



**cygnus**  
support

counselling  
education  
change



**tyneside women's health**  
Improving mental health for  
women and girls



**Newcastle**  
University

# “One of the Lasses”: Trans inclusion and safety in abuse support services

---

A research project authored by Professor Rachel Pain (Newcastle University), Cygnus Support and Siobhan O’Neil, in collaboration with Tyneside Womens Health

Funded by Newcastle University Social Justice Fund

# Executive summary

---

This research was conducted in North East England during 2020, and consisted of (i) 12 focus groups with 43 staff/trustees and 23 service users, at six organisations that provide domestic and sexual abuse support services; (ii) focus groups, interviews and closed online group discussions with 10 trans women; (iii) a review of literature and best practice.

## The findings were as follows:

### 1. Creating safe spaces in women-only and mixed gender services

- Creating a trauma-informed environment is central to the work of abuse support services.
- Staff and service users placed high value on the unique benefits of women-only groups - within both women-only and mixed gender services.

### 2. Trans inclusion: attitudes and experiences of staff and cis women service users

- Five of the six services had seen small numbers of trans women service users, and in every case staff were very positive about the experience.
- The extent of trans-inclusive policies and practices varied between services. However, women-only services were as likely to practice trans inclusivity as mixed gender services, and in some cases had more developed inclusion policies.
- The vast majority of cis service users were supportive of trans women using their service.
- Staff were less clear or united about appropriate services for non-binary people.

### 3. Keeping everyone safe

- All of the services in the research had a primary focus on service users' physical safety.
- The cis male perpetrators of survivors using the service were viewed as the greatest threat. However, the services' risk assessment procedures are targeted at a range of risks associated with male or female perpetrators.
- Most staff and service users strongly believed that trans women do not present a particular or heightened risk.
- One case of a male perpetrator seeking access by identifying as a women had been dealt with using procedures that are now widespread among the services.

### 4. Trans women's experiences of and attitudes to services

- The trans women reported many experiences of violence and abuse.
- Some had negative experiences of seeking help after these experiences. Their attitudes to accessing abuse support services were also informed by negative experiences of a much wider range of services.
- Trans women's views varied on the type of abuse support service they would feel most comfortable using. However, most did not expect that most abuse support services would be welcoming and accessible to trans people.
- They suggested seven aspects of service delivery that are important to accessibility.
  - Knowing a service is trans-inclusive in advance
  - Being able to access a service without travelling too far
  - Having the option of being referred
  - Having the option of online support
  - Having options for accessing the building
  - Receiving a (trans-) friendly welcome
  - Care in introduction to groupwork
- Those trans women who had positive experiences of abuse support service use said that this had a significant impact on their wellbeing and general feelings of acceptance.

### Conclusions and the wider context

The findings are discussed in the context of existing research.

Overall, while the issue of trans access to abuse support services is largely discussed in public debates as a potential threat to cis women survivors, most services and cis women service users are welcoming of trans women. This is the case for both women-only and mixed gender services. However, significant barriers to service use exist for trans women and other gender minorities.

# Introduction

This research project was devised in collaboration with Cygnus Support ([www.cygnussupport.com](http://www.cygnussupport.com)) and Tyneside Women's Health ([www.tynesidewomenshealth.org.uk](http://www.tynesidewomenshealth.org.uk)), two organisations based in Northumberland and Tyneside in North East England. Both provide mental health services and see many service users who have experienced domestic and/or sexual abuse.

The project came about in light of recent public discussions about transgender people's access to abuse support services, especially where the services provide women-only spaces (these may be within women-only services, or women-only groups within mixed gender services). Both organisations had been reflecting more widely on how they provide access to trans people, and what issues this raises for their staff and other service users. The research therefore focuses not so much the legal requirements of trans inclusion, but on everyday experiences and implications for services and service users. Through regional and national networks, we were aware that these questions were being asked by other services too – are we following best practice? Are we meeting the needs of all our service users? Are there conflicts around inclusion? Is there more we could be doing to keep our services accessible and safe for everyone?

The aim of this report is to present evidence of what is happening on the ground. It explores the perceptions and experiences of staff and cis woman service users across six North East abuse support services. It also examines the views and experiences of trans women, some of whom have been abuse support service users, and some of whom have chosen not to or have been unable to access services when they needed to. It asks how all these groups currently view the issues of trans inclusion and safety in abuse support services.

While a number of research studies have examined issues of trans inclusion from the perspective of services, the voices and experiences of service users and trans non-service users are less often heard. Moreover, few studies have been conducted since the recent upsurge of public discussion around whether trans women pose a particular safety risk within women-only spaces.

A significant shortcoming of this study is that specialist services for Black and minority ethnic survivors were not included in the research. Only four cis service users, and no trans women identified as being from a Black or minority ethnic background.

## Methodology

There were three parts to the research:

### (i) Research with abuse support service staff and cis female service users:

12 focus groups were conducted with staff and service users at six organisations providing domestic and sexual abuse support services in North East England:

- Six focus groups with staff (39 participants)
- Five focus groups with service users (23 participants)
- One focus group with trustees (4 participants)

Four organisations are women-only services, and two are mixed gender services.

### (ii) Research with trans women:

Two focus groups, five interviews and two closed online group discussions (10 participants).

### (iii) Review of literature and best practice

## Definition of terms used

**Transgender or trans** – Someone whose gender identity differs from the sex they were assigned at birth.

**Cisgender or cis** – Someone whose gender identity matches the sex they were assigned at birth.

**Non-binary** – Someone who does not identify as a man or a woman, or whose gender identity is not exclusively male or female.

# 1. Creating safe spaces in women-only and mixed gender services

## Creating a trauma-informed environment is central to the work of abuse support services.

Staff at all of the services said that they think about service users' emotional safety in every aspect of their practice, from the initial contact, to arrangements for accessibility, to the welcome when service users arrive, to the ways that groups are facilitated:

*"The culture that is around the general office... clients will come and sit in the main building and they will chat to staff and they will get a drink... It's a very warm, welcome safe place... We all care for each other's clients...if someone is upset or they come in the door and we're the only one around, we'll chat to them." (Staff, mixed gender service)*

*"A lot of women come in and are really anxious about being here...Sometimes they will ask for someone to meet them at the door... So just making sure that they feel welcome and they know what's happening and where they need to go, and things like that." (Staff, women-only service)*

Safety was also the key concern of service users, who reported very positive and often transformational experiences of the services in the study.

## Staff and service users placed high value on the unique benefits of women-only groups - within women-only and mixed gender services.

Participants said they feel very safe and welcome in women-only groups, and experienced high levels of care and mutual support. This was the case both for women-only services (where the whole service is women-only) and mixed gender services (where women-only groups are 'nested' within the service):

*"I think we're all women that have got one thing in common that we've been through, either a mental breakdown or obviously there is abuse. And so you feel quite relaxed in each other's company."*

*"They can share their problems."*

*"Yeah. It's a place to feel accepted for woman and it feels safe as well." (Service users, women-only service)*

*"When you do the group sessions, you get that bond with the people who you're doing that with and that was amazing, wasn't it?"*

*"Yes. I think there's a focus on building self-esteem and confidence too" (Service users, mixed gender service)*

*"If you were to ask all the women that come through 'what's been the best thing about what you have just done there?', they invariably always say 'reaching other women who are in the same boat'. So that chance to not feel like it's just you, and stop being so isolated." (Staff, mixed gender service)*

*"Something happens when a bunch of women come together with some support, and often the discussions are rich and people do make connections." (Staff, women-only service)*

*"From the moment you call us, you will only speak to a woman... The fact that it's women that collectively have experienced trauma is really important. That gendered nature of the violence doesn't necessarily always mean that the perpetrator has been a man. We've also had women and girls access our services who have experienced sexual violence by women perpetrators who have told us that they still need a women-only space." (Staff, women-only service)*

## 2. Trans inclusion: attitudes and experiences of staff and cis women service users

### Five of the six services had seen small numbers of trans women service users, and in every case staff were very positive about the experience.

Some staff were aware that under-reporting and under-use of services is a particular issue for trans survivors of domestic and sexual abuse:

*"There's a big trans community in the North East, but people are not reporting all types of abuse, whether it be domestic or harassment or hate crime."*

*"Given the size of the community, I could count on one hand how many referrals of trans people we have had." (Staff, women-only service)*

Most of the services had at least one experience of including a trans woman in a women-only support group, and all described this very positively:

*"We definitely know we've had a trans woman in our group work and there has been absolutely no problems in that group at all with that woman or with that woman being in that group. We may have had other people within that group that haven't identified openly." (Staff, women-only service)*

*"I had a trans person on a workshop. [The other service users] used the correct pronoun because we set that out at the beginning - not 'you must identify this person as she', but it was about the ground rules of respect and how they want to be in the room...All of them were really respectful and accommodating to that person." (Staff, mixed gender service)*

*"The women were accepting and yes, there weren't any difficult issues in that group. I think people were kind of shocked to hear what daily life was like. It was like having to, just living at home it was like running the gauntlet every time she left her house." (Staff, women-only service)*

*"It could lead to questions from the other [refugee] residents and obviously we would answer those, but not about that person specifically because that*

*would be a breach of confidentiality. We might talk to them generally about gender identifications and so on but I think also what I've seen in the past, having worked with a trans woman before, they [other residents] were very happy." (Staff, mixed gender service)*

*"We make it really clear to all women when they access [the service] that there is the potential for trans women to be in that group and that that's just how it is." (Staff, women-only service)*

### The extent of trans-inclusive policies and practices varied between services. However, women-only services were as likely to practice trans inclusivity as mixed gender services, and in some cases had more developed inclusion policies.

All of the services said they had taken steps to make their services trans-inclusive, although the extent varied. These steps include seeking advice from local and national LGBTQ organisations, staff training, attending to trans women's comfort and safety when using the service, and supporting trans women to take part in groupwork:

*"We were ahead of the game in the North East in terms of how quickly we had a conversation as a women-only service, what that meant in terms of trans women inclusion, and have carried on that conversation. We made sure that we had training, and we're being as inclusive as we could be in terms of trans women and now gender non-binary people who identify that a women and girls' service is right for them. So we've been on this journey for many years...and engaging with members of the trans community in terms of ensuring that the training is where we feel we want to be." (Staff, women-only service)*

*"We had some LGBT training delivered to us by a trans person to the volunteers...So everyone has had that and it's an ongoing conversation. We have trans service users. We are all very aware of being sensitive to that issue and being respectful."*

*"Just like we work with everyone." (Staff, mixed gender service)*

*"Practicing what you preach on every little level. I think that creates a culture that gets embedded within an organisation...it's honouring and respecting that person's identity."*

*(Has that been difficult for any members of staff do you think?)*

*"It's not difficulty in getting your head around the concept of trans. I think where it is, is staff and volunteers wanting to make sure that they are using the right words and being respectful and getting the best understanding that they can. Never a difficulty of a trans woman as a woman." (Staff, women-only service)*

*"We have a level of awareness and we educate ourselves and we make sure that we keep up with that but we don't make assumptions. So as someone comes through the door or through assessment or triage or whatever, that's when you start to gather your information I suppose about whether accommodating their needs might have an impact on the wider service or who else might be occupying the space." (Staff, mixed gender service)*

There were differences in levels of knowledge about supporting trans service users and the adoption of trans-inclusive policies and practices. These differences were evident between different organisations, and between staff in some organisations. Again, those with less or a lack of experience with trans service users appeared to be more cautious. In particular, one women-only service with little experience said they usually referred trans women to a local LGBTQ organisation.

*"We want to make everybody inclusive but we don't want to exclude, but in making everyone inclusive do we exclude?...There definitely needs to be some very open, honest discussion that involves staff, service users, everybody like that.. You're in a bit of a balance because if you've got an established group that are safe and feel safe and then you've got somebody who might not be welcomed." (Name of local LGBTQ organisation), they have a specific time, like an evening where that's accessible for anybody identifying as trans who wants support." (Staff, women-only service)*

### The vast majority of cis service users were supportive of trans women using their service.

Most cis service users said they were happy for trans women to use their service, and also that they would welcome trans women joining their women-only groups. They clearly differentiated between the prospect of cis men joining their group (who would not be welcome) and trans women joining. Several had experience of meeting trans women through groupwork, and described this in positive terms:

*"I don't feel safe around men. But if someone who was trans came, who was born a man came as a woman, I wouldn't think anything of it. I would just class them as one of the lasses." (Service user, women-only service)*

*"The first time I met her was in here. And there was another one that I met her outside and I realised she was a male born. Doesn't bother us." (What was everyone's reaction?)*

*"I think just okay. Just the same way as you would treat any sort of new person." (Service users, women-only service)*

*"I just think you should take people at face value. So, if someone wasn't a woman originally, they shouldn't have to tell you that, you just take them as what you meet them as." (Service user, women-only service)*

*"If you're a trans woman who is not allowed to come into a woman's only organisation, it's like well where do they go then? If they're then made to go to a men's only organisation or something then there would be abuse." (Service user, women-only service)*

The more that service users had encountered trans women in their own lives, the more supportive they tended to be. Three service users expressed negative views towards the idea of trans women using their service, and these women were not familiar with trans women either inside or outside the service:

*"It may not be appropriate for that person to be in a group of women-only, certainly not. I agree with that staying a safe, women-only environment." "I don't think I could view somebody any differently. It wouldn't be because they're transgender that I don't want them there, it would be because I would still view them as being a man." (Service users, mixed gender service)*

*"I think my issue would be... I would just close up; I would be so conscious of saying the wrong thing in front of that person or the way I was saying something, the way I was articulating and communicating, that I think I would just not be very open in case I offended anybody." (Service user, mixed gender service)*

*"There's numerous cases of trans women entering refuge, identifying as trans women. I'll take that back, I'm sorry, not trans women - men identifying as trans women entering refuge. I'm not saying they're not escaping trauma or domestic violence, and then going on to walk around women and children with a morning erection." (Service user, women-only service)*

This last service user is referring to a widely shared story on Twitter from the US, and was concerned about men posing as trans women, rather than trans women.

A small number of the service users who were generally positive about trans inclusion discussed trans women's physical appearance, and whether access to the service should depend on whether they had surgically transitioned, or how 'well' they pass or behave in a 'feminine' way. Others rejected this idea, as well as stereotypical ideas about femininity in their own lives:

*"Well they should be able to come because they identify as a woman."*

*"We'd probably have a banter with her just the way we do."*

*"Because she's now a woman."*

*"Yes. They might have had the surgery or they might not."*

*"But they identify as a woman."*

*"So they should be allowed to come."*

*(Service users, women-only service)*

*"Well I've been told I don't look like a woman. I definitely am, but I wear tracksuits and I go boxing and no boobs, I haven't. Does that mean I can't come in?" (Cis) service user, women-only service)*

Moreover, the services which felt they had well developed policies and practices on trans inclusion also rejected the idea of discriminating between trans people, on both practical and moral grounds:

*"We'd deal with it, we would never turn someone away and wouldn't be like 'well, we don't think you're really trans enough, go away'. That'd be discriminating against them." (Staff, women-only service)*

### **Staff were less clear or united about appropriate services for non-binary people.**

The two mixed gender services welcomed trans men and non-binary people as well as trans women, and had experience with these service users. The four women-only services were clear about whether they would cater for trans men:

*"The women-only drop-in had someone...I asked them to leave because they had transitioned and were now trans male. The group didn't have a problem. They wanted them to stay, 'no, they can stay, we don't mind, he's fine'. But we stuck with, 'this is a women's only space now. You're a trans man now.'" (Staff, women-only service)*

*"At the minute we say if someone that's living their life as a woman then they're welcome to access our services, so from that definition, a trans man wouldn't be bothering to access our services." (Staff, women-only service)*

However, many staff acknowledged that they understood much less about non-binary service users, and this emerged in the research as a significant information and policy gap:

*"If somebody is gender non-binary and identifying that a woman's service is right for them, then yes." (Staff, women-only service)*

*"I would say we would probably accept them, to be fair, because they're not identifying as a man and the only restrictions we've got in here is we can't have men." (Staff, women-only service)*

*"I suppose if you're non-binary and you don't identify as either [male or female], you can't really access a woman's service, then can you?" (Staff, women-only service)*

*"Is it about asking the people that use your service or before they use it, making sure that you've made a clear decision about what you are offering?" (Staff, women-only service)*

*"I think it's about meeting the needs of your client, isn't it? How do we meet those needs where that person is at whatever stage they're at? I think that's the confusion, isn't it, with a women-only space because the needs of someone who is non-binary may change over time and be different at different times. So how are services responsive to those changing fluid needs?" (Staff, women-only service)*

*"I don't want people to be feeling that they aren't accepted, because finding self-acceptance is such a massive thing. I don't want us to be adding to that." (Staff, women-only service)*

Only one women-only service had an established set of practices for trans and non-binary people other than trans women:

*"We support non-binary service users. We've supported people [who are] questioning, who are in the beginning of their transition journey...we have supported gender non-binary people who have actually then started to identify as trans men as well."*

*"I think it would depend on the individual case because I think everybody's journey is so different."*

*"But if they were in between and just questioning, then we would still work with them."*

*"But we're also saying that if we have started some work with that person, that we would finish that work with that person on an individual level." (Staff, women-only service)*

Others were upfront about a quite urgent need for more detailed understanding, training and the development of a common position:

*"I would like us to be clearer about what the questions are and what the issues are, even if we don't know the solutions."*

*"Just have a more of a clear kind of where we stand." "It goes against the grain to be excluding anybody, doesn't it, for us?" (Staff, women-only service)*

Many service users shared this confusion around services for non-binary people.

### 3. Keeping everyone safe

#### All of the services in the research had a primary focus on service users' physical safety.

All services had well established, well understood procedures for risk assessment, risk mitigation, and ongoing monitoring of individuals. This is to ensure that service users do not cause any harm to each other, to staff or to themselves, and so that they are safe from people outside while using the service. These practices apply to anyone entering the service, whether for one-to-one support or groupwork:

*"A part of the assessment process is to ask about risks and concerns about aggressive and violent behaviour. So it wouldn't be specific to gender at all. Working out what level of risk, and what counter-measures we might need to take to minimise the chances of something happening." (Staff, women-only service)*

*"We have quite a comprehensive referral that talks about other professionals in your life...If they pose some kind of risk to themselves, that's one thing. If they pose a potential risk to the counsellor, that would be considered and a judgment call would be made on a case by case basis."*

*"They do quite a lot of one-to-ones before they join the group work and they have one-to-ones outside of the group work session, to be able to touch base and check in. So that keeps the process safe." (Staff, women-only service)*

In addition, staff at the mixed gender services discussed potential issues created by male and female survivors accessing the same service, and the ways they ensure that everyone is safe:

*"We meet them on a one-to-one basis, so they are safe" (Staff, mixed gender service)*

*"We've got the luxury of two spaces so we can keep things separate and also the appointments are staggered" (Staff, mixed gender service)*

*"If we feel there's a service user who, if they came in and were going to be very anxious if there was a man in the building, we make each other aware of that so that we can put a level of protection in place." (Staff, mixed gender service)*

*"We had one client who had an old relation who had worked here so that was a bit of a juggle round. We just try and do everything we can to make it as easy as possible for everyone." (Staff, mixed gender service)*

Some women-only services employ similar practices to reduce general anxieties that a survivor may have about accessing a service:

*"They're only usually going to see one worker... So [name of worker] will go and open the door, take her to the room. They're not sat in a big public waiting room. That's what we hear that they want." (Staff, women-only service)*

#### The cis male perpetrators of survivors using the service were viewed as the greatest threat. However, the services' risk assessment procedures are targeted at a range of risks associated with male or female perpetrators.

This was the case both for mixed gender services and women-only services. Staff described the importance of case-by-case risk assessment and sometimes quite complex responses to the situations that survivors present with. While all staff stated that the large majority of service users' perpetrators are cis males, risk assessments also cover female perpetrators, as well as male or female service users who have a history of violent behaviour. Risk assessment procedures are therefore not gender-specific, because all service users must be protected from any potential source of harm.

*"The people we work with in the community are more likely to be still be involved with the perpetrator, whereas obviously in a refuge, that shouldn't be the case. So if you're working in the community, you have to think outside the box all the time, and you have to liaise with other agencies as well, to try and find the best solution." (Staff, mixed gender service)*

*"If it's a same-sex couple that we're supporting, then we know who the other partner is. We look that they're not in at certain times. So we look at the whole risk management around that." (Staff, women-only service)*

*"We've had women and girls who've joined the group and it's like, we'll have to let them go, because they've been a threat before." (Staff, women-only service)*

*"If you're thinking about people who are dual status clients [both survivor and perpetrator], at the referral meeting point you assess risk...There is communication that takes place within a circle of confidentiality within teams, so where it feels appropriate to share which obviously it would do to a group worker working with a client." (Staff, women-only service)*

#### Most staff and service users strongly believed that trans women do not present a particular or heightened risk.

Recent years have seen an upsurge of discussion on social media around whether trans women pose a particular safety risk within women-only spaces. The vast majority of staff felt that this is not the case. The two mixed gender services and three of the women only services said that if such a risk arose, it would be mitigated in the usual way through the stringent risk assessment procedures that apply to all of their service users. Staff at the fourth women only service, who had little experience with trans women service users and less developed practice, were less united on this issue. The vast majority of service users also rejected the idea that trans women pose a threat or should be excluded on the basis of this idea:

*"I find that whole part of the debate so ridiculous. It's so ridiculous. Why are we having that conversation? Yes, of course it's possible but no."*

*"I think women who are engaging in that worry need to go, 'actually, what are you worried about?' We should be fighting to protect women-only spaces. We shouldn't be fighting the trans community and the gender non-binary community. We should be fighting to make sure that statutory funding is still coming to women-only provision and we're still able to meet the needs of women and girls." (Staff, women-only service)*

*"We have had a number of trans service users. They get all the same precautions, all the same safety." (So whoever comes in the door, you're thinking about keeping them safe and keeping everybody else safe as well?)*

*"Yes."*

*(So does that make it a non-issue?)*

*"No, I don't think it makes it a non-issue because you might be dealing with something that pops up within keeping them safe."*

*"I think it can be perceived as a non-issue because*

*we're doing what we do every day which is looking after our service users, keeping them safe." (Staff, mixed gender service)*

Like staff, service users saw cis male perpetrators as the most prominent risk to their safety, across women-only and mixed gender services. Some had concerns about cis male perpetrators trying to gain access, rather than concerns about trans women:

*"It's really difficult because I've seen on Twitter where obviously men wearing women's clothes have got into a women's bathroom...These are not trans people, these are predators." (Service user, women-only service)*

*"Do you think a man would go to that extreme?"*

*"No, they wouldn't have a clue...our exes both have dirty looking beards and stuff. Would they actually shave their beards just to -?"*

*"I don't think they would go to that extreme." (Service users, women-only service)*

*(One of the things that you might read on social media is that somebody could pretend to be trans in order to get into this group and pose a threat to the girls in the group.)*

*"If he came and he was just pretending to be a girl, and he wasn't posing a threat, then maybe there's not an issue. Unless we can figure out like he's not actually a female and he is actually just pretending to do this just to sit in the group. Then we'd probably have a conversation to say, 'what kind of support do you need? Do you want to transition?'"*

*"I think it's the same problem with the toilets and the debate that's been going on. In our school we have unisex toilets, and so far no problems have occurred from the unisex toilets. Because there are security measures in place, there are teachers around. So if there was something to go wrong then it would be dealt with." (Service users, women-only service)*

Staff also talked about ensuring trans women's safety and comfort while using their services:

*"How we tell the story of [name of service] and who we are, promotes from the outset that we are about wellbeing, everyone's wellbeing."*

*"As someone comes through the door or through assessment or triage or whatever, that's when you start to gather your information I suppose about whether accommodating their needs might have an impact on the wider service or who else might be occupying the space."*

"Because we also don't tolerate homophobic behaviours or abuse or anything like that. We will challenge that...I did have a client who I actually stopped working with after he was quite homophobic and transphobic...We all worked together and gave the client choices and dealt with it the best way that we could." (Staff, mixed gender service)

"If there was any issues about a trans person being here from another resident, that resident would have to be dealt with under our policies."

(You mean if someone was transphobic?)

"Yes, if someone was transphobic or there was any hate crime going on, I mean we have Muslim clients in here sometimes [as potential targets of abuse]. So that person would then be dealt with under our rules and regulations because we won't tolerate it."

"We would have to look at how we manage that, but we wouldn't be saying to someone, 'oh you're a trans woman, we're not having you in [here] because people might not like it.' (Staff, mixed gender service)

### One case of a cis male perpetrator seeking access by identifying as a woman had been safely dealt with using procedures that are now widespread among the services.

Staff in one women-only service reported this case to the research. The perpetrator's ex-wife had been an existing service user at the women-only service at the time, and staff felt that he pretended to identify as woman in order to gain access to her. However, the service deployed risk assessment procedures to keep the original service user and other service users safe. The dilemma around the case that staff discussed was not so much about the principle of admitting trans women, which was already their practice, but about the motivations of the ex-husband:

"I had some really open and honest discussions with both of them and said, 'I don't want to turn anyone away who needs mental health support, but this is how we're going to manage that'. I guess there was always like a question mark in my mind about what the motivation was behind coming here. Was it to link back with the ex-wife and intimidate in some way? Or was it a genuine need for mental health support?... As a staff team, we had a load of conversations about it."

These conversations in the service identified a gap in policy and practice when dealing with same-sex couples where one partner has reported abuse by the other:

"If I had a same-sex couple like two women, like lesbian partners, and they both wanted to access the service, it's the same dilemma."

"Yeah, it's the same situation we'll have again, and we don't have a specific - we have mothers and daughters come in, sisters come in, you know, potentially there could be, we don't know what -" "The entire family, yeah."

"The family dynamic. You don't know who's abused who kind of thing."

"We do discourage people from the same family or relationship accessing the same groups, we actively discourage that, and if someone wants to do the same course, for example, we'll say well, you do it first, then you do it, make sure they're separate."

Most of the other services already had safety measures in place for instances of couples accessing the service (whether same-sex or mixed sex). In this case, the risk was managed with specific adjustments for the couple:

"We did have the risk assessments in place, and we managed it by one person only accessing [one building] and one person accessing [another building] in a separate area...They were kept very separate."

The ex-husband did not use the service for long once these measures were explained. None of the other women-only or mixed gender services had experience of similar cases.

## 4. Trans women's experiences of and attitudes to services

### The trans women reported many experiences of violence and abuse.

The 10 trans women who participated in the research were not asked directly whether they had been victimised, but most of them voluntarily reported multiple experiences of violence over their lifetimes. These included bullying in childhood, neighbourhood and stranger abuse, domestic abuse and rape. Research elsewhere consistently shows that trans people experience even higher rates of physical and sexual assault than cis women (see Conclusions section). As is the case for cis women, the perpetrators were predominantly cis men.

### Some had negative experiences of seeking help after these experiences. Their attitudes to accessing abuse support services were also informed by negative experiences of a much wider range of services.

Two of the women had accessed abuse support services which took part in the research, and two had accessed different abuse support services. They also talked about their experiences of other services.

Trans women face a number of difficulties in accessing services as survivors of violence and abuse. Most of these difficulties were directly connected to their gender identity, and transphobia in particular:

"Back then [with domestic abuse] it was quite hard because I couldn't get the police to do anything...They wouldn't even arrest him for assault, never mind domestic abuse. He got away with it."

"When I was receiving death threats [from neighbours] and things like that at the beginning of this year, [the police] did nothing other than tell me 'when you chose to live a certain life, you're going to have to expect people to behave in a certain manner.'"

"I needed help [as a rape survivor with PTSD] from [name of service], but they wouldn't help us. They said 'we don't deal with trans people'. This was just within the last five years... I was told they did, and they tried to transfer me to this department, to that department. I gave up."

"When I did eventually get referred to [name of service] their supporter was on the phone. They said they can't help until I've had my first assessment at the transgender clinic, and I thought 'that's got nothing to do with being a victim, nothing at all'. I said, 'I could be looking at two or three years before my first assessment'."

(That's not because [name of service] only deal with women, is it?)

"No, they deal with everybody. If you're a victim, they are there for you. Obviously not me. But this is what I face everywhere I go - as soon as they find out I'm trans, they find something connected to the trans that stops them from supporting me."

"I had to get [name of service] and to be honest I wasn't best pleased with. It is slightly different now to what it was when I first started using them. Would I call them again? No. The problem is they say they're going to do something and they're going to help you and they don't...I walked out of [building] in a meeting with them and I broke down. It's awful." (Trans women)

Similar experiences of lack of support, hostility or transphobia were replicated in encounters with other public services, such as the NHS, job centres and leisure centres. The women's expectations about how they will be treated by abuse support services are preconditioned by all these experiences:

"I got took up to the hospital and the nurse said 'oh there's a he/she in there', to my mates. A 'he/she', gosh, I'm post-operative and I have been for [number of] years...The NHS still haven't got it right. It's as if, I don't know, everything is in slow motion...It makes you feel like a lump of dog muck."

"Talk Works [NHS mental health service] bring being trans into absolutely everything, even when it's not relevant. Well it is usually not relevant!"

"At the Job Centre my key worker talked at great length about me being trans, asking lots of questions including really intimate ones. It's not nastiness. They're just trying to be friendly and get to know you, but it's so inappropriate...And it's exhausting constantly having to explain."

"I love sport, I really love sport...I had trouble at the club because they said 'where do we put her, do we put her with the women or do we put her with the men?' Another club threw me out the club because I was trans. They made a whole host of stories about me which weren't true. The police got involved and they just said, 'well they don't want you in the club!'"

"There's that element with trans people, that they should be seen and not heard. I have been told I should be mixing with my own kind, twice within the last six months. What is my own kind?"  
(Has all of that made you feel that in the future if you needed help -)  
"I'm reluctant to ask for help now. I'm so reluctant."  
(Trans women)

These are not universal experiences, and a couple of women reported examples of positive help and support.

### Trans women's views varied on the type of abuse support service they would feel most comfortable using. However, most did not expect that most abuse support services would be welcoming and accessible to trans people.

Like cis service users, trans women have diverse needs and do not all need or want the same form of support. In this research, most trans women preferred the idea of women-only services, while a minority said they would prefer mixed gender services or specialist LGBT services. (It should be noted that there are no specialist support services for LGBT survivors of abuse and trauma in North East England, and very little LGBT service support outside the main cities.)

(You would be much more comfortable in women-only services?)  
"Oh, 100%. I don't like men, I don't trust them. All I see in their minds is that they're rapists."

"I've yet to come across a woman who's been negative with me in any kind of way, who hasn't been completely accepting of me. I know there are people out there but I've yet to experience it...I think the only time I'd be more anxious than normal would be in a male-dominated area."

"People don't make you feel very comfortable using women-only spaces. I know that from, just as an example, I never use the women's toilets, because I went in once and I was made to feel absolutely awful by the women. I refused to use the men's for my own safety, but I felt as if I was unsafe in the women's."

"If they don't stipulate on gender then I think people might feel more included."

"The only service I've accessed is [name of service]. It's a mixed gender service and I have a male counsellor there. I think it comes down to the help you need. I haven't experienced any issues at all, though I feel that in any service the experience you have is dictated by the individual that is helping you. I've read about trans people having issues with services provided by other trans people."

"I do a group setting like I'm doing with [name of LGBT service], it can be a mixed group trans men and trans women and non-binary...I would just go there straight off because the fact that they're all transgender, I wouldn't feel uncomfortable walking into that room."  
(Trans women)

Most women said their use of a service would depend on its welcome and how comfortable they were made to feel, especially by staff. While most would prefer to use a women-only service, these aspects would have to be right:

"I would only want to access women-only services if I knew they were trans-inclusive in advance."

"I'm acutely aware that in some women-only services they wouldn't necessarily want a trans person, or they wouldn't feel comfortable... I suppose it would be a case of waiting to see how I would fit in and how the group would respond in that situation. It really is a lot about trusting the person that's leading the group and how they're dealing with the situation as well."  
(Trans women)

However, most did not believe that abuse support services were likely to be welcoming or accessible. For some, this attitude was directly shaped by their previous experiences of seeking support as survivors in the past. For others, it is because of their negative experiences of other services:

"Often there is no way of telling a service is trans-friendly, unless you know."

"I'm so reluctant to report anything by myself because sometimes you go to these meetings, these appointments and they look down on you."

"For me it would be the other clients, because if the service is providing that service you would expect the staff to treat you with respect and make you feel as comfortable and as safe as possible, but the clients don't."  
(Trans women)

Again, a couple of women felt positive that they would be helped:

"I believe, as a person, an organisation will help me. As long as nothing untoward happens when I contact them, that belief remains."  
(Trans woman)

These beliefs are in sharp contrast to the way that most abuse support services describe themselves as trans-inclusive. In some cases this is because trans women do not know whether services are trans-inclusive or not, but often it is shaped by previous negative experiences of service use.

### They suggested seven aspects of service delivery that are important to accessibility.

#### Knowing a service is trans-inclusive in advance

"Often there is no way of telling a service is trans friendly, unless you know. Maybe they could signal it in a small way on promotional leaflets, posters etc. Or to promote directly to trans groups."

"It's not widely publicised these women-only spaces offer services for trans women. We just don't know...I wouldn't pick up the phone and ask if they did or not, I would rather wait and find out [by word of mouth]."

"The other thing is, if they linked in with [trans] groups like our group and inform them. They have to do the work because we just don't know what's out there."

#### Being able to access a service without travelling too far

"There are hardly any support groups in Northumberland. There are larger numbers south of the river [Tyne] which is just too far and expensive to get to. Even getting to Alnwick is difficult from somewhere like [nearby town] because of the time of the buses and they cost a lot."

#### Having the option of being referred

"I probably wouldn't feel comfortable contacting them initially, I would rather my GP made that referral."

"If the police had referred me [to a domestic abuse service] and they'd contacted me, that would have worked for me."

#### Having the option of online support

"When I accessed the [name of service] email service, I found them to be sympathetic and understanding in spite of having no information prior to indicate that they would be. It was a combination of the positive tone of the emails, and also it just being online in general. I'm a really socially anxious, awkward person so the internet era has done a lot of favours for me."

#### Having options for accessing the building

"It would be the waiting room would be, I would avoid completely. I suffer badly from anxiety and it gets worse if I see people staring at me, if I hear people saying anything about me, or anything like that."

#### Receiving a (trans-) friendly welcome

"They've got to treat me as a woman and they've got to treat me as a human being. I'm not looking for miracles. When somebody goes to a service and needs help they're there because they need help. They shouldn't be transferred from one place to another. There shouldn't be a rule for one and rule for another... It is what it is, we are who we are, we can't change who we are...Just treat everybody like you would want to be treated. Don't judge and be mindful of who and what they are and use the correct phrases."

"It's that initial greeting as you say, it's going to be important. You have to have somebody who is going to smile at you and welcome you into the place. It is difficult for some transgender people, for myself personally I think it would be nice for me if...people would ask 'how would you like to be referred to?' and introduce themselves in that way as well...It isn't a big thing."

"Being trans is something that I happen to be, it's not a big part of what I am, it is just what I am, in the same way you don't go round thinking I'm a cis woman all the time. When I access services what I'm really interested in is how I'm treated on a personal basis, and how all I want is for people to consider me just like anybody else that they're dealing with, whether it be a female or a male, young or old, whatever."

"I know that there are going to be times when it's confusing for people that I deal with...You have to kind of accept that and expect that and learn to deal with that in a way that works for everybody."

## Care in introduction to groupwork

*"If I was referred to a group by somebody I knew and who I trusted, then I would be very happy to go there and try it. I would feel that they had confidence that the group would be open and – not accepting because I think everybody is generally accepting – but more comfortable having a person in there."*

*"I think one-to-one support for anybody is better at the start anyway and then maybe an integration into a group if it's needed. That would work for me." (So, when you say integration, how would that be handled?)*

*"Well first of all I'd like to meet the co-ordinator, and then maybe just going to the group for ten minutes or for as long as I feel comfortable, but then leave as soon as I don't feel comfortable any more. It wouldn't stop me from going back because I'd already be getting my foot in the door."*

*"I think it's about controlling the situation when you're in there and maybe in the break or at the end of the sessions or something just saying something personal, bring them aside and say 'I'm not sure that it's working'. I think if you trust the person that you're dealing with then that's okay..It's dealing with it in a fair way. I think we all need that. It's not fair on anybody, on other members. As I say if someone's uncomfortable and someone's awkward you pick up on that and it makes everybody else awkward and uncomfortable." (Trans women)*

As this last quote shows, many of the trans women were very sensitive to their reception and possible effect on group dynamics, because of their past experiences. On the other hand, no staff or cis service users reported awkwardness or discomfort when other trans women had taken part in their support groups in the past.

Many of the above suggestions are already practiced by some services, in particular having options for online support, a personalised approach to options for accessing the building, and care in introduction to groupwork (all of the services in the research initially assess all service users before deciding on appropriate support, and use counselling or other one-to-one services before the possibility of the service user joining a support group.) Most services also say that they give a trans-friendly welcome, although this is best evaluated by trans people.

The key issue is that there is variability between services in how trans-inclusive they are, and as trans women say, it is not always made obvious whether they are welcoming to trans people, and so many simply do not feel confident enough to make contact and take a possible risk. In addition, from trans women's accounts of past service use, there are incidents of transphobia

and other negative experiences in mixed and women-only services. So, at best, service accessibility for trans women is patchy and varies in practice from service to service, despite most services describing themselves as trans-inclusive in principle.

## Those trans women who had positive experiences of abuse support service use said that this had a significant impact on their wellbeing and general feelings of acceptance.

*"If I look back to when I first went to [name of service], for example. I was nervous, I had anxiety and I had depression and all of that, that comes along with things. I walked in and the person that I was going to see, he came out and straight away asked me if I was okay, what did I want to be called, and took me through to a room where we were sitting and made sure that I was at ease and comfortable, and that hasn't changed throughout the experience with him. He's always there and he's always open to talk to me in a positive way. He just accepts the things I'm saying to him as he would with anyone else dealing with similar issues."*

*(When somebody treats you well or as they would treat somebody else, as you've just described, what does that do for you?)*

*"I think it just gives you a sense of belief. It makes you feel like everything is not just okay with yourself but with people around you as well... I think you get to a place sometimes when it can affect you and you think, well maybe I don't live in a particularly good world at the moment. When you go out and you get that kind of experience it really does build up hope and faith again, and it makes you feel like, yes okay there might be one or two bad elements in the world, but generally speaking everything's good.. It is just tiny little things like that that make a big difference to your day, to the way you feel generally." (Trans woman)*

## 5. Conclusions and the wider context

As this study of six organisations in North East England shows, most abuse support services in the UK have welcomed and supported trans women who are survivors of domestic and sexual violence for years<sup>1</sup>. This is the case for both women-only and mixed gender services.

There is no evidence that trans inclusion has negatively impacted, diminished or erased these services, or the women-only spaces within them. Both staff and cis service users are overwhelmingly positive about trans inclusion, and many had positive experiences of working with trans service users, who are not viewed as posing a threat<sup>2</sup>. A small minority of staff and service users are more cautious about trans inclusion<sup>3</sup>, and these services and individuals are often those who have had less contact with trans people.

The study reinforces the value and benefits of women-only services and spaces<sup>4</sup>, and it is vital that this value is recognised and their funding sustained.

Research from the US, Canada, Australia, Ireland and the UK consistently shows that trans people experience high rates of domestic and sexual violence and other forms of abuse<sup>5</sup>. Trans people also have higher rates of mental ill health than cis people<sup>6</sup>, including higher rates of PTSD, anxiety and depression that are related to experiences of violence<sup>7</sup>. However, trans abuse survivors are very poorly served by specialist support in the UK<sup>8</sup>. In the current resource-scarce climate, it is not an option for all trans survivors to use LGBT support services or mixed-gender services, and this is especially the case in regions such as the North East which have under-served cities and large rural areas. Most of the trans women survivors in our study prefer to access support in women-only spaces<sup>9</sup>, and the vast majority of cis service users in our study welcomed trans women into women-only services and women-only groups.

Staff at all of the services feel confident that their risk assessment procedures are robust enough to deal with risks from perpetrators coming from outside the service, or from service users of any gender<sup>10</sup>. Controlling access on the basis of appearance was rejected by most, as a potential barrier to gender nonconforming cis women as well as trans women<sup>11</sup>. Mixed gender services employ numerous practices that safely prevent or regulate contact between service users of different genders. One case of a male perpetrator seeking access to a women-only service by identifying as a women was safely dealt

with using procedures that are now widespread among the services.

The women-only services did not support trans men, although some made exceptions for those transitioning. Most services were much less clear about service use or good practice for people identifying as non-binary. However, one women-only service had supported non-binary people over many years, reporting no problems. Generally, support for trans men and especially non-binary people remains a significant information, policy and service gap<sup>12</sup>.

Trans women's experiences are in sharp contrast to the generally positive picture from services. While most trans participants had not accessed the particular services included in our research, they had many negative experiences of services in general<sup>13</sup>. This included, for some, experiences of transphobia when accessing abuse support that appeared to be trans inclusive<sup>14</sup>. As other research has shown, unsupportive services can lead to retraumatization and/or trans survivors returning to abusive partners<sup>15</sup>. Most of our trans participants said they would be very cautious about accessing abuse support services in future<sup>16</sup>. Their suggestions for improved accessibility are already being practiced by some services. However, this is not always obvious to the trans community, particularly with regard to English services<sup>17</sup> – accessibility for trans women remains patchy and varies in practice from service to service, even though most services are trans-inclusive in principle.

In conclusion, the findings suggest that abuse support services, whether they are women-only or mixed gender, must continue to improve on efforts to positively welcome trans women and make their services more accessible. Most of the services in this research are aware that the trans survivors they have supported represent a very small minority of the trans community. The principle of equal access often does not translate into material support, due to barriers and discrimination still existing in places<sup>18</sup>. Positive inclusion is most successful where trans voices and organisations are involved in advising services<sup>19</sup>. Resources that provide guidance on best practice are detailed under 'Practical resources on trans inclusion' below.

**Overall, while the issue of trans access to abuse support services is largely discussed in public debates as a potential treat to cis women survivors, most services and cis women service users are welcoming of trans women. This is the case for women-only and mixed gender services. However, significant barriers to service use exist for trans women and other gender minorities.**

Finally, a drawback of the research was that no services for Black and minority ethnic women were included, and only four service users were from a visible minority background. Research elsewhere emphasises that trans people of colour, trans people on low income, trans people with disabilities, and trans people who are not citizens of the country they are living in are more likely to experience unequal treatment when accessing services<sup>20</sup>.

## References

---

- 1** Scottish Womens Aid (2015) Guidance for supporting trans women for Women's Aid Groups in Scotland. SWA, Edinburgh;  
Stonewall (2018a) Supporting trans women in domestic and sexual violence services. Stonewall, London;  
Welsh Womens Aid (2016) Standard operating procedure: Transgender policy and procedural guidance. WWA, Cardiff; Womens Aid Federation (2020) Written evidence submitted to the Women and Equalities Commission, Reform of the Gender Recognition Act.
- 2** See also similar findings in Stonewall (2018a).
- 3** A small number of concerns also reported in Womens Aid Federation (2020).
- 4** Lewis R, Sharp E, Remnant J and Redpath R (2015) 'Safe spaces': Experiences of feminist women-only space. *Sociological Research Online*. 20(4): 105-118;  
Riger S (1994) Challenges of success: Stages of growth in feminist organizations. *Feminist Studies* 20(2): 275-300.
- 5** Barrett B J and Sheridan D V (2017) Partner violence in transgender communities: what helping professionals need to know. *Journal of GLBT Family Studies* 13(2): 137-162;  
Higgins A, Doyle L, Downes C, Murphy R, Sharek M, DeVries J, Begley T, McCann E, Sheerin D, Henry R S, Perrin P B, Coston B M and Calton J M (2021) Intimate partner violence and mental health among transgender/gender nonconforming adults. *Journal of Interpersonal Violence* 36(7-8): 3374-3399;  
James S E, Herman J L, Rankin S, Keisling M, Mottet L and Anafi M (2016). The report of the 2015 U.S. Transgender Survey. National Center for Transgender Equality, Washington, DC;  
Manchester City Council and LGBT Foundation (2017) Research study into the trans population of Manchester. Manchester: Manchester City Council;  
LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research (UNSW) (2014) Calling it what it really is: A report into lesbian, gay, bisexual, transgender, gender diverse, intersex and queer experiences of domestic and family violence. UNSW, New South Wales;  
Riggs et al (2016) Domestic violence service providers' capacity for supporting transgender women. *British Journal of Social Work*, 46(8): 2374-2392;  
Roch A, Ritchie G and Morton J (2010) Out of sight, out of mind? Transgender people's experiences of domestic abuse LGBT Youth Scotland and Equality Network, Edinburgh;  
Smyth S (2016) The LGBTIreland Report: National study of the mental health and wellbeing of lesbian, gay, bisexual, transgender and intersex people in Ireland. GLEN and BeLonG To, Dublin;  
Stonewall (2018b) LGBT in Britain: Trans Report. Stonewall, London.
- 6** Harvey S, Mitchell M, Keeble J, Nicholls C and Rahim N (2014) Barriers faced by lesbian, gay, bisexual and transgender people in accessing domestic abuse, stalking, harassment and sexual violence services. Welsh Government, Cardiff;  
LGBT Foundation (2017) Transforming outcomes: A review of the needs and assets of the trans community. LGBT Foundation, Manchester;  
McNeil J, Bailey L, Ellis S, Morton J and Regan M (2012) Scottish trans mental health and emotional wellbeing study 2012. Scottish Transgender Alliance, Edinburgh.
- 7** Hendricks M L and Testa R J (2012) A conceptual framework for clinical work with transgender and gender nonconforming clients: an adaptation of the Minority Stress Model. *Professional Psychology: Research and Practice* 43(5): 460-67;  
Henry et al (2018).

**8** Galop (no date) Domestic Violence and Abuse, and The Lesbian, Gay, Bisexual, and Transgender + (LGBT+) Communities. Galop, London;  
Manners P (2019) Trans inclusion in women-only spaces. *Concept: Journal of Contemporary Community Education Practice Theory*, 10(1): 1-18;  
Womens Aid (2020).

**9** See also Rogers M (2016) Breaking down barriers: exploring the potential for social care practice with trans survivors of domestic abuse. *Health and Social Care in the Community* 24(1), 68–76.

**10** See also findings in Stonewall (2018a).

**11** See also: Manners (2019);  
Tzouvala N (2021) Salvaging the 'RF': Radical feminism and trans exclusion. *Critical Legal Thinking* 3 Feb 2021, Available at <https://criticallegalthinking.com/2021/02/03/salvaging-the-rf-radical-feminism-and-trans-exclusion>

**12** Galop (2020) Written evidence submitted to the Women and Equalities Commission, Reform of the Gender Recognition Act;  
Rogers (2016);  
Rymer S and Cartei V (2015) Supporting transgender survivors of sexual violence: learning from users' experiences. *Critical and Radical Social Work* 3(1): 155–64.

**13** See also: England E (2021) 'This is how it works here': the spatial deprioritisation of trans people within homelessness services in Wales, *Gender, Place and Culture*  
DOI: 10.1080/0966369X.2021.1896997;  
Galop (2020).

**14** See also: Greenberg K (2012) Still hidden in the closet: trans women and domestic violence. *Berkeley Journal of Gender, Law & Justice*, 27(2): 198-251;  
Henry et al (2018); Manners (2019);  
Stotzer R L, Silverschanz P and Wilson A (2013) Gender identity and social services: Barriers to care. *Journal of Social Service Research* 39(1): 63-77.

**15** Henry et al (2018); Manners (2019).

**16** See also: Galop (2020);  
Hill A and Condon R (2015) Brighton and Hove Trans Needs Assessment. Brighton and Hove City Council, Brighton; Manchester City Council and LGBT Foundation (2017); Roch et al (2010); Rymer and Cartei (2015).

**17** cf Manners (2019).

**18** England (2021); Galop (2020); Greenberg (2012); Harvey et al (2014);  
Jordan S P, Mehrotra G R and Fujikawa K A (2020) Mandating inclusion: Critical trans perspectives on domestic and sexual violence advocacy. *Violence Against Women* 26(6-7): 531-554.

**19** Henry et al (2018); Jordan et al (2019); LGBTIQ Domestic and Family Violence Interagency and the Centre for Social Research (2014); Rymer and Cartei (2015); Stonewall (2018a).

**20** Jordan et al (2019);  
Seelman K L (2015) Unequal treatment of transgender individuals in domestic violence and rape crisis programs. *Journal of Social Service Research* 41(3): 307-25.

## Practical resources on trans inclusion

---

Our trans participants suggested seven aspects of service delivery that are important to accessibility:

- Knowing a service is trans-inclusive in advance
- Being able to access a service without travelling too far
- Having the option of being referred
- Having the option of online support
- Having options for accessing the building
- Receiving a (trans-) friendly welcome
- Care in introduction to groupwork

The following resources provide further guidance:

Welsh Womens Aid (2018) Standard operating procedure: Transgender policy and procedural guidance <https://www.welshwomensaid.org.uk/wp-content/uploads/2018/04/WWA-Transgender-Policy-and-Procedural-Guidance-INTERNAL.pdf>

LGBT Domestic Abuse Project, Scottish Women's Aid, Tayside Violence Against Women Training Consortium and Scottish Transgender Alliance (2015) Stronger together: Guidance for women's services on the inclusion of transgender women [https://www.lgbtdomesticabuse.org.uk/media/1167/stronger\\_together\\_-\\_september\\_2015.pdf](https://www.lgbtdomesticabuse.org.uk/media/1167/stronger_together_-_september_2015.pdf)

Magić J and Kelley P (2019) Recognise and Respond: Strengthening advocacy for LGBT+ survivors of domestic abuse. Galop, London [https://galop.org.uk/wp-content/uploads/2021/05/Galop\\_RR-v4a.pdf](https://galop.org.uk/wp-content/uploads/2021/05/Galop_RR-v4a.pdf)

SafeLives (2018) Guidance for Multi-Agency Forums: LGBT+ People SafeLives, Bristol [https://safelives.org.uk/sites/default/files/resources/LGBT%2B%20NSP%20Report\\_0.pdf](https://safelives.org.uk/sites/default/files/resources/LGBT%2B%20NSP%20Report_0.pdf)

Scottish Trans Equality Network (2016) Including non-binary people: guidance for service providers and employers. <https://www.scottishtrans.org/wp-content/uploads/2016/11/Non-binary-guidance.pdf>

## Acknowledgements

---

With many thanks to the staff and service users at six anonymous abuse support services who discussed the issues raised here and contributed to the research; to the trans participants who gave up their time to share their experiences and views; to Dr Nathar Iqbal who provided assistance with literature searches; and to Dr Jasna Magić for guidance on current practice.

**To cite this report** Pain R, Cygnus Support and O'Neil S (2021) "One of the lasses": Trans inclusion and safety in abuse support services. Newcastle University, Newcastle upon Tyne.

