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Comparing Transgender and Cisgender Experiences of Being Taken Advantage of Sexually While Under the Influence of Alcohol and/or Other Drugs

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ABSTRACT

A small body of literature suggests that transgender people are more frequently exposed to sexual violence while they are under the influence of alcohol than cisgender counterparts. The goal of this study was to report any differences between transgender ($n = 1,136$) and cisgender ($n = 74,277$) respondents to the Global Drug Survey on their experiences of being taken advantage of sexually while under the influence of alcohol and/or other drugs. We found that transgender people were more likely than cisgender people to have experienced being taken advantage of in the last year (9.3% vs 4.2%) and more than 12 months preceding the survey (24.9% vs 14.3%). Non-binary participants were more likely than binary transgender participants (27.7% vs 17.8%) to report being taken advantage of sexually more than a year preceding the survey. Similarly, trans respondents assigned female at birth were more likely than trans respondents assigned male at birth to report this (30.0% vs 19.7%). Nonspecialist services for survivors of sexual violence should be adequately prepared for and accommodating toward transgender clients. Future research should explore their unique needs. Moreover, clinicians who assess transgender people should remain mindful of their increased likelihood of being taken advantage of sexually while under the influence of alcohol and other drugs and consider trauma-informed interventions.

Introduction

Transgender (trans) is an umbrella term describing people who do not identify with their birth-assigned gender (Vincent, 2018). Non-binary describes individuals with gender identities that are not exclusively male or female (Vincent, 2018). Many, but not all, non-binary people identify as trans. Transfeminine people are those who were assigned male at birth (AMAB) but identify more with femininity than masculinity and transmasculine people, assigned female at birth (AFAB), identify more with masculinity (Vincent, 2018). Trans people make up 0.3–1.2% of the population and experience high rates of violence relative to cisgender (cis; people who are not trans) counterparts (Bachmann & Gooch, 2018; Clark et al., 2014; Conron et al., 2012; Glen & Hurrell, 2012; Meerwijk & Sevelius, 2017; Reisner et al., 2016; Stotzer, 2009; Van Caenegem et al., 2015). For example, Stonewall, a UK-based charity, found that 41% of trans respondents to a 2017 survey had experienced a hate crime in the preceding 12 months (Bachmann & Gooch, 2018).

Among the varied forms of violence suffered by trans and non-binary people, reports of sexual violence are particularly common (Stotzer, 2009). This is reflected in a Canadian study, the Trans PULSE project, with a sample of 443 trans people,

which reported that 20% of participants had experienced sexual/physical assault related to their gender identity in the preceding 12 months (Bauer et al., 2013).

More specifically, a US study of 19,639 (79 trans) college students found that trans participants had nearly five-fold greater odds of experiencing non-consensual penile penetration than those identified as cis males (Hoxmeier, 2016). A convenience sample of 1,124 US lesbian, gay, bisexual, trans, queer (LGBTQ) people found that trans participants experienced sexual violence more than twice as frequently as cis-identified LGBTQ participants, indicating that this violence is not experienced uniformly across the LGBTQ community (Langenderfer-Magruder et al., 2016).

Drug consumption – notably alcohol consumption – is involved in a significant proportion of sexual violence cases (Abbey, 2002; Harvey et al., 2013). Accordingly, researchers have investigated associations between alcohol and/or other drug use and sexual violence, with some finding alcohol and/or other drug consumption to be a risk factor for sexual assault (Anderson et al., 2017; Beynon et al., 2008; Slaughter, 2000). A common explanation for this is that alcohol and/or other drug use can impair an individual's cognitive and/or physical capabilities, thus leading to an increased vulnerability to sexual violence (Beynon et al., 2008; Smith et al., 2020).

Trans people also appear to be more likely to experience sexual violence after having consumed alcohol than cis counterparts (Coulter et al., 2015; Tupler et al., 2017). Among a sample of 56,591 (175 trans) US college students, gender minority participants had 2.2–4.2-fold greater odds of being sexually assaulted while under the influence of alcohol compared to cis participants (Coulter et al., 2015). This is corroborated by a similar, but much larger study of 273,054 (623 trans) US college students, which found that trans students were 2.6-times as likely to be taken advantage of sexually while under the influence of alcohol (Tupler et al., 2017). This latter study was sufficiently powered to suggest that this risk is not equally distributed between gender minority subgroups and found that transfeminine students had 1.7-fold greater odds of experiencing sexual violence than transmasculine students (Tupler et al., 2017).

Several studies have investigated the long-term impacts of sexual violence on trans people (Clements-Nolle et al., 2006; Testa et al., 2012). One study found that in a sample of trans people ($n = 514$; 392 women and 123 men) those who reported a history of “forced sex or rape” were significantly more likely to have attempted suicide (Clements-Nolle et al., 2006). In another sample of trans people (179 women and 92 men), those who had experienced physical and/or sexual violence were significantly more likely to report one or multiple suicide attempts (Testa et al., 2012). In the latter study, alcohol use was associated with experiencing sexual violence among trans men. Similarly, violence against trans women was associated with both alcohol and “illicit” drug use.

This present study sought to build on these findings using a large, multinational sample. Specifically, this study aimed:

- To compare trans and cis respondents on lifetime and last year experiences with sexual violence while under the influence of alcohol and/or other drugs
- To compare trans and cis respondents on the number of times in the last year they had been taken advantage of sexually, while under the influence of alcohol and/or other drugs
- To compare trans participants AMAB with trans participants AFAB on lifetime and last year experiences with sexual violence while under the influence of alcohol and/or other drugs
- To compare binary and non-binary identified trans respondents on lifetime and last year experiences with sexual violence while under the influence of alcohol and/or other drugs.

Method

Study Design

The Global Drug Survey (GDS) is the world’s largest internet-based survey designed annually by international psychoactive substance use experts to investigate global patterns of substance use and related behavior (Barratt et al., 2017). The GDS uses purposive sampling to recruit participants through collaboration with international (social) media and harm reduction partners. The survey was available in 19 languages

and reached 123,814 people from more than 40 countries. No incentives for participation were provided. Trans participants were not specifically targeted when recruiting participants via media and harm reduction organizations. GDS methods are discussed in more detail elsewhere (Barratt et al., 2017).

Ethical approval was received from University College London 11671/001: Global Drug Survey, The University of New South Wales (HREC HC17769) and University of Queensland (No: 2017001452) Research Ethics Committees.

Variables

Gender

A two-stage approach was used to assess gender (Bauer et al., 2017; Sausa et al., 2009). The first question focuses on each respondents’ gender identity and respondents could choose between “male”, “female”, “non-binary” or “different gender identity”. “Non-binary” and “different gender identity” groups were combined to create one “non-binary” group aiming to encompass all gender identities that are neither exclusively male nor female. The second question asks respondents to disclose their birth-assigned sex with response options “male” and “female”. Since the umbrella term trans generally refers to all individuals with gender identities incongruous with their sex assigned at birth, participants who provided different answers to questions one and two (including non-binary participants) were considered trans for the purposes of subsequent analyses (Bauer et al., 2017; Koehler et al., 2018).

Taken Advantage of Sexually

Each year, GDS asks a core set of questions to allow for continuity and comparability across data collection years. In addition, each survey features a number of specialist topics that are chosen based on current drug-related issues and trends (Barratt et al., 2017). The survey reported on in this article was designed in 2018, in the wake of the #MeToo social media movement (Maryville Online, n.d.). Driven by the rapid increase in attention being paid to sexual harassment and sexual violence (at least that occurring in the US entertainment industry), GDS researchers designed a set of questions exploring sexual violence occurring in the context of alcohol and/or other drug use (Aldridge & Winstock, 2018).

All respondents were asked “Have you ever been taken advantage of sexually while under the influence of alcohol and/or other drugs?” and could respond “Never”, “Yes (in the last 12 months)” or “Yes (more than 12 months ago)”. The phrase “taken advantage of sexually” was used as previous research has shown that many individuals who have had experiences that could meet the definition of sexual assault are reluctant to label it as such (Khan et al., 2018; LeMaire et al., 2016; Orchowski et al., 2013). Accordingly, it was felt “taken advantage of sexually” had the potential to capture more experiences than other wording might.

Those who disclosed a last-year experience of being taken advantage of sexually were asked to complete an extended section of questions relating to this experience (see Table S1). Specific to the aims of this study was: “How many times, in the last 12 months, have you been taken advantage of sexually while under the influence of alcohol and/or other drugs?”.

Response options were “once”, “twice”, and “three times or more”.

Statistical Analyses

Analyses were conducted using IBM SPSS Statistics software, version 25 (International Business Machines Corporation, 2018). Mean age was compared between trans and cis participants and later between subgroups of trans participants using independent samples t-tests. Likelihood-ratio Chi-square tests with Bonferroni correction (level $p < .05$) were used to compare sexual orientation between groups. For each outcome, the number of participants endorsing each response was reported as a percentage of the total number of participants who responded to that question. Likelihood-ratio Chi-square analyses alongside Z-tests with Bonferroni correction (level $p < .05$) were applied to test for differences in each variable across respondent groups. Ordinal logistic regression analyses were undertaken to measure the association between AMAB/AFAB or binary/non-binary trans gender identity and each outcome, controlling for age and sexual orientation (see supplementary Tables S2 and S3).

Results

Sample Characteristics

Of the 123,391 participants who provided a valid response to gender identity and using a substance (alcohol or other drug) in the last 12 months, 75,413 (1,136 trans) responded to the

survey's sexual violence module. The largest number of trans respondents were from Germany ($n = 303$; 26.7%), followed by United States ($n = 228$; 20.1%), Australia ($n = 65$; 5.7%), England ($n = 56$; 4.9%) and France ($n = 53$; 4.7%). Differences in age and sexual orientation are found in Tables 1–3. Cis respondents were older (mean: 30.57, standard deviation (SD): 12.11) than trans respondents (mean: 27, SD: 10.37; $p = .000$). Trans people were significantly more likely than cis people to report all non-heterosexual orientations, at the level $p < .05$. There were fewer observed differences between subgroups of trans participants (Tables 2 and 3). Binary trans participants (28.6%) were significantly more likely than non-binary (9.4%) participants to report heterosexual orientation, at the level $p < .05$. Trans participants AFAB (38.7%) were significantly ($p < .05$) more likely to report bisexual orientation than trans participants AMAB (32.7%).

Experiences of Being Taken Advantage of Sexually while under the Influence of Alcohol And/or Other Drugs

Trans respondents were more likely than cis respondents to report experiences of being taken advantage of sexually while under the influence of alcohol and/or other drugs both in the last year and more than 12 months ago (summarized in Table 4). However, among those reporting experiences of being taken advantage of in the preceding 12 months, the frequency of experiencing this once, twice or three or more times did not significantly differ between trans and cis respondents.

Table 1. Age and sexual orientation of cis and trans participants.

		Cis	Trans	
Age		30.57 (12.11)	27.00 (10.37)	$t(1182.84) = 11.48, p = .000$
Sexual orientation	Bisexual	10.1% (7,534) ^a	35.7% (405) ^b	$\chi^2 = 2319.95, df = 4; p = .000$
	Heterosexual	72.4% (53,789) ^a	14.9% (169) ^b	
	Homosexual	4.1% (3,054) ^a	13.9% (158) ^b	
	Other	1.1% (846) ^a	22.4% (254) ^b	
	Missing	12.2% (9054)	13.2% (150)	

df: degrees of freedom; superscript letters (a,b) are used to denote differences between groups at the level $p < .05$; age reported as: mean (standard deviation).

Table 2. Age and sexual orientation of binary and non-binary subgroups of trans participants.

		Binary	Non-binary	
Age		26.35 (9.53)	27.26 (10.68)	$t(1134) = -1.35, p = .179$
Sexual orientation	Bisexual	33.5% (109) ^a	36.5% (296) ^a	$\chi^2 = 92.33, df = 4; p = .000$
	Heterosexual	28.6% (93) ^a	9.4% (76) ^b	
	Homosexual	16.9% (55) ^a	12.7% (103) ^a	
	Other	10.2% (33) ^a	19.5% (221) ^b	
	Missing	10.8% (35)	14.2% (115)	

df: degrees of freedom; superscript letters (a,b) are used to denote differences between groups at the level $p < .05$; age reported as: mean (standard deviation).

Table 3. Age and sexual orientation of assigned female at birth and assigned male at birth subgroups of trans participants.

		AMAB	AFAB	
Age		27.98 (11.14)	25.99 (9.44)	$t(1088.46) = 3.23, p = .001$
Sexual orientation	Bisexual	32.7% (183) ^a	38.7% (218) ^b	$\chi^2 = 9.28, df = 4; p = .054$
	Heterosexual	16.5% (92) ^a	13.5% (76) ^a	
	Homosexual	14.8% (83) ^a	13.3% (75) ^a	
	Other	20.8% (116) ^a	23.4% (132) ^a	
	Missing	15.2% (85)	11.2% (63)	

df: degrees of freedom; superscript letters (a,b) are used to denote differences between groups at the level $p < .05$; age reported as: mean (standard deviation); AMAB: assigned male at birth; AFAB: assigned female at birth.

Table 4. A comparison of trans and cis respondents' experiences of being taken advantage of sexually while under the influence of alcohol and/or other drugs.

		Trans n = 1,136	Cis n = 74,277	Likelihood-ratio χ^2
Have you ever been taken advantage of sexually while using alcohol and/or other drugs?	Never	747 (65.8%) ^a	60,526 (81.5%) ^b	$\chi^2 = 159.23$, df = 2; $p = .000$
	Yes, in the last 12 months	106 (9.3%) ^a	3,142 (4.2%) ^b	
	Yes, more than 12 months ago	283 (24.9%) ^a	10,609 (14.3%) ^b	
How many times, in the last 12 months, have you been taken advantage of sexually while under the influence of alcohol and/or other drugs?	Once	n = 84 47 (56.0%) ^a	n = 2,157 1,153 (53.5%) ^a	$\chi^2 = 0.21$, df = 2; $p = .899$
	Twice	18 (21.4%) ^a	480 (22.3%) ^a	
	Three or more times	19 (22.6%) ^a	524 (24.3%) ^a	

df: degrees of freedom; each superscript letter (a,b) indicates a group which differs significantly from any group not denoted with the same superscript letter, at the level $p < .05$, e.g. trans and cis participants did not differ on response options "once", "twice" or "three or more times".

Table 5. A comparison of subgroups of trans respondents' experiences of being taken advantage of sexually while under the influence of alcohol and/or other drugs.

		AMAB (n = 559)	AFAB (n = 564)	Likelihood-ratio χ^2	Binary identity (n = 325)	Non-binary identity (n = 811)	Likelihood-ratio χ^2
Have you ever been taken advantage of sexually while using alcohol and/or other drugs?	Never	399 (71.4%) ^a	339 (60.1%) ^b	$\chi^2 = 17.77$, df = 2; $p = .000$	239 (73.5%) ^a	508 (62.6%) ^b	$\chi^2 = 14.11$, df = 2; $p = .001$
	Yes, in the last 12 months	50 (8.9%) ^a	56 (9.9%) ^a		28 (8.6%) ^a	78 (9.6%) ^a	
	Yes, more than 12 months ago	110 (19.7%) ^a	169 (30.0%) ^b		58 (17.8%) ^a	225 (27.7%) ^b	

df: degrees of freedom; superscript letters (a,b) are used to denote differences between groups. Transfeminine participants were only compared with transmasculine participants and binary participants were only compared with non-binary participants. Where superscript letters differ, there is a significant difference at the level $p < .05$; AMAB: assigned male at birth; AFAB: assigned female at birth.

Table 5 summarizes comparisons of sub-groups of trans respondents' experiences of being taken advantage of sexually while under the influence of alcohol and/or other drugs in the last 12 months and more than 12 months prior to the survey. One in ten respondents in both trans AFAB and trans AMAB groups reported being taken advantage of in the 12 months preceding the survey. However, 50% more trans respondents AFAB than trans respondents AMAB reported being taken advantage of more than a year preceding the survey. After controlling for age and sexual orientation this difference was still significant (Table S2).

Similarly, one in ten respondents from both binary and non-binary trans groups reported being taken advantage of sexually while under the influence of alcohol and/or other drugs in the last 12-months and 50% more non-binary respondents reported being taken advantage of, more than a year before the survey. This difference also remained significant after controlling for age and sexual orientation (Table S3).

Discussion

This study found that trans people were more likely than cis people to have been taken advantage of sexually while under the influence of alcohol and/or other drugs, both in the 12 months preceding the survey and more than 12 months before the survey. There were no differences between binary and non-binary or trans respondents AFAB and trans respondents AMAB respondents on last 12-month reports of being taken advantage of while under the influence of alcohol and/or other drugs. However, trans respondents AFAB and non-binary respondents were significantly more likely than their

respective comparators to report being taken advantage of sexually while under the influence of alcohol and/or other drugs, more than 12 months preceding the survey.

These findings are in keeping with prior research that found that trans people are more likely than cis people to experience sexual violence while under the influence of alcohol (Coulter et al., 2015; Tupler et al., 2017). However, incongruous with prior literature, this study found that trans respondents AFAB were more likely to report being taken advantage of while under the influence of alcohol and/or other drugs, than trans respondents AMAB (Tupler et al., 2017). Future research should continue to investigate differences between these two groups. Considering the established finding that cis women are more likely than cis men to be taken advantage of sexually (O'Donohue & Schewe, 2019), it is possible that the latter finding is attributable to some trans respondents AFAB being earlier in their transition than when they completed the survey, i.e. still presenting as women, more than a year prior to the survey. However, due to the time burden of respondents in completing the survey we did not include questions to temporally map the transition pathway.

The GDS sample is not representative. However, we believe it is the largest sample of trans people who use drugs (with cis comparators), allowing for comparison between gender groups. Moreover, accessing this priority population, for a representative sample, would be next to impossible and extremely financially prohibitive. A major strength of the GDS that allows us to identify such a large sample of trans people is the use of the two-stage approach to assessing gender (Sausa et al., 2009), which is considered the current gold standard. Trans people are over-represented in the GDS sample (1.5%), relative to the general population (0.3–1.2%;

Clark et al., 2014; Conron et al., 2012; Glen & Hurrell, 2012; Meerwijk & Sevelius, 2017; Reisner et al., 2016; Van Caenegem et al., 2015). Since prior research has suggested that trans people are more likely to use drugs than cis people (Connolly & Gilchrist, 2020), this over-representation is likely in part explained by volunteer bias (Eysenbach & Wyatt, 2002).

Further research should aim to increase the number of trans respondents and focus more specifically on the substances involved, the gender of perpetrators and their relationship with survivors, as well as where these incidents are likely to take place. Moreover, since we do not have a variable which measures the length of time participants spent in their country of origin, it was not possible to examine the influence of cultural and regulatory differences between countries with the GDS dataset. Future research should assess how age of consent, age restrictions on alcohol use and drug decriminalization affect the likelihood of someone being taken advantage of while under the influence and whether this differs by gender.

Understanding and measuring the experience of sexual violence for trans people is incredibly important given the known associations of increased suicidality among trans people (Clements-Nolle et al., 2006; Grant et al., 2011; Testa et al., 2012). Therefore, clinicians who assess and treat trans people should be aware of the increased likelihood of experiences of being taken advantage of sexually while under the influence of alcohol and other drugs and consider the use of trauma-informed therapies, where appropriate (Flanagan et al., 2016).

These findings also have implications for the provision of services for survivors of sexual violence. The needs of trans people who have been taken advantage of sexually may or may not be different to the needs of cis women. It was beyond the scope of the GDS to assess this need and qualitative research is needed.

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Contributors

ARW, JF and LJM are member of the GDS Core Research Team responsible for the development and implementation of the annual survey. DC, AA and GG conducted the literature search. DC and AA conducted the analyses. DC wrote the manuscript and all authors made significant contributions to editing. All authors have approved the final manuscript.

Disclosure Statement

ARW is founder and CEO of Global Drug Survey. The remaining authors have no conflict of interest to declare.

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