

NOT ALONE:

DOCUMENTING TRANSPHOBIC VIOLENCE AND THE STRUGGLE FOR SAFETY AND PROTECTION

Trans Thrive Project: Regional Report



A PROJECT BY



ASIA PACIFIC
TRANSGENDER
NETWORK



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AMPLIFY
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Nobody Gets Left Behind

enasa

BLUE DIAMOND
SOCIETY

Author: Sally Barber
Data Analysis: Kylie Fisk
Reviewers: Sangita Singh, Joe Wong and Avali Khare
Design: ASSIST Development Solutions
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Thank you to all the APTN staff members and technical advisors for their work in establishing the Trans Thrive Project. We would also like to thank the International Women's Partnership for Peace and Justice for their five dimensions of well-being framework used for the report. This report could not have been produced without the support of the team at the the Blue Diamond Society (BDS) in Nepal, Venasa Transgender Network (VTN) in Sri Lanka, Samabhabona in India, and SEED Foundation in Malaysia, and most importantly the people who shared their experiences in the survey. We hope this report and our ongoing work in highlighting your experiences of transphobic violence will bear fruits of change, freedom from violence, and justice.

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Foreword

I write this as the Executive Director of APTN, and also as a trans masculine person who has lived through fear, silence, and the difficult work of rebuilding a sense of safety. Many of us carry memories we never wanted, moments when we were made to feel small, wrong, or unsafe simply for being ourselves.

This report holds the voices of people who made themselves vulnerable in the hope that telling the truth can bring about change. It carries the weight of experiences that many of us recognise too well, even if our stories are not the same. It holds data, but more importantly it presents a call to action that clearly highlights the evidence of what must change in our laws, our institutions, our homes, our societies and in the attitudes that shape daily life for trans people across our region.

When I read the experiences shared in the report, I feel the quiet courage it takes to remember and to speak. I feel the exhaustion that comes from fighting for dignity in places that should have offered protection. I also feel a steady strength where trans people continue to find ways to survive, to support one another, and to imagine a future that has not always been offered to us. This report shows very clearly that violence against trans and gender diverse people is not random. It is woven into systems, institutions, homes, and everyday spaces. It is often ignored or justified. It is too often met with silence but silence is not safety. And our communities refuse to be silent anymore.

To everyone who shared your experience, thank you. You did something difficult and vulnerable. You trusted that your story matters. Your honesty gives direction to our work. It shows where we must advocate for change in laws, in systems, in families, in schools, and in public life.

To governments and institutions, these findings are a responsibility. They show us where protection is failing and where action is overdue. Safety and dignity must be a right, not something we negotiate for.

To donors, funders and development partners, supporting trans communities means committing to long term investment, not temporary attention. Change happens when resources follow community leadership and when trust replaces fear.

And to our trans family across Asia and the Pacific. You deserve a life without fear. You deserve rest, joy, stability, and a future that is not defined by trauma. Your existence is not a burden.

I hope this report does more than inform. I hope this report moves you. I hope it unsettles complacency. I hope it moves people to act. To listen with humility. To resource our work with seriousness, to resource the people closest to the pain and closest to the solutions. To challenge systems that harm us.

We are not alone. We have always protected each other. We have always created community where the world has failed to give it. Now, it is time for systems to rise to the standard that our communities have already set.

With respect and solidarity,



Executive Director

Asia Pacific Transgender Network

Acronyms

ADHR	ASEAN Declaration of Human Rights
AICHR	ASEAN Intergovernmental Commission of Human Rights
APTN	Asia Pacific Transgender Network
BDS	Blue Diamond Society
LGBTQI+	Lesbian, gay, bisexual, transgender, queer, and intersex
SOGIESC	Sexual orientation, gender identity, gender expression, and sex characteristics
SAARC	South Asian Association for Regional Cooperation
TTP	Trans Thrive Project
UPR	Universal Periodic Reviews
VTN	Venasa Transgender Network



Definitions

In this report, the term 'gender diverse' refers to the Lesbian, Gay, Bisexual, Transgender, Queer and Intersex + (LGBTQI+) community.

While in this report we have collapsed diverse, culturally specific terms into trans feminine and trans masculine terminologies, we acknowledge that respondents use various terms to describe their individual and personal sense of their gender. This can be associated with their sex assigned at birth or differ from it. For example:

TRANSGENDER WOMAN (or 'trans woman'):

A term used to refer to a transgender person who identifies as female (i.e. a person whose sex was assigned male at birth but who identifies as female).

TRANSGENDER MAN (or 'trans man'):

A term used to refer to a transgender person who identifies as male (i.e. a person whose sex was assigned female at birth but who identifies as male). For the purposes of this report, we will refer to trans people who identify as men as trans men as there was consensus at the national level to use this terminology.

NON-BINARY:

A term used for gender identities that are not exclusively masculine or feminine and are outside of the gender binary.

GENDER DIVERSE:

Gender diversity is a broad term that encompasses a range of gender identities and expressions beyond the traditional binary gender model of 'male' and 'female'. These individuals may identify as non-binary, genderqueer, genderfluid, agender, bigender, or have other gender identities.



1.

Background



The Asia Pacific Transgender Network (APTN)'s work on addressing violence against transgender and gender diverse communities is anchored in three key strategic areas: evidence generation, advocacy for legal and policy reform, and strengthening community-based responses. Through the Trans Thrive Project (TTP): Transcending Transphobia Survey, APTN builds a foundation of community-led data to fill the persistent gaps in official reporting on transphobic violence, hate crimes, and harmful practices such as conversion therapy. This evidence is then leveraged to advocate for inclusive protections and survivor-centered legal frameworks, while simultaneously supporting national partners to document lived realities, amplify local voices, and push for structural change. By centering self-reported experiences and engaging national partners, the TTP survey strengthens regional visibility and collective action against violence rooted in transphobia.

The "Trans Thrive Project: Transcending Transphobia Survey on Experiences of Transphobia"¹ was designed by APTN with inputs and insights from technical advisors well versed in this field of work and then implemented in collaboration with national country partners since 2022. It seeks to address significant data gaps surrounding transphobic hate crimes, violence, incidents, and conversion therapy in Asia-Pacific. Official data on transphobic violence is scarce.² This project addresses this by monitoring, recording and documenting these cases, and by using the data to advocate for better legislation, policies and holistic support to victims/survivors.

The TTP Survey was designed as a self-reporting quantitative tool to record experiences of transphobic violence and harmful practices faced by the trans and gender diverse community. The TTP is currently being implemented with national partners across four countries: the Blue Diamond Society (BDS) in Nepal, Venasa Transgender Network (VTN) in Sri Lanka, Samabhabona in India, and SEED Foundation in Malaysia, to disseminate the survey within their communities. Results were used to produce Country Snapshots which provide detailed insights into the experiences of trans and gender diverse people in India, Nepal, Malaysia and Sri Lanka .

Not Alone: Documenting Transphobic Violence and the Struggle for Safety and Protection is the result of these four country analyses. The survey set out to capture data that illustrates the situation of transphobic violence and harmful practices at a regional level. In order to advocate for better protection from violence across Asia, this report analyses the ways in which trans and gender diverse people experience transphobic incidents, and the impacts these incidents have on their ability to claim their rights, and to live and thrive.

APTN would like to express deep gratitude to BDS in Nepal, VTN in Sri Lanka, Samabhabona in India, and SEED Foundation in Malaysia, our technical advisors, reviewers and all the survey respondents across these four countries, without whom this snapshot would not have been possible.

TTP defines transphobic hate crimes or incidents as violence and harmful practices motivated by transphobia that are perpetrated against transgender, gender non-conforming and gender diverse persons. Forms of hate crimes can include conversion therapy, and verbal, emotional, sexual, physical, and financial violence.

Transphobia is defined by the United Nations as "an irrational fear, hatred or aversion towards transgender people" occurring on the basis of one's transgender identity, or in the attempt to convert a person's gender.

The TTP seeks to document the transphobic violence faced by transgender, gender non-conforming and gender diverse persons. These terms are used in the survey to describe those whose gender identity does not match the sex they were assigned at birth and includes a wide diversity of gender identities and expressions in Asia and the Pacific, including indigenous, cultural and local identities. We acknowledge that languages across the world, including in the Asia-Pacific region, do not always distinguish between the terms sex, gender, gender identity and/or sexual identity.

¹ <https://transthive.weareaptn.org/>

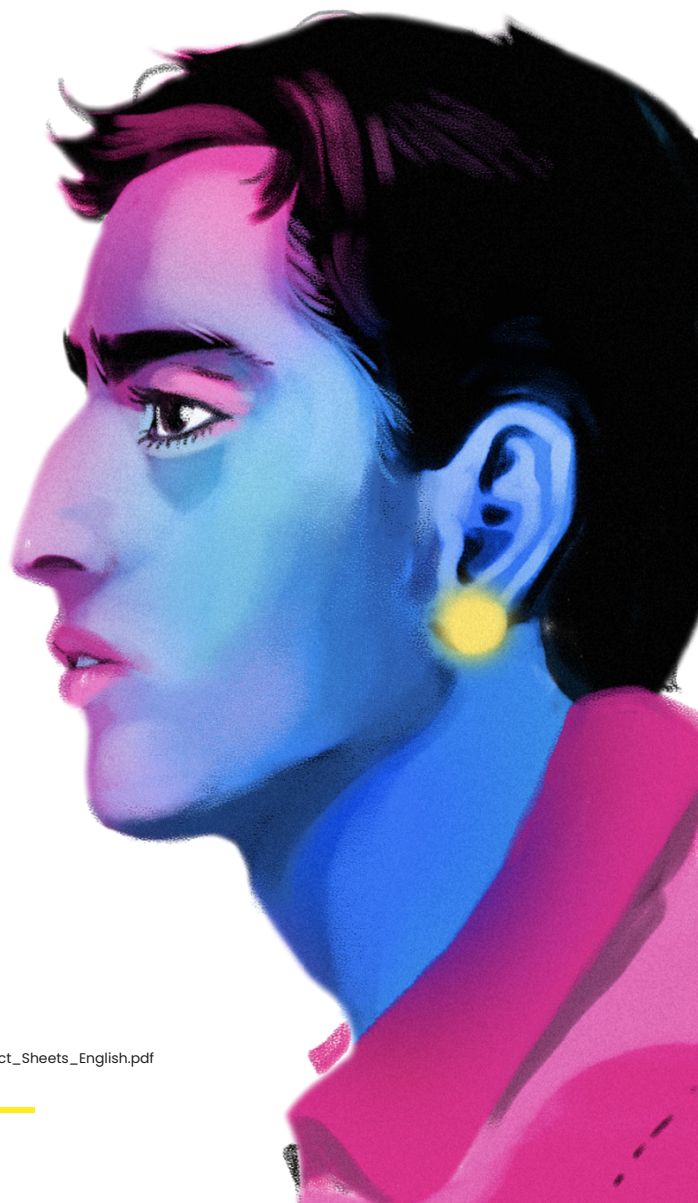
² https://www.ohchr.org/sites/default/files/Documents/Issues/Discrimination/LGBT/FactSheets/unfe-27-UN_Fact_Sheets_Homophobic_English.pdf

Defining Transphobic Violence and Hate Crimes

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³ https://www.ohchr.org/sites/default/files/Documents/Issues/Discrimination/LGBT/FactSheets/unfe-28-UN_Fact_Sheets_English.pdf

2.

Context



Decades of advocacy by trans and gender diverse activists and their allies have brought conversations regarding the human rights, safety and wellbeing of trans and gender diverse people into the mainstream worldwide. In recent years, this has coincided with resurgent authoritarianism and an organised backlash. Trans advocates in Europe and Central Asia have said 2025 marks an “unprecedented reversal”, with regressions in the human rights situation of trans people outweighing progress for the first time in recent years.⁴ Similarly in the US, divisive political discourse and the fragmentation of democratic institutions has undermined hard-won rights for Lesbian, Gay, Bisexual, Transgender, Queer, Intersex and other (LGBTQI+) communities and placed transgender women in particular at the epicentre of sharp, and sometimes violent, political polarization.⁵ Taken together, these developments have led to the observation that 2025 may mark a tipping point for trans rights globally.

So far, Asia has largely not followed in these footsteps, although any progress made has been concentrated in only some countries. The past decade has seen notable – although unevenly distributed – advances in the recognition of LGBTQI+ rights. Consensual same-sex sex is now legal in 24 out of 35 Asian countries, while Australia, Nepal, New Zealand, Taiwan and – most recently – Thailand, have all introduced same sex marriage since 2013.⁶ There has also been some progress towards legal gender recognition and access to gender-affirming care for trans and gender diverse people. However, these processes remain flawed and many Asian countries continue to require invasive medical or surgical interventions as a prerequisite,⁷ while close to two-thirds of Asian countries still deny access to gender-affirming care altogether.⁸

Persistent structural inequalities and colonial legacies continue to shape the lived realities of trans and gender diverse people in South and South-East Asia. Outdated laws, many of which originate from colonial penal codes, are still used to harass, detain, or criminalize trans and gender diverse people, particularly those engaged in sex work. At the same time, global aid cuts have weakened the capacity of community-based organisations to provide vital services, advocacy, and information, while the international community’s failure to uphold basic human rights principles globally signals a significant threat to any progress made in Asia towards safety and equality for trans and gender diverse people.

With this backdrop, there are early signs that the successes of anti-gender activists in the Global North, particularly the UK and US, have emboldened conservative movements in Asia.⁹ This context makes it essential to document the dynamics of transphobia in Asia before global culture wars deepen their influence in the region. Transphobic incidents take multiple forms, ranging from violence and harassment to systemic exclusion, and leave lasting consequences for individuals and communities. Effective responses require urgent legal reform to uphold rights and dignity, alongside investments in building supportive communities and public and private spaces where trans and gender diverse people can live and thrive.

4 <https://tgeu.org/trans-rights-index-map-2025/>

5 <https://www.npr.org/2022/06/29/1107484965/transgender-athletes-trans-rights-gender-transition-poll>

6 <https://www.idea.int/blog/explainer-advances-lgbtqia-rights-across-asia-and-pacific>

7 <https://ilga.org/news/maps-lgbti-world-idahobit-2025/>

8 <https://www.equaldex.com/issue/gender-affirming-care>

9 <https://asiapacific.unwomen.org/en/stories/explainer/2024/05/lgbtiq-5-things-to-know>

2.1 International and Regional Frameworks

International human rights laws and standards apply equally to all people based on the principle of universality, although no inter-governmentally endorsed instruments contain specific provisions to protect and promote the rights of trans and gender diverse people. However, UN Human Rights Treaties can serve as an important avenue for holding states accountable for protecting the rights of trans and gender diverse individuals. While core UN human rights treaties do not yet contain explicit provisions on the rights of trans and gender diverse persons, several treaty bodies have affirmed through their official interpretative instruments such as General Comments and General Recommendations that discrimination and violence based on gender identity and gender expression falls within the scope of the treaties. For example, in its landmark General Recommendation No. 28, the Committee on the Elimination of Discrimination against Women clarified that States have an obligation to address intersecting forms of discrimination. This interpretation has since informed national CEDAW review processes, including those of Sri Lanka¹⁰ and Malaysia¹¹, where several Committee recommendations to States explicitly reflect concerns related to gender identity and the protection of trans rights¹².

One key resource for advancing the application of human rights standards to trans and gender diverse people is the Independent Expert on Protection against Violence and Discrimination Based on Sexual Orientation and Gender Identity, who is mandated to address violence and discrimination on the basis of sexual orientation and gender identity, by upholding the Universal Declaration of Human Rights, which states that all human beings are born free and equal in dignity and rights, without distinction.¹³

Additionally, UN Member States are subject to Universal Periodic Reviews (UPR), which provide a platform for both other countries and civil society (including trans and gender

diverse leaders and activists) to shed light on human rights violations. Across South and South-East Asia, UPR recommendations have consistently underscored the need to repeal colonial-era provisions which directly or indirectly discriminate against LGBTQI+ people, strengthen anti-discrimination protections, and ensure legal gender recognition without imposing invasive requirements. Governments have been urged to prevent harassment by law enforcement, end conversion practices, address violence and bullying, and guarantee access to health, education, and employment without discrimination. These recommendations highlight both the breadth of human rights concerns and the urgent need for structural reform.

The Yogyakarta Principles +10 (2017) outline Additional Principles and State Obligations on the Application of International Human Rights Law in Relation to Sexual Orientation, Gender Identity, Gender Expression, and Sex Characteristics (SOGIESC), in complement to the Yogyakarta Principles (2007). Led by civil society and other experts, the Yogyakarta Principles establish specific obligations of states to uphold the human rights of people with diverse SOGIESC, including the right to life, freedom from deprivation of liberty, torture and cruel, inhuman or degrading treatment or punishment.

Despite established mechanisms for dialogue, regional efforts to include LGBTQI+ communities and advance their rights remain weak. The 2012 ASEAN Declaration of Human Rights (ADHR) and ASEAN Intergovernmental Commission of Human Rights (AICHR) does not directly address the rights of trans and gender diverse people, and the South Asian Association for Regional Cooperation (SAARC) lacks a dedicated human rights body. As a result, progress achieved at national level has not translated into consistent regional commitments or protections, despite considerable effort by civil society.

¹⁰ https://database.ilga.org/api/downloader/download/3/en-CEDAW_C_LKA_Q_8.pdf

¹¹ https://database.ilga.org/api/downloader/download/3/en-CEDAW_C_MYS_CO_3-5.pdf

¹² <https://www.refworld.org/legal/general/cedaw/2010/en/77255>

¹³ <https://www.ohchr.org/en/special-procedures/ie-sexual-orientation-and-gender-identity>

2.2 Research objectives

The following report outlines the experiences of trans and gender diverse people in South and South-East Asia, their experiences of violence, stigma, and institutional and community discrimination. Without documentation, violations remain invisible, and states are less likely to be held accountable for failing to uphold their obligations under international law.

This study seeks to centre the voices of trans and gender diverse people themselves, outlining their experiences of violence, stigma, and discrimination across multiple settings, including at home, in healthcare, education, employment, and during encounters with authorities. By situating their lived realities in the regional context, the study aims to contribute to evidence-based advocacy and to reinforce the principle that trans rights are human rights. It seeks to gather evidence and perspectives on everyday experiences of stigma, discrimination and exclusion, with an ultimate view to influencing rights-based policymaking and donor investment in upholding the rights and dignity of trans and gender diverse people. It is also an attempt to support local community-based organisations to respond to violence in the community, provide much needed gender-based violence (GBV) services and or referral and advocate for stronger justice mechanisms to hold perpetrators to account.

At a time when trans communities face both historic advances and intensifying backlash, it is essential that South and South-East Asia not repeat the regressions seen elsewhere. At the same time, trans and gender diverse communities in Asia have deep wisdom, skills and experience in coping with repressive policies and norms, and we can offer valuable insights to our trans siblings in the Global North who are seeing their rights removed. Documenting and understanding the forms of transphobia in the region is vital for global action and solidarity in safeguarding progress towards societies where trans and gender diverse people can live safely, openly, and with full equality.

2.3 Research approach

This study draws on data from cross-sectional surveys conducted in India, Malaysia, Nepal and Sri Lanka from December 2023 to September 2024, which resulted in four country snapshots. This report synthesises country-level results to identify regional dynamics concerning experiences of violence, types of violence, perpetrators, impacts, and support-seeking.

Using in-person and online survey data from participating countries, this regional report analyses variables including gender identity, age at incident, location, perpetrator type, nature of incident, impacts, and coping behaviours. Quantitative analysis relies on SPSS frequencies and cross tabulations, with pooled findings weighted equally for analysis and interpretation to allow for country-specific sample sizes (see following section). Survey respondents were identified using convenience sampling, primarily through community networks. All respondents participated voluntarily in the survey and data was cleaned and processed anonymously.

Following initial data analysis complemented by a desk-based literature review, we identified four major emerging themes: institutional violence, sexual violence, priorities based on impact, and coping, healing, and support needs. The report outlines both regional analysis and cross-country comparison arranged by these themes, extracting qualitative quotes to illustrate examples.

The resulting report offers vital insights into the voices and experiences of trans and gender diverse people in Asia, to guide regional priorities to mitigate, prevent and eliminate transphobia in all its forms.

Methodological note

This report presents results from both pooled regional data and comparative country analysis. Comparative country analyses appear in blue boxes for clarity.

The pooled regional dataset increases the sample size and helps detect trends that may be too small to observe at the country level. While pooled regional analysis makes it possible to identify broad regional patterns, findings will be skewed by the larger country samples.

That is, countries with higher numbers of respondents (like Sri Lanka) will contribute more strongly to the overall findings.

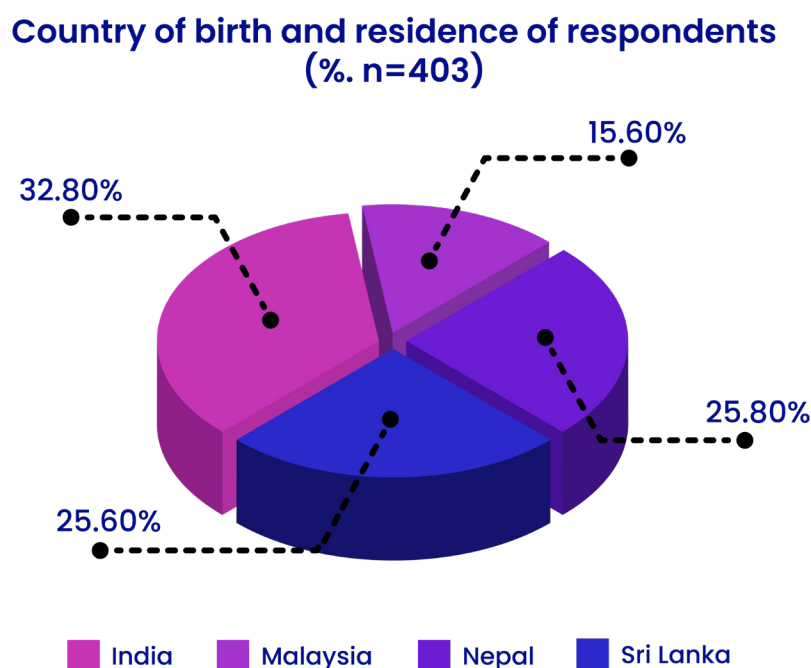
Comparative country-level analysis places analysis from each country, side by side. This allows for comparisons across settings, showing where experiences are consistent and where they differ. The comparative approach also reflects the importance of national and local contexts in shaping patterns of violence and discrimination.

2.4 Profile of respondents

The following findings are based on survey responses from 403 trans and gender diverse people from across four countries in Asia. Close to a third of responses were from Sri Lanka. Even shares of respondents were from Malaysia and Nepal (26% each), while India had the lowest proportion of respondents (16%).

Respondents were asked about both their country of birth and current residence (Figure 1). No significant differences were reported, suggesting limited cross-border mobility among the population.

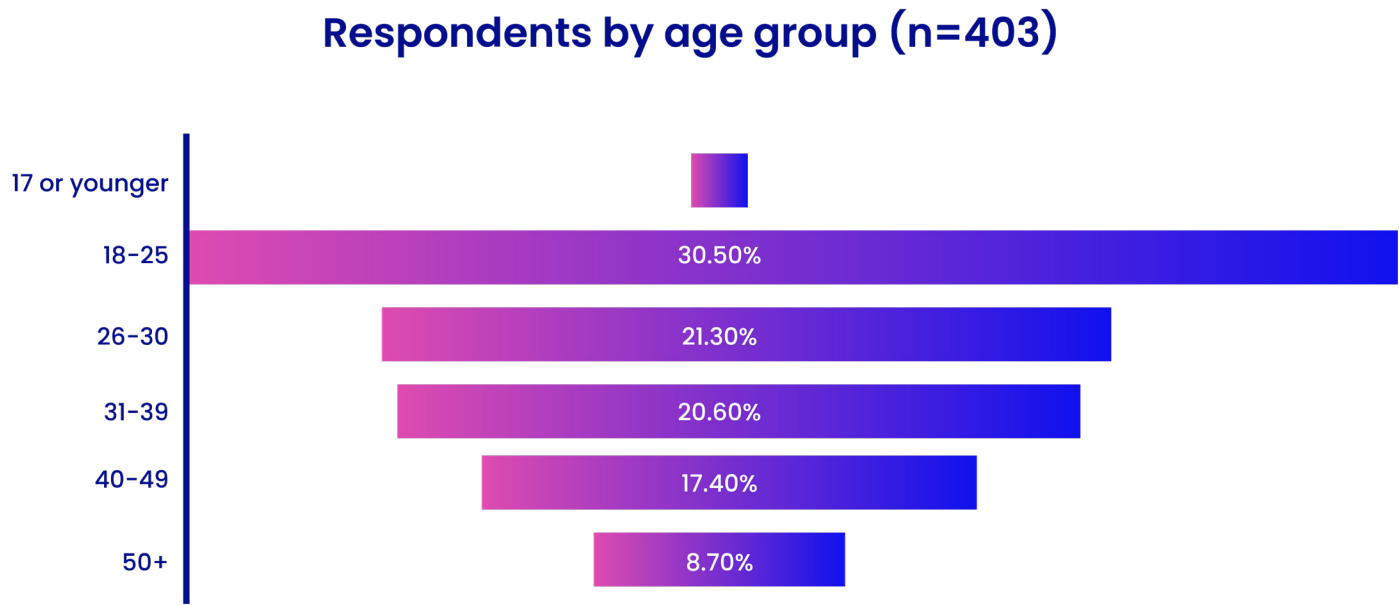
Figure 1. Country of birth and residence of respondents



Participants skewed young – more than half were aged under 30, with the largest group aged 18-25.

Middle aged and older respondents were less represented, while only a small proportion (1.5%) were aged under 18 (Figure 2).

Figure 2. Respondents by age group



The majority of respondents were transgender women/transfeminine (55.8%). Combined with the proportion of respondents identifying as women (7.2%), this means just under two in every three respondents were women and/or transfeminine. A fifth (21.1%) of respondents were transgender men/transmasculine, while a further 11.7% were men. Only a small proportion (4.2%) were non-binary or other (Figure 3).

Consistent with findings on gender identity, just under two-thirds of respondents were assigned male at birth while 28.5% were assigned female at birth. A smaller but notable proportion (7.9%) responded ‘other’ when asked about their sex assigned at birth (Table 2).

Table 1. Gender identity of participants

Gender identity	Proportion of respondents
Transgender woman / transfeminine	55.80%
Woman	7.20%
Transgender man / transmasculine	21.10%
Man	11.70%
Non-binary/other	4.20%

Table 2. Sex assigned at birth

Sex assigned at birth	Proportion of respondents
Male	63.50%
Female	28.50%
Other	7.90%

Comparative country findings: Age of respondents

Transgender men/transmasculine respondents tended to be younger than transgender women/transfeminine respondents – for example, 41.5% of those aged 18–25 were transgender men/transmaculine, falling to only 27.1% of respondents aged 40–49.

This trend was clearest in Nepal and Sri Lanka, where transgender men or transmasculine participants were concentrated in younger age groups, and transgender women/transfeminine participants made up the majority of those aged over 30. Malaysia skewed older than the regional average across sub-groups. India sits between these two patterns, with transgender women/transfeminine respondents

more present in the older groups and transgender men/transmasculine respondents mainly under 30.

While younger age groups were more strongly represented among transgender men/transmasculine respondents, and older age groups among transgender women/transfeminine respondents, the balance differs by country. Malaysia's older profile and Nepal/Sri Lanka's younger profile shift the regional averages, so these country effects need to be considered when interpreting regional results. Non-binary respondents were a very small proportion of the sample in every country, making cross-country comparisons unreliable.

The majority of respondents identified as heterosexual (57.1%). Gay, queer and asexual respondents were the next most common identities, although they appeared in considerably lower proportions than heterosexual respondents. Only a small proportion – 2% or less – were pansexual or lesbian, while a higher proportion were unsure (3.0%) or selected 'other' (7.2%) (Table 3).

One in three respondents were employed full-time

Two in five trans* women experienced sexual violence, including sexual assault and threats of rape

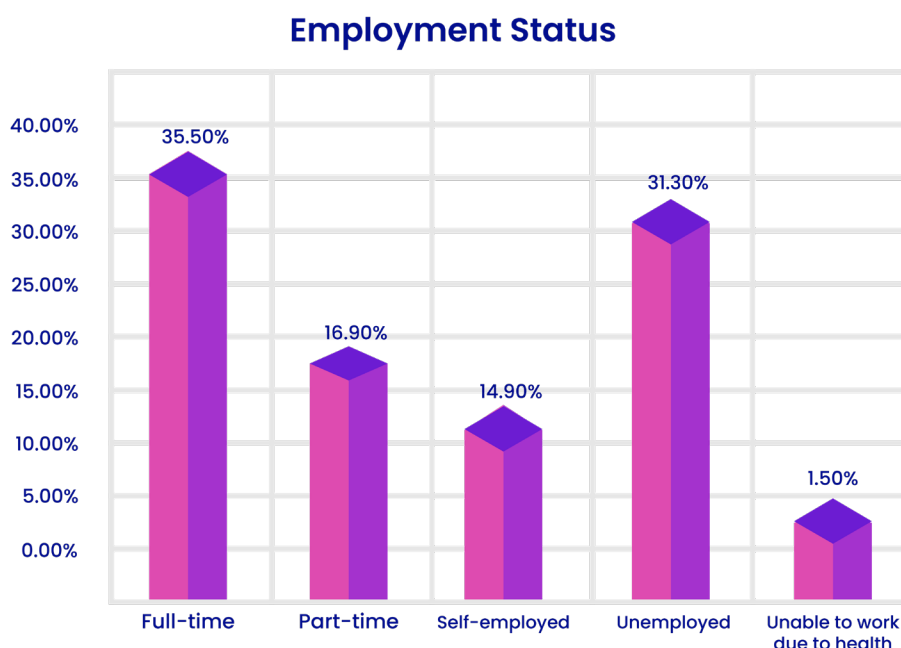
Table 3. Proportion of respondents by sexual orientation

Sexual orientation	Proportion of respondents
Heterosexual	57.10%
Lesbian	0.70%
Gay	12.40%
Bisexual	4.50%
Pansexual	2.00%
Asexual	5.50%
Unsure	3.00%
Other	7.20%

Most respondents were employed, with just over one in three were employed full-time, while a further 16.9% were employed part-time. A further 14.9% were self-employed, which can offer greater independence and flexibility,

but is also associated with greater risk of economic shock and lower coverage of social protection.¹⁴ Slightly less than a third (31.3%) were unemployed, while very few were unable to work due to health reasons (1.5%) (Figure 3).

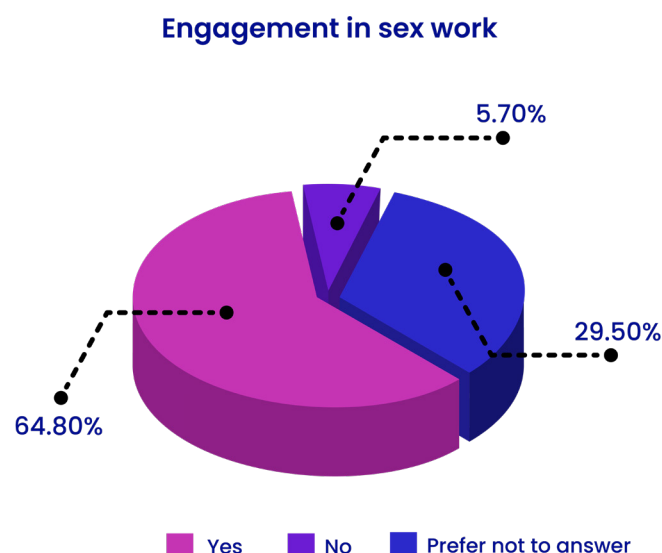
Figure 3. Employment status of respondents



Close to one-third of respondents (29.5%) reported being engaged in sex work, while 64.8% said they were not, and 5.7% preferred not to answer.

Engagement in sex work varied considerably across countries (Figure 4). Almost half (47%) of respondents in Malaysia were engaged in sex work, while prevalence was close to even across Nepal (30%) and India (26%). In Sri Lanka, fewer (17%) were engaged in sex work – however respondents in Sri Lanka were also the most likely to prefer not to disclose whether they were engaged in sex work (9%).

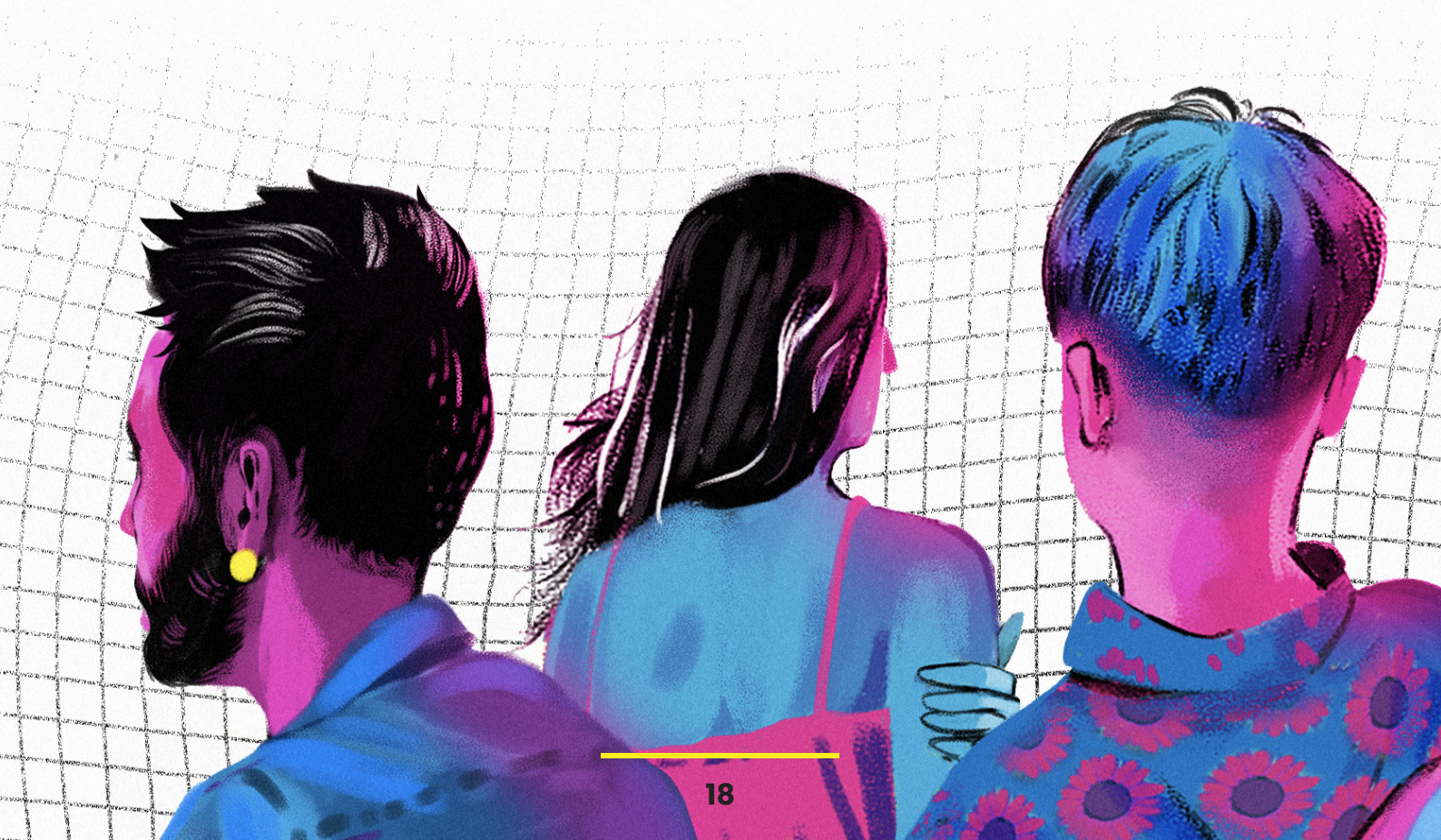
Figure 4. Proportion of respondents engaged in sex work



¹⁴ <https://www.ilo.org/resource/article/technology-fueling-self-employment-%E2%80%93-or-forcing-it>

3.

Findings



This section begins by describing the overall dynamics of transphobic violence across the region. It discusses where transphobic incidents most frequently take place, the most common types of violence, and which sub-segments of the trans and gender diverse community are most at risk. We then analyze who is most often responsible for perpetrating transphobic violence, and compare perpetrator type to locations of incidents to gain an understanding of the power dynamics inherent to transphobic violence.

The remainder of the section is arranged by themes. When pooling the regional data, we looked across the results to identify the most prominent trends – and differences – across the four country surveys. This resulted in four overarching regional themes:



Institutional violence and the prominent role that duty bearers play in directly perpetrating transphobia.



Sexual violence, including an analysis of the demographics most at risk of sexual violence, and the perpetrators involved.



Impacts of transphobic violence, which assesses the severity and persistence of harm caused to trans and gender diverse people affected by violence.



Healing and support pathways, which examines the tools trans and gender diverse people in Asia utilize to recover and feel safe again following instances of transphobic violence.

3.1 Regional profile of violence

The following section outlines types and locations of transphobic violence, who violence is perpetrated by, and the nature of transphobic violence and discrimination.

Comparative country findings: Age of respondents

In **India**, there was a high prevalence of street harassment and public humiliation, which were significant risks for trans women and transfeminine respondents. Perpetrators were mainly family members and strangers. Emotional distress and social isolation were prevalent, while support was drawn primarily from peer networks, while formal complaints were rare.

Respondents in **Nepal** reported elevated rates of violence at home, with incidents frequently occurring during adolescence. In keeping with the risk of violence in the home, perpetrators were often family members, along with public officials. It was rare to seek support through counselling, and respondents described avoiding reporting incidents to the police due to fear.

In **Malaysia**, police violence was less common than in other countries, but online harassment was considerably higher. Perpetrators were mostly intimate partners and strangers. Respondents in Malaysia were also less likely than average to seek counselling.

Trans and gender diverse people in **Sri Lanka** face significant violence from public officials including police, and are at high risk in public spaces. Respondents reflected a profound distrust of authorities, and coped primarily through community solidarity, with almost no engagement with formal justice mechanisms reported.

Demographics of violence

Incidents of violence were most likely to occur at earlier stages of life – the largest share of incidents occurred when respondents were between 18 and 25 years of age (43%), while a smaller but still significant proportion occurred during adolescence (10% aged 11-17), with fewer occurring during childhood (2% aged 10 or under).

Violence followed respondents throughout their life course, with one in five incidents occurring between ages 26 and 30, and a further 22% occurring after the age of 31.

Locations of violence

Violence occurred in all spheres of life, spanning domestic, institutional, and community spaces (see table 4).

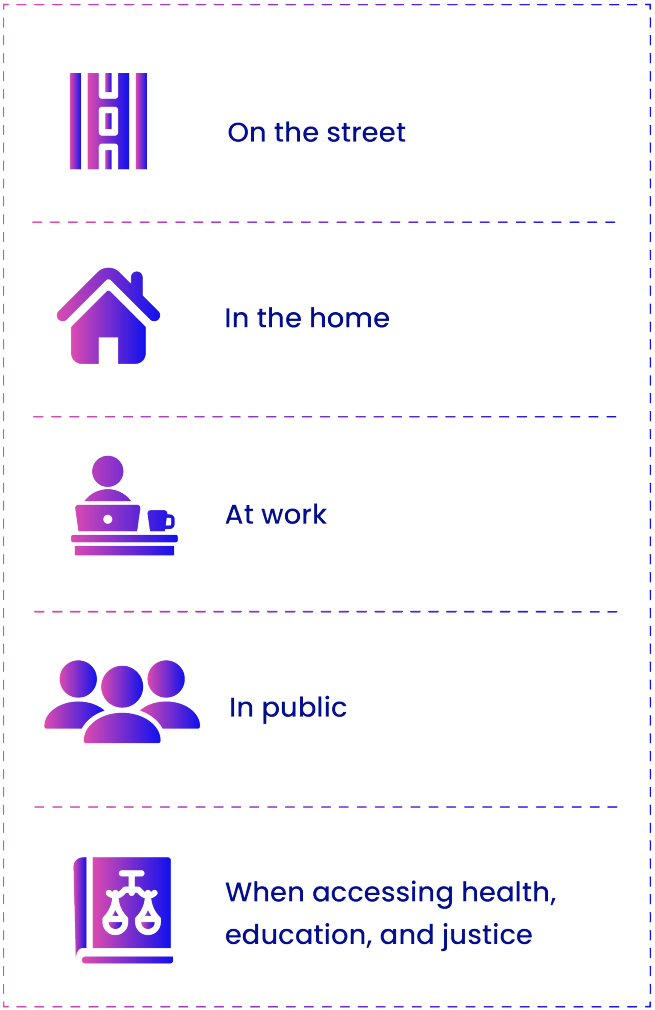
It was most commonly experienced on the street (28%), followed by the home, workplace, and other public or informal locations. In open responses, trans and gender diverse people described being beaten, spat on and robbed in public spaces. One wrote, *“Four men hit me with a helmet to rob me. I broke my right hand.”* Another said, *“A lot of trans women and kotis who gathered to meet and chat were beaten up for daring to exist publicly.”*

Violence also occurred in institutional settings which imply seeking help can in itself place trans and gender diverse people at risk, with respondents reporting violence in healthcare facilities and schools (5% each), and in police stations (4%). Many described a lack of response from bystanders and authorities. As one person said, *“Despite the fact that it took place in a crowded public place, no person intervened to stop it or tried to get the police’s help.”*

Table 4. Location of transphobic violence

Location	Proportion of respondents
Streets	28%
Homes	17%
Workplaces	11%
In public and other informal locations	14%
Near home	7%
Healthcare facilities	5%
School	5%
Police stations	4%
Pride/LGBT/queer events and spaces	<1%
Other	14%

Transphobic violence is most like to occur:



A significant portion (14%) of respondents provided an 'other' location. Government service points were a common site of violence among those who responded 'other', confirming risks of violence occur when accessing essential services including ID, pensions, and examinations. In open responses, participants described dehumanising experiences when disclosing their gender identity, including in institutional settings. For example, several respondents were asked invasive and sexually-toned questions in healthcare settings. As one participant said, *"They did not see me as a person the moment I said I was a trans woman."*

Other common sites of violence were commercial venues, boarding houses, outdoors (eg beaches and forests), and nightclubs. Transport hubs were also mentioned more than once, suggesting that harassment and assault often occur where documentation is checked, services are rationed, or gatekeepers exercise discretion.

Types of violence

During the survey, participants were presented with a list of types of violence, and could select all options that applied to their experience during transphobic incidents (see table 5).

Psychological and social forms of violence were most common, with verbal assault, public humiliation and threats of violence occurring with the greatest frequency. Physical assault was also prevalent, affecting just under a third of respondents. Sexual assault affected 19% of respondents, in addition to 12% who experienced threats of rape – taken together, this means sexual violence (inclusive of sexual assault and threats of rape) affected one in three respondents.

Table 5. Prevalence of types of violence

Category	Type of violence	Number of respondents	Proportion of respondents
Psychological & Social	Verbal assault	167	41.4%
	Public humiliation	159	39.5%
	Threat of violence	119	29.5%
	Stalking (physical)	19	4.7%
	Stalking (online)	17	4.2%
	Other specified forms (e.g. doxxing, harassment etc.)	27*	6.7%*
Sexual	Sexual assault	76	18.9%
	Threat of rape	48	11.9%
Physical & Armed	Physical assault	121	30.0%
	Mob violence	16	4.0%
	Armed assault	14	3.5%
	Acid attack	4	1.0%
	Attempted burning	1	0.2%
Institutional & Religious	Blocked by health professional / counsellor	20	5.0%
	Traditional ritual to stop being trans	18	4.5%
	Faith-based exorcism	7	1.7%
Property-related	Property destroyed	6	1.5%

** "Other specified forms" reflect narrative responses such as attempted murder, workplace discrimination, sexual harassment, online abuse, and psychological coercion – see analysis below.

Transphobic incidents were less common but still notable in institutional settings. Even proportions of respondents were prevented from receiving care by health professionals, subjected to traditional rituals (5% each), or exorcisms (2%). Family members were at times implicated into or actively enabled institutional abuses, with one respondent saying, “When my family found out I was trans, they took me to a shaman... I eventually ran away from home.”

Targeted physical assaults occurred less frequently but were often severe in nature, involving mob violence, armed assault, acid attacks, and attempting burning. Six respondents (1.5%) had their property destroyed during transphobic incidents.

The 7% of respondents who selected ‘other’ described incidents ranging from attempted murder, to sexual harassment, and forms of bullying including workplace exclusion and online abuse. In many cases, an instance of violence would lead to additional denial of their dignity and humanity, often by those closest to them – as one person described, “A mocking video was posted; my family and friends shamed me.” Others were denied employment, refused access to education, healthcare or other public services, or subject to sustained harassment including emotional blackmail. Hate speech and derogatory language was common, and often grounded in regressive social mores – as one respondent stated, “[I was] called pondan, bapak, sinner, unwanted.”

Cross-country comparative findings

The prevalence of verbal assault in **Sri Lanka** was above the regional average (61 per cent, 80 of 132), while India had a comparatively higher rate of threats of rape (23 per cent, 14 of 62).

Malaysia had the most varied experiences of violence, with higher rates of both physical and sexual assault (43 per cent and 27 per cent respectively), alongside a greater proportion of participants reporting four or more different types of incidents (26 per cent, 27 of 105).

Nepal’s figures for stalking were higher than elsewhere, with around 8 per cent reporting both physical and online stalking.

A narrow majority of respondents experienced more than one type of violence per incident. Around 22% described two types of violence, 15% described three, and a few reported up to eight types of violence (see table 6).

Transgender women/transfeminine respondents were more likely to experience physical assault and sexual assault, and were more likely than any other group to report threats of rape and stalking, both physical and online.

One in three trans* women experienced physical assault

Two in five trans* women experienced sexual violence, including sexual assault and threats of rape

Transgender men/transmasculine respondents were more likely to experience public humiliation and verbal assault. While slightly less common compared to trans women, trans men nevertheless experienced high rates of physical assault, and experienced sexual assault at concerning levels.



Almost one in two trans* men experienced public humiliation



Almost one in two trans* men experienced verbal assault



More than one in five trans* men experienced physical assault



One in 10 trans* men experienced sexual assault

A notably high proportion of non-binary respondents were blocked or refused care by health professionals (21%), while verbal assault, public humiliation, physical assault, and sexual assault all occurred for upwards of one in four non-binary respondents.

Table 6. Types of violence by gender identity of respondents

Type of incident	Trans women (n=254)	Trans men (n=132)	Non-binary (n=14)
Verbal assault	39%	47%	36%
Public humiliation	37%	46%	29%
Physical assault	34%	22%	29%
Sexual assault	24%	9%	21%
Threat of rape	16%	5%	7%
Health professional block	3%	6%	21%
Stalking – physical	6%	2%	0%
Stalking – online	6%	2%	7%
Traditional / spiritual rituals	4%	5%	7%
Mob violence	5%	2%	7%
Armed assault	4%	2%	7%
Faith-based exorcism	2%	1%	7%
Acid attack	1%	<1%	0%
Burn attempt	<1%	0%	0%

Perpetrators

Perpetrators of violence were most often family members and members of the community, including strangers and neighbours. However, when considering public officials and police as a single category, one in three perpetrators were public officials. Neighbours were also frequently reported (see table 7).

Transphobic incidents in the workplace were common, and most often perpetrated by co-workers and employers or supervisors. Examples of workplace violence included discrimination, for example being openly denied jobs: *“They didn’t select me for job being a Trans”*. Others saw their career progress blocked or faced undermining comments, leading to one participant saying, *“Promotions were blocked; I resigned.”*

Reflecting that schools, universities and other educational settings are also sites of violence, 7% of incidents were perpetrated by classmates, 5% by peers, and a small portion by faculty members. Health care providers were perpetrators in 6% of cases, while religious leaders and political groups were less common. Intimate partner violence and violence perpetrated by clients of sex workers were apparent in the data in smaller proportions (4% and 6% respectively).

An additional 5% of responses were in the ‘other’ category and included community members such as extended family, taxi drivers, and security officers.



One in three perpetrators were public officials including police



One in five perpetrators were family members



One in five perpetrators were strangers



One in 10 perpetrators were neighbours

Table 7. Type of perpetrator by proportion of respondents impacted

Category	Type of perpetrator	Number of respondents	Proportion of sample
Family and personal	Family	81	20.1%
	Romantic or intimate partner	17	4.2%
	Sex work client/customer	22	5.5%
	Other specified forms (friends, partners, etc.)	21*	5.2%*
Community and strangers	Strangers	77	19.1%
	Neighbours	44	10.9%
	Peers	19	4.7%
	Classmates	26	6.5%
	Faculty	6	1.5%
	Other community (taxi driver, passer-by)	included in other*	-
Workplace	Co-workers	34	8.4%
	Supervisor or boss	22	5.5%
Institutions and officials	Public officials excluding police	78	19.4%
	Police/law enforcement	47	11.7%
	Healthcare provider	25	6.2%
	Religious leaders or group members	12	3.0%
	Political groups or followers	5	1.2%
Unknown / other	Do not know or cannot recall 'Other*' responses	21	5.2%

*Other specified personal forms include open responses such as extended family, boyfriends, taxi drivers, social media influencers, and security officers.

Results suggest that violence perpetrated by strangers or institutional actors rises with age, while family violence is comparatively more common among younger respondents. Younger respondents (11–25) more often reported family and public officials as perpetrators, while those

in their late twenties and thirties identified a wider mix including strangers, neighbours, co-workers and police. Older respondents (40 and above) most often reported strangers, supervisors, healthcare providers and sex work clients (see table 8).

Table 8. Type of perpetrator by age of victim/survivor at time of incident

Age at time of incident	Most common perpetrators	%	Next most common	%
11–17 (n=6)	Family/Public officials excluding police	33 each	Neighbours/ Classmates / Police	17 each
18–25 (n=123)	Family	24	Public officials	21
	Strangers	11	Classmates	11
	Neighbours	10	Police	9
26–30 (n=86)	Family	22	Public officials	15
	Strangers	14	Co-workers	12
	Neighbours	11	Police	8
31–39 (n=83)	Strangers	22	Neighbours	19
	Public officials	18	Family	17
	Police	16	Co-workers	16
40–49 (n=70)	Strangers	29	Public officials	24
	Police	16	Family	16
50+ (n=35)	Strangers	40	Sex-work clients	17
	Family	14	Public officials	14
	Police	11	–	–

Cross-country comparative findings

In **Malaysia**, perpetration by members of the public were more pronounced, with strangers (34%) and sex-work clients (9.5%) well above the regional mean. Religious actors (8.6%) and police (15.2%) were also high. Malaysia also had the highest prevalence of incidents where two or more perpetrators were involved (36%).

In **Nepal**, transphobic violence was more often perpetrated by community members: neighbours (21%), classmates (16%), and peers (9%) were all notably above average; strangers were also common (27%).

Sri Lanka saw significantly higher rates of violence perpetrated by authority figures and duty bearers: supervisors/employers (11%) and health care providers (9%) were the highest in the region. Family members (25%) were also identified as perpetrators at a rate higher than the regional average, while strangers (4%), classmates (0.8%), and peers (0.8%) were below average.

India also saw a high prevalence of violence perpetrated by duty bearers: public officials excluding police (29%) were well above the regional average, although incidents involving police (8%) were below average, as was violence perpetrated by co-workers (7%). India also saw the highest rate of family violence in the region, at 27%.

Sites of violence by age group likely reflects both the physical spaces that relatively young/relatively older respondents spend most of their time in, and where power dynamics are most pronounced. This is affirmed when correlating the identity of the perpetrator with the site of transphobic incidents (see table 9). For example, family members were most often reported as perpetrators at home, police and public officials at police stations and in the street, co-workers and supervisors in workplaces, healthcare providers in health facilities, and classmates and peers in school and university settings, while strangers were concentrated in street locations.

Open responses also shed light on ways in which different perpetrator groups exerted their power in specific locations, often places that individuals were reliant on for safety or which they would face significant challenges or consequences in leaving. For example, respondents described incidents of family violence that included being beaten, locked inside, denied inheritance, and forced into rituals intended to “cure” them. One person noted, *“Locked [in] at home; not allowed out; psychological torture.”*

Table 9. Location of incident and perpetrators most often reported at that location

Location of incident	Perpetrators most often reported
Home	Family (71%), Romantic partners (10%), Sex work clients (9%)
Near home	Family (33%), Public officials (23%), Neighbours (27%)
Street	Strangers (44%), Public officials (17%), Police (16%), Neighbours (17%)
Police station	Police (53%), Public officials (35%)
Workspace	Co-workers (49%), Supervisors (29%), also some clients
Healthcare facility	Healthcare providers (74%)
College/University	Classmates (44%), Faculty (33%), some public officials
School	Classmates (37%), Peers (16%), Public officials (11%)
Online	Peers (21%), Romantic partners (18%), Public officials (15%)
Other locations	Public officials (37%), Police (19%), Strangers (14%)
Pride/LGBT spaces	Mix of peers (33%), intimate partners (6%) but very low counts

3.2 Regional thematic analysis

3.2.1 Institutional violence

Institutional violence reflects the structural and systemic ways in which trans and gender diverse people are subjected to harm by state actors, service providers, and religious authorities. These forms of violence are especially damaging because they are perpetrated by institutions meant to provide safety, care, and legitimacy. Violence perpetrated by duty bearers can have long-lasting effects which inhibit access to vital sources of remediation, prevention and healing.

Respondents described how incidents of violence translated into broader suspicion of institutions: “Deep distrust in healthcare workers.”

Across the region, public officials including police were significantly more likely than any other institutional perpetrator group to be directly responsible for incidents of transphobia and violence. Healthcare providers were also commonly identified, while religious actors were also identified in smaller but still notable proportions (Table 10).

Table 10. Regional gender and age patterns in institutional violence

Domain	Transfeminine / woman (N=254)	Transmasculine / man (N=132)	Non-binary (N=14)	Other (N=3)	Total (N=403)
Public officials	21.3%	14.4%	28.6%	33.3%	19.4%
Police	12.6%	9.1%	21.4%	0.0%	11.7%
Political groups	1.6%	0.0%	7.1%	0.0%	1.2%
Healthcare providers	4.7%	8.3%	14.3%	0.0%	6.2%
Health professional tried to stop them being trans	3.1%	6.1%	21.4%	33.3%	5.0%
Religious leader or group member	4.3%	0.0%	7.1%	0.0%	3.0%
Traditional / spiritual rituals	3.5%	5.3%	7.1%	33.3%	4.5%
Faith-based exorcism	2.0%	0.8%	7.1%	0.0%	1.7%

Violence from public officials including police

Overall, one in three respondents experienced violence from government duty bearers. This includes one in five respondents (19.4%, n=78) reporting experiences of violence from public officials, and 11.7% (n=47) experiencing violence from law enforcement such as the police. Perpetration by political groups or followers was less common, reported by only five respondents across the four countries.

While perpetrators linked to personal relationships (such as family and peers) were more common overall, the presence of violence by public officials and police demonstrates that trans and gender diverse people face institutionalised hostility from those in positions of authority and power.

Public officials were often perpetrators in highly visible and high-risk spaces such as workplaces, healthcare facilities, and the street, showing how institutional power places trans and gender diverse people at risk in public life. This trend also raises serious concerns regarding access to justice, as it suggests a potentially insurmountable power imbalance when it comes to raising complaints against the perpetrator/s, who may themselves be mandated to investigate and address complaints, or be closely and personally connected to investigators. Comparative analysis showed variation across countries, with some contexts (e.g., Sri Lanka) showing higher perpetration from officials compared to others.

Public officials (excluding police) were identified as perpetrators most often by transgender women/transfeminine (21.3%) and non-binary respondents (28.6%), with lower levels among transgender men/transmasculine (14.4%) respondents. Prevalence followed a similar pattern in cases perpetrated by police, with both transgender women/transfeminine respondents (12.6%) and non-binary respondents reporting a higher proportion of incidents (21.4%) compared to transgender men/transmasculine respondents (9.1%). When violence was perpetrated by police, it was most commonly reported by those in their thirties and forties, where prevalence exceeded 15%.

Violence in healthcare settings

Healthcare institutions, intended as sites of care and healing, were also locations of harm. Direct violence perpetrated by healthcare providers was reported by 6.2% of respondents (n=25), while an additional 5.0% (n=20) reported that a health professional, counsellor, or therapist had actively tried to stop them from being trans. Respondents described being denied access to social safety nets including health care – “[I was refused] USG [Ultrasound Sonography] due to my appearance; I had to cancel my hysterectomy.”

Healthcare facilities were also locations where transphobic humiliation, coercion, and threats occurred. As one participant described, “A ward attendant tried to see my private parts”, while others described people in authority publicly outing them and asking invasive questions publicly, saying “the Commissioner questioned our sex lives and humiliated us.”

While the absolute proportions may appear smaller than other categories, these experiences are particularly serious because they represent discriminatory ideology in healthcare settings. When considered alongside the frequency of institutional discrimination, these results suggest healthcare systems are failing to provide safe, affirming environments for trans people, and in some cases perpetuating conversion practices under the guise of care.

Results suggest that transphobia in healthcare settings most often affects non-binary people, although this should be interpreted with caution due to a limited sample. Transphobic incidents involving healthcare providers occurred proportionately most frequently among non-binary respondents (14.3%), followed by transgender men/transmasculine (8.3%) and transgender women/transfeminine (4.7%) respondents. Overall, risks in healthcare settings peaked when participants were in their late twenties (9.3% at ages 26–30) and remained notable into their thirties (7.2% at 31–39). Experiences of being told by a health professional to stop being trans showed a similar pattern: transgender men/transmasculine (6.1%) and transgender women/transfeminine (3.1%) respondents reported such incidents, but non-binary respondents were most affected (21.4%). These pressures were present across young and middle adult age groups, with little occurrence among those aged 50 and above.

Violence from religious actors

Religious leaders and institutions were named less frequently as direct perpetrators, with 3.0% of respondents (n=12) reporting violence from religious leaders or group members. However, 4.5% (n=18) had experienced practices specific to religion, namely traditional or spiritual rituals intended to stop them being trans. A further 1.7% (n=7) reported faith-based exorcisms or similar rituals conducted by religious institutions or even government-funded initiatives.

While numerically smaller, these forms of institutional violence represent the persistence of cultural and spiritual ideologies that frame trans identities as pathological or in need of eradication. Open-text responses also suggested that religious rejection can sever sources of community connection, forcing individuals to seek belonging elsewhere. For younger trans people, being 'sent' to religious/spiritual leaders for conversion was a family response that led to early traumatic experiences.

Transgender women/transfeminine (4.3%) and non-binary (7.1%) respondents tended to report religious leaders or group members as perpetrators, while no transgender men/transmasculine respondents indicated such experiences. Incidents involving religious leaders or group members peaked among respondents aged 31–39 (4.8%). Incidents involving traditional or spiritual rituals to stop someone from being trans were identified across groups at fairly consistent levels – 3.5% of transfeminine, 5.3% of transmasculine, and 7.1% of non-binary respondents reported such incidents, which were also reported by around 4–5% within each adult age group under 50.

Faith-based exorcisms were uncommon overall, but when reported they clustered among transgender women/transfeminine (2.0%), transgender men/transmasculine (0.8%), and non-binary respondents (7.1%), with the highest concentration in the thirties (4.8%).

Political groups

Political groups or followers were rarely identified as perpetrators (1.2% overall), with non-binary (7.1%) and transgender women/transfeminine (1.6%) respondents most affected, most commonly when they were aged 30–39 (3.6%). No instances were reported by transgender men/transmasculine respondents.

Reporting institutional violence

Pressing charges against institutional perpetrators was extremely rare across all categories. Across all institutional violence, only 2 respondents pursued charges, indicating widespread impunity and lack of accessible justice (see table 11).



Table 11. Number of respondents pressing charges, by perpetrator group

Perpetrator group	No. incidents	No. pressing charges
Public officials including police	125	2
Political groups/followers	5	0
Healthcare providers	25	0
Health professional/counsellor blocked transition	20	0
Religious leaders/group members, and traditional/spritual rituals, including faith-based exorcisms	37	0

Cross-country comparative analysis

Institutional violence from **public officials excluding police** was highest in India (29%), nearly double the rate in Malaysia, Nepal, and Sri Lanka (16–19%). Police violence was most common in Malaysia (15.2%) and Sri Lanka (12.9%), with lower levels in India and Nepal (8%).

Healthcare providers were not reported as perpetrators in India but occurred in Sri Lanka (9.1%) and Malaysia (7.6%). Medical blocking of transition was most notable in Nepal (6.7%) and Malaysia (5.7%).

Religious harms were concentrated in Malaysia (8.6% leaders, 5.7% rituals, 5.7% exorcisms) and Nepal (6.7% rituals, 2.9% leaders, 1.0% exorcisms), and absent in India and Sri Lanka.

Across the region, there were 212 instances of transphobic violence that occurred in government, healthcare, educational and faith-based institutional settings.

Only 2 of these victims/survivors pursued charges against institutional perpetrators.

3.2.2. Sexual violence

Close to a third of respondents experienced at least one instance of sexual violence, including 18.9% who reported sexual assault, and 11.9% reporting threats of rape (see table 12).

When comparing perpetrator type to instances of sexual violence, sex work clients were the highest-risk perpetrator group. Among the respondents who named sex work clients as perpetrators, six in 10 (59.1%) reported sexual assault and more than a third reported threats of rape (36.4%).

Community settings were also sites for sexual violence with strangers (31.5%) and neighbours (22.7%) more likely than average to be reported in connection with sexual assault.

Duty bearers and people in positions of authority were frequently named as perpetrators of sexual violence. The risk of sexual assault was

pronounced when perpetrators were religious leaders (41.7%) or faculty in educational institutions (33.3%), although while proportions were high, actual numbers were low, and so these results should be interpreted with caution. Sexual violence also occurred in the workplace, with supervisors comprising 27.3% of reported sexual assaults.

Public officials (20.5%) and police (21.5%) were also more likely than average to perpetrate sexual assault, a finding which is particularly concerning given the critical importance of the justice system for accountability, and public services (including social protection, healthcare and education) for supporting the recovery and healing of victims/survivors of sexual violence. Public officials were also named at an above average rate in relation to threats of rape (16.7%), while police were involved at a rate marginally above average (12.8%).

Table 12. Risk of sexual violence by perpetrator type

Perpetrator group	No. incidents	No. pressing charges	No. pressing charges	No. pressing charges
Sex-work clients	59.1	13	36.4	8
Religious leaders	41.7	5	16.7	2
Faculty	33.3	2	16.7	1
Strangers	31.6	24	13.0	10
Supervisors	27.3	6	4.5	1
Neighbours	22.7	10	9.1	4
Police	21.3	10	12.8	6
Public officials	20.5	16	16.7	13
Overall (all respondents)	18.9	76	11.9	48

**'relative to baseline' means that this perpetrator category is cited more/less frequently for sexual violence than across all types of violence.*

The prevalence of perpetrators in positions of authority reflects a correlation between power imbalances, and sexual violence. This is further reflected in results regarding the age at which incidents of sexual violence most frequently occurred. Threats of rape skewed younger, with the highest proportions among respondents aged 18–25 (35.4%) and 26–30 (27.1%), dropping in older groups. The risk of sexual assault also peaked in early to mid-adulthood, with respondents aged 31–39 accounting for the largest share (27.6%), followed by those aged 26–30 (23.7%) and 18–25 (19.7%). No respondents aged 11–17 reported sexual assault.

Sex workers were more than twice as likely than the rest of the population to experience sexual violence. Nearly one in three respondents engaged in sex work reported sexual assault (32.8%), compared with just over one in ten of those not engaged (12.6%). Similarly, 18.5% of sex workers compared with 9.2% of non-sex workers reported threats of rape (see table 13).

Participants described instances where gendered sexual violence and harassment was accompanied by weapons, humiliation, and other forms of control, illustrating the heightened risk for trans and gender diverse people in Asia to sexual violence in a range of contexts:

I was sexually assaulted by a group of boys who I liked."

"Malai sex work ko time ma clients le knife Prahar hareko" (during sex work a client attacked me with a knife).

"attempts to forcibly remove my clothes"

Table 13. Risk of sexual violence among those engaged or not engaged in sex work

Sexual assault		Threats of rape	
Engaged in sex work	32.80%	Engaged in sex work	18.50%
Not engaged in sex work	12.60%	Not engaged in sex work	9.20%

Cross-country comparative findings

Sexual assault was most common in Malaysia, where more than a quarter of respondents reported assault (26.7%). Nepal followed at one in five (20.2%). India was somewhat lower at 16.1%, while Sri Lanka had the lowest prevalence.

Threats of rape showed a different profile. India reported the highest prevalence (22.6%), followed by Nepal (18.3%). Malaysia was lower at 11.4%, and Sri Lanka again the lowest at 2.3%.

Age at which sexual violence occurred also varied by country. In Malaysia, sexual assault and threats were concentrated among older respondents (31–39 and 50+), making it the only country where later life stages carried the most risk.

Nepal and Sri Lanka showed a young-adult concentration, with incidents most reported between ages 18–30. In India, sexual assault risks were higher among respondents aged 31–39, but threats of rape occurred younger, primarily among those aged 18–25.

Across the four countries, trans women reported the highest overall exposure to sexual violence, accounting for the majority of both sexual assaults and threats of rape in India, Malaysia and Nepal. In Sri Lanka, trans men and trans women reported similar levels of sexual violence (47% and 53% of sexual violence cases respectively). In Sri Lanka, trans men were more likely to report threats of rape than trans women.

3.2.3 Priority issues based on impact

The prevalence of incidents and power of perpetrators are critical to understanding how to prevent and respond to transphobic violence. However, it is equally important to document the impact these incidents have on people's lives. Evidence and analysis of the severity and persistence of harm to trans and gender diverse people can be used to guide where resourcing can best be allocated and where the most urgent attention is required.

In assessing harms, it is important to note that transphobic violence has impacts that are often widespread and interrelated, but that victims/survivors also draw on a range of support systems, which are discussed in subsequent sections. Many respondents, using free text responses, expanded on the psychological toll of transphobic violence, describing exhaustion, trauma, and self-harm. One stated, "Mentally exhausted and made me harm myself... it took a long time to recover." At the same time, some drew reflected on strength from surviving, with one concluding, "Now [I] feel it's made me stronger."

Impact of transphobic violence on psychological, relationship and physical wellbeing

Looking across domains, the norm was not absence of harm but moderate, ongoing disruptions to psychological, relational, and physical wellbeing, with some participants experiencing more severe and lasting damage (Figure 5).

Methodological note

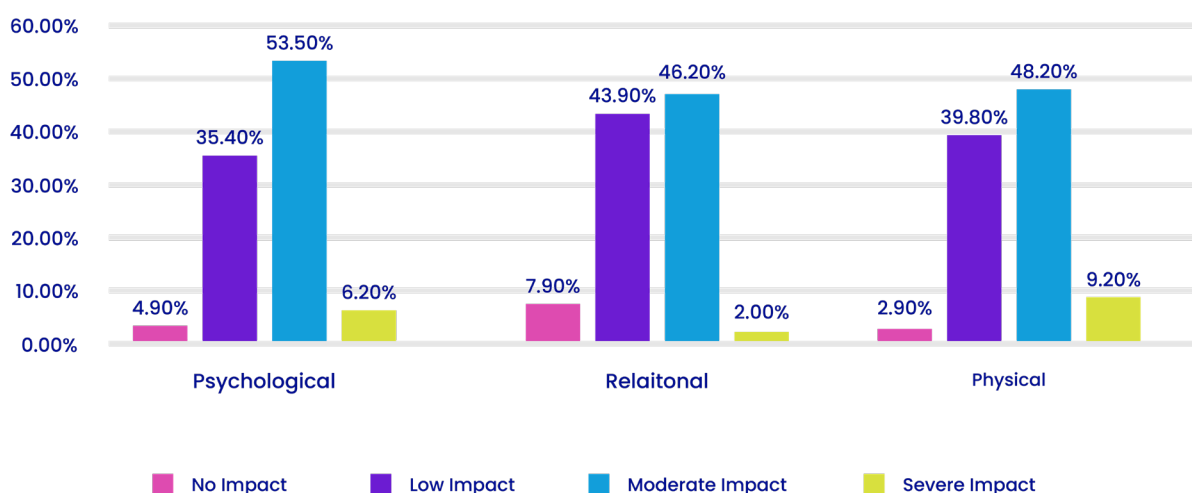
The survey gathered information on how people were impacted by the incident and the types of harms they experienced.

Participants were presented with a list of different impacts across psychological, physical and relational/social domains of wellbeing. They were able to select as many responses as applied regarding the impacts of incidents they had experienced.

Findings were then aggregated to create a composite measure across each of these three domains, which were clustered into the following categories of impact: none; low; moderate; and severe.

It is important to note that this analytical framework is designed to give an overall picture of the complexity and extent of the impacts of violence on trans and gender diverse people; however, the survey did not measure the duration or severity of the harm caused, or the extent of any socio-economic consequences.

Psychological (n=325), relational (n=403) and physical (n=382) impacts by level of impact



Severe impacts were highest in the physical domain, with nearly one in 10 experiencing physical impacts reporting severe consequences. Very few experiencing physical harm reported no impacts.

Overall, psychological harms were the most widespread – among those experiencing psychological impacts, more than half described moderate impacts, with a relatively high proportion (6.2%) experiencing severe psychological consequences. Only a small minority reported no psychological effects.

Relational impacts clustered around the middle of the scale, with 46.2% reporting moderate consequences and 43.9% reporting low impacts, while just 2% described severe relational harm. While relatively moderate compared to impacts in the other domains, free-text responses suggest relational harms influence impacts in other domains, especially mental health, and the ability to participate fully in society more broadly. Several respondents described withdrawing socially and avoiding people or places following transphobic incidents. One wrote, *“Lost interest to see people, avoid to see any people or attend any occasions,”* while another reflected, *“Felt like isolating from the society. For others it extended even more broadly: ‘lost trust in people.’”*

When considering specific sub-types of impacts within these domains, the most common psychological impacts were concentration and memory difficulties (26.8%), indecisiveness (20%), procrastination (17%), heightened sensitivity to criticism (33.5%), self-critical thoughts (23.3%), and loss of interest in previously enjoyed activities (19.9%).

Emotional harms most frequently manifested as anger (35.7%) and feelings of isolation (25.1%). Again reflecting the intertwined nature of the three domains, emotional impacts often led to relational disruptions, with 39% withdrawing from others, 28.3% reporting relationship breakdown, and 12.4% becoming overly dependent on others. Several participants described deep emotional effects: *“I was in bed for many days, I had lost interest in everything”* and *“I was so upset and never came back to road [for a] few weeks.”* Others connected trauma to specific triggers, such as *“Trauma looking at people on a bike,”* or emphasised ongoing anxiety and depression related to employment: *“Anxiety & depressed to find new job.”*

Spiritual harms presented as 30% questioning the meaning of life, 30.8% reporting a loss of purpose, and 37.5% describing a loss of hope. A smaller number of responses pointed to shifts in identity and coping strategies. For some, the violence reshaped self-perception: *“I had started liking boys, and lost interest in girls and I had started becoming gay.”* Others found resilience or faith, with one respondent simply saying, *“Strengthened my faith.”*

Impact by type of violence and perpetrator

The results show that when trans and gender diverse people are subjected to threats of physical violence and physical assaults, they are more likely to experience moderate or severe consequences across all three domains – psychological, relational, and physical. Nearly three quarters of those who experienced threat of physical violence reported moderate or severe relational impacts, and over two thirds reported moderate or severe physical impacts. Psychological severity was also high, with close to eight in ten respondents in the moderate or severe range (see table 14).

Physical assault was associated with physical impacts (74% moderate/severe), as well as psychological (72%) and relational (69%). Sexual assault also produced substantial harm, with around seven in ten reporting moderate/severe consequences in psychological (71%), physical (70%), and relational (65%) domains.

Methodological note

The statistics below are the share of respondents within each incident type who reported moderate or severe impacts. This allows a comparison of the harmful impact of different types of violence.

The most common type of incidents were public humiliation and verbal assault. While their impacts were still significant, they were more likely to be described as moderate than severe.

Table 14. Proportion of moderate/severe impacts by domain of impact

Nature of incident	Moderate/severe psychological impact N (%)	Moderate/severe physical impact N (%)	Moderate/severe relational impact N (%)
Threat of violence	75 (79.0)	82 (69.5)	88 (73.9)
Physical assault	62 (72.1)	64 (74.4)	59 (68.6)
Sexual assault	48 (70.6)	49 (70.0)	46 (65.3)
Verbal assault	91 (62.3)	86 (59.1)	89 (60.4)
Public humiliation	84 (60.5)	80 (57.8)	83 (59.9)

The impacts were also more severe when perpetrators were intimate partners, or in a position of authority (see table 15). Severe psychological and physical consequences followed when perpetrators were intimate partners of the victim/survivor, or where they were police, healthcare providers, or religious leaders. Transphobic violence perpetrated by community members such as neighbours and strangers had less pronounced, but still severe, impacts; while perpetration by family members tended more towards moderate levels of harm.

I was sexually assaulted by a group of boys who I liked."

Methodological note

The table below shows conditional risks, namely, the proportion of respondents who reported severe impact in each domain, among all respondents who named the specified perpetrator group. In the survey instrument, respondents were able to select multiple perpetrators, which means that rates of severity are not additive across groups.

Perpetrator groups with numerical values lower than 25, for example political groups and faculty, are less reliable and should only be referred to as directional trends.



Table 15. Severe impact by perpetrator group and domain of impact

Domain	Perpetrator group	Proportion of respondents reporting severe impacts	No. respondents
Physical	Political groups/followers	60.0%	5
Physical	Romantic/intimate partner	29.4%	17
Physical	Religious leader/group member	33.3%	12
Physical	Healthcare provider	24.0%	25
Physical	Law enforcement officials	19.6%	46
Psychological	Political groups/followers	40.0%	5
Psychological	Client/customer/patron	22.2%	18
Psychological	Romantic/intimate partner	18.8%	16
Psychological	Religious leader/group member	18.2%	11
Psychological	Neighbours	19.4%	36
Relational	Political groups/followers	20.0%	5
Relational	Romantic/intimate partner	17.6%	17
Relational	Faculty/educators	16.7%	6
Relational	Neighbours	6.8%	44
Relational	Strangers	5.2%	77

Gender and age patterns

Incidents occurring in early adulthood had the most severe impacts. Those aged 18–25 consistently reported the highest levels of severe harm across domains, followed closely by those aged 26–30, with severity declining in older age groups.

Gender identity also shaped experiences of impact. Transgender women/transfeminine respondents reported the highest rates of severe physical consequences. Non-binary respondents consistently reported high impact across domains, based in the limited pooled regional sample of non-binary respondents (N=14).

Cross country comparative impact

Regionally, moderate harm was the norm, with some variation across countries. India reported the lowest relative impacts, especially in relational and physical domains. Malaysia saw the highest severe physical harm, while Sri Lanka had the highest overall psychological and relational harm, but relatively few severe cases. Nepal was close to regional averages across domains.

Threats of violence led to more severe relational harm, particularly in Nepal and Sri Lanka. Verbal assaults resulted in moderate psychological impacts in Malaysia and Nepal, but not in India. Sexual assault drove physically severe impacts in Malaysia, and to a lesser extent Nepal. Public humiliation was most impactful in Malaysia and Nepal, where it produced both moderate psychological and physical harm, whereas in India and Sri Lanka its impacts were generally lower.

3.3.4. Healing and support pathways

This section examines how trans and gender diverse people recover, who they turn to, and what helps them feel safe again. By taking a regional view, we are able to examine the common types of support used by trans and gender diverse people in Asia following transphobic incidents; while a comparison between countries highlights how local contexts shape whether people rely more on formal services or informal networks. Layered support (when personal, community, and institutional sources are accessed) indicates stronger support networks and more diverse ways to heal following experiences of violence (Table 16).

Healing and support pathways

The vast majority of respondents (93.1%) accessed at least one type of support. However, support seeking was also overwhelmingly through informal channels – six in ten respondents talked to a friend, and nearly three-quarters connected with others who had faced similar violence. Formal supports were used less often: fewer than one in five spoke to a counsellor, and just over one in ten joined a support group. Only five respondents (1.2%) pressed charges against their perpetrators.

Table 16. Types of support accessed following transphobic incidents

Type of support	Number of respondents	Proportion of respondents
Talked to a friend	245	61.0%
Connected with others with similar experiences	299	74.2%
Spoke to a counsellor	78	19.4%
Joined a support group	56	13.9%
Pressed charges	5	1.2%
No support accessed	28	6.9%

Most people relied on only one type of healing action. Just over half of respondents reported a single action, while four in ten took between two and five actions. Very few drew on more than five actions, and a relatively small group indicated they had taken none (see table 17).

Table 17. Number of healing actions taken following transphobic incidents

Number of healing actions	Number of respondents	Proportion of respondents
None	26	6.5%
One	208	51.6%
Two to five	162	40.2%
More than five	7	1.7%

Cross-country comparative analysis

Across the region, peers and friends are the most common supports, with some country differences in access to counselling and groups, and very limited use of legal action everywhere.

In Sri Lanka, talking with peers (91%) and friends (76%) were the most frequent pathways to healing, while use of counselling (10%) and support groups (9%) was low. India had the highest proportion talking to a counsellor (34%).

Malaysian respondents used the widest range of supports, with nearly half taking two to five steps, and a more even spread across types of actions. Malaysia also saw a higher rate of group participation (21%). In Nepal, 11% reported no support at all, the highest across the four countries.

Layered supports were most common in Malaysia, somewhat present in Nepal, and less common in India and Sri Lanka, where respondents were more likely to rely on just one coping strategy.

Healing and support by age and gender

Those aged under 25 were most likely to access multiple forms of support, with nearly half reporting two to five actions. This age group relied heavily on peers and friends.

Starting from the age of 25, participants in older age groups became less likely to access more than one form of support. In particular, those aged 40 and over had the highest levels of no support. They were also less likely to turn to friends, but were somewhat more likely to use counsellors and support groups, although this still occurred only in small numbers (Table 18).

Table 18. Patterns of healing and support, by age group

Age group (N)	Talked with others N (%)	Talked to counsellor N (%)	Talked to friend N (%)	Joined support group N (%)	No support N (%)	Most common healing pattern
≤24 (220)	245	61.0%	61.0%	245	61.0%	61.0%
25–39 (132)	103 (78.0)	24 (18.2)	87 (65.9)	15 (11.4)	7 (5.3)	Mainly one action, some layering
40+ (45)	33 (73.3)	11 (24.4)	18 (40.0)	10 (22.2)	5 (11.1)	One action most common, higher no support

By gender, transgender men/transmasculine respondents were the most likely to talk with others who had similar experiences and relied strongly on friends, but had relatively low use of counselling.

Transgender women/transfeminine respondents were somewhat less likely to rely on peers or friends but showed slightly higher use of counsellors. Non-binary respondents showed the highest rates of peer support and counselling, though the small sample size limits interpretation (see table 19).

Table 19. Patterns of healing and support, by gender identity

Gender group (N)	Talked with others N (%)	Talked to counsellor N (%)	Talked to friend N (%)	Joined support group N (%)	No support N (%)	Most common healing pattern
Transmasculine / man (132)	106 (80.3)	21 (15.9)	88 (66.7)	18 (13.6)	8 (6.1)	Mostly one action
Transfeminine/ woman (254)	180 (70.9)	51 (20.1)	150 (59.1)	35 (13.8)	18 (7.1)	Mix of one and two-five actions
Non-binary (14)	12 (85.7)	5 (35.7)	6 (42.9)	1 (7.1)	1 (7.1)	Mostly two-five actions
Other (3)	2 (66.7)	2 (66.7)	2 (66.7)	1 (33.3)	0 (0.0)	Mostly one action

Demand for support among trans and gender diverse respondents

Most participants indicated a desire for improved access to psychosocial care, including counselling, group counselling tailored to trans communities, or simply someone to talk to. As one participant said, “I needed mental health support but I was unaware about it. I wish I was guided.” Another wrote, “I wish I had a community to support me at that time.”

Several also raised the need for family acceptance and mediation: “Someone to tell my parents to back off their judgemental behaviour.” Social checks and balance are vital in preventing and responding to transphobic incidents, with one respondent saying what they needed most was “support from people around me when I was harassed and judged. Public sensitivity and respect.”

Others pointed to the need for clear pathways to justice, and greater sensitisation in institutional settings such as schools, and among police and health workers. Some wished for counselling alongside legal support, or for a proper reporting system so that police would take cases seriously, particularly sexual assault. Several felt dismissed or blamed by authorities. One person explained, “The official police take my case lightly... they said it’s my fault.”

Others called for healthcare providers to be educated, saying, “I wish there were someone who could... orient the healthcare provider on my behalf,” and, “Wish doctor will do improve in education... We all are humans.” A number also stressed the need for policy-level change, such as, “There should be concrete policy rules for Transgender people.”

Practical support around safety and livelihoods included safe spaces, stable financial support, and help with work. Some wanted support in searching for jobs, noting that discrimination in hiring blocks opportunities. One participant said, “I’m looking for a job portal that explicitly supports non-discrimination.” Others described needing a combination of supports: “Immediate physical help, emotional support, legal assistance, medical care, counselling service, community solidarity, public awareness.”

4.

Summary of regional trends in transphobic violence

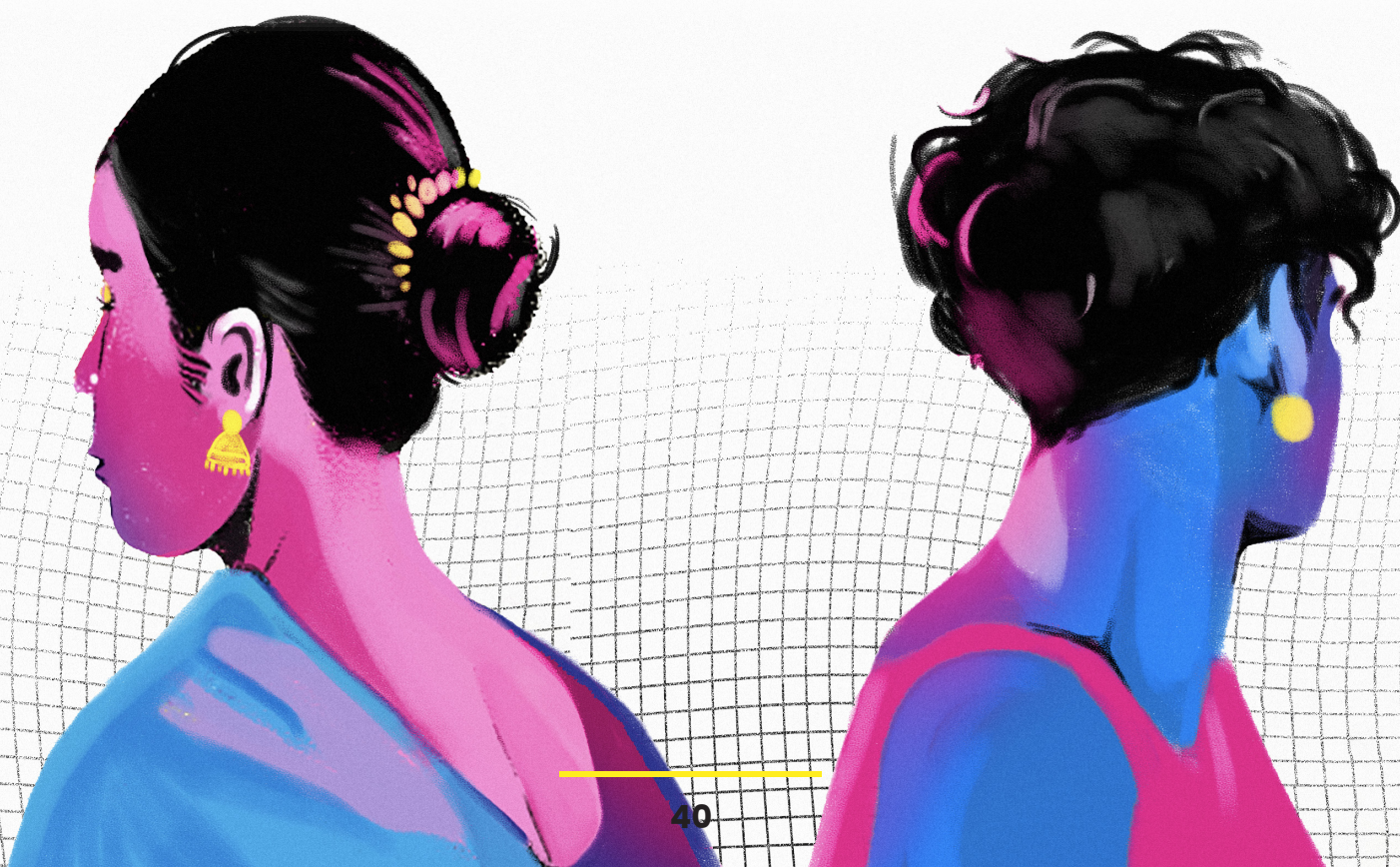


Table 20. Summary of regional dynamics of transphobic violence

Country/ region	Most common forms of violence	Highest impact domains (moderate/severe)	Typical perpetrators	Common support pathways
Regional average	Threats, humiliation, sexual assault	Psychological 60%, physical 57%, relational 48%	Family, peers, strangers, authority figures	Informal supports dominant; formal supports rarely accessed
India	Threats, humiliation, physical assault	Lower than regional average; relational and physical lowest	Family, public officials, police	Friends, peers; limited formal support
Nepal	Threats, sexual assault, humiliation	Close to regional averages across domains	Family, public officials, religious leaders	Friends, peers; moderate counsellor use
Malaysia	Sexual assault, physical assault, humiliation	Highest severe physical impact; psychological and relational mid-high	Strangers, co- workers, supervisors	Friends, peers; some support groups
Sri Lanka	Threats, humiliation, sexual assault	Highest overall psychological and relational disruption; few severe cases	Peers, strangers, public officials	Friends, peers; older respondents use counsellors/support groups

The analysis across India, Nepal, Malaysia, and Sri Lanka shows both shared patterns of violence and variation between contexts (table 20).

Demand for support among trans and gender diverse respondents

Violence took multiple forms, including threats, humiliation, sexual assault, physical assault, and coercive control. Threats and humiliation were widespread and produced a spectrum of psychological impacts from low to severe, with relational disruption also common. Sexual violence, while less frequent, carried the heaviest burden across all domains of impact. This pattern held across the region, though prevalence of sexual violence was higher in Malaysia and Nepal than in India and Sri Lanka. Physical assault also produced high levels of harm, especially in Malaysia.

Young people are most at risk of sexual violence

Younger participants, particularly those under 25, were most likely to experience sexual violence including threats, most often in schools, public spaces, and workplaces. India had an older age profile for sexual assault compared with Malaysia, where incidents clustered at younger ages. Across the region, the early onset of violence highlights the importance of interventions in schools and family settings.

Gender identity influences the type and location of violence

Gender identity shaped exposure to violence. Transgender women/transfeminine participants and those perceived as visibly gender non-conforming were most likely to report sexual assault and threats. Transgender men/transmasculine and non-binary participants also faced risks, particularly in institutional and public settings. Across groups, impacts were significant, with most survivors reporting moderate or severe harm across psychological, physical, and relational domains.

Perpetrators come from all walks of life

Perpetrators included family members, peers, co-workers, strangers, public officials, and law enforcement. Family members were most commonly reported in India and Nepal, while peers, co-workers, and strangers were more common in Malaysia and Sri Lanka. Incidents most often occurred in the home, schools, streets, and workplaces.

Trans and gender diverse people in Asia rarely access formal support

Formal support services were rarely accessed. Informal pathways were dominant, with six in ten respondents speaking with friends and nearly three-quarters connecting with others who had faced similar violence. Younger respondents relied more on informal networks, while older respondents were more likely to access counsellors or support groups. Most people reported using only one form of support.

Actions need to address both regional trends, and localized contexts

Transphobic violence is systemic across all four countries and cuts across family, community, and institutional domains. Impacts extend beyond psychological harm to physical, relational, and spiritual disruption. While stigma, gender policing, and institutional discrimination are implicated as common drivers across the region, country variation shows additional national contexts shaping patterns of risk. Prevention requires institutional change, early intervention in schools and families, and attention to the risks faced by those most visibly gender diverse.

Trans solidarity is powerful, and trans and gender diverse people in Asia can offer knowledge and experience for strength, resilience and survival

Respondents shared words of encouragement and solidarity with others who had faced transphobic incidents. The messages were consistent: look after yourself, connect with others, know your rights, and remember that trans people deserve respect and safety. They encouraged strength and persistence, with reminders to *“stay strong,” “be brave and speak up,”* and *“you can do it.”* Others preached self-acceptance: *“Be yourself, never afraid to show your true colours,”* and *“your identity is valid.”*

Practical advice included *“seek help from NGOs,” “make a police report,”* or *“find a safe space to share your feelings.”* Most encouraged building supportive networks: *“Having a reliable and trustworthy circle of friends is extremely important,”* and *“you are not alone; there is a community that stands with you.”* Advice on mental health included, *“Please find safe space to share your feelings. Reach out to mental health help”* and many reminded peers that recovery takes time: *“It’s okay not to be okay.”*

“Having a reliable and trustworthy circle of friends is extremely important.”



5.

Recommendations



1. **Reform laws to prevent violence and hold perpetrators to account, prohibit all forms of discrimination against trans and gender diverse people, and ensure equitable and fair access to services.** In particular, the findings in this report illustrate a clear lack of accountability and consequences for those violating the rights and dignity of trans and gender diverse people. Regional and international mechanisms, including binding international human rights instruments, must be brought to bear to ensure States uphold their obligations to safeguard the rights and wellbeing of trans and gender diverse people. Such efforts must include sex workers, who were more than twice as likely than the rest of the population to experience sexual violence.
2. **Fund and support the capacity of integrated gender-based violence services, including community-based organizations, which are usually the first – and often only – port of call for trans and gender diverse people who have experienced violence.** Such services may include safe houses and shelter, material support, counselling, legal aid and advice, and economic empowerment and livelihood opportunities. These may be delivered by trans-led organizations, women's organizations, or exist as family services, legal aid centres, and others. These organizations are often under-resourced and manage high case loads, meaning they require predictable, ongoing core funding alongside capacity development support to ensure services are trans-inclusive and trans-responsive.
3. **The data shows that trans and gender diverse people are denied their right to access protective systems. Given this systemic exclusion, and the existential threat posed to trans organizations as a result of shifts in the global aid landscape, the international community must urgently prioritize resourcing for organisations and activists in Asia who provide vital, life-saving support to trans and gender diverse people in the region.** Specifically, and with special attention paid to the unique needs of younger and older people: resource peer-based organisations to hold duty bearers and community services to account; provide formal and peer-based counselling services; and perform outreach to equip communities and bystanders with the skills and confidence to prevent and respond to violence.
4. **Deliver standardized capacity development programs to ensure trans-responsive healthcare and psychosocial support across the region, leveraging existing resources and partnerships.** Trans organizations and activists have been working alongside the international community and local partners on these issues. It is vital that funding and institutional support, including through UPR processes, continues to exert pressure on governments to address the dehumanizing treatment of trans and gender diverse people in institutional settings. Locally, health service providers are failing to provide safe and affirming care to trans and gender diverse people and require urgent capacity development.
5. **Implement whole-of-society programs to address transphobic violence and discrimination, with an immediate and urgent focus on homes, and institutional settings, especially schools, healthcare settings, and public services.** Violence occurs in all spheres of life and is normalized, including among authority figures in institutional settings. Government programs to change attitudes and behaviours in institutional settings are urgently required. Particularly for young people, home is also unsafe, with a need for mediation and other interventions to assist in facilitating family acceptance. Peer groups in settings such as schools should also be engaged to act to prevent and address bullying and other transphobic discrimination. Trans and gender diverse people are also often unemployed or underemployed, and require practical support to find and retain employment and income, which is often vital to leaving violent situations.
6. **Ensure access to justice for trans and gender diverse people, in policy and in practice.** Pressing charges against institutional perpetrators was extremely rare across all categories, indicating widespread impunity and lack of accessible justice. Public officials and police have significantly damaged trust among the trans and gender diverse community and should engage directly with them in a truth and reconciliation process, to transform the relationship into one of trust, and to work together to develop complaints pathways that are suitable to the needs of trans and gender diverse people.

7. **Revise and revisit global movements for the rights of trans and gender diverse people, leveraging both the access to financial resources available in the Global North, and the considerable resources movements in Asia can offer regarding strength, resilience and survival in the face of systemic legal and social discrimination,** and create safe spaces for trans and gender diverse people to engage in policy and political processes, online and offline.

8. **Trans rights advocates should continue to push for stronger national and international legal frameworks that recognize and address online violence as a serious form of discrimination and abuse. Social media platforms must take greater responsibility by strengthening and consistently enforcing their community guidelines to explicitly prevent and respond to violence, harassment, and hate speech targeting trans and gender-diverse users.** Online violence has become an increasing threat in recent decades, particularly for transgender and gender-diverse individuals, as is evidenced by data collected through TTP. This harm is not only interpersonal but also institutional, as it is perpetuated by the ongoing negligence and inadequate response of social media services. Efforts should focus on establishing clear mechanisms for reporting, investigating, and sanctioning such acts when they occur online. Platforms should invest in proactive moderation systems, transparent accountability measures, and collaborations with trans-led organizations to ensure that digital spaces are safe and affirming for all.

9. **Invest in further research to close evidence gaps, with a focus on underrepresented groups.** The TTP survey tool is intended to be used to monitor transphobic violence on an ongoing basis. Lessons from the current survey can inform future iterations of the TTP survey, and other research initiatives. In particular, transgender men/ transmasculine and non-binary populations were underrepresented in this sample. Further investigation is also needed on sites of violence identified in open responses, especially transport hubs, and government service points (eg, for identification, pensions, exams, etc); and forms of violence, especially workplace discrimination, bullying, and denial of medical care.





hello@weareaptn.org



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