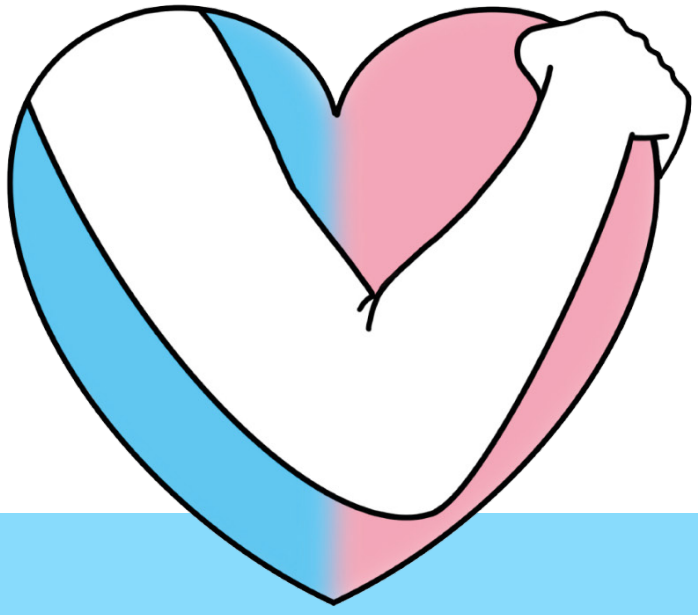
Cast Out

Trans+ Survivors' Experiences of Domestic Abuse



Loving Me
England's Trans and Non-Binary Domestic Abuse Service

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Our Story

For more than thirty years, Amanda Elwen has worked with victims and survivors of domestic abuse, stalking, sexual violence and exploitation. Throughout that time, one group of survivors repeatedly shared the same story: trans+ and non-binary people were being left behind. Trans+ survivors described contacting multiple services only to be told that they could not be accommodated. Some feared seeking support because they expected rejection or discrimination. Others remained with abusive partners or family members because they believed there was nowhere safe to go. These gaps were impossible to ignore.

In 2021, Loving Me was founded through HARV Domestic Abuse Services and the Emily Davison Centre with a simple vision: to create a specialist service where trans+ and non-binary victims would be believed, respected and supported without judgement. With support from Comic Relief, Loving Me began providing specialist advocacy, risk assessment, safety planning, practical support and emotional recovery. Referrals quickly arrived from across England, from both professionals without access to specialist provision and survivors who had exhausted every other option.

It soon became clear that survivors needed more than advice. They needed somewhere safe to live, with support from people who understood and respected their identity. In 2023, with support from HARV, the Emily Davison Centre and The Rank Foundation, Loving Me established the UK's first dedicated refuge specifically for trans+ victims and survivors of domestic abuse. Since its creation, Loving Me has supported more than 300 trans+ and non-binary victims of domestic abuse and provided safe accommodation to more than 30 survivors. It has also trained more than 800 professionals across domestic abuse services, policing, housing, health, education and the voluntary sector.

Loving Me has developed one of the UK's largest specialist datasets on trans+ experiences of domestic abuse, helping to strengthen the evidence base, inform research, influence policy and shape more inclusive responses. Loving Me exists because people were experiencing real abuse without equal access to protection and support. Our purpose remains simple, every victim of domestic abuse deserves to be safe and treated with dignity. No one should have to choose between enduring abuse and risking further harm by asking for help. That belief gave birth to Loving Me, and it continues to guide everything we do.

Acknowledgements:

Loving Me would like to thank our independent researchers, Dr Jack López and Florence Corvi for their contributions to this report, particularly for their work around conducting client interviews and data processing. We are profoundly grateful to the residents of Loving Me's refuge who so kindly gifted their stories, time, and reflections during the interview process.

Key Findings

- 68.9% of Loving Me clients have experienced identity-based abuse, which is not currently recognised as a distinct form of abuse in the Domestic Abuse Act 2021.

- 61.2% of Loving Me clients had experienced abuse perpetrated by family members. In the majority of cases, abuse was perpetrated by parents.

- 98.2% of perpetrators reported to Loving Me by service users were cisgender. The data shows that a relatively even split of cis females (41.8%) and cis males (56.4%) are being reported as perpetrators by trans+ survivors.

- Specialist by-and-for services appear to produce strong outcomes for trans+ survivors. Upon leaving the service, 93% of Loving Me clients report a reduction in the abuse disclosed to the service on entry.

- Trans+ survivors appear likely to be experiencing multiple and intersecting forms of vulnerability. 72.2% of Loving Me clients live with a disability and 58.5% receive at least one state benefit entitlement.

- 84.4% of Loving Me clients were under 34 years of age. This research highlights the necessity of support targeted to young trans+ adults who are fleeing abuse.

- Only 25% of Loving Me clients were in some form of employment upon entering the service. There is a significant research gap around factors that may be impacting trans+ survivors' access to employment.

- Client interviews suggest that mainstream domestic abuse services may not adequately recognise, record and respond to the needs of trans+ survivors. Significant gaps have been identified in data collection methods and safe accommodation pathways.

Recommendations

For Government and Policymakers

1. Recognise Identity-Based Abuse

Identity-based abuse must be formally recognised as a distinct form of abuse that is experienced by many trans+ survivors and other marginalised groups. As part of the current review of the Domestic Abuse Act 2021, the Government should consider how identity-based abuse could be recognised within the Act and associated statutory guidance. Further research should be undertaken to develop an evidence-based definition and explore whether recognition within statutory guidance would improve survivor outcomes.

2. Improve National Data Collection

There remains a significant lack of national data relating to trans+ victims of domestic abuse. To improve service responses for all survivors, national datasets should routinely collect appropriate demographic information, whilst ensuring confidentiality and safety, to better understand prevalence, service access, outcomes and address unmet need.

3. Clear guidance on Lawful Implementation of Inclusion

The recently released EHRC Code of Practice does not instruct services who wish to be trans+ inclusive on how this can be achieved. There needs to be a clear framework for how services can work in an appropriate, respectful and inclusive manner with trans+ survivors.

The Government and regulators should work directly and meaningfully with trans+ organisations and specialist by-and-for services to develop any guidance and shape future policy. The expertise and lived experience of trans+ communities must be central to decisions that affect their access to safety, support and protection.

Recommendations

For Commissioners, Funders and Local Authorities

4. Invest in Specialist By-and-For Services

Evidence from this evaluation demonstrates the value of specialist services designed by-and-for the communities that they support. The Domestic Abuse Commissioner has called for dedicated funding for these services, and Loving Me's evaluation provides further evidence of the positive outcomes that specialist trans+ by-and-for services can achieve.

Commissioners should ensure that trans+ survivors have equitable access to specialist advocacy, recovery support and safe accommodation with dedicated and sustainable funding for specialist by-and-for services.

5. Improve Access to Safe Accommodation

Safe accommodation remains one of the greatest challenges facing trans+ survivors. National and local commissioners should review accommodation pathways to ensure survivors are not left without safe options because of uncertainty regarding eligibility or scope of service provision.

Regardless of future legislative or policy developments, every victim of domestic abuse should be able to access timely, safe and appropriate support. Domestic abuse responses should continue to be guided by risk, need, safeguarding and human dignity to ensure that no survivor is left without protection because they are unable to access suitable services.

Recommendations

For Domestic Abuse and Other Frontline Services

6. Strengthen Workforce Development

Improved workforce confidence will help reduce barriers to accessing support.
Training for domestic abuse practitioners should include:

- understanding identity-based abuse
- recognising additional barriers experienced by trans+survivors
- sensitive information collection
- inclusive risk assessment
- appropriate referral pathways
- safeguarding within complex cases

7. Embed Survivor Voice

Trans+ survivors should be actively involved in the design, evaluation and continuous improvement of domestic abuse services. Lived experience should inform commissioning, policy development, professional guidance and future research.

8. Promote Collaborative Working

No single organisation can meet the needs of every survivor. Greater collaboration between specialist domestic abuse services, LGBTQI+ organisations, housing providers, healthcare, police services and local authorities will improve referral pathways, reduce duplication and strengthen outcomes for survivors.

Recommendations

For Researchers

9. Support Further Research

This report presents one of the largest specialist datasets currently available regarding trans+ experiences of domestic abuse. Further independent research should build upon these findings to strengthen the national evidence base and improve understanding of:

- prevalence
- patterns of abuse
- long-term outcomes
- effective interventions
- barriers to support
- accommodation needs
- the impact of multiple and overlapping vulnerabilities

Conclusion

This report demonstrates both the resilience of trans+ survivors and the importance of specialist domestic abuse provision. Whilst significant progress has been made through the development of Loving Me, further work is needed to improve recognition, strengthen the evidence base and ensure equitable access to support across England and Wales. The recommendations set out within this report provide a practical framework for policymakers, commissioners, researchers and service providers to improve responses to trans+ survivors of domestic abuse, ensuring that future services are informed by evidence, centred on survivors and committed to delivering safety for all.

Executive Summary

Loving Me was established in 2021 in response to a significant gap in specialist domestic abuse provision for transgender and non-binary survivors across England and Wales. Since its inception, the service has become England's first national domestic abuse service dedicated exclusively to trans+ survivors and, in 2023, established the United Kingdom's first dedicated refuge for trans+ victims of domestic abuse.

This report presents the first comprehensive evaluation of the service and one of the largest specialist datasets currently available examining trans+ experiences of domestic abuse within England.

Drawing upon a mixed-methods approach, this evaluation combines quantitative analysis of **212 completed outreach cases, 20 refuge placements, and 431 reported perpetrators** with qualitative interviews conducted independently with survivors living within Loving Me's refuge. Together, these findings provide a unique evidence base examining who is accessing specialist domestic abuse services, the abuse they experience, who is perpetrating that abuse, the support required and the outcomes achieved through specialist intervention.

The findings demonstrate that trans+ survivors experience every recognised form of domestic abuse identified within the Domestic Abuse Act 2021. This includes coercive and controlling behaviour, emotional and psychological abuse, physical violence, sexual abuse, stalking and surveillance, financial abuse and technology-facilitated abuse. However, the evidence also identifies a recurring pattern of **identity-based abuse**, whereby a survivor's gender identity becomes both the target and mechanism of coercive control.

Behaviours that have been identified as forms of identity-based abuse include systematic deadnaming, misgendering, restrictions on gender expression, preventing access to gender-affirming healthcare, threatening to disclose an individual's trans identity, identity-based emotional manipulation and attempts to suppress or change a person's identity. Whilst aspects of this abuse have previously been recognised internationally, no formal UK definition currently exists. This report therefore proposes a provisional definition of identity-based abuse and recommends its recognition within future legislation, statutory guidance, policy and professional practice.

The report demonstrates that trans+ survivors are not a homogeneous population but experience abuse across diverse relationships and family structures. Importantly, the findings challenge assumptions that domestic abuse experienced by trans+ people is primarily intimate partner violence. Whilst **36.8% of survivors disclosed abuse perpetrated by a current or former intimate partner, 61.2% experienced abuse perpetrated by family members, with a further 2% experiencing both familial and intimate partner abuse**.

These findings indicate that familial abuse represents a substantial and often overlooked component of domestic abuse experienced by trans+ communities and should receive greater attention within commissioning, safeguarding and policy development.

Analysis of **431 perpetrators** provides one of the most detailed perpetrator profiles currently available within a specialist trans+ domestic abuse service. Overall, **98.2% of perpetrators were identified as cisgender**, including **56.4% cisgender men** and **41.8% cisgender women**, whilst **only 1.9% of perpetrators were identified as trans+**. Within intimate partner abuse, 63.4% of perpetrators were cisgender men, whereas familial abuse demonstrated a relatively equal distribution between cisgender male and cisgender female perpetrators.

The findings further demonstrate important differences between survivor groups, with trans women and non-binary survivors more frequently reporting cisgender male perpetrators, whilst trans men reported almost equal proportions of cisgender male and cisgender female perpetrators. This data makes an important contribution to the growing evidence base by distinguishing perpetrator gender identity in a way that is rarely captured within national domestic abuse datasets.

The complexity of need experienced by survivors accessing Loving Me is reflected throughout the dataset. **Every client (100%) identified emotional health as a support need**, whilst **75.9% required support to improve their safety** and **74.5% identified social support needs**, demonstrating that recovery from domestic abuse requires holistic, trauma-informed interventions extending well beyond crisis response. The service supports survivors experiencing multiple, overlapping vulnerabilities including housing insecurity, mental health difficulties, social isolation and barriers to accessing mainstream services.

The evaluation also demonstrates that specialist intervention delivers measurable improvements in safety and wellbeing. Among survivors disclosing emotional health needs, **76.5% accessed counselling or mental health treatment** whilst with the service. By case closure, **74.3% reported an improved perception of personal safety**, **56.9% reported being better able to manage their mental health**, **51% demonstrated improved coping strategies**, and **47% experienced reductions in trauma and anxiety symptoms**. Analysis of abuse outcomes also demonstrated particularly high rates of reduction or cessation in physical abuse (**84.6%**) and sexual abuse (**84%)**, whilst rates of reduction in controlling and emotional abuse remained lower, highlighting the enduring nature of coercive control and the need for longer-term recovery interventions.

Comparison with existing national research suggests that Loving Me achieves substantially stronger outcomes than those reported for trans+ survivors accessing predominantly non-specialist services. Whilst differences in methodology and sample characteristics require cautious interpretation, the findings provide encouraging evidence that specialist by-and-for provision may improve survivor engagement, safety and recovery.

The report also situates these findings within a rapidly changing legal and policy landscape. At the time of publication, trans+ survivors face increasing uncertainty regarding access to domestic abuse services following the Supreme Court judgment concerning the definition of "woman" within the Equality Act 2010 and the subsequent EHRC Code of Practice. These developments have generated considerable uncertainty regarding inclusive service provision, with the report highlighting concerns that reduced access to mainstream services may increase demand for specialist provision whilst simultaneously exposing significant gaps in national infrastructure.

Collectively, the findings demonstrate that specialist domestic abuse services are not simply responding to unmet need but generating entirely new evidence about the nature of abuse experienced by trans+ communities. The report identifies important gaps within current legislation, commissioning frameworks, safeguarding practice and national data collection. It demonstrates that domestic abuse experienced by trans+ survivors is both comparable to and distinct from wider domestic abuse populations, requiring services capable of recognising both universal patterns of abuse and the additional harms associated with identity-based abuse and discrimination.

This evaluation therefore concludes that specialist by-and-for services play a critical role within the domestic abuse sector by improving survivor safety, reducing abuse, strengthening recovery and generating evidence capable of informing future policy and practice. The report recommends greater national investment in specialist services, the routine collection of trans-inclusive domestic abuse data, recognition of identity-based abuse within statutory guidance and strengthened professional training across public services. It also calls for the development of a sustainable national infrastructure capable of ensuring that every trans+ survivor can access safe, equitable and trauma-informed support regardless of where they live.

Ultimately, this report represents considerably more than an evaluation of one specialist service. It provides one of the strongest evidence bases currently available on trans+ experiences of domestic abuse in England and Wales and establishes a foundation upon which future research, commissioning decisions, legislation and national domestic abuse policy can be built.

Amanda Elwen
Founder of Loving Me
2026

Glossary

By-and-for

In the context of a domestic abuse service, this term is often used to describe organisations that are run by and for specific groups (e.g trans+ people) to provide support that is responsive to the needs of that community.

Cis / Cisgender

A term to describe a person whose gender identity matches that which they were assigned at birth. Some people might use the term 'non-trans'.

CMS

An acronym for Case Management System. For Loving Me, the specific CMS used is OASIS Ontrack.

DASH

Acronym meaning Domestic Abuse Stalking and Harassment. This refers to a risk assessment tool used to identify the level of risk faced by survivors of domestic abuse and to support appropriate safeguarding/referral decisions. There are several variations of this tool.

A Stalking-DASH (S-DASH) is typically used for cases specifically involving stalking. A DARA (Domestic Abuse Risk Assessment) has a coercive control focus and is commonly used by front line police officers.

Deadnaming

Referring to someone by their birth name after they have changed their name. The term is most commonly used in relation to trans+ people who have changed their name as part of their gender transition.

EHRC Code of Practice

Statutory guidance issued by the Equality and Human Rights Commission (EHRC) explaining how the Equality Act 2010 should be interpreted and applied in practice. Courts and tribunals must take the Code into account when considering relevant cases. The recent EHRC Code of Practice release determines how service providers should interpret the SCJ.

Gender Critical Movement

A movement that developed in the 2010s, particularly in the UK, emerging from debates around gender recognition reform. Those who hold 'gender critical' views typically believe that a person's sex is fundamental and cannot be changed from what has been assigned at birth. As a result, the movement tends to object to trans+ people being recognised as the sex they live as, particularly with regard to single-sex spaces.

GRC

Following a ruling by the European Court of Human Rights, the UK was found to be breaching trans+ people's human rights by not recognising them as the person that they live as. Subsequently, the Gender Recognition Act 2004 was passed.

This allowed trans+ people to apply for a gender recognition certificate (GRC) which then allows them to update their birth certificate to reflect the sex they live as. This process is strictly binary, allowing only male or female to be listed on birth certificates, giving no option of legal recognition to non-binary people.

HBV

An acronym meaning Honour Based Violence. HBV is abuse or violence carried out in the name of perceived family or community “honour”, often used to control or punish individuals for behaviour considered to bring shame or dishonour.

Heteronormative

This term describes cultural, societal, or legal frameworks that assume heterosexuality is the default, natural, and preferred sexual orientation.

Cis heteronormative frameworks additionally assume that people’s gender identity aligns with the sex they were assigned at birth, positioning cisgender identities and heterosexual relationships as the expected norm while typically overlooking or excluding trans+ and gender-diverse experiences.

IPV

An acronym for Intimate Partner Violence. This is abuse, or controlling behaviour carried out by a current or former intimate partner.

LGBTQI+

A collective term for people who identify as lesbian, gay, bisexual, transgender, queer (or questioning) or intersex in addition to other diverse sexual orientations and gender identities represented by the "+".

Misgendering

The use of words, names, or pronouns that do not reflect a person’s gender identity. This may be intentional or unintentional; for example, referring to a woman using the pronoun “he”.

NRPF

This acronym means No Recourse to Public Funds. This is a condition attached to some immigration statuses that prevents a person from accessing certain publicly funded benefits and services in the UK, including most welfare benefits and housing assistance. NRPF can create additional barriers for migrant survivors of domestic abuse who may face difficulties accessing financial support, housing, and other forms of assistance.

Sealioning

A tactic in which persistent, often bad-faith requests for evidence or explanations are used to derail discussions, exhaust others, or undermine their position.

Supreme Court Judgment (SCJ)

In 2025, the UK's Supreme Court reached a judgment in *For Women Scotland Ltd v The Scottish Ministers*. It ruled that for the purposes of the Equality Act 2010, the terms "sex", "woman" and "man" refer to biological sex. The judgment did not provide a standalone definition of "biological sex".

This means that, for the purposes of the Equality Act 2010, trans+ people with a gender recognition certificate (GRC) are not recognised as the sex listed on their updated birth certificate.

Self-identification

The process by which a person identifies and describes their own gender identity, including whether they identify as trans+, based on their own understanding of themselves rather than external assignment or medical assessment.

Trans+

Trans+ is an umbrella term referring to transgender people and other gender-diverse individuals such as non-binary people whose gender identity differs from that which they were assigned at birth.

VAWG

Violence Against Women and Girls. It is a term used by governments, police forces and domestic abuse services to describe a range of abusive behaviours and crimes that disproportionately affect women and girls.

Identity-Based Abuse

The Domestic Abuse Act 2021 provided a statutory definition of abuse. However, there is not currently an officially recognised definition of abuse which includes abuse that is based specifically on an individual's identity. Nor is identity-based abuse covered by the accompanying statutory guidance or 2025 VAWG strategy.

Coupled with the scarcity of research into domestic abuse experienced by trans+ and broader LGBTQI+ communities, it's suggested that work needs to be done to research, recognise and formalise patterns of identity-based abuse.

Provisional Definition

Identity-based abuse is any pattern of abuse that specifically focuses on a person's identity. This may involve direct hostility towards the identity, an attempt to deny, suppress or change the identity or using the identity as a means to perpetrate abuse.

Identity based abuse has been previously noted as a facet of the abuse trans+ people experience but is not currently recognised in the UK legislative and policy framework.[1] This kind of abuse is a common form of abuse perpetrated against LGBTQI+ individuals. Features of identity-based abuse suggested here are presented with trans+ people specifically in mind, but may contain commonalities with abuse targeting other identities.

Hostility towards a survivor's trans+ identity may look like:

- Systematic and deliberate deadnaming or misgendering
- Controlling how the individual may present, including hiding or disposing of clothes
- Expressions that a trans+ identity is; wrong, 'unnatural', 'delusional', unreal, a manifestation of mental illness
- Restrictions on physical or online social contact with a view to restricting contact with supportive peers
- Restricting access to gender affirming healthcare
- Preventing changes in documentation
- Physical abuse, particularly intended to make the individual refrain from embodying the identity
- Sexual abuse, particularly with an element of punishing or shaming for the identity

[1] Adam M. Messinger and Xavier L. Guadalupe-Diaz (eds), *Transgender Intimate Partner Violence: A Comprehensive Introduction* (New York: New York University Press, 2020), pp. 43–48.

The above manifestations of abuse may be enacted with the intent of suppressing or changing a survivor's identity. Further manifestations of abuse in this area may comprise of:

- Pressure to engage in 'therapies' aimed at problematising or changing the identity
- Creating guilt by saying the trans+ identity is causing distress in loved ones e.g. "look what you're doing to your mother"
- Imposing beliefs a trans+ identity is harmful and will likely be regretted e.g. subjecting the individual to hostile media, with an intent of precipitating identity change
- Consistently questioning an individual's trans+ identity in a 'sealioning' manner with a view to undermining the identity
- Sexual abuse intended to 'correct' the identity

Abuse that utilises a survivor's trans+ identity may look like:

- Using fluctuating acceptance as a means of control
- Objectification or fetishisation of the person's identity
- Identity based emotional manipulation e.g. "no-one else will want you due to your identity"
- Exploiting social fears arising from stigmatised identity e.g. "you're safer here with me"
- Preventing the individual from disclosing their trans+ identity to others
- Threatening to disclose an individual's trans+ identity to others

Important notes:

It is important to flag that whilst trans+ survivors may be subject to identity-based abuse in relation to their gender or any other aspect of their identity, this is not the only type of abuse that they might experience. Rather, trans+ survivors may be subject to identity-based abuse in addition to other forms of abuse that are not specifically orientated around their identity.

During the time of writing this report, the government have put forward a draft Bill which aims to ban conversion practices targeted at LGBTQI+ people in England and Wales.[2] As a domestic abuse service, Loving Me asserts that any iteration of conversion practice is a form of abuse. Furthermore, many of the examples of identity-based abuse that have been provided within this report are cornerstones of modern conversion practices. At the time of writing, there are concerns regarding the extent to which the proposed legislation will effectively prevent conversion practices being perpetrated against trans+ individuals. Regardless of the final scope and effectiveness of the Bill, a robust definition of identity-based abuse, alongside comprehensive and enforceable legislation to prohibit conversion practices, could provide stronger protections for trans+ people against these often interconnected, yet distinct, forms of abuse.

[2] Office for Equality and Opportunity, *Conversion Practices Draft Bill* (London: HM Government, 2026). https://www.gov.uk/government/publications/draft-conversion-practices-bill/conversion-practices-draft-bill

Methodology

Purpose and Objectives

The primary aims of this project are to deliver a robust, survivor-centred service evaluation that highlights necessary areas of focus and to build evidence around the experience of trans+ survivors.

This report assesses the current landscape of domestic abuse services in England and Wales in conjunction with the broader state of legal protections and recognition for trans+ people nationally. At the time of publication, Loving Me is the first national service in England and Wales that caters exclusively to trans+ survivors of domestic abuse. This is the first time that these datasets have been published, highlighting the significance of this report and its findings. Following on from this report, Loving Me's datasets will be subject to further analysis conducted by independent researchers at University of Lancashire (ULAN).

Research questions

1. Who is the service reaching, and what needs and risks are presenting according to CMS records?
2. What support pathways and outcomes are recorded, and what gaps or unmet needs are indicated?
3. What do survivors share regarding access, safety, and service quality, and how should this shape future recommendations?

Methodology

This research report employs a triangulated approach across three linked strands. Beginning with a strategic review of the current UK landscape, this report brings together a quantitative analysis of Loving Me's case management system (CMS) dataset and qualitative input from interviews of survivors who, at the time the interviews were conducted, were living in Loving Me’s refuge.

Client interviews, CMS data collection and data cleaning was completed by independent researchers, Dr Jack Jack López and Florence Corvi. Following this preparatory stage, the analytical work, including descriptive statistics, cross tabulations, and data interpretation, was carried out by Loving Me’s internal team.

Quantitative: Data collected from Loving Me's CMS (OASIS Ontrack) at the point of initial service user referral and at case closure. This dataset was captured over a 36-month operational period and is compiled of 212 survivors supported by the outreach service and 20 individuals accommodated in refuge over the past three years.

Qualitative: 1:1 semi-structured interviews conducted with 5 current residents of the Loving Me safehouse. These interviews focus specifically on service user experience from the point of referral continuing to the support currently being accessed.

How the data was analysed

CMS data: Data exported from Loving Me's CMS was analysed to understand:

- Who the service is reaching
- Profiles of abuse experienced by service users (both current and historic)
- What specific needs are service users presenting at the time of referral and at the time of case closure.
- Profiles of perpetrators reported to the service
- What support pathways and outcomes are recorded, and subsequently what gaps or unmet needs are indicated

Prior to analysis, CMS data was reformatted to consolidate duplicate case records for the same time period into one record per client. Ongoing cases were excluded from analysis. Due to time constraints, the analysis focused on only the first instance where clients underwent a programme of support with Loving Me.

Ethics, safeguarding and anonymity

Participation in interviews was strictly voluntary to ensure no impact on the support received. All participants are identified solely by numbers to maintain service-user confidentiality. Participant safeguarding was managed by Loving Me's Service Manager, following established organisational policies.

Limitations

This report acknowledges the limitations of a rapid time line for report completion and a small qualitative sample size. Additionally, the CMS analysis is subject to the consistency of routine data entry, which is reported transparently within the findings.

Strategic Review

The UK has long been a difficult environment for trans+ survivors.

In terms of numbers, there are no officially compiled figures for the number of trans+ individuals who experience abuse. Consequently, there is no authoritative estimate, but it's instead left to sparse research to try to provide some kind of indication.

The following figures provide a snapshot. In 2010, Scottish Transgender Alliance ran an online survey that found 80% of respondents had experienced intimate partner violence (IPV).[3] More recently, Stonewall (2018) found that 28% of trans+ individuals surveyed had experienced IPV within the last year alone.[4] In 2022, Galop found that 43% of trans+ and non-binary respondents had experienced familial abuse.[5]

There is limited available data on how trans+ people access and experience domestic abuse services. In 2023, Galop found that 61% of LGBTQI+ people did not seek professional support following an incident of abuse. Furthermore, 41% did not know any support was available.[6] Scottish transgender alliance (2010) found only 7% of survivors contacted a domestic abuse service, whilst 20% contacted an LGBTQI+ organisation and almost a quarter told nobody at all.[7] Although the age of this study needs to be taken into account, newer research continues to show that LGBTQI+ people often face significant barriers to accessing support. Government Social Research (GSR) notes the prevalence of having had previous negative experiences of services or professionals who do not understand LGBTQI+ communities or the specifics of the abuse that they might experience.[8] Galop's (2023) research indicates that where trans+ survivors do access general domestic abuse services, they may encounter barriers such as misgendering, deadnaming or a general ignorance of trans+ specific needs.[9]

Prior to 2025's Supreme Court judgment on the definition of 'woman' in the Equality Act (2010), inclusion was broadly the default mode of operation, although organisations in the domestic abuse sector could equally invoke the exceptions built into the Act. Women's Aid, a federation comprising of 180 organisations, has until now maintained a

[3] LGBT Youth Scotland and Scottish Transgender Alliance, *Out of Sight, Out of Mind? Transgender People's Experiences of Domestic Abuse* (Glasgow: LGBT Youth Scotland and Scottish Transgender Alliance, 2010), p.5.
[4] Stonewall, *LGBT in Britain: Trans Report* (London: Stonewall, 2018), p. 6.
[5] Galop, *LGBT+ Experiences of Abuse from Family Members* (London: Galop, 2022), p. 5.
[6] Galop, *"An isolated place": LGBT+ domestic abuse survivors' access to support* (London: Galop, 2023), pp. 6, 16.
[7] LGBT Youth Scotland and Scottish Transgender Alliance, *Out of Sight, Out of Mind?*, p. 26.
[8] Welsh Government, *Barriers Faced by Lesbian, Gay, Bisexual and Transgender People in Accessing Domestic Abuse, Stalking and Harassment, and Sexual Violence Services* (Cardiff: Welsh Government, 2014), p. 6.
[9] Galop, *"An isolated place": LGBT+ domestic abuse survivors' access to support*, p. 13.

policy of supporting different agencies to make their own decisions as to the level of inclusion that they feel is appropriate for themselves.[10] The net effect of this has been that trans+ survivors have experienced fewer overall options for support than their cisgender counterparts, but across the country various services have historically offered both outreach and refuge support to trans+ survivors in their acquired gender.

Research published by Stonewall (2018), based on interviews with representatives from 15 organisations, found evidence of services considering themselves able to work effectively with trans women within women's service settings.[11] Notably, none of the organisations interviewed reported excluding trans women, although there was an indication that there may be some restrictions on access to communal women's spaces.[12] A 2020 study drawing on focus groups with six women's organisations in North East England similarly found that the majority of both staff and service users did not view the inclusion of trans women as problematic.[13] Taken together, these findings suggest that although services have had the option to exclude trans+ people, the broader pattern has historically been one of overall inclusion.

In terms of access to accommodation specifically, the MHCLG states that in 2024/25, 500 trans+ individuals required emergency accommodation in the context of domestic abuse.[14] It is not clear how many of these individuals were successfully housed. This gap is significant given that, of the 76,850 people requiring emergency accommodation overall, 28,190 were recorded as "unable to be supported".[15] The same report notes that in 2024/25, Local Authorities commissioned 100 specialist LGBTQI+ services, including 30 by-and-for services.[16] However, the lack of detail on the exact provision and capacity of these services, combined with the absence of robust prevalence data, makes it difficult to assess the extent of coverage that this represents.

A small sample consulted by the Domestic Abuse Commissioner found almost all trans+ people wanted specialist by-and-for services, more so than any other group.[17] A 2022 mapping exercise by Galop offers limited insight, as only around a quarter of questionnaires were returned and additional services have since been commissioned. Nonetheless, it is notable that the small amount of existing specialist provision identified at the time was concentrated within the LGBTQI+ sector rather than being embedded within the mainstream domestic abuse sector.[18]

[10] Women's Aid Federation of England, *Women's Aid Single Sex Services Statement* (London: Women's Aid Federation of England, 2022). https://womensaid.org.uk/womens-aid-single-sex-services-statement/

[11] Stonewall, *Supporting Trans Women in Domestic and Sexual Violence Services* (London: Stonewall, 2018), p. 7.

[12] Ibid, p.10.

[13] Rachel Pain, Cygnus Support, and Siobhan O'Neil, *'One of the Lasses': Trans Inclusion and Safety in Abuse Support Services* (Newcastle upon Tyne: Newcastle University, 2021), p.1.

[14] Ministry of Housing, *Communities and Local Government, Support in Domestic Abuse Safe Accommodation: 2024 to 2025* (London: Ministry of Housing, Communities and Local Government, 2025).

[15] Ibid.

[16] Ibid.

[17] Domestic Abuse Commissioner for England and Wales, *A Patchwork of Provision: How to Meet the Needs of Victims and Survivors across England and Wales* (London: Domestic Abuse Commissioner, 2022), p. 8.

[18] Catherine Donovan, Jasna Magić, and Sarah West, *LGBT+ Domestic Abuse Service Provision Mapping Study* (London: Galop, 2022).

The precarity of the situation facing trans+ survivors is underscored by the 2022 statutory guidance on the Domestic Abuse Act 2021, which states that survivors should "have spaces where they feel safe and can be provided with trauma informed support," yet immediately follows this by asserting that "safe accommodation settings such as domestic abuse refuges should be single sex".[19] The guidance does not clarify how trans+ survivors should be accommodated in line with their acquired gender, an essential prerequisite for accommodation that is safe and trauma informed.

Disappointingly, the government's VAWG strategy published in December 2025 did not specifically address abuse directed at LGBTQI+ communities, and trans+ communities were not mentioned explicitly at all.[20] **The sole specific commitment within the action plan pledged to bring forward a ban on conversion practises.** There was also a commitment towards providing a clear definition of 'by-and-for' services which will inevitably be beneficial should services specifically catering to the trans+ community be commissioned moving forward.[21]

Following on from this insecure framework of patchwork provision, the Supreme Court Judgement on the definition of the word "woman" in the Equality Act has had a further dramatic impact on the entire trans+ community. In terms of the domestic abuse sector, there does not to date appear to have been any attempt on the part of government to monitor or impact assess how the SCJ has affected the ability of trans+ survivors of domestic abuse to access services. Anecdotally, staff at Loving Me have experienced an increase in survivors being turned away from generic services but it's impossible to know the full scale of the problem.[22] This is further complicated by the judgement precipitating a sharp increase in general experiences of exclusion encountered by the community.[23]

At time of publishing this report, the updated EHRC Code of Practice has just been made statutory.[24] This Code effectively removes trans+ people's right to basic recognition as their acquired gender under the Equality Act. A consequence of this is that, according to the guidance, any domestic abuse service specifically for women (or men) that also accepts trans people is no longer a single sex service. In this scenario, a women's service could face potential litigation from a cis man claiming he should be allowed to use the service too. Although the code defines single sex services explicitly in terms of 'biological sex', it also states that services can exclude trans+ people consistent with their 'biological sex' should their presence be likely to cause "discomfort or distress", citing the example of excluding a trans man from a women's service.[25]

[19] Home Office, *Domestic Abuse Act 2021: Statutory Guidance* (London: Home Office, 2022).
[20] Home Office, *Freedom from Violence and Abuse: A Cross-Government Strategy to Build a Safer Society for Women and Girls* (London: Home Office, 2025).
[21] Home Office, *Freedom from Violence and Abuse Volume 2: Action Plan* (London: Home Office, 2025).
[22] Melissa, 'There's a Looming Crisis for Trans and Non-Binary Survivors of Domestic Abuse', The Big Issue (18 October 2025). https://www.bigissue.com/opinion/trans-survivors-domestic-abuse-crisis/
[23] TransActual, *A Community Living in Fear: LGBTQ+ People's Responses to the Supreme Court Ruling on the Equality Act* (London: TransActual, 2025).
[24] Equality and Human Rights Commission, *Equality Act 2010: Code of Practice for Services, Public Functions and Associations* (London: Equality and Human Rights Commission, 2026).
[25] Ibid, para. 13.147.

Thus, the Code advocates the potential exclusion of trans+ people from any single sex service. It remains unclear what criteria should be used to determine whether a trans+ survivor's appearance is considered sufficiently distressing to others to justify their exclusion, or whether such criteria would be applied equally to cisgender service users.

The Code of Practice is regarded as the most authoritative interpretation of the law and offers a guide as to how services may operate in a way least likely to render them vulnerable to discrimination claims. With the 'gender critical' movement watching closely to see which services offer support to trans+ people, it seems likely services will feel compelled to withdraw support from trans+ individuals or else face potential litigation.[26]

The Code of Practice encourages the provision of 'third spaces' for trans+ people, however in the case of service provision this is not straightforward and would require extensive funding. There is no national 'third space' domestic abuse infrastructure for trans+ people, and at time of writing there is no indication that the government intends to fund the creation of one, particularly regarding safe accommodation. There are also serious questions raised as to whether this would be practical or feasible. An argument can certainly be made for the importance of specialist services; however the miniscule number of trans+ people compared to the general population renders the feasibility of a national infrastructure of specialist services unrealistic. What remains to be seen is the extent to which existing services adapt to the guidance in order to continue facilitating inclusion.

The EHRC's own equality impact assessment found that implementation of the guidance will likely lead to negative impacts on trans+ people and highlighted a potential "disproportionate risk of violence and sexual assault" for trans women who may be forced to use male services.[27] The statutory guidance does not provide any framework by which services may work with the trans+ community in an inclusive manner. There is a serious concern about the complete lack of clarity regarding how domestic abuse services may work safely, respectfully and inclusively with the trans+ community, and it remains to be seen what the consequences of this will be for trans+ survivors. The current situation places trans+ survivors in completely unknown territory given the unprecedented situation of services being advised they must exclude trans+ people from accessing services in line with their acquired gender or face potential litigation.

The non-binary population will be similarly affected by services being forced to operate specifically in terms of 'biological sex'. However, prior to the Code of Practice release, non-binary survivors were already

[26] MurrayBlackburnMackenzie, *Losing Focus: Women's Charities and the UK Supreme Court Ruling* (Edinburgh: MurrayBlackburnMackenzie, 2026).
[27] Equality and Human Rights Commission, *Equality Act 2010: Code of Practice for Services, Public Functions and Associations 2026* and *Equality Impact Assessment* (London: Equality and Human Rights Commission, 2026). https://www.gov.uk/government/publications/equality-act-2010-draft-code-of-practice-for-services-public-functions-and-associations-2026/equality-impact-assessment

navigating gendered spaces that did not recognise or accommodate their identities. In this sense, non-binary people have always faced a lack of appropriate service provision to that being imposed on the more binary members of the trans+ community.

There appears to be a significant knowledge gap relating to the assessment of trans+ individuals. Assessment of risk within domestic abuse services would typically be focused on use of the DASH risk assessment tool. This would potentially be accompanied by the DARA (coercive control focus), HBA identification tool (honour based abuse) or SDASH (stalking specific). An LGBTQI+ DASH developed by Stonewall Housing does exist but there's no indication that this is widely used or that any independent evaluation of its efficacy has been undertaken.[28] There is no trans+ specific tool. There appears to be a notable dearth of research into how generic services assess the specific needs of trans+ individuals. This includes manifestations of abuse specific to trans+ communities such as misgendering, deadnaming, preventing access to healthcare or controlling presentation.

Services operating specifically through a cis-heteronormative lens will not be equipped to meet the specific needs of LGBTQI+ individuals.[29] In a 2024 study of outcomes, interventions for domestic abuse and sexual violence were measured however no interventions targeted to LGBTQI+ people specifically were identified.[30] This apparent lack of attention to the community's distinct needs has potentially significant implications for service delivery, particularly given the specific mental health impacts that experiences of transphobia have on trans and non binary people.[31] Effective domestic abuse work with trans+ survivors is predicated on a thorough working understanding of the specific issues faced by this community.[32] There is a strong indication of an ongoing training need to equip domestic abuse services to respond effectively to trans+ and non-binary survivors. This need is likely made more urgent by the potential legal difficulties that now present when seeking to offer a service to the trans+ community.

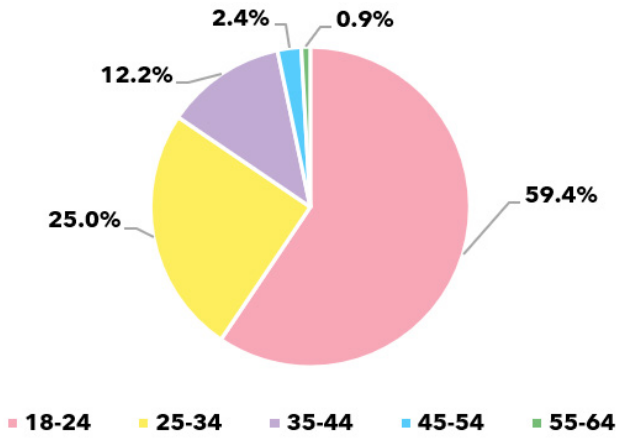
[28] Equation, *LGBT DASH RIC Special Considerations Checklist* (Nottingham: Equation, 2018). https://equation.org.uk/product/lgbt-dash-ric-special-considerations-checklist/
[29] Allison Rogers Quinlan, 'Heteronormativity as a Barrier to Support Service Access for LGBTQ+ Survivors', International Review of Victimology (2025), pp. 1–20. https://doi.org/10.1177/02697580251398857
[30] Sarah Carlisle et al., 'Trends in Outcomes Used to Measure the Effectiveness of UK-Based Support Interventions and Services Targeted at Adults with Experience of Domestic and Sexual Violence and Abuse: A Scoping Review', BMJ Open, 14.4 (2024), e074452. https://doi.org/10.1136/bmjopen-2023-074452
[31] Freddy Sperring and Trent Grassian, *Trans Lives 2025: Continuing to Endure the UK's Hostile Environment* (London: TransActual, 2025). and Dean J. Connolly et al., 'Transphobia in the United Kingdom: a public health crisis', International Journal for Equity in Health, 24 (2025), article 155. https://doi.org/10.1186/s12939-025-02509-z
[32] Messinger and Guadalupe-Diaz (eds), Transgender Intimate Partner Violence.

Client Data Analysis

Age:

84.4% of Loving Me clients were aged 34 years or younger on the date they first started receiving support from the service. 59.4% of total clients fall within the youngest age bracket of 18-24.

Figure 1



These findings align with Loving Me's current expansion plans, which include establishing a dedicated young person's (18–25) service after securing funding for an additional post. However, while there is clear demand for provision tailored to younger clients, the wider landscape of LGBTQI+ domestic abuse services continues to offer reduced support options for those over 25. It is therefore important that Loving Me balances the needs of its older clients alongside funding constraints and service development priorities. There are also questions raised about whether older clients are going 'stealth' (choosing not to disclose that they are trans+) in order to access necessary services.

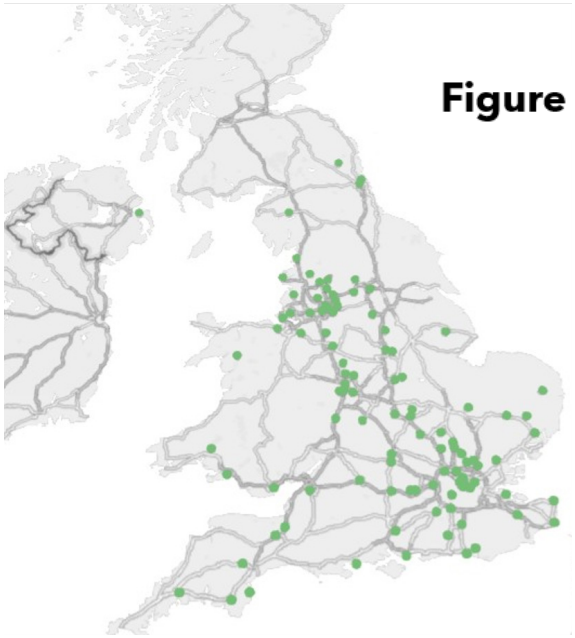


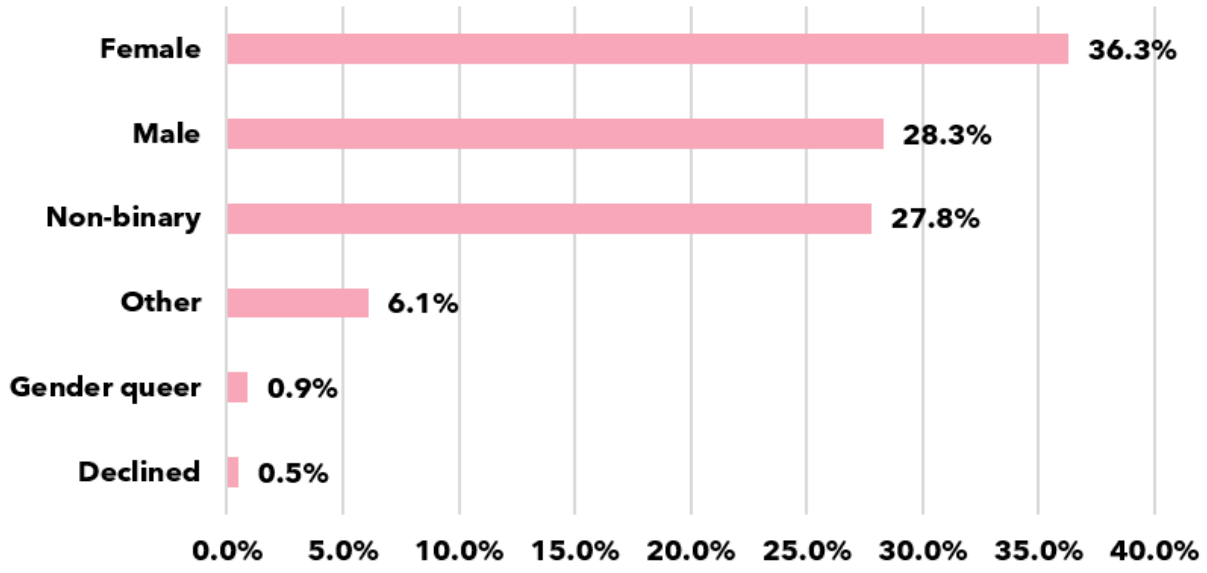
Figure 2

Geography:

The majority of Loving Me clients originate from local authorities within England and Wales, with only two service users listing their region from the wider UK which includes Northern Ireland (Ards and North Down) and Scotland (Falkirk).
Loving Me's service has taken on clients from 101 local authorities in England and 5 from Wales.

Within England and Wales, the local authority areas with the strongest service uptake include Manchester (n=13), Lancashire (n=11), Kent (n=10), City of London (n=9), and Hertfordshire (n=8).

Figure 3



Gender:

CMS data records capture client gender on a basis of self-identification. The data which shows a relatively equally weighted gender balance. By a small margin, the most common client group was female (36.3%), followed by male (28.3%) and non-binary (27.8%) clients. These trends are consistent with the findings of comparable research on the demographics of trans+ survivors published by SafeLives.[33] SafeLives's report suggests that these groups report a similar need for domestic abuse support services or that they are being referred to services at similar rates.[34]

Loving Me's gender balance is very different to ratios typically encountered by domestic abuse services. Given the small sample size, this data cannot be used to make generalisations about trans+ survivors more broadly but there are indications that the profile of trans+ survivors differs from the wider cisgender population. Taken with the total findings of this report, this suggestion warrants further research to ensure services are being targeted correctly.

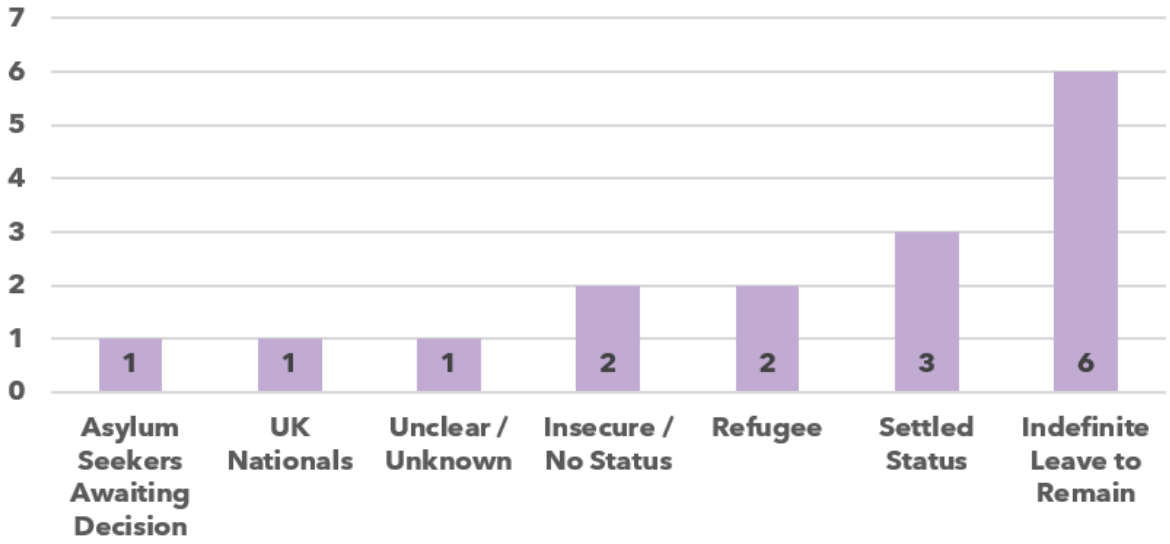
[33] Nicola Stokes, Transgender Victims' and Survivors' Experiences of Domestic Abuse: Briefing and Recommendations for Policy and Practice (Bristol: SafeLives, 2021), p. 2.
[34] Ibid.

Ethnicity, Nationality and Immigration Status:

Loving Me's records show that 69.3% of clients identify as White British. Within the 30.7% of clients that do not identify as White British, the most frequently recorded categories are Pakistani (4.3%) and Other Mixed/Multiple Ethnic background (4.3%). This dataset can be found in Appendix 1.

Whilst predominantly reaching British citizens, Loving Me has also supported Non-UK Nationals who accounted for 7.1% of total clients. Of this population, a majority held either Indefinite Leave to Remain (40%) or Settled Status (20%).

Figure 4



In n=2 instances, Loving Me has been unable to accept a referral due to client's No Recourse to Public Funds (NRPF) visa conditions. As is typical of safehouse provisions in the UK, Loving Me is not funded to accommodate clients with NRPF restrictions who would be unable to self-fund their refuge stay or meet the eligibility criteria for financial aid from external organisations.

As a trans+ specific organisation, Loving Me faces unique barriers to providing support for clients with NRPF restrictions. Where a client with children seeks safehouse accommodation, social care services may fund the refuge stay in cases where they have assumed a duty of care of the children as a safeguarding provision. CMS records show that clients with children rarely access Loving Me's service (n=0 safehouse; n=4 outreach), meaning that this funding option is largely unavailable.

One interviewee described attaining financial support from an external organisation that supports survivors of domestic abuse with NRPF to access safe accommodation. In this case, the client's rent and service charge for Loving Me's safehouse were funded whilst her application for a Migrant Victims of Domestic Abuse Concession (MVDAC) was being processed, which grants three months leave outside of immigration regulations and access to public funds.

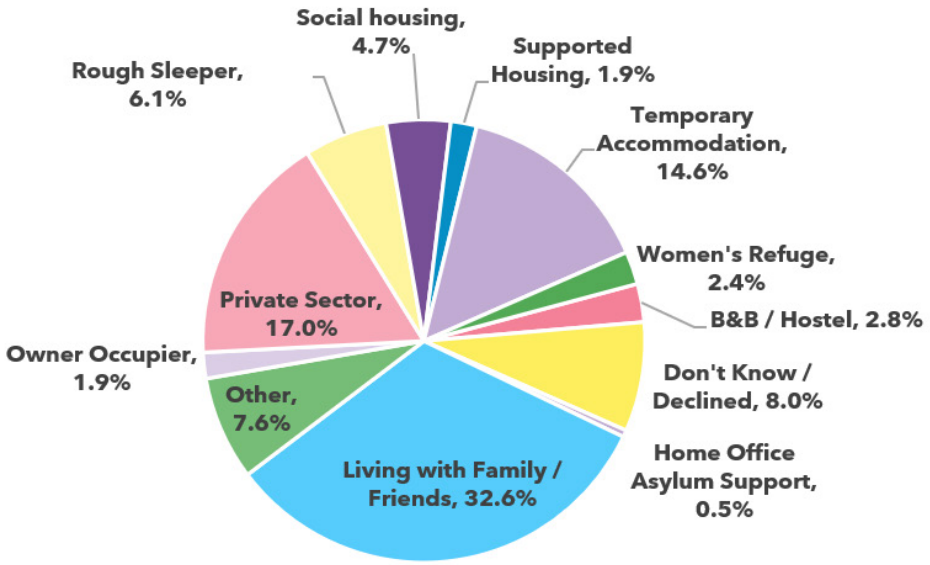
In total, n=2 Loving Me clients have made MVDAC applications, with only n=1 client securing funding for a space in Loving Me's refuge during this process. Following the SCJ, it is possible that this option may become obsolete in practice for trans+ survivors as the majority of services funded to support survivors with NRPF restrictions operate as 'women's services', making them 'single-sex' provisions in line with the EHRC Code of Practice.[35] Although the Code does not issue a blanket ban, trans women may be lawfully excluded from 'women's services' and it is not yet clear if it is possible for 'single-sex' services to be inclusive of trans women without compromising the nature of their provision.[36]

With uncertainty around whether trans+ survivors will have access to NRPF support going forward, there is reasonable speculation around how Loving Me can continue to support its clients with NRPF visa restrictions, specifically in its safehouse provision. As policy and practice continue to evolve in the wake of the SCJ, the impacts on trans+ survivors with NRPF will need to be monitored, flagging a necessary area for further research. With Loving Me catering specifically to trans+ clients and thus bypassing potential constraints on 'single-sex' provisions, pursuing funding specifically for a NRPF only spaces within the Loving Me safehouse would be a practical recommendation.

[35] Equality and Human Rights Commission, *Equality Act 2010: Code of Practice*.
[36] Ibid, para. 13.128, 13.145 and 13.147.

Client Accommodation:

Figure 5



Loving Me data shows that a substantial proportion of survivors first contact Loving Me while living with family or friends (32.6%), which is the most frequently recorded accommodation type. The average age of this group is 23 years and 6 months, which falls inside the youngest age bracket of service users. As this report later outlines, 61.2% of all Loving Me clients have experienced familial abuse, including four of the five interviewees. Taken together, these findings raise important questions about whether familial abuse may have begun before clients reached an age at which they could independently access adult support services. While beyond the scope of this report, there are grounds for further research into prevention and early intervention pathways for families with trans+ children.

I didn't know about this service, I never knew anything like this existed ... I don't think many other places like this exist to be honest

- Survivor (non-binary)

Whilst Private Sector (17.0%) and Temporary Accommodation (14.6%) are the next most frequently recorded groups, it is significant that the CMS captured 16 different types of accommodation recorded on entry (excluding 'Don't Know' and 'Didn't Ask' responses), highlighting the range of accommodation backgrounds prior to accessing the service.

I was homeless and the council said that the safest place for me to stay overnight would be the A&E waiting area

- Survivor (trans woman)

The Council referred me to a women's refuge. So, after like a week of being here at Loving Me, I just got a call from a women's refuge, 'Like hey is this [Deadname]?' ... That was so jarring

- Survivor (trans man)

It was notable that none of the interviewees knew about Loving Me prior to contact, nor had they anticipated that an LGBTQI+ specific provision would be available to them when seeking support. Galop's (2023) research reports a similar trend, finding that 41% of LGBTQI+ survivors did not seek help because they did not think that any support would be available to them.[37] Although Loving Me's small sample size did seek help, they similarly assumed that no service would cater specifically for trans+ people. These findings indicate a need to strengthen Loving Me's visibility and profile within trans+ communities to ensure that trans+ survivors are aware of what support options are available to them.

This line of enquiry also raises important questions about whether clients would have retreated from seeking support had they not found a service that met their specific needs. There is currently no research indicating how many trans+ survivors are not accessing support because they are unable to identify services that are appropriate to their needs. This area of enquiry merits further research, particularly following the SCJ and updated EHRC Code of Practice which encourages the exclusion of trans+ individuals from 'single-sex' domestic abuse services.[38] It is likely too soon to determine the extent to which the Code of Practice and its media reception have influenced trans+ survivors' confidence in accessing suitable support.

What is already evident from client interviews, however, is that some trans+ survivors do not feel their identity has been acknowledged by authorities or support provisions. Three of five clients have either been offered accommodation inappropriate for their gender or been refused accommodation because of their gender. Difficulty accessing gender specific accommodation affected both trans feminine and trans masculine individuals.

[37] Galop, *"An isolated place": LGBT+ domestic abuse survivors' access to support*, p. 17.
[38] Equality and Human Rights Commission, *Equality Act 2010: Code of Practice.*

Disability:

Over 72% of clients reported living with a disability. Mental health disabilities were the most prevalent type of disability identified, amounting to 78.4% of all cases where a disability was recorded. Physical disabilities (32.7%), learning disabilities (22.9%), and other long-term conditions (27.5%) were also recorded among Loving Me clients. Full disability data can be found in Appendices 2 and 3.

Comparable data suggests that the prevalence of at least one disability is particularly high amongst Loving Me's client base. SafeLives' national Insight dataset (2017) reports that 14% of survivors accessing support services in the UK were identified as having a disability/impairment.[39] SafeLives' 'Disabled Survivors Too' spotlight report suggests that disability figures for survivors of domestic abuse are significantly under-reported nationally, estimating that this figure could double the recorded statistic.[40] Both SafeLives and Loving Me follow the definition of disability set out in the Equality Act 2010, which does not distinguish between formally diagnosed or self-identified impairments. Even when SafeLives' adjusted estimates are considered, CMS data still indicates a significantly higher prevalence of disability amongst Loving Me clients compared to figures from across the domestic abuse sector. Further research would be necessary to monitor this trend over wider populations of trans+ survivors.

The Venn diagram with trans people, domestic abuse survivors, and disabled people can be near a circle. So disability is something that definitely needs to be considered and catered for

- Survivor (trans man)

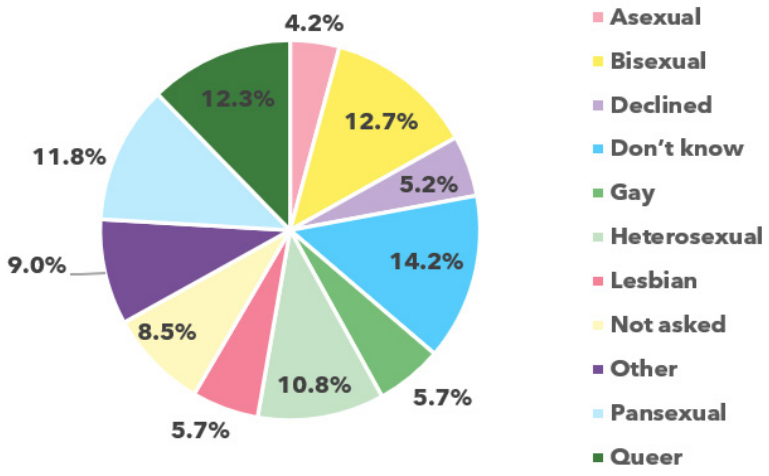
72.2% live with a disability

[39] Gemma Halliwell, Jane Evans, and Deirdre Cartwright, *Disabled Survivors Too: Domestic Abuse and Disability* (Bristol: SafeLives, 2017), p. 7.
[40] Ibid, p. 31.

Relationship Status and Sexuality:

49.1% of Loving Me clients reported their relationship status as single. This finding aligns with service expectations as 36.8% of Loving Me clients have experienced intimate partner violence (IPV), whereas 61.2% have experienced familial abuse and 2% have experienced both types of abuse.

Figure 6



Data capturing client relationship status can be found in Appendix 4.

CMS records show that sexuality is varied amongst Loving Me clients, with Don't know (14.2%), Bisexual (12.7%), Queer (12.3%) being the most frequently reported groups. There is no significant weighting towards any one sexuality, but it is significant that 89.2% of clients recorded their sexuality as something other than heterosexual.

Although this small sample does not allow for direct mapping on to general populations of trans+ survivors, there is a potential indication that IPV is more likely to be experienced within the context of non-heterosexual relationships. As a result, the needs of trans+ survivors may not be easily mapped on to the support pathways available through non-LGBTQI+ specialist domestic abuse provisions. Galop's research (2023) aligns with this indication, reporting that non-LGBTQI+ specialist domestic abuse provisions often have limited understandings of non-heterosexual relationship dynamics and may lack the expertise needed to respond appropriately to abuse in these contexts.[41] Thus, research suggests that even where trans+ survivors may be able to access non-LGBTQI+ specific services, these services may not be able to provide effective support.[42]

[41] Galop, *"An isolated place": LGBT+ domestic abuse survivors' access to support*, p. 13.
[42] Ibid,.

In 2021, Galop reported that there were 13 specialist LGBTQI+ domestic abuse services in the UK, which was published prior to Loving Me's establishment.[43] The same report evidenced only 3.5 FTE IDVAS with LGBTQI+ specialism, split across four organisations in major UK cities.[44] Collectively, these findings highlight the additional barriers that trans+ survivors are likely to face in accessing support. Where non-LGBTQI+ services are trans inclusive, appropriate support cannot be guaranteed, however LGBTQI+ specialist support is few and far between. This highlights the significance of Loving Me as a by-and-for service and necessity of continued funding to support and expand its operation.

This is the first queer space I have been in and that is amazing and life changing

- Survivor (trans man)

Out of all the services I've encountered, Loving Me is the most safe I've felt ... I've been listened to and not been disregarded

- Survivor (trans man)

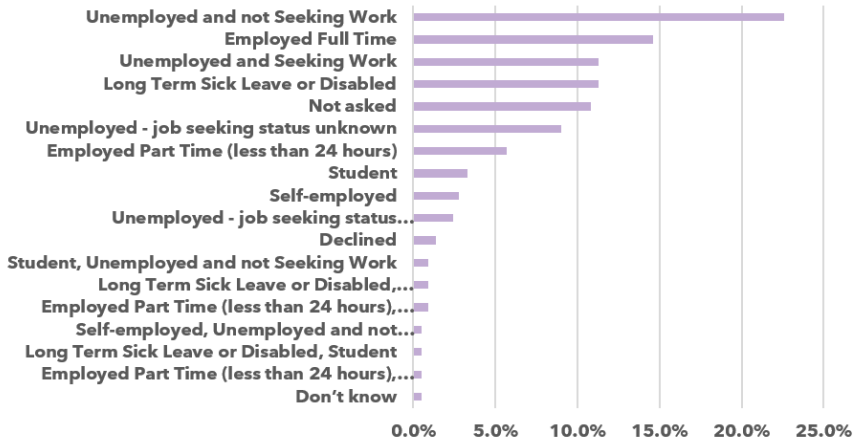
[43] Donovan, Magić, and West, *LGBT+ Domestic Abuse Service Provision Mapping Study*, p. 11.
[44] Ibid, p. 20.

Income and Employment Status:

CMS data on income sources reports that over half (58.5%) of Loving Me clients are receiving at least one type of state benefit entitlement. A further 18.9% stated that they received income from employment only, 1.9% received student loans and 7.5% reported having no source of income. To broadly contextualise these figures, the Department for Work and Pensions (DWP) approximate that 10 million working-age people in the UK were receiving at least one state benefit entitlement in 2025, this is equivalent to around 23%.[45] Additional client income data is available in Appendix 5.

Looking at employment data, the most common groups reported by Loving Me clients are Unemployed and Not Seeking Work (22.6%), Employed Full Time (14.6%), Long Term Sick Leave or Disabled (11.3%) and Unemployed and Seeking Work (11.3%).

Figure 7



25% in employment

Excluding the categories Declined, Don't Know and Didn't Ask, CMS data shows that 63.7% of Loving Me clients were not in employment when first accessing the service whilst 25.0% were in some type of employment (full, part-time or self-employed). Employment rates remain relatively consistent across Loving Me client age groups, with CMS recording 23.8% of clients under 25 and 26.7% of clients over 25 in employment.

Whilst it is difficult to compare directly with wider national datasets, broad comparisons indicate that Loving Me's client base presents a notably low rate of employment. The Home Office finds that the employment rate for the general working population of UK adults is recorded at 74.8%, which drops to approximately 60–66% for domestic abuse survivors.[46]

[45] Department for Work and Pensions, *Benefit Combinations: Official Statistics to August 2025* (London: Department for Work and Pensions, 2026).
[46] Department for Business, *Energy & Industrial Strategy, Workplace Support for Victims of Domestic Abuse: Review Report* (London: Department for Business, Energy & Industrial Strategy, 2021), p. 25.

Even in comparison to trans+ populations in England and Wales specifically, employment rates amongst Loving Me clients remain disproportionately low. The 2021 Census recorded an employment rate of 49.2% for adults (age 16 or over) whose gender identity did not match their sex at birth, which is almost double the rate observed among Loving Me clients.[47] TransActual's (2021) research reported similar statistics, with 55% of participants in employment.[48]

Whilst there are no directly comparable or more recently published datasets available, Loving Me's income and employment figures indicate that there may be additional barriers to securing employment arising from the relationship between being trans+ and being a survivor of domestic abuse. It is outside the scope of this report to determine the factors influencing the significantly low employment rate amongst Loving Me's clients, however this report puts forward an initial evidence base for future research and highlights substantial gaps in current records.

Because of my circumstances I am living in a refuge and I can't find a job. I am so eager to smash in the job market ... I want to work in insurance

- Survivor (trans woman)

One interviewee who had previously been in work described that due to the nature of refuge accommodation, it is difficult to maintain employment whilst accessing the safehouse provision. Having identified that survivors will most likely have to take breaks from employment if they are accessing the safehouse, there is grounds to recommend that Loving Me considers expanding its existing employment support provisions. With increased funding, the service may be able to strengthen support around skills development, job readiness, and pathways back into work, helping to reduce barriers to independent living and mitigate the longer term impact of domestic abuse on clients' employment progression.

[47]Office for National Statistics, *Census 2021: Gender Identity by Economic Activity Status* (London: Office for National Statistics, 2023). https://www.ons.gov.uk/datasets/RM037/editions/2021/versions/4
[48] TransActual, *Trans Lives Survey 2021: Enduring the UK's Hostile Environment* (London: TransActual, 2021), p. 19.

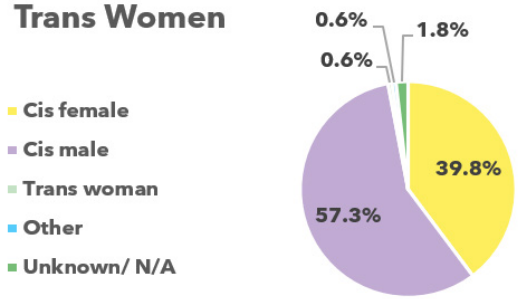
Perpetrator Demographics

The following section of this report analyses CMS data from 431 perpetrators as reported by 212 Loving Me clients. By examining data on perpetrator gender, relationships to Loving Me clients, and the number of perpetrators involved in each case, it is possible to build a clearer picture of who is perpetrating abuse against trans+ people.

98.2%
perpetrators are cis

CMS data records perpetrator gender across all case types, showing that 56.4% of perpetrators are reported to be cis male, 41.8% cis female, and 1.9% trans+. With a total of 98.2% of perpetrators identified as cisgender, the data indicates that in Loving Me's service experience, trans+ people are significantly more likely to experience domestic abuse perpetrated by cis individuals. Loving Me has seen an extremely low number of cases (n=8) where a trans+ person has been reported as a perpetrator. This data is available in Appendix 6.

Figure 8: Trans Women



The following Figures divide the total population of Loving Me clients into three groups; trans men, non-binary clients and trans women. The charts display the gender profiles of perpetrators reported to the service by each client group. These datasets captures both IPV and familial abuse cases.

Figure 9: Non-binary

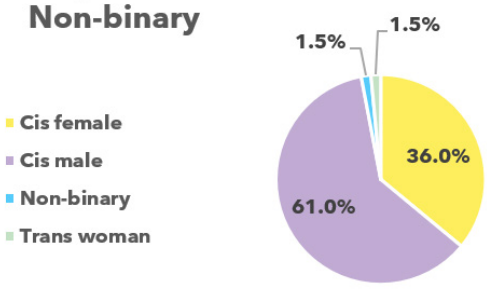
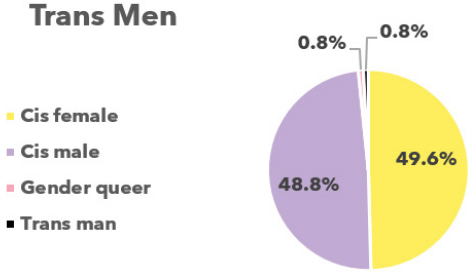


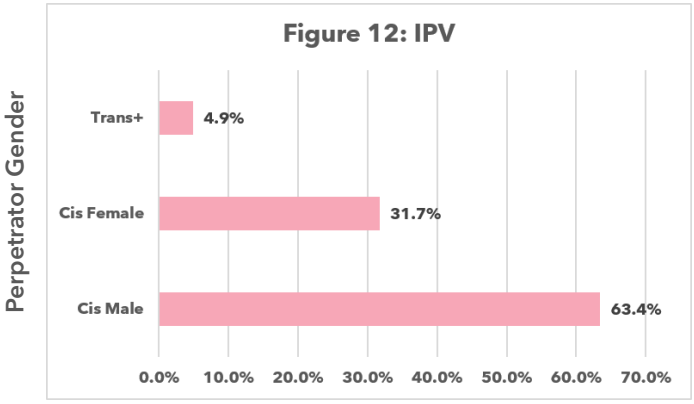
Figure 10: Trans Men

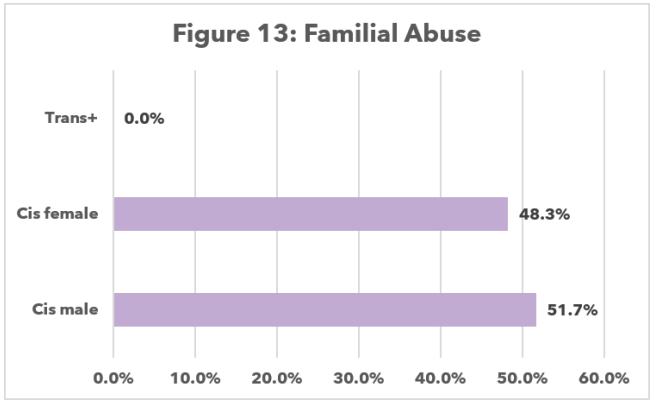


It is notable that cis men make up the largest proportion of perpetrators reported by both trans women (57.3%) and non-binary clients (61%). Loving Me's clients who identify as trans men report a more even split of perpetrators between cis men (48.8%) and cis women (49.6%), with the largest proportion of cis female perpetrators across all client groups.

AP Gender and Client Relationship:

CMS data also captures perpetrator gender across categories of perpetrator and client relationship. Loving Me records perpetrators as either intimate partners (current or ex) or family members. 36.8% of Loving Me clients have experienced intimate partner violence (IPV), whereas 61.2% have experienced familial abuse and 2% have experienced both types of abuse. The following Figures demonstrate perpetrator gender demographics in each category.





In cases of familial abuse, the data shows a relatively even divide between cis male (51.7%) and cis female perpetrators (48.3%). Within the intimate partner group, there is a significantly higher total of cis male perpetrators (63.4%), which is double the total of cis female perpetrators (31.7%).

I've been abused by my ex-husband, but the other residents have different experiences. They have been abused by their parents

- Survivor (trans woman)

Looking specifically at the intimate partner group, Loving Me's findings may initially appear to be aligned with research across the domestic abuse sector which consistently evidences higher numbers of male perpetrators than any other demographic.[49] However, within this category, data typically does not distinguish between trans+ and cisgender men. This lack of differentiation significantly limits the ability to make meaningful comparisons against national statistics, but it does highlight a notable gap in how perpetrator data is often recorded. By recording whether perpetrators are trans+ or cisgender, Loving Me's dataset contributes to a growing evidence base on perpetrator demographics, capturing distinctions that are often overlooked in wider research.

Galop, a specialist LGBTQI+ domestic abuse service, has published data examining the relationship between trans+ survivors and perpetrators. It found that approximately 61% of perpetrators reported by trans men were current or former intimate partners, which rose to approximately 80% for trans women.[50] 45% of trans men surveyed experienced abuse from a family member, whereas this number was lower for trans women at 27%.[51]

Loving Me's CMS data captures following figures:

Figure 14: Non-binary

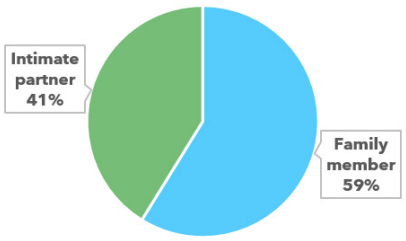


Figure 15: Trans Men

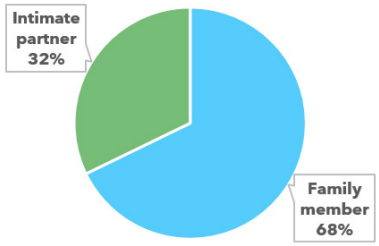
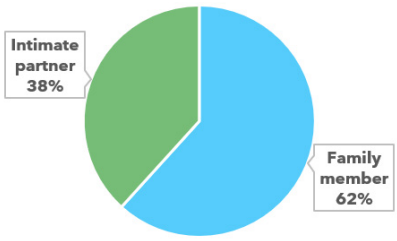


Figure 16: Trans Women



[49] Women's Aid Federation of England, 'Domestic Abuse is a Gendered Crime' https://womensaid.org.uk/information-support/what-is-domestic-abuse/domestic-abuse-is-a-gendered-crime/
[50] Jasna Magić and Peter Kelley, *LGBT+ People's Experiences of Domestic Abuse: A Report on Galop's Domestic Abuse Advocacy Service* (London: Galop, 2018), p. 24.
[51] Ibid.

Across all three groups of clients, Loving Me's CMS data reports higher percentages of perpetrators who were identified as family members rather than intimate partners. This diverges from trends identified within Galop's findings. It might be of note that Galop's research was published in 2018, prior to the SCJ and subsequent Code of Practice release. Over this specific timespan, the UK has observed a drastic decline in its position as a trans+ inclusive nation within Europe. The International Lesbian, Gay, Bisexual, Trans, and Intersex Association (ILGA) has determined the extent to which European countries protect the human rights of LGBTQI+ people through policies and legal protections. In 2018, the UK ranked 4th (of 49 countries), which plummeted to 22nd in 2026 to reach its lowest historic position.[52] According to the ILGA-Europe's Rainbow Map 2026, the United Kingdom is one of only six countries with "explicit bans or other kinds of legal limitations which serve to make legal gender recognition practically impossible".[53]

TransActual's 'Trans Lives: 2025' report links rising anti-trans sentiments within the UK to high rates of transphobia experienced within a sample size of 4008 survey respondents. It found that 80% respondents (n=3083) said that they had experienced transphobia from family members.[54] 98% of respondents experiencing abuse from family members believed that the media had impacted how family members treated them.[55] To add further context, at least three in four respondents reported seeing or hearing transphobia, with the most common sources being social media (>99) and politicians (99%).[56] TransActual reports that most respondents had seen or heard transphobia not just in their lifetimes, but over a 12 month period between 2024 and 2025.[57]

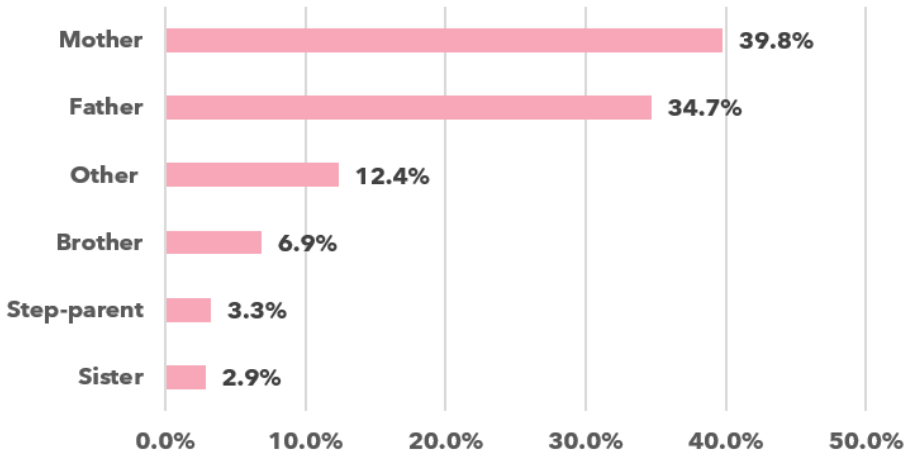
The ILGA's ranking paint a clear picture of the changing attitudes towards trans+ populations within the UK since 2018. TransActual's report indicates a relationship between the anti-trans sentiment within the UK's socio-political climate and high rates of transphobia perpetrated by family members. Further research may look to examine these factors as possible causes for the significantly higher rates of familial abuse reported by Loving Me's client base in comparison to Galop's earlier findings. It is apparent that there is a necessity to continually monitor trends in groups of perpetrators and types of abuse reported as the state of legal protections and cultural attitudes towards trans+ people in the UK continue to decline. This includes tracking the effects of the draft Bill to ban conversion practices, given evidence that conversion practices can intersect with domestic abuse, including abuse perpetrated by family members.[58] Within Loving Me's service specifically, there may be grounds to investigate family intervention pathways as a necessary area for expansion subject to funding constraints.

[52] ILGA-Europe, *Rainbow Europe Map and Index 2018* (Brussels: ILGA-Europe, 2018). https://www.ilga-europe.org/report/rainbow-europe-2018/
[53] ILGA-Europe, *Rainbow Map 2026: Rainbow Map and Index*, 'Legal gender recognition' (Brussels: ILGA-Europe, 2026). https://rainbowmap.ilga-europe.org/categories/legal-gender-recognition/
[54] Sperring and Grassian, *Trans Lives 2025*, p. 9.
[55] Ibid.
[56] Ibid, p.32.
[57] Ibid.
[58] Galop, *"Still Not Illegal": Evidence of Modern-Day Conversion Practices from Galop's Frontline Services* (London: Galop, 2026), p. 11.

Family Member Profile:

In 2022, Galop released a report specifically examining LGBTQI+ experiences of abuse from family members. This study found that in cases of familial abuse, the most common perpetrators of abuse against LGBTQI+ respondents were parents, more specifically mothers (45%) and fathers (41%).[59]

Figure 17



This aligns with Loving Me's findings as parents were the most frequently recorded types of perpetrators within familial abuse cases across all genders of Loving Me clients. Similarly, mothers (39.8%) were recorded as perpetrators slightly more frequently than fathers (34.7%).

Multiple Perpetrators:

Loving Me CMS data captures the number of perpetrators reported per client. This dataset shows that the almost two thirds of clients (61.82%) are experiencing abuse from one AP, whilst approximately one third (31.42%) report two APs. Proportions of clients reporting more than two APs are much smaller, with only 6.76% of Loving Me's total client base reporting three or more APs. Data on multiple perpetrators can be found in Appendix 7.

Research from across the domestic abuse sector suggests that certain survivor groups, including clients with a disability and LGBTQI+ clients face increased likelihood of experiencing abuse from multiple APs.[60] With such a significant proportion of Loving Me's client base reporting multiple APs, there are grounds for further investigation into how trans+ identity may increase vulnerability to multiple APs following this report.

[59] Galop, *LGBT+ Experiences of Abuse from Family Members*, p. 12.
[60] Halliwell, Evans, and Cartwright, *Disabled Survivors Too,* p. 17. and SafeLives, *LGBT+ People and Domestic Abuse Spotlight* (Bristol: SafeLives, 2018). https://safelives.org.uk/resources-for-professionals/spotlights/spotlight-lgbt-people-and-domestic-abuse/

Profile of Abuse

CMS records show 71.6% of clients sought support for current abuse, while 24.5% of clients sought support for historic abuse.

Figure 18 provides an overview of the types of abuse experienced by Loving Me clients. Identity based abuse was the most frequently reported form of abuse experienced (68.9%), followed by emotional/psychological abuse (50.4%) and jealous controlling behaviour (41.9%). It is also significant that 33.5% of clients were currently experiencing surveillance harassment and stalking.

68.9% clients experienced identity-based abuse

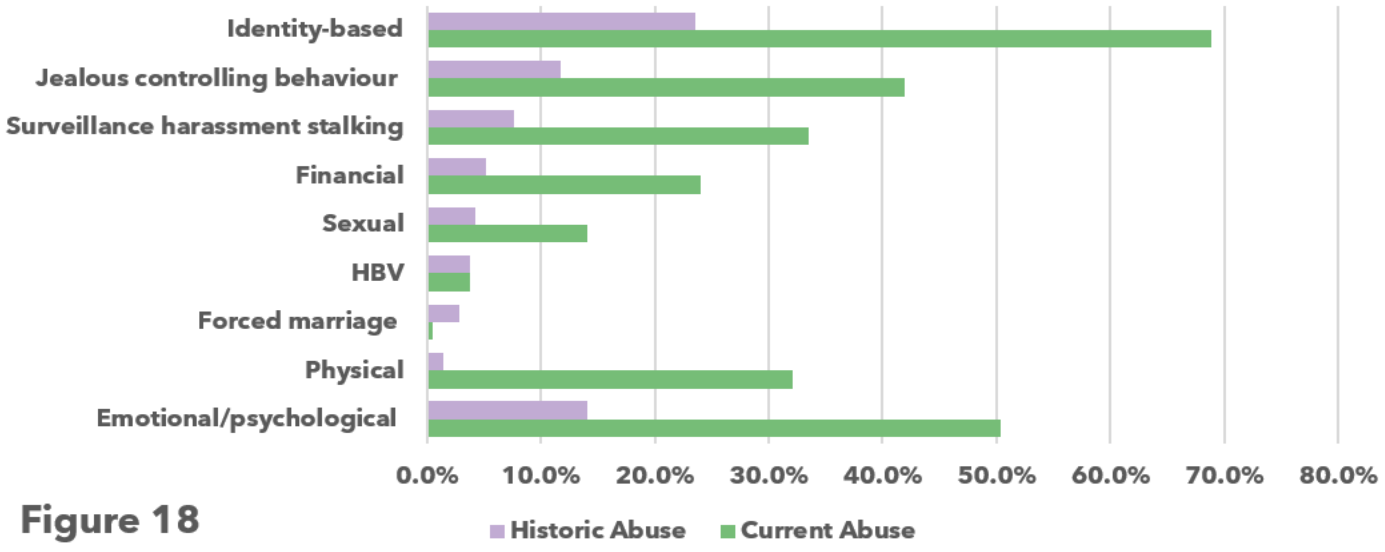


Figure 18

In 2025, the Office for National Statistics (ONS) released statistics reporting on the prevalence of different types of domestic abuse experienced by people aged 16 and over in England and Wales.[61] Whilst direct comparisons are limited, this dataset provides an approximate benchmark for the types of abuse experienced by Loving Me clients in contrast to national statistics. In comparable categories, ONS found that among people aged 16 and over in England and Wales, emotional abuse was the most commonly experienced form of abuse (18.1%), followed by stalking (9.9%), physical abuse (9.8%) and sexual abuse (7.3%).[62]

Although the nature of abuse experienced was not the focus of the interviews conducted with Loving Me clients, it is notable that only one participant felt that transphobia was not a factor in the abuse that they experienced.

All interviewees described accessing a by-and-for service as a positive experience, emphasising the value of working with a service that understands trans+ people and their specific needs. Survivors highlighted not having to explain their identity or worry about whether it would be respected, and noted that staff were equipped to navigate issues that trans+ people commonly face, including challenges related to healthcare and documentation. This mirrors findings from the Domestic Abuse Commissioner, who reported that 21 of the 23 trans+ survivors surveyed (91.3%) wanted access to a specialist by and for service.[63] This figure is significantly higher in comparison to the broader LGBTQI+ respondent group at 61%.[64]

People use your trans-ness to justify abuse

- Survivor (trans man)

The appeal of Loving Me is the mutual understanding of like "Ok I'm trans, you are trans" we don't have to explain anything

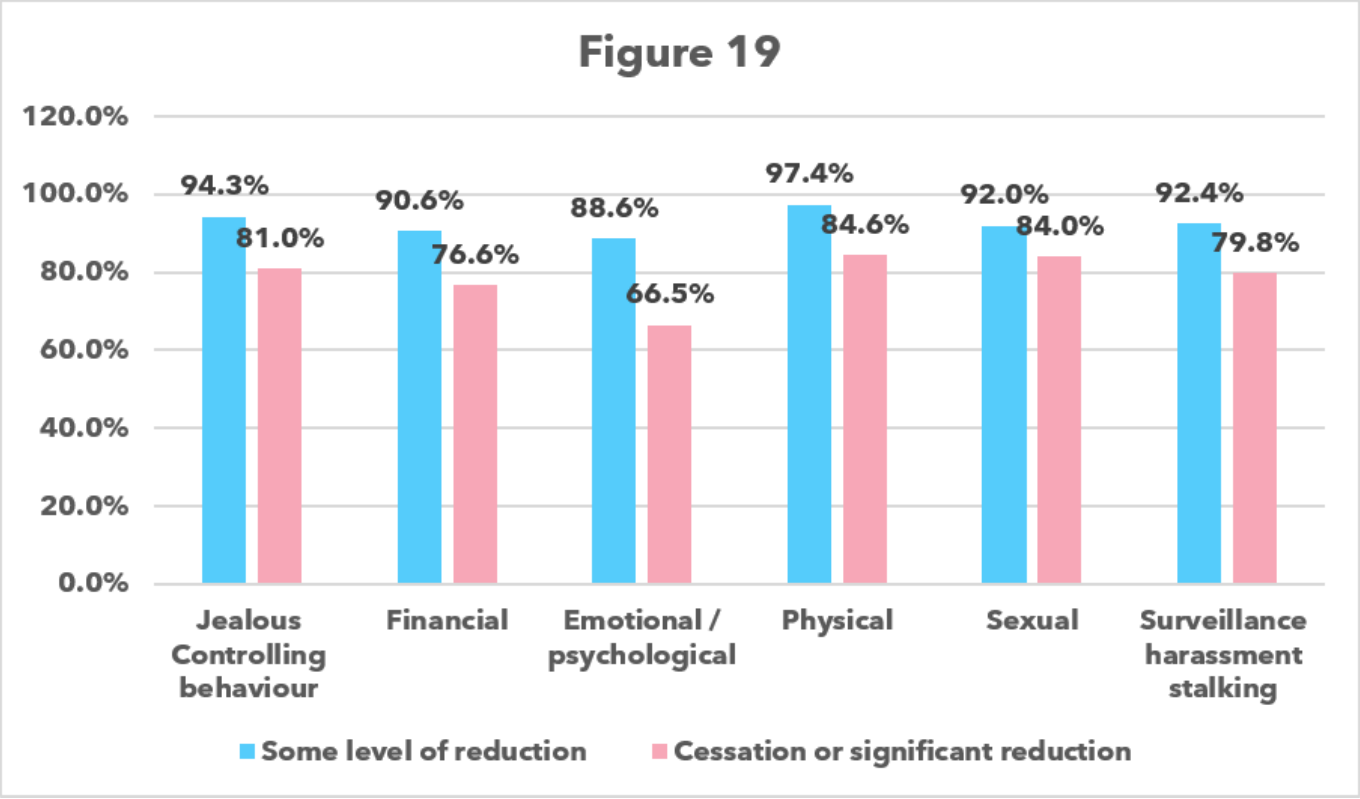
- Survivor (trans man)

[61] Office for National Statistics, *Domestic Abuse Prevalence and Trends, England and Wales: Year Ending March 2025* (London: Office for National Statistics, 2025). https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/domesticabuseprevalenceandtrendsenglandandwales/yearendingmarch2025
[62] Ibid, p. 7.
[63] Domestic Abuse Commissioner for England and Wales, *A Patchwork of Provision,* p. 8.
[64] Ibid.

Abuse Outcomes:

CMS data finds that the vast majority of Loving Me clients (93%) left the service having reported a reduction in the abuse disclosed on entry. In 78% of cases, the reduction was described as significant and in 59.8% of all cases, there was complete cessation of abuse.

Figure 19 displays at the main types of abuse disclosed by Loving Me clients. It shows the percentage of clients that reported a reduction in disclosed abuse at the point of leaving the service. This chart compares two categories, cases that record some level of reduction and cases that record complete cessation or a significant reduction in abuse disclosed.



Rates of cessation or significant reduction are highest for physical (84.6%) and sexual abuse (84%), suggesting that immediate safety interventions are particularly effective.

In contrast, the emotional/psychological abuse group shows the lowest cessation rate (66.5%), followed by financial abuse (76.6%) and surveillance harassment or stalking behaviours (79.8%). These types of abuse have been identified as key factors within coercive control, which can continue beyond separation from a perpetrator, as recognised within government guidance.[65] These findings highlight necessary areas for service focus. Subject to funding constraints, Loving Me might look to deliver targeted support programmes aimed at disrupting patterns of controlling behaviour and emotional abuse such as digital safety literacy.

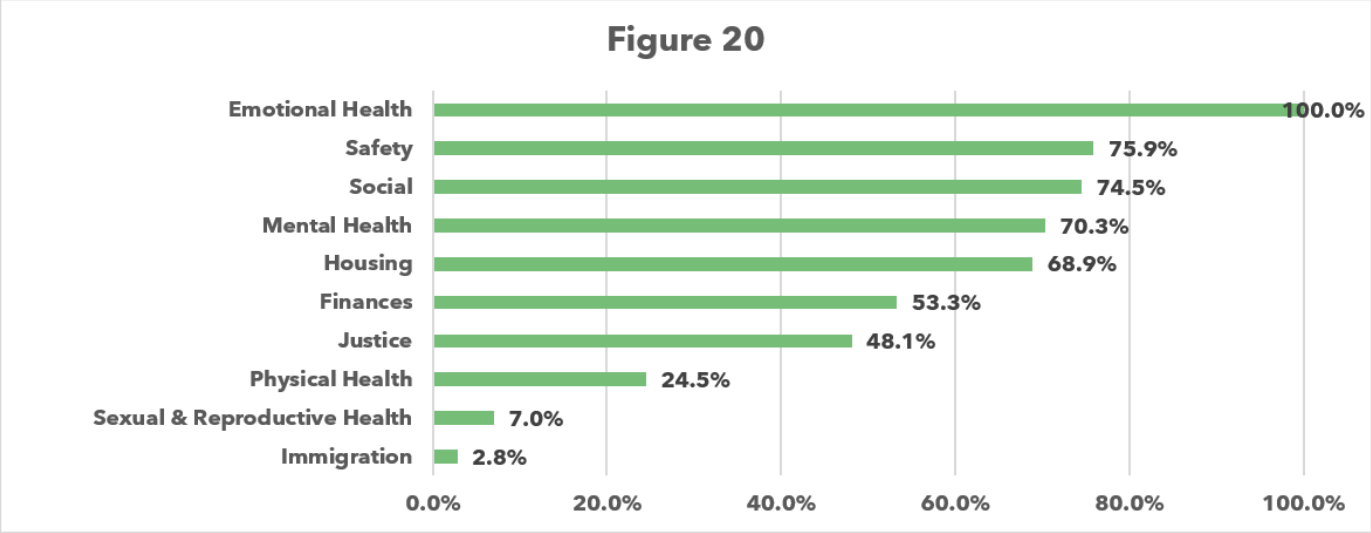
Although areas for improvement have been flagged, Loving Me's client data indicates that the service users are attaining greater rates of reduction and cessation in disclosed abuse in comparison to trans+ survivors accessing other services. According to SafeLives's research, only 31% of trans+ survivors reported full cessation in abuse disclosed.[66] Where jealous and controlling behaviour was disclosed, only 35% of survivors reported a reduction in the severity of abuse experienced in contrast to 94.3% at Loving Me.[67]

With very few LGBTQI+ and trans+ specific domestic abuse services, it is likely that survivors captured within SafeLive's Insight database have been offered support through non-specialist services. While differences in sample sizes and service models mean that direct comparisons should be interpreted with caution, the substantially stronger outcomes observed among Loving Me clients indicate that a specialist by-and-for service model could be a key factor affecting high rates of reduction and cessation.

[65] Home Office, *Controlling or Coercive Behaviour: Statutory Guidance Framework* (London: Home Office, 2023).
[66] Stokes, *Transgender Victims' and Survivors' Experiences of Domestic Abuse*, p. 5.
[67] Ibid.

Support Needs

Figure 20 gives an overview of support needs identified by clients when they first accessed Loving Me's service. It is significant that 100% of clients listed emotional health as a support need. Both safety (75.9%) and social needs (74.5%) were also frequently recorded, with immigration (2.8%) and sexual and reproductive health (7%) as the lowest reported needs. This data can be found in Appendix 8.



How is Loving Me meeting these needs?

In cases where either emotional or mental health need had been specified, 76.5% of clients accessed counselling or mental health treatment whilst with Loving Me and 34% accessed group work. CMS exit data reports that 56.9% clients who disclosed an emotional or mental health need on entry were better able to manage their mental health, 47% reported reduced symptoms of trauma and anxiety and 51% noted improved positive coping strategies. 74.3% of clients had an improved perception of their safety when leaving the service. Data capturing mental health support needs and outcomes can be found in Appendices 9 and 10.

Of the total clients that specified social needs, 48.1% completed healthy relationships work and 72.7% accessed community social groups. This data can be found in Appendices 11 and 12. Where safety was specified as a support need, 72.8% reported an improved perception of safety at home, 72.6% reported an improved perception of safety online and 70.3% felt safer 'out and about'. Safety support needs and outcomes data is available in Appendices 13 to 16.

It is also notable that where physical support needs were specified, 48.1% of clients were supported to access treatment for physical health concerns. This data can be found in Appendices 17 and 18. Three of the five refuge clients interviewed spoke about accessing healthcare services whilst with Loving Me. These interviewees all spoke positively about having the option to request staff to accompany them to appointments. Although the sample size is small, these testimonies indicate that Loving Me's tailored advocacy service model is both valued by clients and effective in reducing barriers to accessing external provisions such as healthcare.

Staff are generally quite good, they will often come with me to universal credit appointments and things like that

- Survivor (non-binary)

I am really grateful for what services have provided for me, especially Loving Me, for the counselling which really helped me a lot.

- Survivor (trans woman)

Four interviewees spoke about their social support needs, with difficulties accessing community while living in a refuge emerging as a recurring theme. One interviewee explained that the temporary nature of their stay made it difficult to engage with local clubs, as they were reluctant to 'put down roots'. Two other residents described how the safety protocols associated with refuge accommodation made it harder to maintain friendships.

These findings highlight an area for review, indicating a need for Loving Me to balance the high prevalence of clients with social support needs against service capacity. As these issues were raised by clients who had been residing in the safehouse for a substantial period of time, questions are raised about how client needs evolve throughout their stay. Going forward, it may be beneficial for Loving Me to monitor changes in client support needs alongside data collected at entry, in order to identify programme strengths as well as areas for improvement.

Case Durations

Loving Me clients who completed their program of support had an average case length of approximately 24.7 weeks across both outreach and safehouse provisions.

For safehouse clients, the average case duration was 32.7 weeks. In 2025, Women's Aid published a report collating data on average durations of refuge stay by year, finding that in latest recorded average refuge stay was 31.6 weeks.[68] Although it is difficult to make direct comparisons across these datasets, there is an indication that the case durations of Loving Me's safehouse clients are closely aligned with national averages.

For outreach clients only, the average case length with Loving Me's service was 23.9 weeks. This figure is notably higher than a directly comparable average recorded by SafeLives Insights database.[69] In their 2021 report, SafeLives found that trans+ clients accessing support from domestic abuse services across the UK typically received support for less than 10 weeks.[70]

Both the Loving Me and SafeLives datasets reported a high prevalence of additional support needs, notably including mental health. Where SafeLives reported that some needs were being addressed by services accessed, only 35% of trans+ clients who disclosed a mental health need received appropriate support.[71] SafeLives's report suggests that nationally, trans+ survivors may not be able to access services that fully meet their needs.[72] As a result, case durations may be shorter than expected, as support may end before needs are adequately addressed. In contrast, Loving Me is able to provide mental health support as part of its service offer, with 76.5% of clients who disclosed a mental health need having accessed counselling or mental health treatment. It is possible that the breadth of services that Loving Me provides in partnership with the Emily Davison Centre could be a causational factor in longer case durations compared to other domestic abuse support services supporting trans+ clients.

[68] Women's Aid Federation of England, *From Safety to Stability: Access to Move-on Accommodation after Refuge* (Bristol: Women's Aid Federation of England, 2025), p. 16.
[69] Stokes, Transgender Victims' and Survivors' Experiences of Domestic Abuse, p. 2.
[70] Ibid, p. 4.
[71] Ibid.
[72] Ibid.

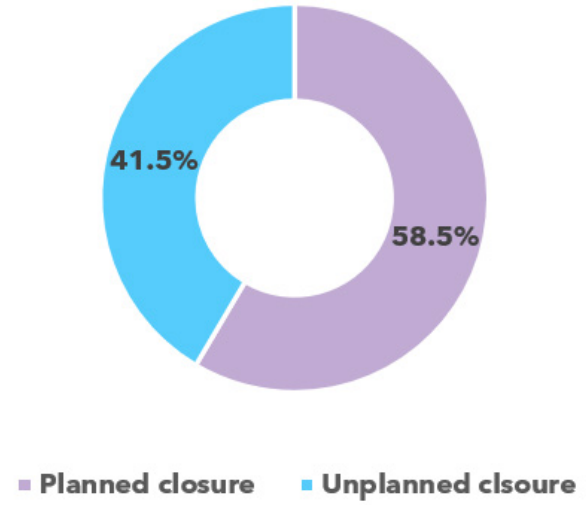
Of total referrals made to Loving Me, 50.3% were made via self-referral whereas 49.7% were made by other organisations including the police, LGBTQ+ charities, other domestic abuse services and housing associations.

CMS data shows that 58.5% of total cases were closed due to planned reasons, in comparison to 41.5% of cases which were closed for unplanned reasons. Data capturing reasons for case closure can be found in Appendix 19.

Of the planned case closure group, 57.9% of clients completed their programme of support with Loving Me.

11.4% cases closed due to lack of funding

Figure 21



Of the unplanned case closure group, 50% of clients disengaged, 29.5% never engaged and 2.3% returned to perpetrator.

It is significant that within the unplanned case closure group, 11.4% of client's cases were closed due to a lack of funding. Without sustained funding streams, Loving Me is unable to deliver programmes of support to completion due to resource constraints and limitations on service capacity. In line with the wider findings of this report, the case outcome dataset highlights the necessity of secure funding to ensure that Loving Me is able to continue to be an accessible and effective service for trans+ survivors.

Appendices

This section presents additional tables containing datasets referenced throughout the report that have not been included in the main body as visual figures.

Appendix 1 - Client Ethnicity Data

	Total (n)	LM Outreach (n)	LM Safehouse (n)	Total (%)	LM Outreach (%)	LM Safehouse (%
African	1	1	0	0.5	0.5	0
Any other Asian background, please describe	3	3	0	1.4	1.4	0
Any other Black / African / Caribbean background, please describe	1	1	0	0.5	0.5	0
Any other ethnic group, please describe	4	4	0	1.9	1.9	0
Any other Mixed / Multiple ethnic background, please describe	9	7	2	4.3	3.3	0.9
Any other White background, please describe	6	5	1	2.8	2.4	0.5
Arab	7	6	1	3.3	2.8	0.5
White British	147	131	16	69.3	61.8	7.6
Caribbean	2	2	0	0.9	0.9	0
Declined	2	2	0	0.9	0.9	0
Don't Know	6	6	0	2.8	2.8	0
Eastern European	4	4	0	1.9	1.9	0
Indian	2	2	0	0.9	0.9	0
Irish	2	2	0	0.9	0.9	0
Not Asked	1	1	0	0.5	0.5	0
Pakistani	9	9	0	4.3	4.3	0
Roma	1	1	0	0.5	0.5	0
White and Asian	1	1	0	0.5	0.5	0
White and Black African	1	1	0	0.5	0.5	0
White and Black Caribbean	3	3	0	1.4	1.4	0

Appendix 2 - Client Disability Status Data

	Total (n)	LM Outreach (n)	LM Safehouse n	Total (%)	LM Outreach (%)	LM Safehouse (%)
Declined	1	1	0	0.5	0.5	0
Don't Know	7	7	0	3.3	3.3	0
No	49	43	6	23.1	20.3	2.8
Not Asked	2	2	0	0.9	0.9	0
Yes	153	139	14	72.2	65.6	6.6

Appendix 3 - Client Disability Data

	Total (n)	Total (%)
Physical disability	50	32.7
Learning disability	35	22.9
Hearing disability	4	2.6
Vision disability	5	3.3
Mental health disability	120	78.4
Long term condition	42	27.5
Speech impairment	2	1.3

Appendix 4 - Client Relationship Status Data

	Total (n)	LM Outreach (n)	LM Safehouse (n)	Total (%)	LM Outreach (%)	LM Safehouse (%)
Cohabiting	9	9	0	4.2	4.2	0
Declined	5	5	0	2.4	2.4	0
Don't know	17	17	0	8	8	0
In relationship but not cohabiting	32	31	1	15.1	14.6	0.5
Married	7	6	1	3.3	2.8	0.5
Not asked	25	24	1	11.8	11.3	0.5
Other	2	2	0	0.9	0.9	0
Separated	10	9	1	4.7	4.2	0.5
Single	104	88	16	49.1	41.5	7.5
Widowed	1	1	0	0.5	0.5	0

Appendix 5 - Client Income Data

	Total (n)	LM Outreach (n)	LM Safehouse (n)	Total (%)	LM Outreach (%)	LM Safehouse (%)
Declined	4	4	0	1.9	1.9	0
Disability Living Allowance or Personal Independence Payment	6	6	0	2.8	2.8	0
Disability Living Allowance or Personal Independence Payment, Employed	1	1	0	0.5	0.5	0
Disability Living Allowance or Personal Independence Payment, Employed, Universal Credit	1	1	0	0.5	0.5	0
Disability Living Allowance or Personal Independence Payment, Employment and Support Allowance (ESA)	2	1	1	0.9	0.5	0.5
Disability Living Allowance or Personal Independence Payment, Housing Benefit, Universal Credit	2	2	0	0.9	0.9	0
Disability Living Allowance or Personal Independence Payment, Student Loan	1	1	0	0.5	0.5	0
Disability Living Allowance or Personal Independence Payment, Universal Credit	22	19	3	10.4	9	1.4
Don't know	2	2	0	0.9	0.9	0
Employed	39	38	1	18.4	17.9	0.5
Employed, Student Loan	1	1	0	0.5	0.5	0
Employed, Universal Credit	3	3	0	1.4	1.4	0
Housing Benefit, Universal Credit	7	6	1	3.3	2.8	0.5
Income Support, Universal Credit	1	0	1	0.5	0	0.5
No Income	16	16	0	7.5	7.5	0
Not asked	22	21	1	10.4	9.9	0.5
Self-employed	1	1	0	0.5	0.5	0
Student Finance	1	1	0	0.5	0.5	0
Student Loan	2	2	0	0.9	0.9	0
Universal Credit	77	65	12	36.3	30.7	5.7
Universal Credit, Disability Living Allowance or Personal Independence Payment	1	1	0	0.5	0.5	0

Appendix 6 - Perpetrator Gender Data

	Total (n)	Total (%)
Cis male	243	56.4
Cis female	180	41.8
Non-binary	8	01.9

Appendix 7 - Multiple Perpetrator Data

	Total (n)	Total (%)
1 Perpetrator	183	61.8
2 Perpetrators	93	31.4
3 Perpetrators	15	05.1
4 Perpetrators	5	01.7

Appendix 8 - Client Support Needs Overview

	Total (n)	Total (%)
Emotional Health	212	100
Safety	161	75.9
Social	158	74.5
Mental Health	149	70.3
Housing	146	68.9
Finances	113	53.3
Justice	102	48.1
Physical Health	52	24.5
Sexual and Reproductive Health	15	7.0
Immigration	6	2.8

Appendix 9 - Mental Health Support Needs

	Total (n)	Total (%)
Accessing counselling or treatment for mental health	162	76.5
Suicidal thoughts/feelings	29	13.5
Self harm	21	1
Accessing counselling	91	42.9
Accessing group work	72	34
Accessing health eating groups	5	2.4
Accessing life skills groups	21	10
Other emotional support need	21	10

*Data shows % across 212 clients with 422 identified needs, due to clients with multiple support needs across emotional and mental health.

Appendix 10 - Mental Health Outcomes

	Total (n)	Total (%)
Accessed counselling/treatment for mental health	162	76.5
Accessed group work	72	34
Better able to manage mental health	121	56.9
Reduced symptoms of trauma/anxiety	100	47
Increased positive coping strategies	108	51
Increased perception of safety	158	74.3

*Data shows % across 212 clients with 721 identified needs, due to clients with multiple support outcomes.

Appendix 11 - Social Support Needs

	Total (n)	Total (%)
Re-establishing relationships	76	48
Social community support need	115	151.3

*Data shows % across 158 clients with 191 identified social needs, due to clients with multiple social support needs.

Appendix 12 - Social Outcomes

	Total (n)	Total (%)
Improved relationship with friends or family	16	10
Accessed strong resilient support networks	57	36
Accessed cultural and leisure activities	28	18
Access healthy relationship work	76	48.1
Accessed community social groups	115	72.7

*Data shows % across 158 clients with 292 outcomes, due to clients with multiple social outcomes.

Appendix 13 - Safety Support Needs

	Total (n)	Total (%)
Keeping safe at home	103	64
Keeping safe out and about	101	62.7
Keeping safe online/on the phone	84	53
Safety support (preparing to leave)	53	32.9
Safety support (keeping children safe)	7	4.3

*Data shows % across 161 cases with 348 identified safety needs, due to clients with multiple safety needs.

Appendix 14 - Client Perception of Safety Outcomes (Keeping Safe at Home)

	Total (n)	Total (%)
Significant improvement	49	47.6
Some improvement	26	25.2
No change	8	7.8
Somewhat worse	2	1.9
Not applicable	7	6.8
Don't know	11	10.7

Appendix 15 - Client Perception of Safety Outcomes (Keeping Safe Online)

	Total (n)	Total (%)
significant improvement	39	46.4
Some improvement	22	26.2
No change	7	8.3
Somewhat worse	1	1.2
Not applicable	4	4.8
Don't know	11	13.1

Appendix 16 - Client Perception of Safety Outcomes (Keeping Safe 'Out and About')

	Total (n)	Total (%)
Significant improvement	47	46.5
Some improvement	24	23.8
No change	9	89
Somewhat worse	1	1
Not applicable	10	10
Don't know	10	10

Appendix 17 - Physical Support Needs

	Total (n)	Total (%)
Accessing treatment/support	30	57.7
Registering with GP	22	42.3

Appendix 18 - Physical Support Outcomes

	Total (n)	Total (%)
Accessed treatment/support	25	48.1
Increase in GP access	2	3.8
Better able to manage physical health	10	19.2
No change to physical health	15	28.9

Appendix 19 - Reasons For Case Closure

	Total (n)	Total (%)
Client disengaged	44	20.8
Client identified as perpetrator	4	1.9
Client never engaged	26	12.3
Client returned to perpetrator	2	0.9
Client unsafe to work with	1	0.5
Completed program of support OR planned exit from refuge	81	38.2
Entered into an acute psychiatric hospital	1	0.5
Evicted/asked to leave	3	1.4
Internal move	4	1.9
No longer wants support	22	10.4
Realized ineligible for support after started	5	2.4
Service closed due to loss of funding	16	7.6
Support needs too high	3	1.4

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