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Systemic harm, human cost: Documenting anti-trans violence in Eastern Europe and Central Asia

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*TGEU (Trans Europe and Central Asia) is
a trans-led NGO working for the rights and
wellbeing of trans people since 2005.
TGEU is an umbrella organisation that represents
over 200 member organisations in more than
50 countries in Europe and Central Asia.*

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CONTENT NOTICE

This report contains graphic descriptions and first-hand accounts of experiencing violence, including extreme forms of violence. Reading it can be emotionally challenging and cause distress. We encourage you to exercise caution when engaging with this report, pace your reading, and consider seeking support if needed.

AI USE DISCLAIMER

Parts of this report were developed with the assistance of AI (ChatGPT by OpenAI), used to support drafting, summarising, and editing based on user-provided content and instructions. Strict anonymisation was applied to exclude exposure of sensitive data to AI. All final content has been reviewed and approved by the authors, who take full responsibility for its accuracy, interpretation, and conclusions.

EXECUTIVE SUMMARY

Violence is a central manifestation of the systemic oppression and marginalisation trans people face in all areas of life. Building on the insights and knowledge from TGEU's previous documentation work, this report documents violence against trans people in Eastern Europe and Central Asia (EECA).

In recent years, the political environment and lived realities of trans people in EECA have significantly worsened. The region has seen a major war, increasing militarism and political instability, and a surge in antigender policies, including new anti-trans legislation. At the same time, deeply harmful laws — such as those criminalising same-sex sexual acts and HIV transmission — remain in place in several countries. Combined, these legal and political developments foster an environment that enables and normalises anti-trans violence, a trend clearly reflected in the cases documented.

This report is based on data collected in 2023 in a collaborative, community-based process. The data were documented using the Uwazi platform, and both qualitative and quantitative methods were applied for analysis. The emotional burden of the data collection was addressed by providing peer and professional mental health support to collaborators.

The dataset comprises 88 documented cases of violence against trans people from 2019 to 2023, reported in 12 countries, with a primary focus on key 6: Albania, Montenegro, North Macedonia, Serbia, Kyrgyzstan, Tajikistan, and Uzbekistan. Key findings include the following:

- In the cases examined, **trans people in EECA are exposed to a broad spectrum of violence** that impacts both their mental and physical wellbeing. The types of violence most often reported are psychological (58.4%), physical (41.6%), systemic (37.1%), and emotional (27.0%).
- **Anti-trans violence in EECA is pervasive:** rather than being isolated, incidents in the cases examined are often repeated or build on each other, involving multiple perpetrators and spanning across various areas of the survivor's[1] life: family, intimate partners, wider community, law enforcement, healthcare and other settings.
- **Anti-trans violence in EECA is political:** It is shaped and intensified by legal regimes, political scapegoating, patriarchal and cisheteronormative family systems, institutio-

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[1] In this report, we use the term 'survivors' rather than 'victims' for those who have experienced anti-trans violence to highlight their agency and resilience. The term 'victim' is only used to refer to those who died as a result of violence.

nalised stigma, and public antigender discourse. These forces create conditions under which violence is not only possible, but expected and socially rewarded.

- **Intersectional vulnerabilities:** those disproportionately affected by violence in the cases examined are trans women and transfeminine people (67%), trans sex workers (34.1%), and unemployed (11.4%) trans people. Domestic trans migrants are most affected by all types of violence. All survivors in the documented cases of sexualised violence were migrants.

- **Systemic violence is a key driver of other forms of violence:** manifesting most severely in countries with criminalising or discriminatory laws, it spans from extreme physical and sexualised violence by law enforcement officers to extortion and denial of healthcare services. Systemic violence is caused both by legal frameworks and rigid societal hierarchies, underpinned by harmful gender norms. Antigender narratives fuel systemic violence, e.g. in cases of hate speech or public outing by the media.

- **Law enforcement and family members are the most common perpetrators**, accounting, respectively, for **48% and 31% of the cases** where perpetrators were identified. This indicates profound marginalisation of trans people in EECA and lack of both formal and informal protection mechanisms.

- **Lack of support from authorities, institutions, and professionals:** most trans survivors of violence do not seek support from the police, local authorities, or the healthcare system due to distrust and fear of further violence and victimisation. Only 19.3% of cases analysed were reported to the police, and most remained without a follow-up. The lack of respect and transphobic treatment by police officers discourage victims from seeking support and pursuing criminal proceedings. In examined cases, the treatment of trans survivors of violence by law enforcement and medical professionals ranged from formal to violent. No case of supportive or respectful treatment by medical professionals was documented. However, a few survivors obtained support from psychologists.

- **Support is provided by the community:** the only group that consistently provides support to trans survivors of violence is their friends and peers (37.5% of cases). Trans communities are the best experts on addressing anti-trans violence, and they should be centred in all efforts to improve responses to anti-trans violence by law enforcement, healthcare systems, and authorities in EECA.

RECOMMENDATIONS

Based on our findings, TGEU recommends:

TO STATES:
- **Repeal discriminatory laws and end criminalisation:**
  ‣ Eliminate laws that criminalise consensual same-sex activity, HIV transmission, and restrict civil society, including anti-LGBTI gag laws (so-called "propaganda" laws) and laws targeting "foreign agents".
  ‣ Adopt measures to protect sex workers from violence, including by fully decriminalising sex work, applying a human rights approach to sex work, and improving labour rights and conditions of sex workers.
  ‣ Remove legal and medical barriers to gender recognition and trans-specific healthcare.
- **Enforce anti-discrimination protections:** Enact and implement legislation prohibiting discrimination on the basis of gender identity and gender expression across healthcare, employment, education, housing, and public services.
- **Address institutional violence:** Establish independent monitoring and accountability mechanisms for police and public officials; prosecute abusive practices such as forced medical examinations and extortion; and ensure access to non-police-based reporting

and support systems, including mental health support for survivors of anti-trans violence.

- **Ensure safe access to justice and healthcare:** Guarantee access to trans-inclusive healthcare, guided by international standards and with meaningful community participation in protocol development.
- **Protect trans migrants:** Recognise trans-specific vulnerabilities in asylum and migration procedures and provide legal and humanitarian protections to domestic and international migrants, in partnership with trans-led civil society organisations.

TO INTERNATIONAL HUMAN RIGHTS BODIES:

- **Monitor compliance and hold states accountable:** Systematically review states' adherence to international human rights standards regarding trans people's human rights and highlight violations such as criminalisation of consensual same-sex activity, denial of legal gender recognition, or barriers to trans-specific healthcare.
- **Set and promote international standards:** Issue clear guidance on anti-discrimination protections, inclusive healthcare, and protections for trans people, in particular sex workers, migrants, and asylum seekers, ensuring that trans-specific and intersecting needs are fully addressed.
- **Support capacity building:** Provide training resources and technical support to national institutions (including law enforcement, healthcare, education, and social services) and civil society actors working to prevent and respond to violence against trans people, in particular those facing intersecting marginalisations.

TO CIVIL SOCIETY:

- **Amplify voices of trans communities:** Centre trans people, especially those most marginalised, in advocacy, monitoring, and policy design, ensuring lived experiences inform all levels of intervention.
- **Support trans community organising:** Work in coalition with trans human rights defenders and organisations and ensure their equal and meaningful involvement in joint initiatives and campaigns on human rights issues and protection from violence.
- **Strengthen community-based responses:** Develop safe, non-police-based support services for trans survivors of violence, including crisis response, counselling, and legal support.
- **Monitor and document violations:** Collect data on violence, discrimination, and institutional abuse, and use it to hold states accountable and to inform international human rights bodies.

TO FUNDERS:

- **Invest in community-led solutions:** Prioritise long-term, flexible funding for trans-led organisations providing peer support, crisis response, advocacy, and legal aid.
- **Support structural change:** Fund initiatives that address systemic discrimination in justice, healthcare, employment, and education systems, not only emergency responses.
- **Resource underrepresented groups:** Ensure funding reaches trans people facing intersecting marginalisations such as trans women and transfeminine people, migrants and refugees, sex workers, people of colour, and disabled trans people.

TERMS AND ABBREVIATIONS

Conversion practices: attempts to coercively change, 'cure', or suppress one's sexual orientation or gender identity. They span from coercive psychological manipulation and shaming to physical abuse, and include faith-based interventions such as being prayed over or exorcised.

Deadname: the name a trans person used before adopting a new one as part of their social transition.

Legal gender recognition: a formal procedure to change one's legal gender, often also affecting one's legal name.

Secondary trauma: psychological trauma resulting from contact with a traumatised person or exposure to a description of a traumatic event.

Retraumatisation: re-experiencing psychological or emotional distress in a situation that reminds of past trauma.

Trans person: a person whose gender identity is different from their gender assigned at birth. In this report, the term 'trans' is used broadly to also include non-binary identities.

Trans-specific healthcare: medical and psychological care that addresses trans people's specific needs, including hormone replacement therapy and surgical interventions.

Transfeminine person: a person assigned male at birth who identifies with femininity to a greater extent than with masculinity. Transfeminine people may identify as trans women or non-binary.

Transition: the process a trans person may go through to live in alignment with their gender identity. A transition may include social, medical, and/or legal steps.

Transmasculine person: a person assigned female at birth who identifies with masculinity to a greater extent than with femininity. Transmasculine people may identify as trans men or non-binary.

Transmisogyny: a form of discrimination that targets transfeminine people, underpinned by transphobia and misogyny.

EECA: Eastern Europe and Central Asia

LGBTI: Lesbian, gay, bisexual, trans, and intersex

LGBI: Lesbian, gay, bisexual, and intersex

TGEU: Trans Europe and Central Asia

INTRODUCTION

Violence against trans people is a key manifestation of the systemic oppression and marginalisation trans people face. TGEU has consistently monitored the deadliest forms of anti-trans violence since 2008 in its global collaborative *Trans Murder Monitoring (TMM).* In 2020, we published a *Brief Guide to Monitoring Anti-Trans Violence*. TGEU has worked since 2015 with partner organisations in Central and Eastern Europe and Central Asia to document anti-trans violence as part of the ProTrans project.

Our accumulated knowledge on anti-trans violence in EECA was presented in 2021 in Under the Radar,[2] a summary report on the ProTrans project. Consolidating data collected over six years (2015–2021) in five countries (Hungary, Kyrgyzstan, Moldova, Serbia, and Turkey), the report covered 953 cases of discrimination and hate crimes, including 27 murders and 47 cases of extreme physical violence. The report found that trans people in EECA are exposed both to state-sponsored and non-state violence, with significant amounts of violence committed by family members and law enforcement officers.

This report presents findings from a new cycle of documentation, which took place in 2023 as part of a project that was built on ProTrans. In this documentation cycle, we moved toward a more pronounced community-based approach. Rather than relying on institutional definitions of discrimination and hate crimes, we developed our own definitions and categories to better reflect trans survivors' experiences. We increased our focus on trans collaborators and consistently built and supported their capacity to collect data and carry out community research. For the first time since we started documenting anti-trans violence in EECA, we did a quantitative data analysis, which, combined with qualitative methods, yielded richer, clearer, and more precise findings.

Since 2021, the political and social context for trans people in Eastern Europe and Central Asia has deteriorated. Legal setbacks include the removal of legal gender recognition in Kyrgyzstan in 2021 and full bans on legal gender recognition and trans-specific healthcare in Russia (2023) and Georgia (2024). These developments reflect a broader trend of increasing anti-trans and antigender politics and discourse, spreading across the region and beyond. Since 2023, Russia's full-scale invasion of Ukraine has been a major factor of negative impact on the rights and wellbeing of trans people both in Ukraine and Russia and in the broader region, bringing forced displacement, poverty and homelessness, and increased anti-trans hostility. This has been further exacerbated by several local military conflicts, such as between Kyrgyzstan and Tajikistan in 2022 and in Artsakh / Nagorno-Karabakh in 2023.

Against this grim backdrop, evidence-based advocacy and strategic messaging for the human rights and dignity of trans people are more relevant than ever. With this report, we provide the necessary up-to-date information and first-hand accounts of violence to demonstrate its disproportionate impact on trans communities and the urgent need for legal, political, and social redress.

We thank our partners that have collaborated on this report: Association Spectra (Montenegro), Talas TIRV (Serbia), Trans* Coalition (EECAC), TransFormA (North Macedonia), Ylberofilia (Albania), and collaborators who worked in Central Asia and whom we cannot name for security reasons.

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2 *Boglarka Fedorko and Sanjar Kurmanov, Under the Radar: Documenting Violence against Trans People, with Masen Davis (TGEU, 2021).*

METHOD

The documentation of anti-trans violence in EECA in 2023 was part of TGEU's project entitled *Ensuring Human Rights for Trans People in Eastern Europe* and Central Asia (2021–2025). The project combined capacity building, community research, and regional and international advocacy. This framework shaped data collection, with capacity building playing a central role throughout the collaborative documentation process. It also defined the geographical scope of data collection, since data were collected in the project's focus countries.

Data collection was carried out with the use of the Uwazi platform, developed specifically for this project in partnership with Human Rights Information and Documentation Systems (HURIDOCS) to systematically document and analyse incidents of anti-trans violence.

The central goal of the data collection was to bridge the gap in data on anti-trans violence in EECA and thus lay down the ground for efficient, fact-driven advocacy.

The project involved a total of 14 collaborators: two for each country covered by the research project. All collaborators were either trans people or people with direct access to trans communities in their respective focus countries. During the period of data collection, documenters worked in six countries: Albania, Montenegro, North Macedonia, Serbia, Kyrgyzstan, Tajikistan, and Uzbekistan. Because both in-person and online methods were used to collect data and because several survivors interviewed were migrants, the list of countries where incidents were reported is larger than the list of countries where documentation was carried out (see below).

Uwazi: a tool for documenting anti-trans violence

Uwazi is an open-source data management tool developed by Human Rights Information and Documentation Systems (HURIDOCS). Uwazi enables users to upload documents, add metadata, and create collections focused on specific human rights topics. For the purposes of this project, we worked with HURIDOCS to configure Uwazi for documenting anti-trans violence. We developed a detailed questionnaire to ensure high quality and consistency of data as well as their relevance for analysing and understanding patterns of anti-trans violence. The template included fields for socio-demographic characteristics of survivors, types of violence, and geographic data.

For quantitative data analysis, we relied on Uwazi's advanced search and filtering features to identify and analyse incidents based on various criteria such as race, gender, and location. This helped us identify patterns relevant for further marginalised trans communities and thus develop an intersectional analysis of anti-trans violence.[3]

Timeline and process

The collaborators were introduced to the Uwazi platform in 2022 with an initial training. They were subsequently trained in data collection during a series of group and individual training sessions between January and June 2023. Training included practical exercises with real anonymised cases from a sibling project. Besides the technicalities of data collection, it covered the ethics of engaging with survivors or witnesses of human rights violations, digital safety, and data protection.

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3 *For additional details on the Uwazi platform and its uses for documenting and analysing anti-trans violence, see Amanita Calderon-Cifuentes, Anti-Trans Violence Reporting Tool: Uwazi Guidelines for Trans Rights Advocacy (TGEU, 2023), https://www.tgeu.org/files/uploads/2023/11/TGEU-Anti-Trans-Violence-Reporting-Tool-Uwazi-Guidelines-for-Trans-Rights-Advocacy.pdf.*

The data were collected between 1 June and 31 October 2023. Collaborators were particularly encouraged to document incidents from 2022 and 2023. However, older cases were also accepted. The cases entered into the database spanned from December 2019 to October 2023.

Collaborators were encouraged to actively reach out to the trans community for data collection. At the same time, they were instructed to monitor the media and social media, official records (police, Ministry of Interior, etc.) where feasible and available, and to reach out to trans, LGBI, and ally organisations.

After the data collection was finalised, quantitative and qualitative data analysis was done by TGEU.

Challenges of data collection and underreporting

Collaborators reported challenges during data collection, which had to do with the emotional burden of addressing anti-trans violence. Several survivors were reluctant to come forward with their stories, and some explicitly stated they preferred not to recall painful experiences or relive past trauma.

It is important to analyse this challenge in a broader context of systemic disadvantage shaping the lives of many trans survivors of violence. Among trans people, those most exposed to violence are individuals who experience multiple intersecting marginalisations, often living in poverty and with little to no access to support structures. In this situation, it is natural that survivors seek to protect themselves from the risk of retraumatisation. What is more, the lack of reliable data on the population size of trans people makes it difficult to accurately assess the scale of the problem. Even when estimations are attempted, they are inevitably skewed by the fact that many trans people remain invisible — driven into hiding by fear of criminalisation and persecution. As a result, both the actual population size and the true extent of the violence they experience are consistently underestimated.

In this project, we centered work with trans collaborators and relied on peer sensitivity to lower the participation barrier for survivors. In addition, some collaborators referred survivors to support structures offered by their local trans organisations. In future, the documentation process could be improved by adopting this approach for all documenters. In addition, material compensation to survivors for reporting cases should be considered. Whereas this approach is sometimes questioned from the perspective of data reliability, we suggest that this should not be a concern when documenting anti-trans violence, especially in EECA. With the data and reports existing to date, we are barely touching the surface of violence experienced by trans people. Offering compensation can serve as an acknowledgement of the survivors' time and mental capacity invested in reporting their experiences of violence

Psychological and peer support

Collecting and working with data on anti-trans violence is emotionally demanding work. Risks of secondary trauma and burnout are high, especially for documenters who are trans people themselves.

To reduce the emotional burden and prevent burnout, all collaborators were offered professional psychological support in their country of residence during the data collection period. In addition, TGEU held monthly online check-in meetings to provide a safer space and enable peer support among documenters.

These precautions proved essential. Some collaborators sought psychological support immediately after documenting their first case. During online check-ins, collaborators consistently reported experiencing serious emotional challenges. Collective reflection on the challenges of data collection on anti-trans violence and exchanging emotional self-care strategies supported the collaborators throughout the data collection.

This experience shows that the measures initially planned to mitigate the emotional burden of data collection were both vital and minimal. Whereas trans people are best qualified to research, document, and analyse cases of anti-trans violence — because they have the necessary community connections, deep knowledge, and sensitivity — they are also the most vulnerable to secondary trauma when carrying out such research. Combining professional psychological support and peer exchange spaces is key for protecting trans experts' mental health when doing such work. Engaging mental health professionals to facilitate peer exchange spaces and providing more consistent frameworks and tools for emotional self-care can further improve the process and mitigate the burden of emotionally demanding research and documentation.

OVERVIEW OF KEY FINDINGS

The dataset analysed covers a total of 12 countries. In addition to the countries where documenters were based at the time of documentation (Albania, Montenegro, North Macedonia, Serbia, Kyrgyzstan, Tajikistan, and Uzbekistan), cases were also reported in Germany, Greece, Hungary, Russia, and Türkiye. All these were destination countries for trans migrants who experienced violence. This highlights the significant role migration plays in the lives of trans people in EECA.

Most cases were documented in Serbia (18), Uzbekistan (16), and Montenegro (15). This data should not be used to draw conclusions on the comparative prevalence of violence but is rather indicative of the documenters' capacity, including access both to official information sources and to the community.

Although data were documented between June and October 2023, older cases were also accepted. The time of incidents documented spans from December 2019 to October 2023.

The types of violence documented were predominantly psychological (58.4%), physical (41.6%), systemic (37.1%), and emotional (27.0%). This indicates a broad spectrum of violence that affects both the mental and physical wellbeing of the survivors.

The violence documented in this dataset is not only widespread but also *recurring and cumulative* in nature. Many cases reflect repeated and escalating incidents over time, often involving multiple perpetrators across different domains of the survivor's life — family, intimate partners, wider community, police, and institutions. The data reveal a cycle of violence where state and private actors reinforce each other's abuse, legitimised through law and social stigma. In contexts where discriminatory laws are in place, they actively enable this violence by providing a legal framework for harassment, detention, extortion, and even sexualised assault by law enforcement.

The demographic breakdown of survivors points to *intersectional vulnerabilities*. The majority of survivors are transfeminine (67%), many are sex workers (34.1%) or unemployed (11.4%). These high percentages reflect a heightened exposure to violence where gender identity intersects with economic marginalisation and criminalisation. Migration status adds another layer of risk: domestic trans migrants — often displaced due to family violence —

emerge as the group most severely affected by all types of violence, including physical and psychological. All documented cases of sexualised violence involved migrants, which highlights the compounded vulnerability of this group.

Systemic violence — rooted both in legal frameworks and rigid societal hierarchies underpinned by harmful gender norms — was documented in 37 cases and emerged as a key driver of other forms of abuse. It was most severe in countries with repressive laws — such as Uzbekistan, where criminalisation of same-sex sexual acts and HIV transmission enabled police to detain, extort, and sexually assault trans women with impunity.[4] In Russia, the adoption of an anti-trans law in 2023 led to deportations, denial of healthcare, and at least one suicide. Discriminatory laws notwithstanding, cases of systemic violence in the dataset included denial of services or public outing by media, revealing how institutions actively participate in or legitimise harm. These findings show that systemic violence is not background context — it is a direct, structuring force in trans people's vulnerability and marginalisation.

Photo by Savannah B. on Unsplash

The data show that *law enforcement and family members* are the two most common perpetrator groups — accounting, respectively, for 48% and 31% of the cases where perpetrators were identified. This is a stark indicator of the absence of both formal and informal protection mechanisms. The strikingly high percentage of law enforcement officers among perpetrators correlates with underreporting of violence. Of the cases examined, only 19.3% were reported to the police. Among those that were, few resulted in formal action, respectful or effective responses. Similarly, medical professionals often failed to provide adequate care, with survivors citing fear, previous mistreatment, or being turned away outright as reasons for not reaching out for healthcare support.

The impacts of anti-trans violence are pervasive and long-lasting. Mental health is most severely affected, with 63 cases reporting psychological consequences, including suicidal thoughts. Physical health, economic self-sufficiency, and access to employment and housing are also frequently disrupted. When seeking support, survivors widely distrust or fear institutions for reasons stated above. Instead, they *overwhelmingly rely on informal networks of friends* and peers for support. These findings resonate with what trans-led organisations and activists in the region consistently report: that survivors often distrust institutions and turn to peer networks for support. This highlights the urgent need for law enforcement, healthcare systems, and authorities in EECA to work in partnership with trans communities and ensure a community-based approach to responding to anti-trans violence.

One of the most significant insights from the dataset is that *violence against trans people is political and structural*. It is shaped and intensified by legal regimes, political scapegoating, patriarchal and cisheteronormative family systems, institutionalised stigma, and public anti-gender discourse. These forces create conditions under which violence is not only possible, but expected and socially rewarded. Documenting this violence reveals not only the extent of harm but also the resilience and solidarity among trans people in Eastern Europe and Central Asia.

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4 *A remnant of Soviet criminal law and thus colonial legacy, Art. 120 ('Sodomy') of the Criminal Code of the Republic of Uzbekistan refers explicitly to sexual activity between men, but is also systematically used to target trans women. As is often the case with laws criminalising same-sex sexual activity, the way a person behaves, acts, speaks or dresses can be interpreted as indicative of criminal activity, thus trans women are targeted due to their gender expression.*

The cumulative character of anti-trans violence

Our dataset contains several entries that do not represent isolated incidents but rather stories covering several cases of violence. This clearly demonstrates the recurring and accumulated character of anti-trans violence. Rather than experiencing violence once, trans people are often caught in a chain of violent events with multiple incidents occurring at the hands of different perpetrators. In the below characteristic case, domestic violence is followed by insults and physical violence by a police officer.

Trans woman, Serbia: *A trans woman was verbally abused by her family (her mother, father and sister) in their family home, after which they attacked her and physically harmed her. The survivor ran out of the house and called the police. When she went to report the incident with her family, the policewoman taking her statement told her that what happened was as it should be and that, if she had been her child, she would've been in a much worse situation. When the survivor started filming the policewoman, she took the survivor's phone and hit her. The survivor wanted to report all of this to the commanding officer, but the policewoman attacked her again. None of the people present who saw what was happening reacted in any way.*

In countries where laws are in place that target trans or LGBI people, this seals the transphobic and homophobic consensus and creates a continuum of violence. In the following example from Uzbekistan, the violence begins with police officers who act under the guise of the law criminalising consensual same-sex sexual activity. Systemic violence is intertwined with domestic violence, and the survivor is additionally targeted for being HIV-positive.

Trans woman, Uzbekistan:[5] *Ever since I remember, I have felt that I live in the wrong body. I have felt like a woman. When I was 17, I was first caught by law enforcement officers with a man in his rented apartment. After that, all my family and friends found out about me. The police even released me then because I was a minor, but they let everyone know that I was gay, dressed as a woman and slept with adult men. They put me on the register as a criminal, and every month, I had to come to the station and report on what I did and where I went. After that, I was constantly insulted by my parents and family, and sometimes they beat me up. They locked me up in a mental hospital for a while. They thought I was mentally ill. After leaving the hospital, they wanted to make me marry, but I resisted. I told them all that I could not get married. If I left the house without the permission of my parents or older brother, they immediately called the police and said that I had left with men. The police would find me and beat me up. After I was diagnosed with HIV, it all got worse. My family hates me even more. Back when I was 17, the law made them responsible for me, so they could not kick me out of the house. A year ago, I collected money with the help of my friends and ran away to Moscow. Once, my brother got in touch, but as he saw on the screen [at the video call — TGEU] that I was completely dressed as a woman and looked nothing like I did before, they disowned me.*

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5 *For case descriptions documented as first-person accounts, we preserve the language survivors use to honour their agency and perspective. This includes language choices that might be at odds with established Western vocabulary and categories around sexual orientation, gender identity, and gender expression. We do not assume that this vocabulary necessarily captures the survivors' lived realities. To reconcile our own reliance on this vocabulary for analysis and survivors' perspectives, our questionnaire includes questions on their sex assigned at birth and the gender they identify with.*

When a trans person is attacked, not only can this create an atmosphere of fear in the trans community, but it can also encourage or trigger violence against other trans people in a ripple effect. This is especially true of instances of extreme violence against trans people that become public. In the below case, murder of young trans woman Noa Milivojev in Serbia in 2023, a case that was widely publicised and shook the Serbian trans community, has a direct impact on another trans woman.

Trans woman, Serbia: *Marina was standing near a kiosk, waiting to buy a bottle of juice. A bald man behind her whistled at her, which she ignored, after which he asked her, with an aggressive attitude: 'Are you trans?' She inferred from the tone of the question that he wanted to harm her. She ignored the question and continued waiting in line in front of the kiosk. He then again asked her: 'Are you trans?' to which she this time answered that she wasn't. Marina claims that she was terrified and that the recent murder of Noa Milivojev was going through her mind, which added to her fear. The man then said: 'Yes, you are trans!' Marina then tried to remove herself from the situation as soon as possible. She put the bottle of juice back in the fridge and left. The aggressor had two or three friends with him who were watching her. As she was leaving, he told her: 'Get out of my sight!' upon which she left the park distressed, with her friend who was waiting for her at the entrance. The whole event happened in a span of 20-30 seconds.*

The above examples showcase the systematic nature of violence on the grounds of transmisogyny. As soon as the survivors' presumed trans status is disclosed, they are dehumanised. Violence against them is perceived as legitimate, with perpetrators forming leagues to inflict violence upon them. Where laws against trans or LGBI people are in place, they cement the transphobic and homophobic consensus and give the perpetrators an additional sense of impunity.

WHO ARE THE SURVIVORS?

In our dataset, trans women make up 67% of the survivors. Occupationally, significant segments are sex workers (34.1%) and unemployed (11.4%). Teenagers and people over 41 are underrepresented in the dataset, which likely indicates these groups were not sufficiently reached during data collection. Below we examine the following categories in more detail: survivors' gender identity, occupation, age, race and migration status. We also discuss cases of violence against groups of survivors.

Gender identity

GENDER IDENTITY	# CASES	%
trans woman / transfeminine / trans femme / transgender woman	59	67.0
trans man / transmasculine / transgender man	19	21.6
nonbinary / genderqueer / other / unknown / trans	10	11.4
TOTAL	88	100

Table 1. Distribution of violence cases by gender. A quantitative analysis with percentage breakdown and emphasis on maximum incidence through bold highlighting.

Of the 88 cases in our dataset, 67.0% of the survivors identified as transfeminine, 21.6% as transmasculine, and 11.4% as nonbinary, genderqueer, other, unknown, or simply trans. This distribution is consistent with other known data on the prevalence of violence against trans

women and transfeminine people and on transmisogyny as the systemic cause of such vi-olence. Because our data is not representative, however, we cannot completely exclude the influence of the data collection method on the distribution of cases.

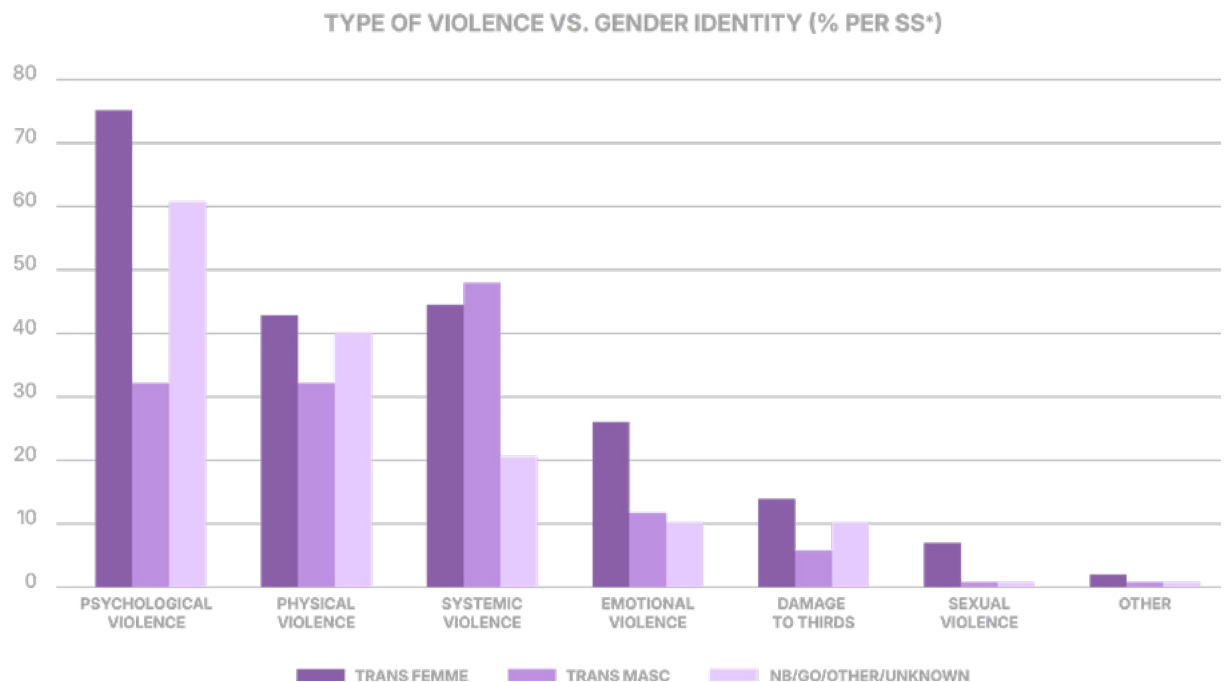TYPE OF VIOLENCE VS. GENDER IDENTITY (% PER SS*)

Figure 1. Types of Violence by Gender Identity. Values are presented as percentages, representing the proportion of each type of violence relative to the sample size for each gender identity.

The data reveal disparities in the types of violence reported by survivors of different gender identities. Transfeminine people report the highest incidences of psychological violence (74.6%) and emotional violence (25.4%). Transmasculine people report significantly higher amounts of systemic violence, with this type of violence being reported in half of the cases (50%). Psychological violence is reported in 35% of incidents, and emotional violence is reported in only 10% of incidents.

An interpretation of the data needs to consider to what extent survivors might be prepared to recognise and report on various types of violence or, on the other hand, whether diffe-rences in gendered experiences might result in normalising certain types of violence. For instance, a possible explanation is that systemic violence does happen to transfeminine pe-ople on a massive scale, yet it is normalised to such a large extent that they do not recognise or report it. Meanwhile, transmasculine people might be reluctant to report certain types of violence because harmful gender norms might condition them to suppress vulnerability and discourage from seeking help. More research is needed to confirm and analyse patterns of violence affecting trans people of various identities.

Occupation

Occupationally, a significant proportion of the survivors were sex workers (34.1%) or unem-ployed (11.4%). Being initially discriminated against from the educational system, many trans people cannot access the job market, or are discriminated in formal employment, and have to turn to informal economies, such as sex work, in order to survive. The distribution of occupational data in the dataset suggests that higher socioeconomic vulnerability he-ightens the risk of violence, with the highest risks associated with the intersecting stigma and criminalisation of sex work. Sex work is outlawed (criminalised or persecuted as an

offence) in all countries of data collection.[6] As a result, most cases of violence against sex workers in our dataset also involved systemic violence.

6.7% of the cases involved people who were activists or movement leaders. This highlights particular risks of violence associated with publicly advocating for LGBTI rights. Indeed, this subset of data includes cases of targeted hate speech campaigns or physical attacks following activists' public appearances, e.g. on national TV.

OCCUPATION	# CASES	%
student	0	0.0
artist/performer	1	1.1
seller/merchant	1	1.1
employee/public official/civil servant	2	2.3
other	4	4.5
activist/movement leader	6	6.8
unemployed	10	11.4
sex worker	30	34.1
unknown/not applicable	34	38.6
TOTAL	88	100.0

Table 2. Distribution of violence cases by Gender and Occupation. A quantitative analysis with percentage breakdown and emphasis on maximum incidence through bold highlighting.

Age

The age distribution in the dataset is shown in Figure 1. Most incidents (42%) were recorded in the age group of 19 to 25, whereas the age groups least represented in the dataset are the youngest (15 to 18) and the oldest (41 to 50). These findings suggest that teenagers and older trans people were the most difficult to reach when collecting data.
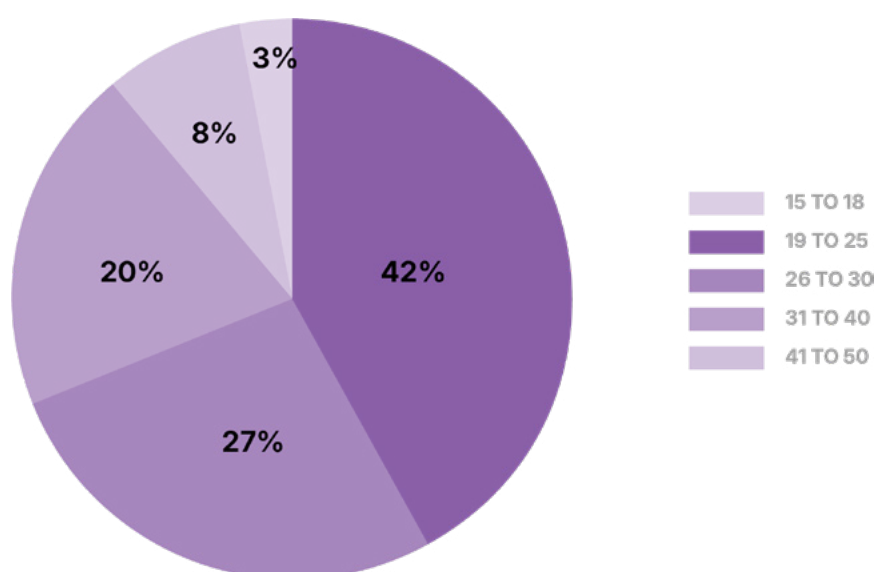

Figure 2. Age distribution of the survivors of violence.

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6 *Only in Kyrgyzstan, certain types of sex work are decriminalised.*

Race

Data on the race of the survivors clearly shows the limited relevance of Western analytical language for understanding social processes in Eastern Europe and Central Asia. Only in 54 cases (61%) was the survivor's race documented. Of these, 13% identified as white and 2% as Black or Brown. An overwhelming majority of cases (71%) identified the survivor's race as 'Other.' The documenters had the option to provide clarification in a free-text field. The specific terms provided in this category (see Figure 3) vary so widely that they exclude meaningful analysis.

This clearly indicates that the multiple-choice question on race in the questionnaire did not make sense to the documenters or survivors. Indeed, US-centric racial categories that are now common in the Global North/West are not widely used in EECA countries either by states, academia, public discourse, or social justice movements. What is used instead is ethnic categories, as shown in the various answers provided under 'Other'. In addition, the mention of the outdated term 'mongoloid' indicates the influence of the Soviet racial science known as 'physical anthropology.'

The racial and ethnic makeup of the societies in the dataset varies, as does their history of colonialism. Central Asian countries are Russia's former colonies, and to use the language of the global social justice movements, the majority populations in these societies are people of Colour. Eastern Europe, including the Balkan region, has been analysed as Europe's periphery or semiperiphery.[7] Roma people are its prominent racial minority, and there exist complex ethnic power dynamics between various populations. To what extent the term 'white' applies to majority populations in the Balkans or broader Central and Eastern Europe is a debated issue, and some researchers have suggested terms like 'white-but-not-quite'[8] to acknowledge the racial hierarchy between Eastern and Western Europeans.

Generally speaking, belonging to a racial or ethnic minority exacerbates the risk and intensity of violence. In the Trans Murder Monitoring project, the percentage of Black or Brown trans people murdered has been 80% in 2023 and 93% in 2024.[9] However, the data do not confirm or contradict this hypothesis as applied to EECA, as they do not provide information on whether the survivor belonged to a racial or ethnic minority. To analyse how race or ethnicity impacts anti-trans violence in EECA, questionnaires need to be adapted based on culturally relevant language. For regional documenting projects that transcend a single society, the questionnaire should ask if the survivor belongs to the ethnic majority or a minority in the country of the incident. For minorities, providing a free-text field to specify may help collect further insights.

7 Manuela Boatca, 'Semiperipheries in the World-System: Reflecting Eastern European and Latin American Experiences', Journal of World-Systems Research 12, no. 2 (2006): 321–46, https://doi.org/10.5195/jwsr.2006.362.

8 Ivan Kalmar, White But Not Quite: Central Europe's Illiberal Revolt, Bristol University Press (2022).

9 Trans Day of Remembrance 2023 Joint Statement: We Mourn and Call to End the Violence - TGEU - Trans Europe and Central AsiaTGEU – Trans Europe and Central Asia, Statement & Call to Action, 20 November 2023, https://www.tgeu.org/trans-day-of-remembrance-2023-joint-statement-we-mourn-and-call-to-end-the-violence-2/; Will the Cycle of Violence Ever End? TGEU's Trans Murder Monitoring Project Crosses 5,000 Cases - TGEU - Trans Europe and Central AsiaTGEU – Trans Europe and Central Asia, Article, 13 November 2024, https://tgeu.org/will-the-cycle-of-violence-ever-end-tgeus-trans-murder-monitoring-project-crosses-5000-cases/.
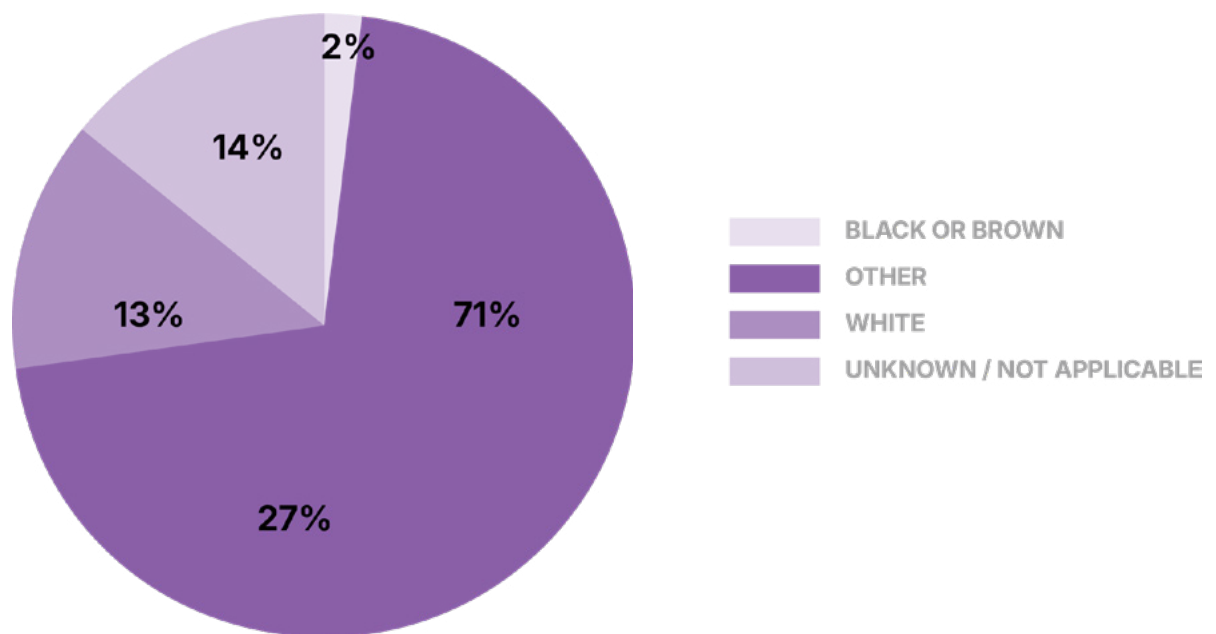
Figure 3. Race of the survivors of violence. Only 55 cases reported the race of the survivor.

Migration status

The data show that 50% of survivors were not migrants. This reflects the particular role migration plays in the societies examined, most of which are migration origin rather than destination countries. The dataset contained slightly more cases of internal domestic migrants than of international migrants.
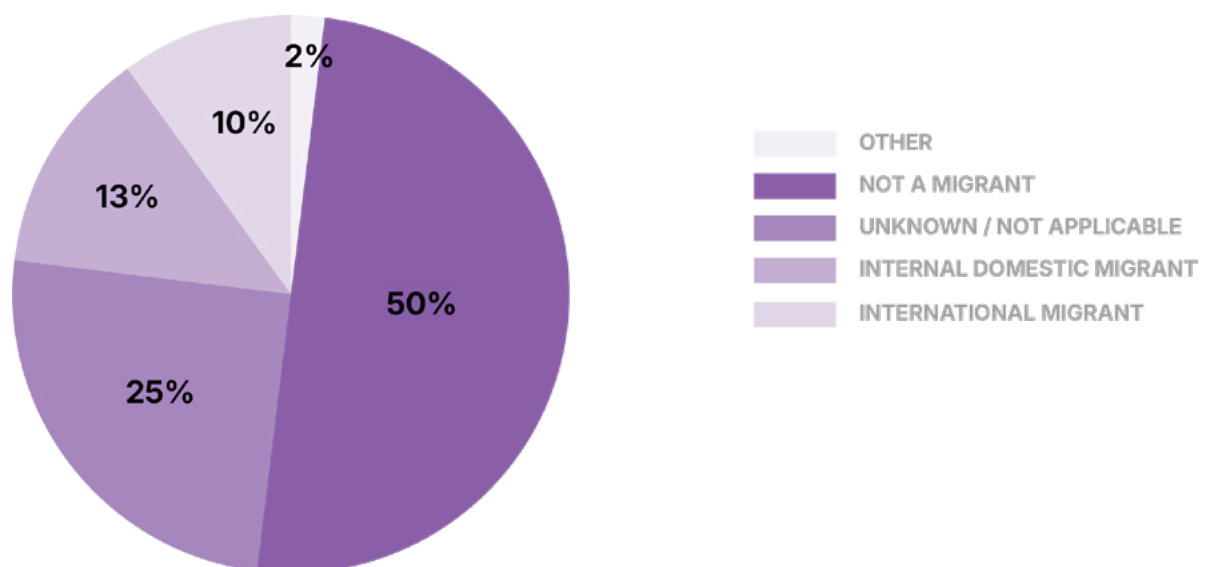
Figure 4. Migration status of the survivors of violence.

This said, our data show that being a domestic or international trans migrant in/from EECA means experiencing a lot of violence. As shown in Figure 5, domestic trans migrants in EECA face the highest risks of all types of violence, with the prevalence of physical and psychological violence surpassing 90% for this category. In all cases of sexualised violence documented in our dataset, the survivor was a migrant.

Whereas exposure to violence is significantly higher for international migrants than for non-migrants, it is also much lower for this group than for domestic migrants. This can be explained by the fact that most trans international migrants choose relatively safer countries as their destinations, while moving there requires considerable resources and thus presupposes a certain level of economic stability. In contrast, domestic trans migrants are often the most disenfranchised group: they are usually those who cannot afford reaching safer countries, while also having lost the support of their family and local community.

TYPE OF VIOLENCE VS. MIGRATION STATUS (% PER SS*)
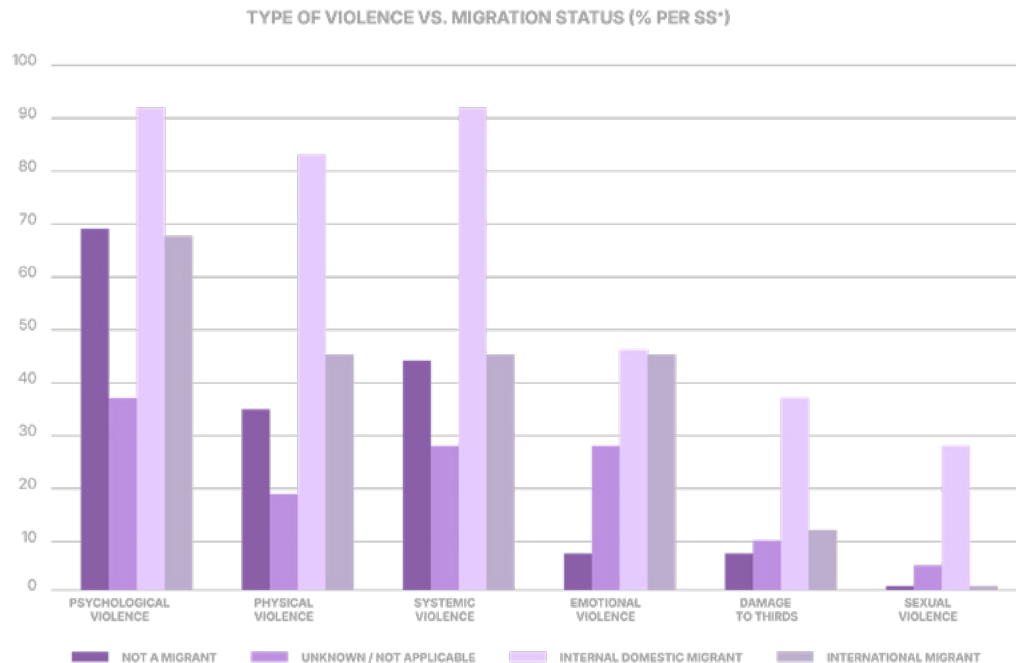

Figure 5. Types of violence by migration status. Values are presented as percentages, representing the proportion of each type of violence relative to the sample size for each migration status.

A typical pattern of internal migration for trans people is being kicked out of the parental house or leaving it of one's own accord after experiencing violence. The following story is a telling example of this pattern:

Trans woman, Uzbekistan: *I am a trans girl. I live alone and rent an apartment. When I lived in my parents' house, my parents found out that I was of a different orientation, kicked me out into the street, and told me never to return home because I was their shame! Then I went to the bus station where I spent the night. I called my friend and told her about my situation. My friend invited me to live and work with her. I agreed and left for Tashkent. I provide intimate services. Over the course of a year, I contracted HIV and got registered as an ART user, but my parents still do not want me to return home because I am a disgrace to the family.*

This example demonstrates how domestic violence causes marginalisation, which, in turn, leads to stigma and health consequences and increases the risks of further violence.

Violence against a group of survivors

The dataset includes seven cases of violence against a group of survivors. For quantitative analysis of cases based on survivor characteristics, we had to exclude these cases from the overall statistics, so they are treated separately from the 88 cases referred to above. Of the seven cases of violence against a group of survivors, six are cases of anti-trans hate speech. In two cases, the perpetrators were religious leaders who made hateful public statements about trans people, focusing especially on trans women. These cases are discussed in detail below.

One case stands out as less characteristic in this category: it is a case from Tajikistan where surveillance camera footage showing trans people dancing at a closed-door event was handed over to the police, after which the police summoned at least one of the persons involved for questioning. This case indicates an exceptionally high level of anti-trans stigma in society and a lack of safer spaces.

WHO ARE THE PERPETRATORS?

Of the total 88 cases, only 48 contain some description of the perpetrators. Of this number, a striking 48% are law enforcement officers, and a further 31% are family members. Thus, groups that are supposed to provide protection and support are principal sources of violence for trans people in EECA. These findings underscore the profound marginalisation of trans people in the region and a lack of formal or informal protection mechanisms. This is showcased in the following case, where, after suffering systemic violence from a police officer, the survivor is denied legal help.

Trans woman, Tajikistan: *Recently, law enforcement agencies illegally detained me for 24 hours and took away my phone. I turned to a law firm. When I said that I needed legal help, the lawyer... said that it was my fault and that I should behave like a man. The lawyer said she could not help me in legal matters.*

Most survivors of violence by police officers in our dataset are trans women sex workers (cf. the Systemic Violence section below). However, some cases include trans men survivors, such as the case cited below.

Trans men, Montenegro: *Three trans men, aged 21, 24, and 24, were detained on suspicion of consuming the prohibited substance marijuana. The members of the intervention unit asked for the guys' personal documents to identify them. After the identification... the officers started asking 'what kind of documents' they had. When one of the trans men explained to the officers they were trans, the officers began to ask personal questions such as if the boys had undergone surgery, how it was possible... and how they had to act according to the documents, i.e. address them by the names listed in their documents. The boys were then searched, and one police officer moved his hands towards the genitals of one of them, to which the trans man responded by saying he did not want the man to search him, especially after the previous approach. The officer responded with threats, saying he could not know whether the client was male or female and demanded to search him. After the other two boys reacted, the officer withdrew, and the boys were taken to the station for a search. They were placed with the investigative inspector, and... during their stay there, more than 15 different officers entered the space, made inappropriate comments and... came to see for themselves what they looked like. The case was not reported or processed institutionally due to the clients' fear of going through the institution again and contacting the police officers.*

In this case, the survivors are humiliated and harassed by the police officers under the pretext of a physical search; the officers abuse their power to satisfy their curiosity, dehumanising the survivors and leaving them in fear. All this amounts to a typical experience trans people in EECA have when encountering law enforcement, as consistently reported by trans activists in the region. The high prevalence of police officers and family members as perpetrators also highlights the systemic oppression faced by trans people in patriarchal, hierarchical social systems that build on authority.

PERPETRATORS	# CASES
Police	23
Family	15
Doctors	4
Religious figure	3
Service officer	3
TOTAL	48

Table 3. Types of perpetrators, by number of cases.

Religious leaders and anti-trans hate speech

Our dataset contains six cases of public anti-trans hate speech, including two cases in which the perpetrators were religious leaders. Both cases were reported in North Macedonia. One of the perpetrators was an Orthodox bishop, the other was a publicly active Orthodox priest. Both cases resulted in mass hateful behaviour, including online comments calling for lynching trans people and a lawyer who was working with them, as well as insults, threats, and spitting on trans activists. One more case in this group was an article in an online media outlet making false claims about trans-specific healthcare and conversion practices.

These cases are exemplary of the growing anti-trans and antigender tendencies in the EECA. This disturbing trend has been repeatedly reported to us by trans activists from various countries in the region. TGEU's previous research has shown that antigender actors are well-organised and interconnected beyond political affiliation and national borders, which helps them easily adopt each other's methods and language in widely different contexts.[10] The active role conservative religious leaders play in the antigender movement and in spreading anti-trans hate speech in EECA is also consistent with global trends.

The low total number of documented incidents suggests that hate speech is grossly underreported, which speaks to the normalisation of anti-trans hatred in the public sphere in EECA. For many trans people, hate speech— even when occurring in public spaces—may be so routine that it is not perceived as exceptional or worth reporting.

TYPES OF VIOLENCE

Our data collection distinguished between the following types of violence: homicide / murder, physical violence, sexualised violence, psychological violence, emotional violence, systemic violence, material violence, and violence related to war or armed conflicts. The questionnaire also provided the options of 'unknown' and 'other."

Because one incident can comprise more than one type of violence, the total number of instances of reported violence in Table 4 below exceeds the total number of cases documented. As shown in the table, psychological violence was by far the most prevalent type of violence recorded, having been documented in 56 cases in the dataset. This can suggest that trans people examined faced a very high risk of psychological violence, which aligns with the ubiquity of casual humiliation, insults, and threats they encounter in everyday life. The results may also be influenced by the fact that psychological violence, especially when

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10 *Seb Rowlands, Landscape Analysis: What We Know on Anti-Gender Movement Measures and Actors Targeting Trans People across Europe and Central Asia (TGEU, 2023), https://www.tgeu.org/files/uploads/2023/11/tgeu-agm-landscape-analysis-2023.pdf.*

TYPE OF VIOLENCE* (EXCLUDING GROUPS)	# CASES
psychological violence	56
physical violence	34
systemic violence	37
emotional violence	18
material violence	10
sexual violence	4
other	1

Table 4. Categorisation of violence types: identification of predominant types via bold emphasis. Note: The aggregate of reported violence types exceeds the total case count due to multiple instances per case.

it takes the form of overt conflict, is relatively easy to recognise and report in contrast, for instance, to sexualised violence, which often induces feelings of shame and guilt, or emotional violence, which is typically perpetrated by family members or people emotionally connected to the survivor.

Our dataset contains no cases of violence related to war or armed conflicts. This category can encompass violence perpetrated by military personnel, including at military recruitment centres and checkpoints, sexualised violence as a tool of war, and other incidents. Although Russia's war against Ukraine and the military conflict between Azerbaijan and Armenia were ongoing during data collection, we were not conducting targeted documentation of anti-trans violence in the affected countries. War-related anti-trans violence in Ukraine, including the territories temporarily occupied by Russia, was a focus of a separate documentation project realised by TGEU.

Moreover, no case of murder was documented during the data collection period. This does not mean that trans people in EECA are not subject to deadly violence. Previous TGEU research has documented 27 trans murders in EECA between 2015 and 2021.[11] The lack of data on murders in our dataset can partly be explained by the shorter documentation phase, the shift to a different set of focus countries, and the limitations of documenters' capacity. The lack of data on murders also indicates the underreporting of trans murders, with multiple barriers such as misgendering in the media and by families preventing documentation. Besides this, other types of violence can cause or contribute to death. This is true of the following case in our dataset.

Trans woman, Russia/Tajikistan/Turkey: As soon *as the laws on LGBT propaganda and banning legal gender recognition were adopted in Russia, deportations of Central Asian citizens doing sex work increased. A trans woman who worked as a sex worker for the last 9 years and lived in Russia was deported to her homeland during a raid. Before arriving, the girl had surgery and had her breasts removed. She cut off her hair, which she had grown over the years. When she came home, her relatives did not accept her anyway. The girl was very disappointed and became ill. She was depressed for a long time. Her friends suggested that she leave the country and go to Turkey. She agreed, bought a ticket, and flew to Turkey. In Turkey, she also did sex work. Since the girl had her breasts removed back in Russia, she had practically no clients. Due to lack of work, the girl faced financial problems. She was kicked out of her apartment. The girl could not stand everything and committed suicide.*

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11   *Fedorko and Kurmanov, Under the Radar: Documenting Violence against Trans People.*

This tragic case highlights the deadly effects that systemic and emotional violence can have, especially when compounded with intersecting stigma and oppression. As a migrant trans woman sex worker, the victim was among the first targets of the Russian anti-trans and anti-LGBTI laws.[12] Whereas the description mentions painful procedures the victim seemingly inflicted upon herself (cutting her hair and having her breast implants removed), they represent clear instances of systemic violence: far from being a matter of free choice, they are done in an effort to protect oneself from imminent violence. Indeed, the brutal practice of removing one's breast implants or having them removed before travelling back home is a common survival strategy among trans women from highly conservative communities in the Caucasus and Central Asia. Many trans women have to subject themselves to this procedure repeatedly to protect themselves from violence by family members, including honour killings. The case also highlights the deadly effects of poverty and national border securitisation. As a Tajikistani citizen, the victim's options to travel were severely restricted by visa requirements. Türkiye is one of the few countries Central Asian trans women can relatively easily access in the hope of finding employment, which is most often informal employment opportunities. However, the lack of safety, community, and social support further contributed to the tragedy.

In the following section, we discuss cases disaggregated by type of violence.

Emotional and psychological violence

We begin with psychological violence as the most prevalent type of violence in the dataset and discuss it jointly with the closely related category of emotional violence. Emotional violence involves actions that harm self-esteem and emotional health, such as verbal abuse, manipulation, and neglect. It can be perpetrated by family members or people who are emotionally close to the survivor. Psychological violence encompasses a broader range of behaviours, including manipulation, bullying, threats, and discriminatory actions. Both forms of violence aim to exert control and often co-occur, significantly impacting mental and emotional stability. This is particularly damaging in the context of trans people, who already face societal stigma and discrimination. Parental or caregiver rejection can exacerbate their vulnerability to emotional and psychological harm. The possible severe impact of such violence is illustrated by the following case.

Trans woman, Montenegro: *A trans woman, 42, has been suffering violence and discrimination from her own family for years. After things and clothes perceived as feminine were found in her room, serious violence by her father began. The violence she suffered resulted in a suicide attempt, and the client was soon referred to a mental health facility... where she was treated and recovered over several months. After her release from the institution, the violence continued to a somewhat lesser extent. The client does not want to take legal action or submit any report for fear that family members will harm her.*

Photo by Nathan Dumlao. on Unsplash

12 *For more context, see 'Trans Women Sex Workers Migrants Became First Victims of New Russian Anti-LGBT "Propaganda" Law', ECOM, n.d., accessed 1 July 2025, https://ecom.ngo/en/news/trans-women-sex-workers-migrants-anti-lgbt-propaganda/.*

In this case, the survivor suffered prolonged emotional and psychological abuse due to her being a trans woman, and the abuse led to a suicide attempt and subsequent mental health treatment. This case highlights the damaging effects of caregiver violence on trans people's mental health and the fear of further harm preventing them from seeking legal recourse. Several psychological theories emphasise the importance of supportive early relationships for healthy development.[13] Rejection and abuse, especially during formative years, can lead to long-term mental health challenges. The resilience shown by trans people, often supported by community and peer networks, underscores the need for inclusive support systems to mitigate the adverse effects of such violence.

Physical violence

Physical violence is defined as intentional acts causing injury or trauma through bodily contact. Body harm, assaults, or beating are examples of physical violence. Our dataset contains 34 cases of physical violence. Of these, 26 involve transfeminine survivors, and 21 involve sex workers. This data shows that trans women and transfeminine people examined are significantly more exposed to physical violence than trans men and transmasculine people. This clearly demonstrates the impact of transmisogyny, a system that punishes transfeminine people.

In cases of physical assault against transfeminine people, the perpetrators in examined cases were often strangers: clients of sex workers, unknown people in public transport or in the street. Most often, perpetrators were single men, although sometimes physical violence was committed by couples or groups that sometimes also included women. In some cases, physical violence against transfeminine people came from neighbours or family members. In the latter scenario, it was typically motivated by the concept of 'honour," as in the following case:

Trans woman, Uzbekistan: *[Name] is 25 years old. She... lives and works in Tashkent, rents an apartment and works as a sex worker. Once every two months, she visits her relatives at her parents' house in Andijan. On one of those days, when she arrived home, she forgot her phone at home and went to the market. At that moment, there were a lot of phone calls, and one of them was answered by her brother. A client was calling. From the conversation with the client, the brother realised that in Tashkent, she did sex work with men. The brother immediately told his father. After she arrived, they took her to the basement and started beating her and saying that she was a disgrace to their family. After that, they locked her in the basement and kept her there for a month. They gave her only bread and water. It was damp, and there was no ventilation. Because of this... she caught a cold and various purulent sores began to come out all over her body. She lost weight and got worse and worse. Seeing her condition, her father and brother took her to the hospital and left her there.*

Our sample also contains one case of physical violence by a former intimate partner:

Trans woman, Serbia: *The survivor was physically and sexually abused by her former partner. The perpetrator came to her house after they broke up, broke down the door and attacked her. The attacker had used transphobic insults against her before as well, telling her that she isn't a woman, that she 'should be a man and dedicate herself to God' and was violent during their relationship. The survivor tried to report the case to the police, but they refused to take a statement from her.*

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13 *Cf. John Bowlby, Attachment and Loss: Vol. 1. Attachment (New York: Basic Books, 1982); Erik H. Erikson, Childhood and Society (New York: W. W. Norton & Company, 1950).*

This case displays a pattern typical of intimate partner violence, which can increase after breakup. What makes this instance of intimate partner violence stand out is transphobia, which was long part of the abusive relationship. Intimate partner violence against trans women can lead to death, and such cases are known in EECA, including Noa Milivojev in Serbia (2023) and Kesaria Abramidze in Georgia (2024).

In 14 cases in our dataset, physical violence is combined with systemic violence. In 10 of those, it is law enforcement officers who are the perpetrators of physical violence. This violence often targets sex workers. In Uzbekistan, physical violence perpetrated by police officers includes forced HIV testing and is, in some cases, paired with sexualised violence in the form of 'anal examinations.' Whereas systemic violence by law enforcement officers represents abuse of power rooted in societal stigma against trans people, it is exacerbated wherever discrimination against trans people and people living with HIV is ingrained in the law. Because Uzbekistan criminalises same-sex sexual activity and HIV transmission, this enables violence in the forms described above.

The small number of cases against transmasculine people does not allow for identifying patterns within this group. In the sample, the perpetrators are the survivor's brother, a roommate, a group of men in a bar, and a lesbian activist:

Trans man, Albania: *[Name] was assaulted by a member and activist of the lesbian community as a result of transphobia. In addition to violence, he continues to receive threatening messages as a reaction to him denouncing the violence on his social networks.*

Sexualised violence

Sexualised violence is defined as violence carried out by sexual means or targeting sexuality. Sexual harassment, sexual assault, or rape are examples of sexualised violence. By using the term 'sexualised' rather than 'sexual violence,' we highlight the understanding of this type of violence primarily as attempted control or subjugation drawing on systemic power imbalances rather than acts driven by sexual desire. To put it simply, sexualised violence is not perpetrated because the perpetrator wants sex but rather because they want to exercise power.

Our dataset includes five cases of sexualised violence. In all five cases, the survivors were transfeminine, international or domestic migrants, and sexualised violence was paired with physical violence. Once again, these findings highlight the impact of living at the intersection of transmisogyny and migration. In one case in Serbia (cited above), the perpetrator was a former intimate partner. The other four cases reveal a clear pattern: they all happened in Uzbekistan, and the perpetrators were law enforcement officers, whereas the survivors were transfeminine sex workers. All four cases are an intersection of sexualised and systemic violence, with officers using extortion, threats, and multiple forms of violence under the guise of the laws criminalising homosexuality and HIV transmission. Two cases are rape by law enforcement officers. Two others are forcible 'anal examinations' carried out in police departments with the declared purpose of establishing whether the survivor had sex with men.

Trans woman, Uzbekistan: *They took me to the regional department of internal affairs under Article 120 of the Republic of Uzbekistan and conducted a medical examination. They took my blood and checked my anus. It was very painful, but I couldn't do anything. They used force. After that, they kept me in the basement of the police department for two days and interrogated me. They used physical force on me and wanted to imprison me under Article 120, but I didn't confess. I didn't eat or drink, and I was exhausted. Seeing my condition, they released me and threateningly told me to leave the capital and go to my region. I changed my residence, and I'm afraid they will find me again.*

Forced anal examinations carried out by police officers or healthcare professionals are common practice in Uzbekistan.[14] This practice was prohibited by the World Medical Association[15] and condemned by the UN Special Rapporteur on torture[16].

Systemic violence

Systemic violence is defined as violence that relies on institutional practices or procedures or broader social hierarchies. Inherent to the organisation of institutions and society, systemic violence sustains relations of dominance and exploitation through exclusion, coercion, and dehumanisation. Systemic violence can target individuals, for instance, in cases of abuse by law enforcement or officials at institutions. However, it can also target broader groups, as in the case of public hate speech or anti-trans legislation. Whereas other categories of violence used in our documentation tool are based on the type of impact, this category has more analytical power to address forms of violence that, even when seemingly subtle, can significantly define the context of survivors' lives and have a real impact, including physical harm and lasting trauma, and possibilities of seeking redress and victim support.

Photo by Valery Tenevoy on Unsplash

In our focus countries, several discriminatory laws are in place that constitute systemic violence against trans people and at the same time form the basis for further violence. In Uzbekistan, this is the criminalisation of consensual sex between those perceived as men (Art. 120 of the Criminal Code), introduced as a Soviet colonial imposition and never removed since, and the criminalisation of HIV transmission (Art. 113 of the Criminal Code). In Tajikistan, criminalisation of HIV transmission is also in place (Art. 125 of the Criminal Code). In Russia, a major instance of systemic violence occurred during the data collection period with the adoption of a law banning legal gender recognition and trans-specific healthcare in July 2023.[17] This had an immediate negative impact on trans people's mental health and

14 *National Report on Violations of the Rights of LGBT People and MSM in Uzbekistan, 2023 (ECOM — Eurasian Coalition on Health, Rights, Gender and Sexual Diversity, 2024), https://ecom.ngo/en/library/national-report-uzbekistan-23/.*

15 *WMA - The World Medical Association-WMA Resolution on Prohibition of Forced Anal Examinations to Substantiate Same-Sex Sexual Activity, n.d., accessed 1 July 2025, https://www.wma.net/policies-post/wma-resolution-on-prohibition-of-forced-anal-examinations-to-substantiate-same-sex-sexual-activity/.*

16 *'Mistreatment in Healthcare Settings: When a Carer Becomes a Torturer', OHCHR, accessed 1 July 2025, https://www.ohchr.org/en/stories/2013/03/mistreatment-healthcare-settings-when-carer-becomes-torturer.*

17 *TGEU Deeply Concerned by Russian Ban of Medical and Legal Transition - TGEU - Trans Europe and Central Asia, Article, 20 July 2023, https://tgeu.org/tgeu-deeply-concerned-by-russian-ban-of-medical-and-legal-transition/.*

led to several cases of doctors denying healthcare, including non-trans-specific healthcare, to trans people. Another example of systemic violence against trans people in Russia is the anti-LGBTI gag legislation (known as the so-called 'propaganda laws'). Besides this, trans people are affected by the legal persecution of sex workers. At the time of writing this report, in the countries of data collection, only in Kyrgyzstan is sex work partially decriminalised,[18] whereas in all other countries, it is legally an offence or a crime. As shown by our data, sex workers are an occupational group disproportionately targeted by anti-trans violence.

Repressive and discriminatory laws cause other forms of systemic violence. For instance, the first immediate results of Russian anti-trans and anti-LGBTI laws in 2022-2023 were deportations of trans migrant sex workers. A tragic example of this is the trans woman from Tajikistan who committed suicide following a chain of systemic violence (cited above). Often, repressive laws are used by law enforcement officers to intimidate trans people and extort money from them; psychological, physical, and sexualised violence is used in these scenarios, as described in the previous section.

Besides enabling abuse of power by law enforcement officers, systemic violence in the form of repressive laws also negatively impacts communities by undermining trust and creating an atmosphere of fear. The devastating impact of systemic violence on interpersonal relationships is exemplified by the following case.

Trans woman, Uzbekistan: *Ali and I were a couple. [...] We had a row and we brawled, and he said: 'You can go wherever you want and complain, nothing will happen to me, and you will go to jail.' Then I found out that he also works for the district police department as a decoy, after which I stopped talking to him. But one day, he called and unashamedly demanded $ 200. I said: 'Go find a job and don't call me again,' and hung up. The next day, the police came to me. Well, I was in men's clothes. They started looking at my things and asking who the dresses and wigs belonged to. I said a friend had left them. But they said they had different information and that I was a trans girl.*

The psychological, physical, and sexualised violence this survivor faced at the police station is described in the previous section. In this case, the survivor's intimate partner turns out to work for the police and denounces her. In the context of criminalisation, the police in Uzbekistan routinely pressure gay men and trans women into disclosing the data of their intimate partners or friends. This undermines mutual trust and prevents marginalised people from forming supportive communities. They are thus left exposed to further systemic violence.

Setting up fake dates is also a common practice in countries where repressive laws are in place. It is well-documented in Russia and Uzbekistan.[19] In our dataset, four cases of fake dates were documented. In all cases, survivors were contacted by men who appeared to seek a romantic date or the survivors' services as sex workers, and when they agreed to meet, the police came. In addition, one case was documented where the perpetrator who acted as a decoy appeared to be another trans woman.

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18 *Sex work was legalised in Kyrgyzstan in 1998, yet holding brothels and encouraging sex work remain crimes. Additionally, webcam modelling was criminalised in 2024.*

19 *Annual Review of the Human Rights Situation of Lesbian, Gay, Bisexual, Trans, and Intersex People Covering the Period of January to December 2023 (ILGA Europe, 2024), https://www.ilga-europe.org/files/ uploads/2024/02/2024_russia.pdf; 'Fake Dates, Rape, and Extortion: How LGBT Rights Were Violated in EECA Countries in 2024', ECOM, n.d., accessed 1 July 2025, https://ecom.ngo/en/news/how-lgbt-rights-were-violated-in-eeca-countries-in-2024/.*

Trans woman, Uzbekistan: *I met a trans girl on social media and we struck up a friendship. I invited her to visit and gave her the address. She arrived, I welcomed her, and set the table. We talked, we weren't in feminine attire, and then she left. After some time... we agreed to meet in feminine looks. She arrived, we sat together, suddenly someone knocked on the door, I opened it, there were four people from law enforcement agencies and one neighbour standing at the entrance (probably as a witness), they entered, handcuffed me, and searched the apartment. They took off my wig and started swearing and calling me names (faggot, etc.). And they took me to the police station, locked me in a cell and said that under Article 120 of the Republic of Uzbekistan, I would be imprisoned for a long time. It turns out my friend was a decoy. This is how people like me are found and arrested.*

This case follows the typical scenario of a fake date: the perpetrator contacts the survivor on social media, leads the survivor into a situation perceived as incriminating, at which point other perpetrators arrive. Untypically in this case, the decoy is someone who appears to be a trans woman and poses as the survivor's friend with no interest in sexual contact. While presenting feminine or wearing feminine items is not criminalised for people assigned male at birth in Uzbekistan, the police associate these practices with having sex with men and persecute both practices equally.

The impact of criminalisation is striking when cases of systemic violence are compared by country. For instance, of the 23 cases of violence by law enforcement officers in our dataset, six are from Uzbekistan and five from Serbia. In Uzbekistan, where criminal laws are used against trans people, violence by police officers in the cases examined includes physical and sexualised violence, extortion, and days-long detainment in inhumane conditions.

In Serbia, on the other hand, violence by police officers in the cases examined manifests in denying protection, insults, and one case of physical violence with extortion. Even though our data are not statistically representative, they clearly show that criminalisation correlates with a distinctly higher degree of violence.

Apart from discriminatory laws, systemic violence can manifest in abuse of power, which may be supported by a repressive social climate or harmful gender norms. While in Tajikistan, there is no law criminalising trans people, the high societal anti-trans stigma creates a breeding ground for violence. In the following case, this violence takes the form of psychological pressure and extortion.

Trans woman, Tajikistan: *I identify as a woman, I often dress like a woman, and we usually rent apartments with friends. My parents don't know about this, this is my second life. I also have a job at the university as a teacher. Two months ago, I got a call from a law enforcement agency. They said they wanted me to come due to issues with students. Actually, I trust them, so I went. [...] One of the police officers took my phone by force, looked through my photos, and found my cross-dressing photos. ...Stigma, bullying, and discrimination began, and [they asked] how a university teacher could do this. In the end, [they said] if I wanted all that information to stay there, I should bring them 5000 somonis ($500). [...] Naturally, I brought this money.*

Other similar cases in our dataset include law enforcement officers abusing their power with impunity or denying protection to trans people who have already suffered violence. Denying adequate support or services to trans people is a common form of systemic violence; our dataset includes cases where it is perpetrated by medical professionals (including denying HIV treatment), social workers, an equality body in Serbia refusing to investigate discrimination, and registry office workers refusing to process applications for legal gender reco-

gnition. In all these cases, the perpetrator exercises their institutional power to effectively punish the survivor for being trans, while societal anti-trans stigma forms the basis for this systemic violence.

Trans woman, North Macedonia: *Last time I went to register and seek a job offer at the Employment Service Agency, I faced discrimination from an employee. When I showed up at the door, the security guard started insulting me and asking me if I was a man or a woman, why I was dressed like that, and saying they couldn't find a job for me because they didn't know what to suggest. This is not the first time employees have behaved like this with me. When my neighbour or a friend goes to the Agency to seek a job, they find it quickly.*

In this case, systemic violence manifests as creating an employment barrier by denying the survivor access to her socio-economic rights. When such patterns of discrimination are repeated, trans people get stuck in a cycle of poverty, often losing their housing and being forced into informal work economies. All this exposes them to further violence.

The data collected on systemic violence demonstrate the urgent need to repeal discriminatory laws that target trans and LGBI people, sex workers, and people living with HIV. Yet systemic violence far exceeds cases enabled by discriminatory legislation. It is also a product of power imbalances, emerging where institutional actors have the means to abuse their power or where rigid social hierarchies encourage policing and social control. To combat systemic violence and protect trans people, it is necessary to fight all rigid hierarchies and abuse of power, but also specifically change societal attitudes toward trans people.

Material violence

We define material violence as material damage such as attacks on property, extortion, arson, or desecration. While per se, these acts are not usually considered violence, they are an important type of hate-motivated aggression when perpetrated with the intent to intimidate or harm someone based on their belonging to a certain group, being perceived to belong to a certain group, or their association to that group.

Of the 10 cases of material violence in our dataset, most are robberies or extortion. Four of these were perpetrated by police officers. These forms of material violence are a common element of systemic violence, especially in contexts where trans people are criminalised. Cf. the following characteristic case where a trans woman was attacked at a fake date. She met the first perpetrator on social media and came by taxi at night to the location he indicated, which turned out to be a construction site.

Trans woman, Uzbekistan: *I called again and he came out of the unfinished house and tried to take me inside. I refused to go there and he... dragged me toward the house. I screamed, he covered my mouth with his hand, and two more men in uniform came out of the house. They took me inside, beat me and demanded $150 or they would take me to the District Department of Internal Affairs and I would be imprisoned under Art. 120 for sodomy for three years. I said that I didn't have that kind of money, they took away my purse, there was about $50, they took everything, hit me in the face and wanted to take me to the police department.*

As shown in this case, extortion combines material harm with psychological violence and is often used with physical violence. In our dataset, material harm to the survivors manifests concretely in perpetrators taking their cash, mobile phones, or other valuables. Whereas material harm might seem a minor aspect in this constellation of violence, it can be significant, especially because trans people are disproportionately affected by poverty and economic precarity.

IMPACT AND CONSEQUENCES

Impact of violence on survivors

Our data show that violence has negative impacts on various aspects of the survivors' lives. The most significant impact is on mental health: 63 survivors have reported negative effects in this area, with two mentioning suicidal thoughts as a consequence of experiencing violence. 31 cases of violence impacted the survivors' physical health. Between 15 and 19 survivors reported impact on their access to housing, employment or work situation, and self-sufficiency or economic situation. Community and social situation is the area least affected by violence in our dataset. Overall, anti-trans violence has the most significant impact on survivors' mental health; other major areas of impact are physical health and economic situation, including employment and housing.

IMPACT ON SURVIVORS	# CASES
physical health	31
mental health	**63**
access to housing	15
access to employment / work situation	16
self-sufficiency / economic situation	19
community and social situation	8
unknown / not applicable	19
other	2

Table 5. Impact of violence on survivors, by violence type. The predominant type is emphasised in bold.

Reporting to the police

REPORTED TO THE POLICE	# CASES	%
Yes	17	19.3
No	**60**	**68.2**
Unknown	11	12.5

Table 6. Reporting status of violence cases to police: percentage distribution and highlighting of dominant category in bold. Categories include Reported, Unreported, and Unknown statuses.

Of the 88 cases in our dataset, only 17 were reported to the police, which represents 19,3%. By contrast, 61 cases, or 68,2%, were not reported. This data is not surprising given the scale of systemic violence described above. Especially in countries where criminalising or restrictive laws target trans people, sex workers, or people living with HIV, this creates a barrier that prevents survivors of violence from seeking protection with the police. Indeed, our data clearly show that police are a major source of violence toward trans people, making up 48% of known perpetrators.

Our data confirm that distrust and fear of police is widespread among survivors of anti-trans violence and is the main reason for not reporting the abuses. When asked about their reasons for not reporting, 39 survivors indicated lack of trust in the police. Other significant reasons provided were previous negative experiences with the police, fear of violence and humiliation, and fear of being prosecuted under criminalising laws.

REASONS FOR NOT REPORTING TO THE POLICE	# CASES
lack of trust in the police	39
previous bad experiences with the police	19
fear of violence and humiliation	17
fear of being accused due to criminalising laws	16
unknown / not applicable	19
other	2

Table 7. Survivors' reasons for not reporting anti-trans violence to the police

Follow-up response and support

Photo by Vitaly Gariev on Unsplash

This section examines trans people's options for seeking support after experiencing violence in EECA. Our data show that police response to anti-trans violence is inefficient, with no report filed in most cases. Treatment by police is poor with few exceptions, and there are virtually no cases of justice restitution. Survivors of anti-trans violence are also treated poorly by medical professionals: in no case was treatment by medical staff described as supportive or respectful. Support after experiencing anti-trans violence is most consistently provided by friends and in some cases, by psychologists.

Survivors of anti-trans violence generally distrust the police, as shown in the previous section. Their experiences when seeking support from the police additionally highlight the reasons for this distrust. Although four of the six countries of data collection (Albania, Montenegro, North Macedonia, and Serbia) cover gender identity in their hate crime legislation,[20] this rarely translates into consistent implementation or sensitive treatment by officers. Of the cases where the police were contacted, only in 6 cases did this result in police reports being filed. Treatment by police was ignorant or insensitive to gender identity in 11 cases. Only one survivor in the dataset experienced supportive or respectful treatment by the police: this extraordinary occurrence happened in Novi Sad, Serbia, where the survivor reported a physical attack by two unknown men. However, the same survivor also encountered ignorant or insensitive treatment by the police, as well as formal or official treatment. In three cases, survivors encountered hostile, mocking, or insulting treatment. In three more cases, police officers were violent or aggressive toward them.

Response by local authorities to cases of anti-trans violence reported to them is generally insufficient. Only in 2 cases was the perpetrator sentenced and in 4 more, the investigation was ongoing at the time of documentation. There is only one case in the dataset in which justice was restored and protection from violence enacted: in Serbia, the Commissioner for

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20 Bias based on the victim's (perceived) gender identity is expressly included in hate crime legislation as an aggravating factor. 'TGEU Trans Rights Map', accessed 8 July 2025, https://transrightsmap.tgeu.org/.

TREATMENT BY THE POLICE	# CASES
police report filed	6
police report not filed	16
supportive / respectful	1
formal / official	4
ignorant / insensitive to gender identity	11
suspicious / distrustful	2
hostile / mocking / insulting	3
aggressive / violent	3

Table 8. Treatment by the police, by number of cases.

Equality investigated systemic violence reported by a trans man in the context of employment, recognised the discrimination, and ruled in favour of the complainant; the ruling was subsequently carried out. This single case stands in stark contrast to the vast majority of others where authorities fail to respond or delay action. With positive results being so rare, it is understandable that survivors of anti-trans violence decide against reporting violence or seeking justice.

Survivors' experiences with healthcare professionals are similarly negative. Just as with the police, the main reasons for not seeking medical care are often poor expectations of healthcare professionals rather than lack of medical needs following the violence experienced. Unfortunately, our data show that at least in the cases examined, these poor expectations are generally accurate. In our dataset, medical care after experiencing anti-trans violence was requested in 10 cases. Of these, medical care was refused or not provided in 4 cases. In 21 cases, medical care was not requested for one or more of the following reasons: lack of trust in healthcare institutions, previous bad experiences with healthcare institutions, fear of violence and humiliation, or fear of being accused due to criminalising laws.

In no case was treatment by medical staff described as supportive or respectful. On the positive side, there was also no case of aggressive or violent treatment by medical staff. By contrast, treatment by medical staff was described as formal or offical in 3 cases, as ignorant or insensitive to gender identity in 5 cases, as suspicious or distrustful in 1, and as hostile or mocking in 1 more case.

TREATMENT BY MEDICAL STAFF	# CASES
medical care provided	4
medical care refused / not provided	4
supportive / respectful	0
formal / official	3
ignorant / insensitive to gender identity	5
suspicious / distrustful	1
hostile / mocking / insulting	1
aggressive / violent	0
unknown / not applicable	65

Table 9. Treatment by medical staff, by number of cases.

This data indicates that key professional groups and institutions that are supposed to provide support to survivors of violence fail to efficiently fulfill their duties in cases of anti-trans violence in EECA. Survivors are reduced to relying on informal support. Our data show that survivors receive support overwhelmingly from their friends and community, which accounts for 33 cases in the dataset. Other sources of support appear much less frequently: in 8 cases, survivors were supported by family members or relatives, in 5 cases, by peer support groups, and in 5 more, by psychologists.

OTHER SUPPORT RECEIVED	# CASES
Family members/relatives	8
Friends/community	33
Peer support group	5
Psychologist	5
unknown / not applicable	46

Table 10. Other groups that provided support to survivors, by number of cases.

Overall, our data show that competent institutions and professionals (with the exception of psychologists) fail to provide adequate support to survivors of anti-trans violence in EECA. By contrast, support following violence is predominantly provided by the community. These findings indicate that expertise in adequately addressing the consequences of anti-trans violence and helping survivors to heal is generated and sustained in trans communities rather than institutions supposed to be competent. This suggests that institutions should learn from trans communities, and all approaches to addressing anti-trans violence by the police, local or national authorities, or the healthcare system must be community-based.

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