other" were circumvented.

This provided S relief from the spotlight of stigma and violence. She could move through states of being without the scrutiny of the public eye. D, who wished to remain invisible during his transition, might have appreciated this level of invisibility. D felt a sense of fear at the thought of his gender identity being seen as different from what he identifies as.

“I felt safer not saying, you know, I’m a man. It was actually a fear of mine. I used to be deathly afraid of people perceiving me as a masculine person”. - D

This was due to fear of being “outed” as transgender, particularly around the early stages of his transition. This recognition as not belonging to a rigid cisgender category is recognised by (Goffman, 2006) as a mechanism of avoiding social rejection. The fear of the consequences of stigma and otherness leads him to reject his group membership to avoid violence from others. Similar to D, A’s experience of transitioning adds to the phenomenon of liminality. He speaks to how there is a difference in the experience of fear or activation he experienced when he “completed” his transition.

“I must say, especially now where - I mean, my visual appearance is complete like no one will ever ask me, like, are you a girl or a boy? So, I think now it’s not a concern anymore because people don’t see a transgender person when they look at me now; they just see a guy”. - A

As compared to while he was still transitioning:

“There’s like an in-between stage where you get a lot of people ask you ‘are you a girl or boy?’ and then I did fear it. Or in certain circumstances where I was in a group of people that knew or something like that, and whose minds weren’t that open but not in a day-to-day situation in terms of, like, if I’m just walking down the street or anything like that, I think it’s a lot more difficult for male to female transgender people in that in-between areas stage because I think there’s a lot more prejudice towards them. Because it’s not okay to be a girl, but it’s okay to be a guy”. - A

A has reached a point of gender parity in some ways; however, while he was still transitioning, he experienced a fear that his visible “transness” was a risk to his well-being. He also reflected a theme of the transition of power in liminality. Female-to-male transitioning appears to give the transitioner an upward directionality of power. He acquired greater social mobility (Tajfel & Turner, 2004) through group membership and “passing” as a cisgender man. When one

transitions from male to female, the experience is more problematic because there is something about relinquishing this power and joining a group with seemingly less status in society that is experienced as an attack on masculinity from others (Harrison & Michelson, 2019). Masculine overcompensation manifests as behaviours and attitudes employed by people who identify with masculinity within their gender identity as an attempt to maintain their masculine identity when threatened and maintain desirability. The study by Harrison & Michelson (2019) found that men whose masculinity was threatened, masculinity was an important part of their identity, and exhibited attitudes and behaviours that were less likely to support transgender rights as opposed to men who were affirmed in their masculinity.

Both visibility and invisibility create conditions where trans individuals are both part of and not of hegemonic gender identities and humanness. This leads to a complex and delicate interplay between freedom of expression of identity, fear of violence, masking / stripping of identity, and safety. This part of liminality is thus shown to be a result of othering.

Invisibility

Invisibility creates both a distancing from violence but also a rejection from society. Ussher et al. (2022) discuss the importance of how the mechanisms of chronic stress are compounded by factors such as sexual violence, class, gender, and race. Their discussion focuses on how literature frequently reflects the fear and anxiety experienced by transgender people, leading to their reluctance to come out. The emphasis on passing acts as a protective mechanism to escape public scrutiny. This is, however, challenging because of what mainstream archetypes for femininity are, with white femininity being the ideal - this leaves transgender women of colour vulnerable to violence due to their inability to be invisible on a backdrop of whiteness.

The presumption of being recognised as a cisgender person to achieve the same rights and status afforded to cisgender individuals while precariously holding the possibility of being detected as other (Schiffer, 2022). This may be in order to affirm one's gender identity or also mediate the stressors associated with discrimination (Anderson et al., 2020). D described how there appeared to be a reduction in his anxiety about being viewed as transgender once he appeared to pass as a cisgender man:

“D: In a sense, I think now people see me, and they go ‘oh that guy over there’, you know. But for the first few months in where I wasn’t quite, you know, one or the other, it was a little bit uncomfortable. But right now, no, not me personally, you know, I see other transgender people struggling more than me, especially

transgender women. But ja, at the moment, I would say at least for the last two months out of the five or six that I've been transitioning, I've started to feel somewhat safer again and a little more comfortable.

Researcher: So there's something about you getting to the point of passing now as a male that makes you feel safer?

D: Yes, it's just, I think, because now people don't question - they look at me, and they go, 'okay, cool'. They don't look twice, and they don't think about 'oh, but wait, what's happening there', you know". – D

In some ways, a part of the violence of exclusion is the effort transgender people must make to affirm their gender identity. In contrast, cisgender individuals who conform to gender norms do not have to make this effort. This layer of othering leads to exclusion if the effort to “pass” is not accepted by the ingroup.

Fetishization. Literature on fetishization speaks to this idea of an undercurrent of a sordid/illicit realm where transgender people may be used for the experience or expression of cis-het presenting people but ultimately ignoring the inherent humanness of the transgender individual to maintain the idea of the fantasy (Anzani et al., 2021; Nicolazzo, 2021). An implication of an inhumanness is that individuals from less othered groups may use this inhumanness to project their fantasies of invisibility. A further implication is that even connecting with transgender people in hidden spaces provides a haven for people who cannot openly express their desire for queer connection. Social deviancy appears to remove humanness. Fetishization can create a fantasy-driven realm for the moments they connect with transgender people. This fantasy left M feeling subhuman. When asked about the men who want their fantasy of having intimate relations with a transgender woman without the repercussions of social stigma, M lamented that she felt:

“Worthless, dirty, like you're not a human being. And I say that because I've lived it. I say that because I've allowed it to happen to myself 'till I didn't. And I also allowed myself to be put in that situation because I had financial issues that I needed solved. I knew I was not equipped to solve them. There's nothing more generous than a man in the closet. I've always said there's nothing, there's nothing and no one more generous than a man in the closet. A married man who's in the closet? There's no one more generous. He can buy you the

world just to be with you. Just for one night, just to live the fantasy I've had; I've even recently I had a man offer me 20k to sleep with me". - M

M appeared to feel that she was experienced as not quite human but sentient enough to be desired or be a fantasy – something unreal. In their article on fetishisation and the intersections of experiences of violence for transgender women of colour, Ellis et al. (2016) discuss fetishization and its mechanisms. Transgender people are viewed as sexual objects (other). The intersection of multiple identities, such as being people of colour, queer, and transgender, leads to a further risk of objectification and sexual violence for transgender women of colour (Ussher et al., 2020). Fetishization has negative consequences on transgender people. Literature on fetishization speaks to this idea of an undercurrent of a sordid/illicit realm where transgender people may be used for the experience or expression of cis-het presenting people but ultimately ignoring the inherent humanness of the transgender individual to maintain the idea of the fantasy (Anzani et al., 2021; Nicolazzo, 2021). In their article on fetishization and the intersections of experiences of violence for transgender women of colour, Ellis et al. (2016) discuss fetishization and its mechanisms. Transgender people are viewed as sexual objects (other). The intersection of multiple identities, such as being a person of colour, queer, and transgender, leads to a further risk of objectification and sexual violence for transgender women of colour (Ussher et al., 2020). Anzani et al. (2021) discuss how the objectification of transgender people leads to feelings of sub-humanness – similar to M's experience of fetishization, the study outlines how there are elements of disregard of the individual but rather the sexualisation of the "deviance."

Misgendering is a microaggression where an individual's gender identity is intentionally or unintentionally misidentified (Jones & Slater, 2020). Deadnaming is when a transperson's assigned name at birth is used instead of their chosen name. This further stigmatises and excludes the individual from social ingroups, perpetuating the experience of otherness. In discussing a time they were misgendered, T described repeated experiences of being sexually harassed in public transport, which has led to feelings of invisibility, removal of autonomy and fear of violence:

"So, every time that's happened, it's been particularly difficult. Not only because they're not really reading my gender correctly but also because, like, it's a very fundamental form of violence. I feel like things like my beard and my binder are invisible. I feel like the way I dress is invisible, and it's something that fundamentally still really bothers me. Like, I can't deal with people who

deadname me, even complete strangers who are telemarketers. Like sometimes, I'll even be like, so that person's dead, and it works. But, like, if it's your bank or your cell phone company, and they're like, 'hello, dead name,' like you first actually have to ascertain why they're calling you before you tell them that you're dead. I find that being misgendered and deadnamed is a huge trigger, most especially when it comes from colleagues and when it comes from family".

T's experiences demonstrate how distressful and pervasive the experience of the invisibility of one's self-identifications may be. Even through active efforts to express that they are not femme, these are ignored and invisible. This liminal experience of the self in that they are in an in-between state of metaphorical invisibility while being physically present contributes to the othering of T. Additionally, the experience of removing themselves from their previous self-identification being at odds with how they are being perceived builds on the liminality of their experience.

Visibility

Visibility under the spectrum of liminal space is a dangerous territory noted and brought by the participants of this study. The impact of being visibly transgender carries significant meaning for participants, namely that their "otherness" is more perceptible to cisgender individuals or other transgender people. This brings up fear of violence. M discussed how she would highlight her transness in dating spheres not to appear deceptive – seemingly a survival tactic. She described how once she finalised her medical transition, she would no longer require these survival aids:

"Because I will feel that I am finally fully, and I embody a woman. So, there's no disclaimer that needs to be had". - M

P describes how being perceived as transgender elicits verbally abusive responses, leaving her fearful for her life in social contexts.

"And now I'm very aware of the fact that - hey, I might look like a female, but I don't sound necessarily sound or have the voice to pass as a female, so I'm constantly afraid to speak, literally speak, or to introduce myself because how I look and what I, you know, how I sound don't necessarily match". - P

Both participants describe a survival tactic of bringing visibility to their transness out of fear of

retribution should the other person in the social circumstance “discover” or “clock” that they are not cisgender. On the flip side of the coin, while visibility appeared to offer participants freedom of expression and self-identification, this is combatted by the idea that being visibly transgender adds a dimension of fear, anticipation of violence and anxiety. M noted:

“I would say, I’m a transgender woman, and just so people know, and no one’s caught off guard. And also, as a safety precaution. Because this is the, we need to be honest, this is the world we live in”. - M

P noted how she would be called transgender and homophobic slurs

“Names like faggot or the word moffie, shemale, stuff like that. Because damn! You look like a woman, but you sound like a man. Like, what are you?”. - P

It appears that this stress of visibility left participants feeling the direct impact of being other or a minority group and having little mobility within a social structure. In understanding these experiences of visibility, it seems the experience of being visible as a transgender person feels isolating and effortful. This also aligns with Testa et al. (2015), who described this type of aggression as proximal stressors that lead to adverse mental health effects.

Participants have described circumstances where they continuously need to be alert and avoid specific spaces to remain safe. Throughout the interviews, the need for safety was prominent and continuous in the participants’ appraisals of GBV. Participants were always vigilant for indications of harm that may come to them and would actively avoid spaces where they may be vulnerable to GBV. This is in social spaces such as clubs. M noted how she would actively seek out clubs where she knew she had social support. M had developed an instinct for recognising unsafe situations that can be seen as hypervigilance:

“And I’m very good at reading people. And I knew that something’s off, something is going on. Even the conversation has changed even his demeanour”. – M

This is supported by P, who noted how she was always on guard in public spaces because of her perceived (and potentially realistic) sense of vulnerability. D distrusted space where there were numerous people whom he did not know:

“I find the safest to be on my own to be quite honest with you. I actually think where people are quite toxic. Maybe it’s me, maybe I just don’t feel safe with

anybody, but I find that queer people are very judgmental of each other. I think it takes me a very long time for me personally to feel safe with someone, but I wouldn't say necessarily, that's what I, what I mean is... I wouldn't say that I necessarily feel safer with other queer people. I avoid queer public just as much as normal public. Generally a crowd of four is more than enough. I don't need more than that". – D

D continued to describe his sadness at his lack of space where he feels safe:

"I have different types of friends, or people who present differently with different sexual preferences. But I suppose I don't feel safe around any of them. If I think about what I'm saying it's it sounds kind of sad, but it's the truth". - D

D on situations that make him feel unsafe:

"What I find happened to me personally is I just allow things to happen because I do not want to create an even more traumatic experience. To deal with in the long run, but then I feel like that brings in a lot more... A different kind of trauma because then you have a certain way that you feel about yourself. Ja. Ja, I just find that I always have to be in control and in order to feel safe, so if I need to run away, I can run away if I need to". – D

Visibility for the participants of this study elicited anticipatory anxiety around the potential of discrimination and violence. Participants often feared for their lives when their transgender identity is visible to a cis-heterogenous public. Samudzi & Mannell (2016) describe how visibility for certain trans populations (sex workers) leads to feelings of vulnerability. D and other participants of this study demonstrate the cognitive load of this vulnerability and awareness of otherness added to a sense of CTS. Hypervigilance and avoidance of spaces are effects of otherness experienced by participants of this study. I would pose that this response is fluid between adaptive and maladaptive. CTS and feelings of threat to safety impact how a person responds, whether some threats are realistic or not.

Inescapable Alienation – “You look like a dude. Where is your penis?”

Visibility and invisibility allow others to more easily violate transgender bodies through intrusions, typical social conventions seemingly ignored out of curiosity – it appears that the participants experienced cisgender responses to their bodies as a spectacle to these cisgender

individuals. The participants of this study described situations such as groping of their genitals or verbal enquiries into this to satisfy cis people's curiosity. These intrusions and experiences of bodily violations left the participants of this study feeling violated and unsafe. The participants are thus in a liminal state of being both visible in their difference to the ingroup and invisible in their humanness and rather objectified (Nicolazzo, 2021) and stripped of their characteristics – an inescapable alienation.

Intrusiveness

To some participants of this study, a sense of intrusion and violation was evident in their recounting of events. D felt that others would often touch him inappropriately to validate his gender. This gatekeeping of gender is in line with literature that discusses how transgender people are perceived as deceitful in their transness (Jones & Slater, 2020; Serano, 2007). Ussher et al. (2022) continue to discuss genital verification experienced by transgender people (Bettcher, 2016; as cited in Ussher et al., 2020). They cite media and social representation of transgender people as being deceptive sexually, which leads to this sort of sexual invasion where individuals, who are primarily cis-het, verify or check the genitals of transgender people to see if they match the person's outward gender expression (Serano, 2020). Often, these occurrences happen in public spaces that D makes use of, removing the feeling of safety in spaces such as work:

“The most frequently recurring thing is that people like to just touch me inappropriately to make sure that I’m telling the truth. They’ll go, ‘Oh okay, but you don’t look like you have boobs’, and then they’ll grope, and then go. ‘Okay, fine, maybe’ or ‘You look like a dude. Where is your penis?’ kind of deal, and then look for it. So, for me, that’s all it’s been, luckily so far. I mean, it’s only been a few months, but that’s been the worst of it, which was quite traumatising at the time, especially because it happened at work. I wasn’t working, but it was in that space, so I really felt like my safe space was taken away from me and that was just frightening”. – D

Similar experiences that A had resulted in him feeling as if he were “like a freak show”, with his genitalia being the subject of this show. A's inescapable alienation being rooted in these experiences of intrusiveness appears to add to the experience of otherness. The visibility of their transness becomes socially isolating – with cisgender people seemingly gatekeeping who may fall into the ingroup of gender. A described:

“I think people tend to focus so much on transgender people’s genitalia. At some point, I think, like, lots of transgender people go through, like, where some they are ridiculed, or their genitalia is the subject of some kind of discrimination like a freak show”. – A

The removal of autonomy contributes to the liminal experience of self:

“They kind of see it as something you want to be rather than who you are. If you’re not trying to be the way that people think you should be, then things can get pretty ugly.

Researcher: When you say pretty ugly, what do you mean?

D: Well, ja... corrective rape is one of them. I know people who have experienced that, just based on...you know. And it’s sad that this is still happening; I know it’s happening a lot and not just to transgender people, but... ja, I guess there’s still a lot of work to be done”. – D

Removing autonomy and the disparity between the participants’ perceived internal self and external perception (Stenner, 2018) creates this gap between identity states, ensuring that the individuals experiencing this cannot gain social status and remain “other”. The experience of being other and having personal intrusions and harassment is a fear of violence in the form of corrective rape. D has an awareness of corrective rape occurring to others and potentially himself, furthering psychological distress, as similarly described by Tesch & Bekerian (2015).

Responses to GBV

While considering the context of the study, adversity and continuous traumatic stressors were a reality of the participants’ experience of otherness. Participants described psychological and behavioural responses to GBV. These responses ranged between adaptive and maladaptive. I will describe both of these responses. Both of which are direct effects of being othered. Responses such as hypervigilance and avoidance offer a middle ground between maladaptive and adaptive responses to the CTS. The traumatic stress experienced regularly by these participants is supported by literature that describes how transgender people face multiple forms of this stress regularly (Testa et al., 2015; James et al., 2016; Richmond et al., 2012).

Maladaptive Responses

Results of the accumulation of stressors in the experiences of GBV seem to contribute to

negative health effects, such as suicidality. As noted by numerous authors, transgender people are at higher risk because of the stressors they are exposed to (Grant et al., 2011; Tan et al., 2015). In discussing how her family rejected her, M described her feelings of hopelessness:

“I was so depressed that I felt I couldn’t breathe. I felt so weak, I felt literally, that’s the only way I can describe it, I felt as if I couldn’t breathe anymore. And I had no purpose to live; I had no reason to live. There was no justification for me living, and all I ever wanted to do was die, but at the same time, I felt weak from not being able to take my own life.

And I was just stuck in this in-between of wanting to die but not being able to take my own life and how I’m going to do this and how. Because I’m not gonna lie, when you are in that situation, you don’t see an end in sight”. - M

P echoed this sentiment when discussing her exclusion from church. Her faith, being an integral part of her identity, meant that this othering caused significant distress:

“I questioned God, like, how and why was I born this way, if there is no place in heaven, for me, what’s the purpose then of even trying to like, do good or do your work, but then I’m gonna end up going to hell in any case, then I might as well take my own life and get it over with and get a head start going to hell”. - P

P described her suicidality because of this direct removal from her social structure and as previously mentioned, her corrective rape experience. She felt isolated and experienced feelings of otherness more tangibly linked to her gender identity. This devaluation of her self-identification in such extreme forms resulted in an experience of otherness. She could not discuss the traumas she experienced because of this social isolation. She could only seek help after an attempt to die by suicide, where she was forced to speak to professionals. Both M and P experienced significant psychological distress surrounding their experiences of stigma and otherness.

Adaptive Responses - Meaning in madness.

Transgender people’s experiences do not necessarily require adversity and violence as a rite of passage of the self. Adaptive responses to discrimination, as noted by Nadal et al. (2016) such as identity affirmation, self-worth, and community engagement, are important in the meaning-making process and provide protective factors. Meaning-making was a cognitive tool identified as imperative in the participants’ experience. This was almost a way of protecting

themselves from the distress of their experiences. The idea of dwelling on the feelings of shame and hurt that the label “victim” carries seemed to exacerbate the mental anguish. M expressed gratitude for her experiences as she interpreted them as strengthening her character:

“I’m grateful for those situations, because it could have broken me if I was another person. But it didn’t, it just made me stronger. And it made me a fighter and a survivor and that’s where I am today. And that’s never going to change. And I could cry about it, and I could be a victim and lock myself in a room and tell myself I’m never going to go anywhere ever again. But it wouldn’t have gotten to a place where I had fallen in love with myself”. - M

She understood her experiences as an opportunity to positively identify and enact agency through self-identification as a survivor rather than a victim. This is in line with Shelton et al. (2020). Similarly, P synthesised the meaning of these events into a positive self-appraisal:

“Researcher: What do you sort of make of these experiences if you were to reflect back on them?

P: Gosh, I would say made me the person that I am today. It definitely shaped me to be a better and stronger version of myself. So I am thankful for these experiences; like, a friend just told me the other day like I am one of the strongest people he knows, and I am so sick of people calling me strong because, like, I just want to be, I don’t want to be strong anymore. I just want to be me. I just want to be happy. Like it gets under my skin when people call me strong because I constantly hear oh, you’re so strong; you went through this, you went through that. Ja, it’s just, but I mean I’m, I am, I think if what happened to me, all of these experiences if they didn’t happen to me, I wouldn’t have been the person that I am today”. – P

T described how the experiences of discrimination directly improved their ability to provide support to others:

“I feel like the abuses and neglect and dismissal, prejudice that I have faced makes me better at my job, it makes me a more genuine and empathic person, then I would argue that I’ve been prior to that. And for all the harm it has done my body, for the fact that I have to sleep 10 hours a night, that I have chronic

fatigue, that, you know, I can't be as spontaneous and active as many people in my life - I have still gained life experience that makes me be able to directly relate to people who share those experiences, you know, even if it's just one of them. And as a result, I end up having some really deep conversations with people in my workplace, you know, who've said things like, well have attempted suicide, and I'm like, I can share that I've been there too. And, you know, it's something that has been devastating for people around me and devastating for my body, you know, encourage the person who I'm with to try and find space to you know, and ensure they're seeking the support, the guidance, the whatever they need. And sometimes, for some people, it does take getting permission from somebody who has the same experiences you have. And I think that's especially true for people who have experienced sexual violence and trauma". - T

Bariola et al. (2015) identified demographic and psychosocial factors associated with resilience specific to the transgender community. Social support was identified as a significant mediating factor regarding psychological distress and the effects of stigma. Support from the family of origin was particularly powerful in protecting transgender individuals against this distress. Contact with a community or peers was additionally found to be a mediating factor as it increased positive ingroup identification and self-appraisal and strengthened their participants' sense of belonging.

Finding space in the community was important in the appraisal of GBV and the experience of otherness. T described the positive effects of having a community:

"I was amazed at how supportive the community was, you know, this community was absolutely unique and really stuck together in helping specific members who were in trouble and it's something that I take strength from because working with students who also have mental health stuff happening, gives me a space where I can tell them that I can relate to them. Yeah, and it fosters a lot of really positive connections. And I'm also really unapologetic in interviews with media, in like public dialogues, like, you know, these are the things that I'm dealing with, that we'll deal with them for the rest of my life. So, the point of hiding them is not one that I can visibly see and make sense of. And it is kind of one of my ethics is an activist in that I don't feel like you know, hiding parts of myself in something that is productive, because those are parts

of myself that could help somebody else to relate to. Yeah, and help somebody else find treatments, find support, find community". - T

This positive appraisal of self and transgender identity mitigated the negative consequences of GBV. Other participants described their families and friends as integral to helping them survive. Spaces such as their homes provided refuge and relief from the continuous stressors they faced.

The ability to make meaning from their experiences aided participants in the positive appraisals of their selves, group membership, and social status. Traumatic experiences were pervasive in multiple aspects of their lives, so having the capacity for this meaning-making was essential to survival within their individual social systems and systems of otherness.

CHAPTER V: CONCLUSION

This study brought to light the ongoing and emotionally taxing experiences of otherness the participants experienced. The aim of this study was to gain insight into how transgender people appraised GBV they experienced through a lens of continuous traumatic stress. The research was conducted by interviewing six participants who had experienced traumatic stress and exploring their understanding of these events. The results of these interviews were analysed through IPA, lending a means of extracting the phenomenological meaning placed in these experiences.

Investigation of the theme of otherness provided an understanding of how the experiences of GBV are appraised. Elements of the other, assisted in highlighting the links between social identities that construct otherness. The mechanisms of CTS through exclusion and its links to otherness through social and spatial elements provided a sense of how exclusion is experienced as pervasive to the participants of this study. Violence is an additional part of the mechanism of otherness that works to maintain otherness. Effects of otherness are seen through liminal experience. This positioning of not only being between social groups, but also internally feeling subhuman through visibility and invisibility, provides insight into how the participants experienced shifts in their social identities and autonomy. These shifts are primarily driven by stigma and othering. Participants in this study expressed awareness of how their positionality in intersecting social identities had cumulative effects on their experiences of GBV. They explored how experiences of trauma lead to significant psychological distress that was pervasive over time. The emotional toll of othering had led to significant distress to the point where some participants may experience thoughts of suicidality, self-harm, and substance use in order to escape from the weighted experience within the realm of GBV. Participants attempted to mitigate this through meaning-making. Otherness is thus constructed, maintained and exerts effects on individuals through a system that enacts social dominance or power over the participants of the study.

Limitations

The participants of the study provided rich phenomenological data; however, the study is limited to the experiences of my participants, and may not be universal to how all transgender people experience and appraise GBV. Further investigation into the factors that affect the traumatic stress transgender individuals in South Africa may experience is needed. While sourcing participants of the study, there was resistance by participants to partake in the

research. This may be due in part to the nature of the study. The topics discussed in the interviews can elicit psychological distress in participants. Recruitment of participants may have been limited because of the method of interview being remote. This may have limited the participant pool.

In terms of the biographical details of the participants, the research may have benefitted from having more diversity in terms of transgender identity, age, race, and socioeconomic status. The participant pool did not have black transgender men, this may have had potential to bring unique insights into the experience of otherness and their appraisals of GBV. The study did not factor in age as an element to consider when thinking of intersectionality, as the age range of participants were within a ten-year span. Having perspectives across a larger age range may have elicited different perspectives on otherness. Finally, all the participants were either from disadvantaged or middle-class backgrounds, limiting the insight potentially gained. These factors all have implications for an intersectional analysis of the data.

Recommendations

While conducting this research, it was clear that the effects of othering in society and its experience significantly impacted the participants' self-esteem and mental health. Academic literature surrounding the prevalence and forms of violence this group experiences is lacking and requires robust exploration to better support transgender individuals' well-being.

Studying the appraisals of GBV and CTS has the potential for future study and development of better public social policy implementation. Consideration around structural changes to physical spaces i.e. toilets to create safer environments for transgender individuals. Future study in this area may improve development and implementation of policy in healthcare, policing, and education environments.

There is potential for further study in the area of GBV and trauma, especially regarding gender identity. Studying group interaction and othering in terms of transgender individuals can have implications for social consciousness surrounding othering of gender minorities such as transgender folk.

In terms of the methodology of the study, multiple interviews with participants of the study could have strengthened and supported the findings of the themes of the study. According to Eatough et al. (2008), an additional interview with each of the participants allows for a strategy of research that improves the limitations of subjectivity in IPA research. This can be mediated through using themes elicited from initial interviews and aligning further interview questions

with this initial data. A final recommendation would be to improve the diversity of participants available in the participant pool, improving the richness of data available.

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APPENDIX A: PARTICIPANT INFORMATION SHEET

Participant Information Sheet

Transgender Identifying People's Appraisals of Gender-Based Violence & Continuous Traumatic Stress

Good day,

My name is Sharni Ngakane, and I am a Masters student in Clinical Psychology at the University of the Witwatersrand, Johannesburg. As part of my studies, I am required to undertake a research project, and I am interested in investigating transgender identifying (transgender) people's perceptions and experiences of Gender-Based Violence (GBV). I will be undertaking this project under the supervision of Professor Brett Bowman.

Living in South Africa means that for many people GBV is something to be wary of, no matter who you are. However, it seems that transgender people may face unique risks and experiences when it comes to GBV, therefore, the aim of this research project is to understand the perceptions of transgender people who have been discriminated against based on their gender identification. As part of this project, I would like to invite you to take part in an interview if you are over the age of 18, transgender identifying, and are able to be interviewed in English. The interview will focus on any experiences of discrimination or trauma you may have experienced related to your identity as a transgender person. I will be asking you to describe these experiences, how they have affected you and how you have coped with and made sense of them. It is important to understand that you need to feel comfortable to talk about these issues with me if you agree to take part in the study. To minimize your risk of distress, please do not participate in this study if you are currently undergoing treatment for psychiatric disorders relating to your experience of gender-based violence, such as post-traumatic stress disorder (PTSD) or major depression. Similarly, if you are experiencing these or other related mental health conditions currently, please do not put yourself forward for participation.

Participation will involve taking part in one interview using an online video or smart phone platform, such as Teams, Zoom, or WhatsApp, and will take around 60 minutes. With your permission, I would like to video and audio record the interview using a digital device. This recording will be stored in a

password protected folder and only I, as the researcher, will have access to this recording. It will be stored for a maximum of 5 years.

There will be no personal costs to you if you participate in this project, you will not receive any direct benefits from participation but there are no disadvantages or penalties if you do not choose to participate or if you withdraw from the study. You may withdraw at any time or not answer any question if you do not want to. The interview will be completely confidential and, in the writing, up of the study you will be anonymous as I will not be adding your name or any identifying information, The information you give to me will be held securely and not disclosed to anyone else. I will be using a pseudonym (false name) to represent your participation in my final research report.

If you experience any distress or discomfort at any point in this process, we will stop the interview and talk about what you would like to do to help with the distress, and we may resume at another time, or you may decide that you do not want to go on with the process. If you need support in the moment I will refer you for debriefing to a registered clinical psychologist, counselling services will be available to you following the interview, these are available free of charge online from the Emthonjeni Clinic at Wits. The Centre can be contacted on paballo.lepota@wits.ac.za or you can call and speak to Paballo Lepota at 011 717 4513. Alternatively, you may contact OUT on 012 430 3272, they provide free health and psychosocial support services to the LGBTQI+ community. I will contact you via phone call or email within 10 days of our interview, to check on your wellbeing.

If you have any questions during or afterwards about this research, please feel free to contact me at the details listed below. This study will be written up as a research report. If you wish to receive a summary of this report, I will gladly send it to you. The data collected from this research project will be stored in password-protected folders on the researcher's computer and kept for a maximum of 5 years. With your permission, other researchers may use the data collected from this research project in an anonymised format. If you have any concerns or complaints regarding the ethical procedures of this study, you are welcome to contact the University Human Research Ethics Committee (Non-Medical) telephone +27(0) 11 717 1408, email hrecnon-medical@wits.ac.za.

Yours sincerely,

Mpho Sharni Ngakane

796943@students.wits.ac.za

0823323834

Supervisor:

Prof Brett Bowman

APPENDIX B: INFORMED CONSENT FORM

Title: Transgender Identifying People’s Appraisals of Gender-Based Violence & Continuous Traumatic Stress

Researcher: Mpho Sharni Ngakane

I,..... , agree to participate in this research project. The research has been explained to me and I understand that the research involves interviews that would require me to speak about personal topics involving traumatic experiences and what I understand about these experiences. I agree to the following:

(Please circle the relevant options below).

I agree that my participation will remain anonymous YES NO

I agree that the researcher may use anonymous quotes in his / her research report YES NO

I agree that the interview may be recorded, and the audio and video files stored YES NO

I agree that the information I provide may be used in an anonymized format after this project has ended, for academic purposes by other researchers, subject to their own ethics clearance being obtained. YES NO

Signature Name of participant of participant Date

Signature Name of person seeking consent..... Date

APPENDIX C: INTERVIEW GUIDE

Interview Guide

Preliminary Interview

Schedule

<p>Preamble</p>	<p>Introduction, permission to record the session, and informed consent. Letting the participant know how the session will proceed and asking about the participants' understanding of the research.</p> <p><u>Sample question (SQ) 1:</u> Tell me a little about yourself? <u>SQ 2:</u> Why did you decide to participate in this research?</p>
<p>Section A Demographic Information.</p> <p>Questions relating to the following areas:</p>	<p>Age, Ethnicity, Sex assigned at birth, Gender Identity, Educational Background, Marital status, Employment.</p> <p><u>SQ 3:</u> <i>How would you describe your gender?</i></p> <p><u>Sub-question:</u> <i>Is this gender identity different to your sex assigned at birth?</i></p> <p><u>SQ 4:</u> <i>What was the highest educational level you achieved?</i></p> <p><u>SQ 5:</u> <i>Are you currently in a romantic relationship?</i></p>

<p>Section B Appraisal of GBV</p>	<p>Questions in this section concern how the interviewee thinks about gender-based violence related to themselves and other transgender identified people.</p> <p><u>SQ 6:</u> Is GBV something that you are concerned about in your daily life?</p> <p><u>Sub-question:</u> In what way?</p> <p><u>SQ 7:</u> How do you think you or others who identify as transgender might be affected by GBV?</p>
<p>Section C Type III Traumatic Stressors</p> <p>Anticipation of threat</p> <p>Hypervigilance</p>	<p>Questions that explore the participant’s experiences of traumatic stressors, their anticipation of threat, and hypervigilance surrounding these stressors.</p> <p><u>SQ 8:</u> Have you ever experienced discrimination based on your gender identity?</p> <p><u>Sub-question:</u> Could you tell me about these experiences?</p>
	<p>SQ 9: As a person who identifies as transgender - in what situations do you feel unsafe?</p> <p>SQ 10: In your day-to-day life have you found yourself changing your behaviours because you worry about GBV?</p> <p>Sub-question: In what way?</p> <p>SQ 11: What are the situations that make you fearful that you will be victimized?</p> <p>SQ 12: How do you cope when you are feeling stressed?</p>

APPENDIX D: DISTRESS PROTOCOL LETTER



To whom it may concern,

I, Dr. Esther Price, have agreed to assist Mpho Sharni Ngakane (Student number: 796943) in my capacity as a clinical psychologist, should their research participants become distressed during the course of the interview.

A handwritten signature in black ink, appearing to read 'Esther Price'.

Kind regards,

Dr. Esther Price

Clinical Psychologist, Course Coordinator / Lecturer

011 717 4517

APPENDIX E: ETHICS CLEARANCE CERTIFICATE



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Ngakane

CLEARANCE CERTIFICATE

PROTOCOL NUMBER: H21/06/23

PROJECT TITLE

Transgender Identifying People's Appraisals of Gender-Based
Violence & Continuous Traumatic Stress

INVESTIGATOR(S)

Mx M Ngakane

SCHOOL/DEPARTMENT

Human and Community Development/

DATE CONSIDERED

18 June 2021

DECISION OF THE COMMITTEE

Approved
Risk Level: High

EXPIRY DATE

21 July 2024

DATE 22 July 2021

CHAIRPERSON

(Professor J Knight)

cc: Supervisor : Professor M Kassen

DECLARATION OF INVESTIGATOR(S)

To be completed in duplicate and **ONE COPY** returned to the Secretary at Room 10004, 10th Floor, Senate House, University. Unreported changes to the application may invalidate the clearance given by the HREC (Non-Medical)

I/We fully understand the conditions under which I am/we are authorized to carry out the abovementioned research and I/we guarantee to ensure compliance with these conditions. Should any departure to be contemplated from the research procedure as approved I/we undertake to submit an amendment of the protocol to the Committee. **I agree to completion of a regular progress report. For Minimal and Low studies, this is due annually on 31 December. For Medium and High Risk studies, this is due twice annually on 30 June and 31 December.**

Signature

24 / 07 / 2021
Date

PLEASE QUOTE THE PROTOCOL NUMBER ON ALL ENQUIRIES



Research Office

HUMAN RESEARCH ETHICS COMMITTEE (NON-MEDICAL)
R14/49 Ngakane

CLEARANCE CERTIFICATE

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