

Transgender Victims' and Survivors' Experiences of Domestic Abuse

Key Findings

- Transgender victims/survivors experience specific types of abuse that can be linked to their trans identities.
- Trans victims/survivors experience large numbers of additional needs, particularly in relation to mental health.
- Trans people who access domestic abuse services report that this experience has positive outcomes on their lives.
- However, only a small proportion of trans victims/survivors with additional mental health needs are supported with these by domestic abuse services. Given the large numbers of trans victims/survivors who have mental health needs, it is vital that this issue be addressed.

Key Recommendations

- Increase funding for LGBT+ and trans-specific specialist services. SafeLives' A Safe Fund report recommends that £10 million would be needed to ensure full provision for LGBT+ victims/survivors of domestic abuse across England and Wales.¹
- Enhance training for staff in non-specialist domestic abuse services so that they feel confident in asking victims/survivors about their gender identity and understand how this might affect their experiences and needs.
- Domestic abuse services to ensure when supporting trans victims/survivors that they pay particular attention to their mental health needs and spend time supporting them with these.
- Encourage a public discourse where the high levels of violence against trans individuals are recognised and condemned.

Introduction

This briefing looks at the experiences of transgender domestic abuse victims/survivors in relation to the types of abuse they experience, the additional needs they have and the work done to support them by domestic abuse services.²

¹ SafeLives (2020). *A Safe Fund. Costing Domestic Abuse Provision for the Whole Family*. Available at: https://safelives.org.uk/sites/default/files/A%20Safe%20Fund%20costing%20domestic%20abuse%20provision%20for%20the%20whole%20family%20in%20England%20and%20Wales_0.pdf.

² The terms 'trans' or 'transgender' are used in this report to describe a person whose sex assigned at birth does not match their current gender identity, and includes both transgender women and transgender men.

There has been limited research on the experiences of people within the trans community, and while some progress has been made through research on the experiences of the LGBT+ community as a whole (including through SafeLives' [Spotlights series](#) and its [Free to Be Safe](#) report), it is important to understand that different parts of this community can experience abuse in different ways. Research has suggested that up to 80% of trans people have experienced emotionally, sexually or physically abusive behaviour from a partner or ex-partner, and that professionals are concerned that trans women are being let down when they seek support.³ It is therefore important to look at this group in greater depth to better understand the abuse they are experiencing so that policies and services are better equipped to support their needs.

This briefing takes data from SafeLives' Insights national database, a database that collects information on victims/survivors of abuse from a number of domestic abuse services across the UK who work on the frontline (including Idva, Isva and outreach services), and uses this to take a more detailed look at the experiences of their trans victims/survivors. As this database was set up to collect data about victims/survivors at risk of serious harm or homicide, the data in this report is based predominantly on more serious cases and is therefore not a representation of the average case supported by domestic abuse services.

Insights data was taken from the beginning of April 2018 to the end of November 2020, during which time 15,361 cases were opened and 10,994 were closed across 23 services. Of these, 64 cases involving trans victims/survivors were opened and 33 cases were closed.⁴ As this cohort of trans victims/survivors is very small compared with the cohort of cisgender victims/survivors, unfortunately making direct comparisons between the two groups is not necessarily appropriate because of the difficulty of confirming statistically significant results, and so for the most part this report focuses only on the data from trans victims/survivors.

None of the services in the database are LGBT+ specialist services, although some may have employed specialist LGBT+ Idvas (independent domestic violence advisors). It is also important to note that research has shown that trans victims/survivors of abuse are unlikely to report their abuse to the police or to contact domestic abuse services directly, which means that the numbers in our dataset are likely to be lower than the number of trans people who actually experienced abuse during this period.⁵

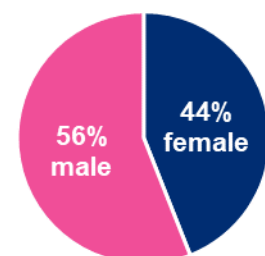
This briefing focuses only on the experiences of one group of victims/survivors, trans people, so as to ensure clarity of focus on the particular needs of this group. It would however be beneficial in the future to do similar analyses on other groups of LGBT+ victims/survivors in order to better understand their experiences and the support they receive from services.

There were more male victims/survivors than there were female

Within our dataset, 44% of trans victims/survivors identified as female while 56% identified as male. This could indicate that both trans women and trans men approach and are referred to domestic abuse services at broadly similar rates, or it may suggest that both trans women and trans men face similar risks of domestic abuse.

Considering intersecting vulnerabilities that could be affecting these victims/survivors, 6% identified as lesbian, gay or bisexual, 19% were from Black or other minority ethnic groups and 23% had a disability, of which 57% experienced some type of physical disability, 36% a mental health impairment and 21% a neurological condition. These victims/survivors are already likely to have experienced specific forms

Gender identity of victims/survivors



³ Scottish Transgender Alliance (2010). *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse*. Available at: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_domestic_abuse.pdf; Stonewall (2018). *Supporting trans women in domestic and sexual violence services: Interviews with professionals in the sector*. Available at https://www.stonewall.org.uk/system/files/stonewall_and_nfpsynergy_report.pdf.

⁴ Insights data defines trans victims/survivors by asking victims/survivors the sex they were assigned at birth and then asking how they currently think of themselves with regards to gender, and identifying cases where these two answers differ.

⁵ Scottish Transgender Alliance (2010). *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse*.

of abuse relating to their trans identity (see below), and so it is crucial that services consider how these additional factors may have further affected their experiences of abuse as well as any additional needs the victims/survivors might have as a result.

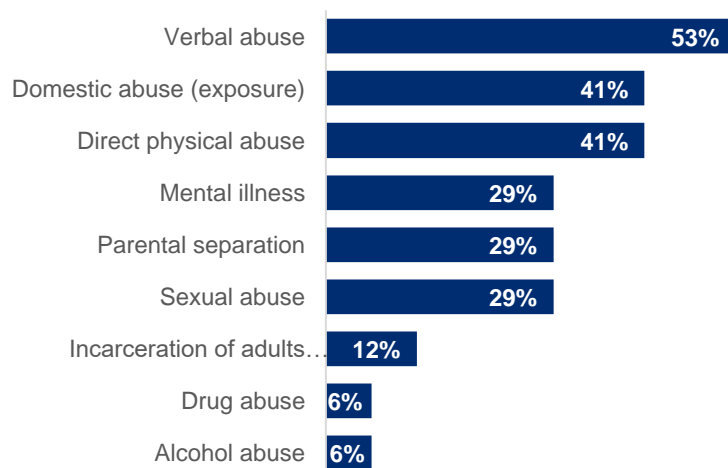
Some abusers may be using the trans identity of victims/survivors against them, as a deliberate tactic of abuse

The most common type of abuse experienced by trans victims/survivors was jealous and controlling behaviour (80%), and two-thirds (66%) had experienced physical abuse. Almost three-quarters of victims/survivors (72%) experienced multiple types of abuse. Four out of five (81%) of perpetrators were male, which aligns with research by Galop suggesting that trans women and trans men were both more likely to have a male than a female perpetrator.⁶ The Galop research also found that trans victims/survivors were more likely to have been abused by a family member than cisgender victims/survivors. While it is difficult to draw conclusions from any comparisons made in this dataset owing to the small number of trans victims/survivors, our data does suggest a similar pattern, with 9% of trans victims/survivors having experienced abuse from a family member compared with 5% of the cisgender cohort.

For some trans people who have experienced sexual abuse, the trauma of this may be further exacerbated if they have body dysphoria relating to their genitals, as the violence they experience is tied to a part of their body they already hate.⁷ Of the 17% of trans victims/survivors in our dataset who experienced sexual abuse, 45% had experienced the use of threats or force to obtain sex and 55% had been subjected to unwanted touching.

Trans victims of abuse also experience unique forms of abuse when perpetrators attack their trans identities by, for example, deliberately using the wrong pronouns, forcing them to perform a gender they are uncomfortable with, or preventing them from medically transitioning through hiding hormones or creating barriers to surgery.⁸ While our data does not collect experiences to this level of detail, it does show that 6% of trans victims/survivors who had experienced jealous and controlling behaviour were prevented from accessing their care needs or medication, and that 55% of those who had been sexually abused were made to feel uncomfortable about their sex or gender identity.

Percentage of victims/survivors with experience of each adverse childhood experience



In addition, our data shows that 27% of trans victims/survivors had experienced an adverse childhood experience (ACE), of which 53% had been verbally abused, 41% physically abused and 29% sexually abused, while 41% had also been exposed to domestic abuse and 29% had experienced mental illness. Almost one-quarter (24%) of this group had experienced four or more adverse childhood experiences. Research has shown that trans children experience childhood emotional abuse, emotional neglect and physical neglect

more frequently than cisgender lesbian, gay and bisexual children, who themselves experience

⁶ Galop (2018). *LGBT+ People's Experiences of Domestic Abuse: a report on Galop's domestic abuse advocacy service*. Available at: http://www.galop.org.uk/wp-content/uploads/Galop_domestic-abuse-03a-low-res-1.pdf.

⁷ Higgins, B. and Sisteron, M. (2018). 'Supporting LGBT+ survivors of sexual violence', *SafeLives*, 13 April. Available at: https://safelives.org.uk/practice_blog/supporting-lgbt-survivors-sexual-violence.

⁸ SafeLives (2018). *Free to be Safe: LGBT+ People Experiencing Domestic Abuse*. Available at: <https://safelives.org.uk/sites/default/files/resources/Free%20to%20be%20safe%20web.pdf>.

more ACEs than heterosexual children, and that this has a significant impact on subsequent mental health.⁹

Over half of trans victims/survivors had mental health needs, of which almost two-thirds had been diagnosed with a mental health condition

Many trans victims/survivors had complex additional needs, with 58% having housing needs and 56% mental health needs. There were also particularly high numbers of those who had needs relating to social and community support (42%), physical health (23%) and drug and alcohol misuse (17% and 16% respectively). In addition, 30% had needs surrounding finance, benefits and debt and 21% either had significant financial problems or were reliant on others.

Of those with mental health needs, 25% had self-harmed and 64% had been diagnosed with a mental health condition, of which 83% had been diagnosed with depression, 57% with an anxiety disorder and 26% with a personality disorder. In a recent research paper from Galop on transphobic hate crime, 70% of trans people surveyed said that transphobia had an impact on their mental health.¹⁰ Given that trans people are already likely to have experienced challenges to their mental health, it is not surprising that many of the victims/survivors in the Insights dataset had mental health concerns. Research from 2012 suggests that 36% of trans people across the UK have experienced major depression and a further 18% have experienced mild depression, with higher rates for those unsure about transitioning or who have not yet started their proposed transition, and lower rates for those who are undergoing or have undergone transition.¹¹ This demonstrates that when services work with trans victims/survivors, not only is it important to recognise that there is a high likelihood that they will be experiencing mental ill health, but that the specific circumstances surrounding their transition may also be affecting their mental health needs.



56%
of victims/survivors on
intake had **mental
health needs**

While trans victims/survivors report high levels of mental health needs, only a third were able to access the vital mental health services they require

The average case length for trans victims/survivors accessing any domestic abuse service was ten weeks, with 45% of cases lasting less than two months. While it is difficult to draw conclusions about the significance of comparisons between data from trans victims/survivors and that from the cisgender victims/survivors in the Insights database for this time period, it is interesting to note that the average case length for the cisgender cohort was 14 weeks, with only 28% of cases lasting less than two months. This suggests that, while trans victims/survivors have very high levels of additional needs, their cases are often shorter than those of their cisgender counterparts.

While some areas of need were regularly addressed, with 85% of trans victims/survivors being supported with safety and 60% and 59% of those who needed it being supported with finance, benefits and debt and housing respectively, only 35% of those with mental health needs were supported with these. Given that concerns involving mental health were the second most common additional need for trans victims/survivors at intake, and that many of these had serious

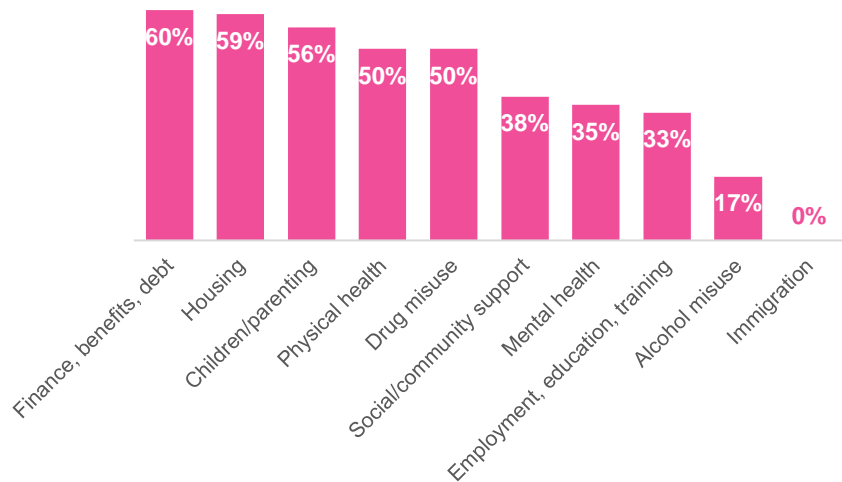
⁹ Schnarrs, P. et al. (2019). 'Differences in adverse childhood experiences (ACEs) and quality of physical and mental health between transgender and cisgender sexual minorities', *Journal of Psychiatric Research*, 119, pp. 1-6.

¹⁰ Galop (2020). *Transphobic Hate Crime Report 2020: The scale and impact of transphobic violence, abuse and prejudice*. Available at: <http://www.galop.org.uk/wp-content/uploads/Trans-Hate-Crime-Report-2020.pdf>.

¹¹ Scottish Transgender Alliance (2012). *Trans Mental Health Study 2012*. Available at: https://www.scottishtrans.org/wp-content/uploads/2013/03/trans_mh_study.pdf.

and diagnosed conditions, for this to be only the seventh highest additional need priority addressed by services suggests that these issues are not being given the attention they need. While, again, it is difficult to draw direct conclusions when comparing these statistics with those from the equivalent cisgender cohort of victims/survivors, it is worth noting that 58% of cisgender victims/survivors were supported with their mental health needs, suggesting that the gender identity of trans people plays an important role in how likely it is that they will be supported with their mental health.

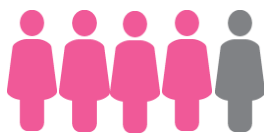
Percentage of victims/survivors supported with their additional needs



Almost two in five victims/survivors had continuing contact with the perpetrator upon exit from the service, over half of whom were still in a relationship with the perpetrator

By the time their case with the domestic abuse services had closed, 31% of trans victims/survivors had experienced no form of abuse since intake, with 35% having seen a reduction in the severity and 35% a reduction in the frequency of jealous and controlling behaviour, the most common form of abuse experienced at intake.

Two-fifths (39%) of victims/survivors had ongoing contact with the perpetrator on exit, 54% of which were still in a relationship with the perpetrator, while 46% continued contact because of children and 23% because of their family and social network. Research has shown that many trans victims of abuse may stay in an abusive relationship in the hope that their partner will come to understand and accept their need to transition, or because they believe that their trans identity means that it would be difficult for them to find another partner, which could explain the relatively high numbers of victims/survivors in our dataset who remained with their abusive partner on exit from the service.¹²



Four out of five victims/survivors said they felt safer after receiving support

Upon exit from the service, 81% of trans victims/survivors said that they felt safer, while 85% said that their wellbeing had improved and 85% felt optimistic about the future. Both victims/survivors and caseworkers saw Marac as being the service that had made the greatest difference to their safety and wellbeing, with 48% of victims/survivors and 45% of caseworkers saying that this had been the case.

Conclusions

This briefing has shown that trans victims/survivors experience specific types of abuse that can be linked to their trans identities, and that they also experience large numbers of additional

¹² Scottish Transgender Alliance (2010).

needs in other areas, particularly mental health. Clearly, it is vital that staff in domestic abuse services are trained to feel confident in asking their clients about their gender identity as this could help them to better understand the abuse that victims/survivors are experiencing as well as to identify any additional needs.

While it is very encouraging that the majority of trans victims/survivors reported positive outcomes from their work with domestic abuse services regarding feelings about their own safety and wellbeing, there are areas in which services can improve how they work with trans victims/survivors, most notably in giving them further support to tackle their mental health needs. The fact that our database has a relatively low number of trans victims/survivors while other research has suggested that rates of abuse against trans individuals are very high may imply that a large number of trans victims of domestic abuse are not accessing domestic abuse services. This is an issue that it is crucial to address, with potential solutions likely to involve increased funding for LGBT+ and trans-specific specialist services, enhanced training for non-specialist services, and the encouragement of a public discourse where the high levels of violence against trans individuals are recognised and condemned. As of the end of 2020, there were only six voluntary sector providers delivering LGBT+ specialist support, only three services were providing LGBT+ specialist Idvas and only 1% of refuges nationally were providing specialist support to LGBT+ victims/survivors.¹³ There is clearly a need for much more provision of specialist services so that LGBT+ victims/survivors of domestic abuse can feel confident that their needs will be understood and that they will be supported appropriately.

Further information on the LGBT+ community and domestic abuse can be found in the SafeLives [Free to Be Safe](#) report as well as on the Galop website, including more details on LGBT+ people's [experiences](#) of domestic abuse, [myths and stereotypes](#), details on the importance of LGBT+ [specialist services](#), [barriers faced](#) in accessing non-specialist services and guidance and support for [commissioners](#) to address the current gaps in service provision for LGBT+ people. There is also more information on [key priorities](#) that the Domestic Abuse Bill needs to incorporate in order to better protect the needs of the LGBT+ community.

Nicola Stokes, SafeLives (2021)

¹³ Galop. *LGBT+ priorities for the Domestic Abuse Bill*. Available at: <http://www.galop.org.uk/wp-content/uploads/DVA-Bill-LGBT-Priorities-03102019-final-edit-1.pdf>.