



Ending domestic abuse

Guidance: Commissioning and providing domestic abuse services in England and Wales

Inclusion of Trans* and gender diverse victims

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This guidance has been reviewed by legal experts at the time of publication: 14th March 2024.

With special appreciation for the openness and honesty of everyone who participated in the dozens of conversations and discussion groups which shaped this guidance.

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1. Introduction

This guidance on Trans* inclusion in domestic and sexual violence services has been commissioned by SafeLives. SafeLives is a UK-wide charity supporting the domestic abuse sector in the UK. This project is one element of the wider SafeLives approach to understanding the needs of people affected by domestic abuse who are also facing barriers to help-seeking.

Trans and non-binary survivors do not experience equal access to safety and support in the domestic abuse sector, and existing services are not adequately equipped to respond to the unique needs of this community. Trans* survivors' risk being turned away at the point of access, or else may experience further abuse and trauma on account of their Trans status. As a result, the places that should be sites of healing and refuge can serve to re-traumatise survivors, driving them back into unsafe relationships and situations, with harmful and potentially life-threatening consequences.

“Such a small minority of Trans women have been violent; we all get tarred with the same brush.”

Trans* survivor

This guide is designed to assist commissioners and service providers when developing and delivering services which are inclusive of Trans* survivors. It offers practical and easy-to-use guidance for showing how services can safely include the needs of the Trans* community without compromising the safety and well-being of other service-user groups. As such, the purpose of this document is to ensure that professionals can work together systematically to provide an effective commissioning approach to anyone affected by any form of domestic abuse.

“I’ll be honest, I didn’t feel safe to talk to the police or the helpline. I just didn’t feel safe.”

Trans* survivor

For the purposes of this document, we are using the definition from the Domestic Abuse Act 2021 which defines domestic abuse as ‘Any incident or pattern of incidents of controlling, coercive or threatening. behaviour, violence, or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality ¹. This definition is not UK wide and countries other than England may have different definitions.

Trans people are 1.7 times more likely to experience intimate partner violence (IPV) compared to cisgender people and are 2.2 times more likely to experience physical IPV and 2.5 times more likely to experience sexual IPV². These disparities persist even after comparing with the experiences of cis (non-Trans) women.

¹ Domestic Abuse Act 2021 (c.17) [Online] Available from: <https://www.legislation.gov.uk/ukpga/2021/17/introduction>

² Peitzmeier, S.M. et al. (2020) ‘Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates’, American journal of public health (1971), 110(9), pp. E1–E14. doi:10.2105/AJPH.2020.305774.

An estimated 0.5% of the adult population in England and Wales identifies as being Trans.*³ In the UK, one in two Trans people will experience intimate partner violence in their lifetime⁴ and yet Trans and gender-diverse people continue to be overlooked across the planning and delivery of domestic and sexual violence services.

“I swear they hang up when they hear my voice. They think I’m a man.”

Trans* survivor

2. Methodology used to produce this guidance

Our Own Words specialises in working with communities of interest or geography to develop meaningful training, policy and practice. At Our Own Words we believe that guidance for service development and delivery is most effective when built on the expertise of people with lived experience. The guidance within this document has been developed based on a combination of research, examples of good practice, and input from individuals with lived experience.

All participation is informed by our understanding of trauma and recognising the needs and sensitivities of people with lived experience. We acknowledge that victim/survivors of domestic abuse are not a homogenous group, that individuals from different backgrounds can experience unique and intersecting challenges and barriers. From our experience of delivering domestic abuse services, we understand it is possible for the needs of one person to impact on the recovery of another.

We sought participants from a diverse range of backgrounds and marginalised communities, including Trans* individuals, both young and older adults, and cisgender people (cisgender describes a person whose gender identity corresponds to their sex assigned at birth). We also spoke with people who are neurodivergent, who have varied refugee status, people with disabilities, and people from racially diverse communities. A total of 93 individuals have participated in the development of this guidance. This includes over 70 unstructured one-to-one interviews, both face-to-face and virtual. Four focus groups were held to discuss barriers and challenges (two in person and two remote). One of these groups was completed with Trans and gender diverse young people, one was a group of older Trans women (50-85 years old), another group was held with cisgender survivors of domestic abuse and the fourth was held with professionals working in the domestic abuse sector. Four further focus groups external to SafeLives have been held to review the developed guidance (namely, that the guidance adequately reflects participants’ views and ideas). In addition, 45 SafeLives staff members and 7 SafeLives pioneers have attended sessions to review the process of developing the guidance and the draft content. This has further shaped the detail of the guidance.

All consultations took place between April and October 2022.

As referenced in the introduction to this document, we are aware that there are a wide range of competing views on Trans and gender diverse inclusion in domestic abuse

³ Gender identity, England and Wales: Census 2021, ONS. Available at: <https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/genderidentity/articles/qualityofcensus2021genderidentitydata/2023-11-13>

⁴ Musimbe-Rix, S. (2020, May 6). *Research: Domestic Abuse in LGBT Communities*. KSSCRC.

services. To understand and reflect the broadest range of concerns and perspectives, 25% of our participants included cisgender women survivors who have experienced domestic abuse trauma.

It is important to note that recent case law in England states that some gender critical opinion may be protected under the Equality Act as a 'philosophical belief'. While discussion of such topics should be respectful and may need to be managed within service provision, it does not affect this guidance. The guidance focuses on the inclusion of Trans* victims when commissioning and providing domestic abuse services by using evidence and risk-based approach and meeting legal obligations.

There are several findings from our conversations which appear in our recommendations, introduction, and scoping review. In terms of the developing guidance, we have found that:

- Not one participant felt that Trans* survivors should not have access to support.
- The providers are all experts in managing and reducing risk.
- Most participants raised issues of interwoven, layered issues or intersectionality

This guidance is therefore based on three fundamental principles:

1. Everyone affected by domestic abuse needs appropriate support. This means ensuring that there are appropriate services available to meet a broad range of needs
2. Safe, trauma informed support is a priority for recovery. We make people safer by identifying, assessing, and managing risk.
3. Risk management needs to adapt to the unique needs of specific individuals and recognise the intersectional nature of their experiences

3. Challenges

This is a challenging topic with strongly held and opposing views. We recognise transgender and gender diverse communities experience marginalisation and exclusion, and that there is a lack of specialist service provision. We also recognise the concerns of some survivors of domestic abuse about the risks presented by some transgender and gender diverse people accessing single-sex services.

These issues have been raised in many of the conversations we have held with providers and survivors. These can be uncomfortable and difficult conversations. We expect that this dialogue will be necessary in partnerships across the UK whilst each locality makes decisions about how it will deliver domestic abuse services in the future.

We consider it to be critically important that local discussions about how provision should work must involve the communities that will be affected. It is also important local areas feel able to make the right decisions for their community.

Creating space for dialogue which reflects difficult and opposing perspectives is important. Being able to work with discomfort with the aim of supporting recovery from domestic

abuse for all is something that requires real commitment and shared understanding of how this works. Uncomfortable conversations benefit from co-created ground rules, a commitment to being respectful, to trying on new ideas and to listening to lived experience.

The authors consider it possible to provide inclusive services without anyone's rights being in conflict, and this guidance advises commissioners and providers how this can be achieved.

4. Defining terms

This guidance is about the Trans and gender diverse community and has been written with them, therefore we use terms that are common in the Trans* community. This allows for a familiarity and understanding with the references used.

'Trans*' is an umbrella term to describe anyone whose gender differs from the sex they were assigned at birth. It can refer to Trans men and women, as well as non-binary and other gender diverse individuals.

'Trans woman' refers to a woman who was assigned 'male' at birth'; whilst 'Trans man' refers to a man who was assigned 'female' at birth.

The use of the term 'gender diverse' allows for the inclusion of those who do not identify with a binary gender. They may identify as gender fluid or non-binary. Here, a person may not prescribe to a binary gender and instead may see gender as a spectrum. People who are gender fluid or non-binary may use the pronoun "they" instead of "he" or "she".

In England, A GRC (Gender Recognition Certificate) is a legal document currently available to Trans people who have been diagnosed with 'gender dysphoria' and who have been living in their affirmed gender for at least two years and who intend to do so for the rest of their life. It is currently illegal in the UK to ask someone with a GRC if they have a Trans history or to share information about their Trans history. Best practice is to assume that every Trans and gender-diverse person using a particular service has a GRC and to not disclose information about their Trans status under any circumstances without their explicit consent to do so.

'Affirmed gender' is a legal term used in the Gender Recognition Act 2004. It refers to the gender by which one wishes to be known when a person has transitioned and in which they intend to live.

The choice to use the term cisgender (namely, non-Trans) is intended to simplify understanding between Trans and cisgender individuals. We are aware that some people oppose the use of this language, however the language use is for the benefit of the community for whom the guidance has been developed.

We use survivor to describe a person who has experienced domestic abuse. The choice of the word survivor is based on an overwhelming preference by participants for that word rather than victim.

We refer to ‘minoritised communities’ rather than ‘minority communities’ because it conveys that you do not have to be in the numerical minority to be oppressed. It points to a societal agent (e.g. systemic racism) that renders groups minoritised, rather than minority status being a disposition of the group.

5. Why is this guidance needed?

Our aim in this document is to present information in a practical way to show how commissioning domestic abuse services can be done to safely include the needs of the Trans and gender diverse community. It will be useful for Commissioners, providing a practical guide to commissioning domestic abuse services. It will also be useful to service providers who want to understand how to meet the needs of the Trans and gender diverse community.

“Domestic Abuse Services aren’t for us. We can’t trust them, and they don’t trust us”
Non-binary survivor

The term ‘gender-based violence’ (GBV) is used synonymously with ‘violence against women’ because most violence against women is inflicted by men for gender-based reasons. However, a recent systematic review found that Trans* people are 1.7 times more likely to experience intimate partner violence (IPV) as compared to cisgender (non-Trans) women⁵. And yet, despite this, there is an absence of robust data pertaining to Trans people’s experiences of GBV, including IPV. As a result, Trans people’s needs in this area remain under-the-radar, resulting in missed opportunities for prevention and support. Commissioning of targeted interventions relies on rigorous and reliable data being established.

Gender-based violence (GBV) describes any violence rooted in gender-based discrimination and power inequalities. In questioning the gender assigned to them at birth, Trans* people challenge traditional gender roles, often with severe consequences. These populations experience high levels of stigma, discrimination and violence and are at increased risk of poverty, homelessness, suicide, and homicide. Living in precarious circumstances in turn increases the risk that survivors of GBV will face further exploitation and abuse.

The Trans and gender diverse community represents 0.5% of the UK population. Like any community, it is made up of individuals from diverse backgrounds and with different experiences, views, and ideas. We must not assume the community can be represented by a single set of voices and remember that it is important to acknowledge and provide multiple opportunities for support and involvement.

It is widely understood that people from vulnerable and marginalised communities often face additional barriers when help seeking in a crisis. Trans* survivors risk being turned away at the point of access, or else may experience further abuse and trauma on account of their Trans status. As a result, the places that should be sites of healing and refuge can

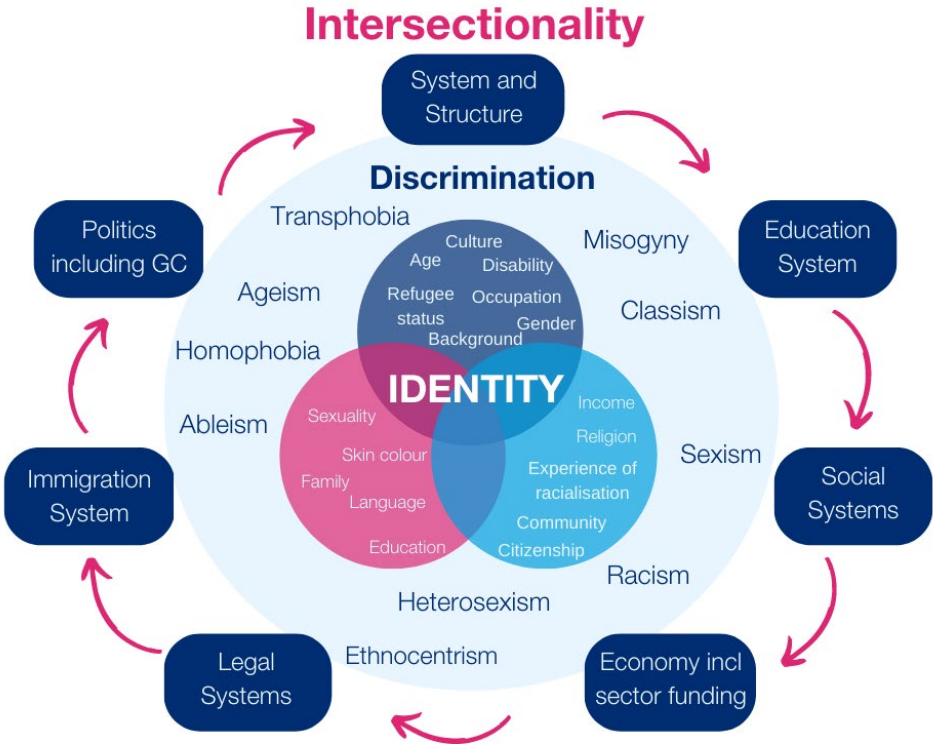
⁵ Peitzmeier, S.M. et al. (2020) ‘Intimate partner violence in transgender populations: Systematic review and meta-analysis of prevalence and correlates’, *American journal of public health* (1971), 110(9), pp. E1–E14. doi:10.2105/AJPH.2020.305774.

serve to re-traumatise survivors, driving them back into unsafe relationships and situations, with harmful and potentially life-threatening consequences.

6. Intersectionality

It is widely understood that people from vulnerable and marginalised communities often face additional barriers to help seeking in a crisis. Understanding these intersecting issues is a critical element of developing safe and appropriate services.

The term intersectionality first appeared in an article by Kimberlé Williams Crenshaw, published in 1991, which articulated the relationship between sex, gender, nation, race and class. Crenshaw wanted to show how black African American women had been excluded from women’s equality struggles, particularly as it pertained to violence against women. Intersectionality has its roots in a feminist understanding of gender-based violence and its value is recognising the whole person, their identity, background, and the context of their lives as integral to who they are. It is important not to view groups of individuals as homogeneous, having some shared experience does not create a ‘group’ that can be understood by generic ideas and labels.



Participants in this project highlighted the need for support to be tailored to individuals’ unique circumstances. It is critical to recognise and challenge the structures and discrimination faced by Trans* people at a systemic and societal level to reduce the impact of multiple forms of discrimination.

7. How to Use this Guidance

We recommend reading the whole document to achieve an understanding of how to integrate domestic abuse services to safely meet the needs of the Trans* community. It may be helpful as the basis for discussion and will help in the completion of a business case for local development. We also recommend that any developments locally consider the needs of other minoritised communities and whether these are being met adequately through existing provision. Specific examples here would include people with disabilities, older people, care experienced people and racially minoritised communities.

It is important to remember that service provision only makes up a small part of a survivor's recovery and commissioners should also consider the wider issues of domestic abuse. This should include prevention, provision of services, prosecution, and justice, considering how perpetrator behaviour change is tackled locally, as well as any ongoing support that survivors may need. All this needs to be considered within the context of the Domestic Abuse Act 2021 or other local legislation and guidance. Statutory agencies should also consider a public health approach to health justice and social care and their responsibilities under Public Sector Equalities Duties.

This guidance should not be used in isolation, and we recommend that commissioners refer to the range of information made available through the resources and links sections. It is important for commissioners to engage with specialist LGBT+ service providers, the LGBT+ sector and the local population, paying particular attention to any minoritised or underrepresented communities. Galop has produced wider LGBT+ guidance for commissioners which clarifies the needs of the LGBT+ community as a whole⁶.

This guidance broadly follows the commissioning cycle with additional suggestions and guidance for consideration when developing services inclusive to the Trans* community. Each section will start with a summary, offer practical guidance as well as offering good practice examples and resources for further exploration. Direct quotes are all anonymised but are identified as survivor, provider etc.

“Consultation should involve all those affected by domestic abuse, no matter which services they may or may not access. The approach to commissioning should be strongly framed in an equalities-based approach, across each aspect of the commissioning cycle to ensure an equalities-informed consultation.”⁷

VAWG commissioning toolkit, Home Office

⁶ M. Field & J. Rowlands. Commissioning for inclusion: Delivering services for LGBT+ survivors of domestic abuse. Galop, London, 2020.

⁷ Home Office, 2016. *Violence Against Women and Girls Services: Supporting Local Commissioning* available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/576238/VAWG_Commissioning_Toolkit.pdf (Accessed 06 Oct 2022)

Legislation and policy

Legislation and policy about provision of services and rights of different groups with protected characteristics continues to evolve. In developing this guidance, a range of legislation and policy has been considered, including those below, as well as variance in policy across the four nations.

This guidance will be subject to revision as case law evolves and further legal guidance published.

- [EU Directive](#)
- [Equality Act \(2010\)](#)
- [Marac data](#)
- [DASH](#)
- [Equality and Human Rights Commission - Services, Public functions and Associations: Statutory Code of Practice](#)
- [Equality and Human Rights Commission Guidance - Separate and single-sex service providers: a guide on the Equality Act sex and gender reassignment exceptions](#)

8. Commissioning: needs analysis, mapping and co-creation

Commissioners in the UK are experts in the commissioning cycle. Rather than recreate existing guidance we have focused on the additional considerations that may be useful at each stage of the process. Emphasis should be given to the specific needs assessment, mapping of provision and co-production of strategic and delivery plans.

“We want to commission services to meet the needs of the whole community. It’s no longer just quality versus finances; it’s ideological debates taking place at policy level.”

Local commissioner

Needs analysis and equality impact assessment

It is essential (and mandated by Section 149 of the Equality Act 2010⁸) to understand the local demographics i.e., do commissioners and agencies know how local Trans* people seek support? Where do they go for help when they need it? It is less likely to be from mainstream services because of the additional abuse experienced in everyday life because of their gender identity.

“If I need help, I ask other Trans people. Social media groups maybe. There will be obvious people who you know you can ask. I would not approach a DA organisation.”

Trans* survivor

If areas have a local LGBT+ organisation, it may be useful to involve them in any conversations.

⁸ Equality Act 2010 (c.15) [Online] Available at: <https://www.legislation.gov.uk/ukpga/2010/15/section/149>

Can commissioners and agencies identify visible community members who are likely to share information? Commissioners and agencies may have to gain their trust first. It is worth considering the additional time and effort required to ensure that commissioners and agencies are reaching minoritised communities.

Commissioners and agencies should consider if there are any hidden groups or individuals within a minoritised community in the same way the authors approached this guidance. Can commissioners and agencies identify people facing additional barriers to help-seeking? This may include for example Trans* and gender diverse people who have a physical or learning disability, face barriers due to age or language etc and so experience additional exclusion.

“I’m 82, I may as well be invisible”

Trans* Survivor

An effective needs assessment will include the following:

- Trans* survivor experience at different points in their journey.
- Local LGBT+ specialist service experience of, and data around, need and gaps. Many Trans* people do not report experiences of violence to statutory or voluntary agencies due to lack of trust. Information from LGBT+ organisations is critical to building understanding.
- Qualitative and quantitative data from public sector services – including children’s social care, adult social care, housing and homelessness services. Currently data is not routinely captured and should form part of strategic planning.
- Where available, evidence of need taken from the health sector to include A&E, maternity services, mental health and GPs.
- Demographics of the population and estimated demographic levels of need taking into account the higher prevalence of domestic abuse in Trans* and gender diverse communities
- Any other evidence of need from the community itself.

“I had support from Loving Me, they work with Trans people. I had no help when I rang my local DA team.”

Trans* survivor

Regardless of how data collection is undertaken, at the conclusion all commissioners should be able to answer five questions:

- 1) What do individuals who are part of the Trans* and non-binary community identify as their needs?
- 2) What needs are not being met by existing service providers?
- 3) Does the identified need fit with commissioners and agencies existing strategy, or will this require revision?
- 4) Do commissioners have the knowledge, skills, and experience to consult with service users in the target community affected by violence and abuse?
- 5) How can we ensure that our local system includes pathways for Trans* survivors?

Mapping

To effectively develop strategic and delivery plans, it is important to understand what is already being delivered in the community. This will invariably be far more than is funded through traditional commissioning routes as small local self-help groups, social groups, clubs, and charitable associations operate independently from the majority of statutory agencies.

To gain a true picture, it is worth consulting the local Community and Voluntary Services or equivalent. If there is a local community foundation, they may also have contact with smaller local groups through their grant making. The more comprehensive the mapping exercise, the better understanding of current support groups. It is also possible that some communities may travel outside of the commissioning footprint to access services and support that are safe and/or trusted. This may be true of religious communities who travel to their place of worship and is certainly possible with Trans* and gender diverse people who may travel some distance to access a known service. In this case, we recommend starting with the commissioning guide and mapping produced by Galop⁹ identifying neighbouring LGBT+ organisations and requesting any anonymised data they can provide.

It is important when asking for engagement and information from the voluntary and community sector, that their time and input is recompensed. Most of these organisations operate on significantly limited budgets and good practice in partnership working would indicate financial compensation.

“We had no numbers for the Trans community. Not because they don’t exist but because we had no idea that people were more likely to travel into Brighton than use a local service.”

Commissioner

Co-production: developing an inclusive strategy and service

Survivors are best placed to know what support is needed to make them safer and support recovery. A gold standard for commissioning includes survivors at each stage of the commissioning cycle, from needs assessment through planning, delivery, and review. Building meaningful involvement increases the likelihood of successful delivery.

As well as engaging with Trans* survivors and communities, it is also important to hear the views of cisgender survivors and discuss the inclusivity of service provision. Above all else we should ensure that no response to one group of people should result in the exclusion or harm of another group.

When making decisions regarding participation in mapping, needs assessment, service design, delivery, and evaluation it can be useful to consider how much and how meaningful you want the process to be.

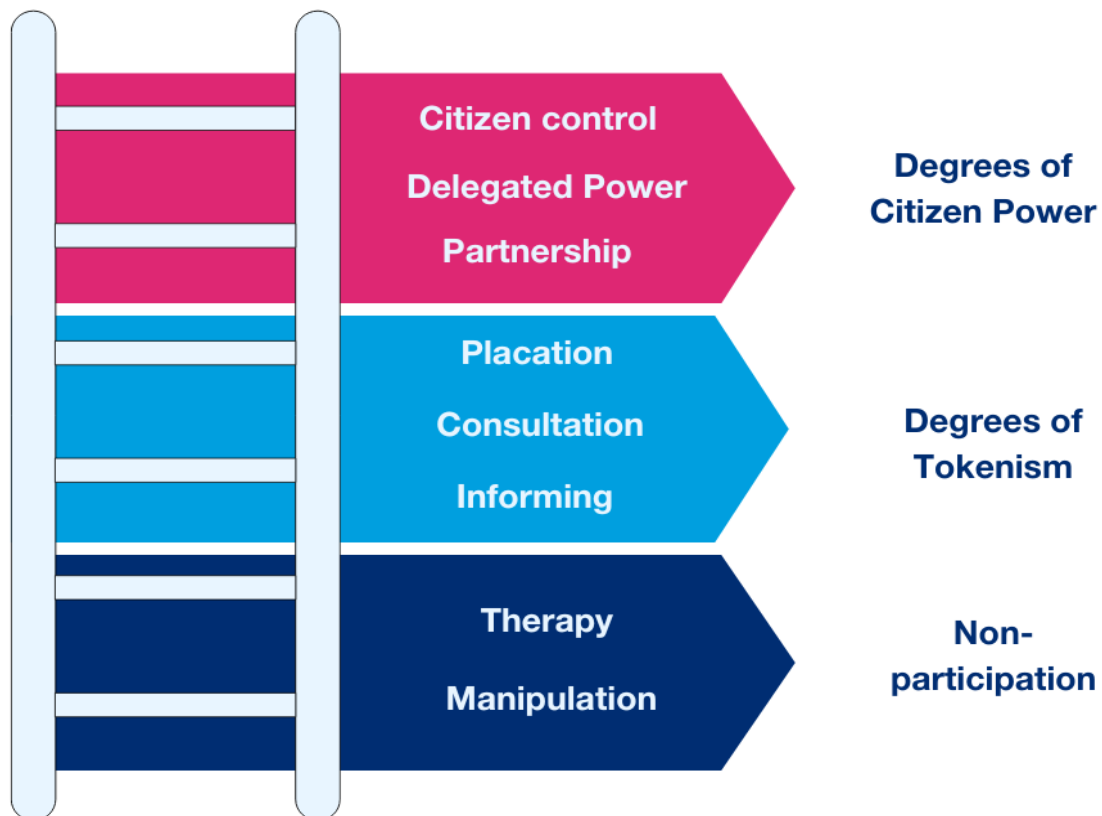
“I am sick of being asked what I think and getting nothing back.”

Trans* victim

⁹ Galop. *LGBT+ Domestic Abuse Service Provision Mapping Study*, 2022. Accessed 03.09.2022

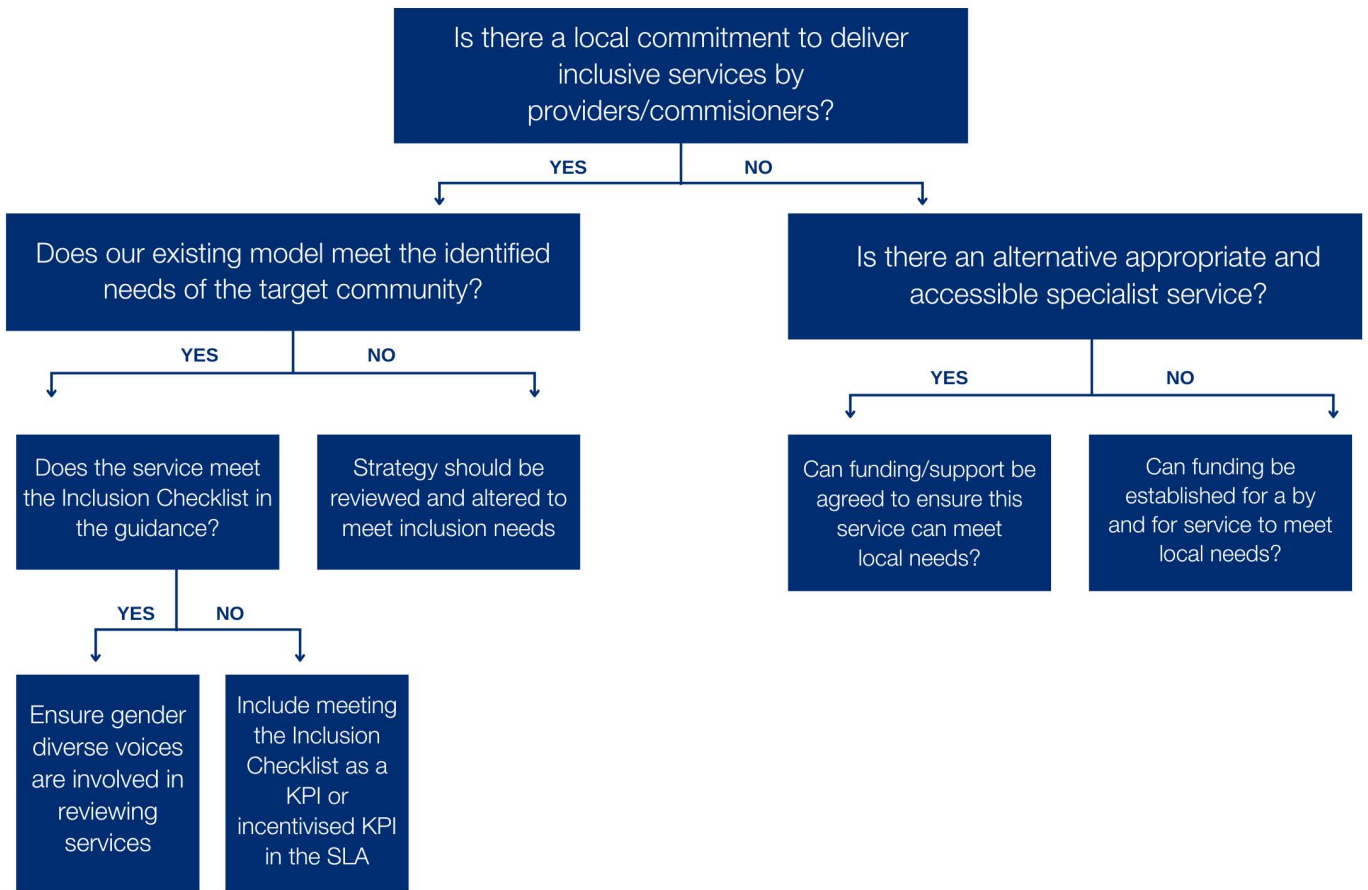
Arnstein's ladder of participation, whilst developed to describe levels of citizen involvement in decision making can be adapted usefully to the commissioning process.

Arnstein's ladder of participation

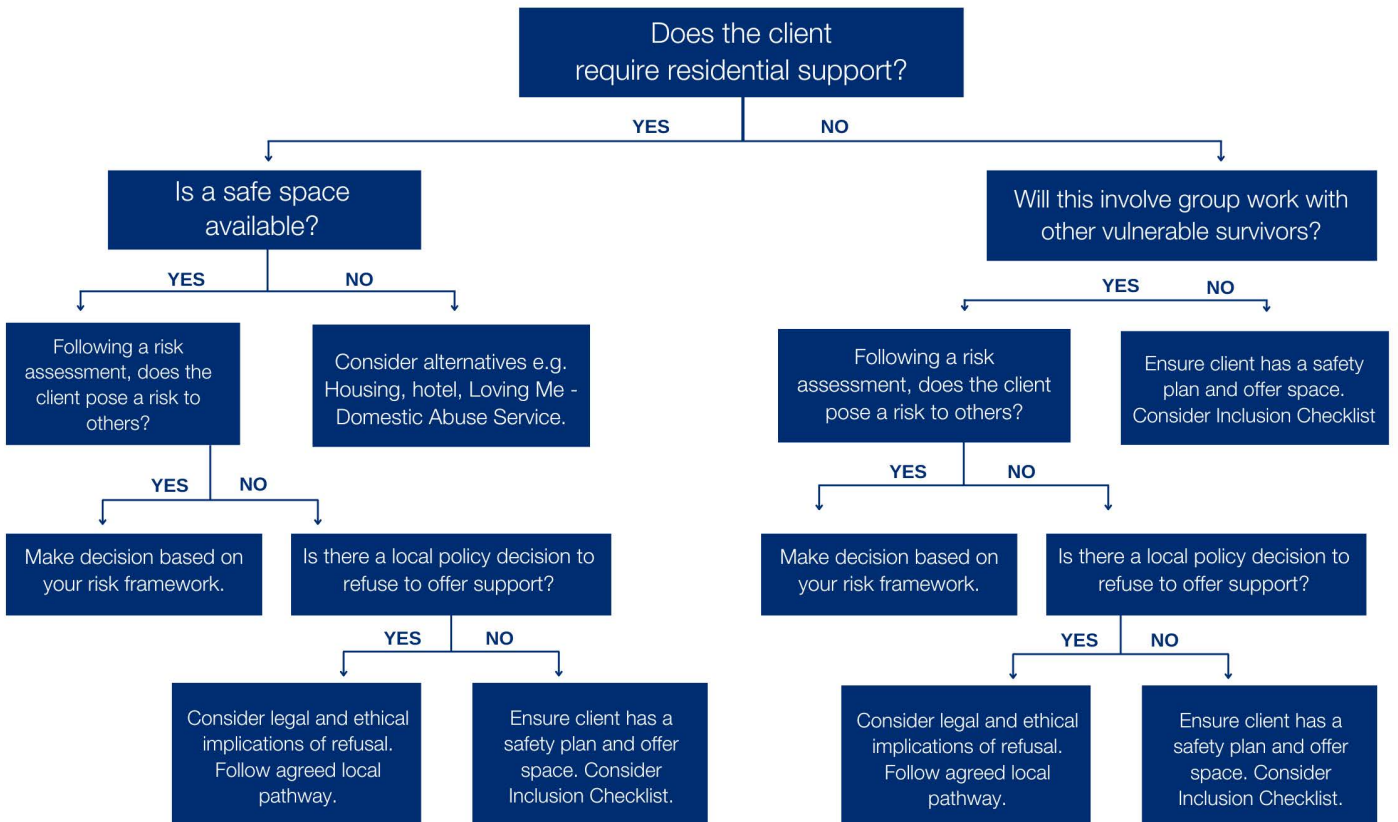


Good practice indicates genuine partnership with service users, co-creation of policy and service design and on-going involvement in delivery and evaluation. When this is a continual cycle of meaningful involvement, we can have real confidence in the efficacy of our local provision.

9. Trans* inclusion commissioning flowchart



10. Offer of service flowchart



11. Risk management

Trans inclusion and single-sex services

The Equality Act 2010 provides an exemption for single sex spaces to provide a separate or different service, or refuse a service, to a Trans* person. This is only to be in cases where they can demonstrate that doing so is a 'proportionate means of achieving a legitimate aim'. Ordinarily service providers who provide single-sex services or separate sex services should provide that service to Trans* and gender diverse individuals and treat them according to their affirmed gender.

This does not permit single-sex services to have a blanket ban on Trans service users. Entry to any domestic abuse service should not be limited to meeting the right sex/gender criteria. Where services refuse access for Trans* and gender diverse survivors, either to entire services or in part, commissioners must ensure alternative, appropriate, and accessible support is offered¹⁰.

Mapping and assessing local provision should, as outlined earlier, be as broad as possible. This includes identifying pathways to support across the whole local system of health and social care, both statutory and voluntary and community provision. If local domestic abuse providers will be specialist women's sector providers and unavailable to Trans* people, is there another team or service that could provide this support locally? In some areas the provider may work closely with a local LGBT+ provider to offer a specialist service. Commissioners may choose to commission this LGBT+ specialist provision as part of a wider contract or as a separate contract. If local provision is not available or appropriate, commissioners may consider contracting with a national specialist service such as Loving Me or Galop to work with local Trans* people in need of support.

During our consultation activity, it became clear that choice about where and how help is accessed is a priority for many people. Some of the Trans* women we spoke to felt strongly that a women's service should be available to them as women. However, the majority of Trans* and gender diverse people expressed a preference to access a specialist service that can understand their unique needs and complex experiences. We recommend that commissioners and agencies develop their domestic abuse offer in partnership with the local community and wherever possible, make a range of options available.

Managing Risk

Our guidance recommends that the same thorough, comprehensive risk assessments should be applied to any survivor in need of support. This includes all women coming into single sex services. Any domestic abuse service is advised to ensure that the same approach is taken for any person experiencing domestic abuse.

“The thing is, being separate isn't equal. We need help the same as anyone else.”

Trans* survivor

¹⁰ The Equality Act 2010 s.149 (Specific Duties) Regulations 2011 available at: <https://www.gov.uk/government/publications/public-sector-equality-duty>

“The issue is that women have been assaulted by Trans* women so our fears are based in reality.”

Cisgender survivor

“I just don’t know if I can feel safe in a women’s service. When I went into refuge the worker asked me ‘what are you?’”

Trans* survivor

The DA sector is expert in identifying, assessing, and managing risk and is experienced at managing complex and nuanced situations with individual safety and support plans that are developed in response to each survivor’s unique needs.

Recovery starts with safety. Services should be trauma informed and recognise the unique needs of every individual. Risks can come from other survivors as well as perpetrators of domestic abuse. Environmental issues play a significant role in recovery and services should be offering a safe and accessible space.

How domestic abuse is framed by professionals can impact significantly on the capacity of survivors to engage with support. Framing domestic abuse in heteronormative terms, making assumptions about relationships, or expecting clients to answer questions about their gender status are all potentially harmful.

“During the recovery programme, I pretended my partner was male to fit in with the heterosexual perspectives of the group and the facilitator.”

Lesbian survivor

Trans* survivors face unique forms of abuse as a result of their gender identity and these should be explored in order to fully understand the risks faced. These unique forms of abuse include¹¹ :

- Being deliberately misgendered (wrong pronouns; “deadnaming”)
- Being “outed” – or threatened to be “outed” - as Trans*
- Being forced to present in the wrong gender
- Being criticised/shamed for expressing your gender
- Being prevented from (or shamed for) pursuing gender Transition
- Being forced into non-affirming (conversion) therapy
- Having hormones taken away as punishment or as a means of coercion
- Having gendered body parts scrutinised or ridiculed
- Having Transition-related scars scrutinised or ridiculed
- Being objectified or fetishized because Trans* status
- Being isolated from Trans*/LGBTQ+ friends or spaces
- Hearing Transphobic insults/slurs directed at you or your community
- Having objects/rituals relating to your Transition tarnished or destroyed
- Being threatened with deportation on the basis of your Trans* status
- Being repeatedly accused of being deceptive due to coming out as Trans*
- Being fetishized or degraded by a partner due to having a Trans* body

¹¹ Bailey, L et al 2022 Trans Against Abuse published by MyCWA Cheshire England

It is critical that services are able to support Trans* survivors to recognise that these behaviours are abusive, harmful and unacceptable.

Trans* survivors present no more or less risk to others than cisgender survivors based on their gender identity. However, all survivors may present risks to others based on a range of other situational factors. Routine enquiry covering the risk faced by survivors and the risks presented by survivors (examples in the table below) should be explored and considered.

Gender identity in and of itself does not constitute a risk to others

Gender identity in and of itself does not constitute a risk to others. All clients should be assessed prior to being accommodated. Agencies may wish to consider:

- Police check/agency check
- Risk taking behaviour
- Background of harm to others
- Mental Illness – diagnosis/medication/treatment/impact on clients and staff
- Criminal behaviour, in particular violence or aggression
- Substance misuse
- Children – Access? If not, why not?
- Manner in communicating – racist/abusive

Trans and gender diverse people may face significant abuse across every area of life. Agencies may wish to ask clients about the sort of issues they face in relation to:

- Family and friends
- Gender pronouns and naming
- Sexual, physical, verbal, financial and emotional abuse
- Problems at work or with accommodation
- Mental ill health
- Health issues both related to gender identity and in accessing general health support
- Parenting and family court
- Substance misuse
- Self-harm
- Disability
- Cultural or Religious Background

When delivering one to one support in the community through an Independent Domestic Violence Advisor, a community support worker or Independent Sexual Violence Advisor, work should be tailored to the needs of individuals.

Sometimes there will be additional considerations and in the case of Trans* and gender diverse people, this can mean the difference between successful engagement and causing further harm.

Respect, transparency and being believed can aid recovery. Using appropriate pronouns and names demonstrates respect for each person. Asking relevant questions when

assessing risk can aid both support and decision making. Refer to the checklist and recommendations from page 20.

Group work may be more complex. Commissioners and agencies may decide locally that all survivors are welcome. If so, be clear about this across services, considering how to ensure this message reaches the Trans* and gender diverse community, ensuring the service will meet their unique needs. Some survivors may require a single sex service. If services are not fully inclusive there may be a need to offer an alternative to any cisgender clients who request it.

If commissioners and agencies decide to create or deliver a recovery group to cisgender women or men that isn't open to Trans* people, then commissioners and agencies should first check that their understanding of case law and legislation is up to date and then ensure there is an appropriate alternative available. It is not appropriate to simply not offer a service to a whole group of people. If this is work that a service cannot or will not provide, appropriate alternatives should be sourced and funded. It is the responsibility of local partnerships and commissioners to ensure that local systems include appropriate pathways for all survivors.

Each locality in the UK must provide appropriate emergency accommodation for people fleeing domestic abuse. Commissioners and agencies must understand the additional risks and barriers experienced by Trans* and gender diverse people. Consider if Trans* survivors will be safe in the accommodation, or do they risk further abuse from other survivors? Are staff suitably trained to offer appropriate support? How will the service manage the dynamics of the group?

As with every new client in accommodation, services should understand their background and any risks they face or present. If local accommodation is 'single sex' and not available to Trans* women there must be a safe alternative. It is not acceptable to refuse accommodation based on gender identity and leave a person at risk with nowhere to go. Provision of Trans* specific accommodation may be one solution to ensuring that Trans* survivors needs can be met.

Assumptions about risk based on gender identity should be avoided and all organisations would benefit from having a clear policy on gender identity. This policy will ideally state the organisation's position on supporting Trans* and gender diverse individuals and their children. If the decision locally is to deliver services solely for cisgender women and not provide for Trans* women then the alternative support available should be clearly stated, be part of staff training and made clear on any information about the service.

"It's so offensive to say that I am changing my whole identity to get access to women, it's mad."

Trans* survivor

Commissioning Case Study: Cheshire East Council

Cheshire East Council invests heavily in domestic abuse provision. The local provision is a whole family model, inclusive and integrated across local statutory services and the third sector.

Partners include the Local Authority Domestic Abuse Family Safety Unit, My CWA (Local domestic abuse Charity), Housing Services and providers, Children's Services, Early Help, Adult Social Care, Cheshire Constabulary, Cheshire Probation Service, Primary and Secondary Health Services and a wide range of other agencies.

Provision is comprehensive and fully inclusive. Emergency accommodation is provided through dispersed properties across the community with wrap around support being delivered by My CWA, IDVAs and other service providers e.g. drug and alcohol support.

Recovery programmes are community based at one of two main community hubs. Staff from across the partnership co-locate at these hubs and within each other's teams to share expertise and practice.

All work is risk based and the partnership have a good track record of supporting Trans* survivors both in accommodation and in the community.

Highly specialist interventions and support are available for children and young people with 0 to 99 with age-appropriate specialist resources available at www.monkeybob.org.uk & www.actonitnow.org.uk

Cheshire East has an extensive community offer for victim survivors and perpetrators of domestic abuse and the partnership is developing a Whole Housing Approach.

Service Provider Case Study: Loving Me

The Emily Davidson Centre in Lancashire is the UK's first Ending Violence Against Women and Girls (EVAWG) Hub, leading a range of local and UK wide services and partnerships. As part of their work, they opened the UK's first Trans* specific domestic abuse service. Loving Me offers a risk led approach to domestic abuse to Trans* and non-binary people in the UK which is delivered by and for transgender (Trans), non-binary (NB) and gender fluid (GF) victims of domestic and sexual violence. As well as offering risk based, individual support, Loving Me also offer advocacy to their service users who face significant issues accessing mainstream and so called 'single sex' domestic abuse provision.

The success of the work is based on a foundation of supporting people to make autonomous decisions delivered by highly trained domestic abuse professionals with a clear understanding of the unique needs of the Trans* community. Loving Me is short-term funded. Investment in a Trans* specialist organisation like Loving Me may be one solution to creating an integrated pathway for local Trans* people.

Checklist for Commissioners and Service Providers

The Public Sector Equality Duty guidance for organisations in England is clear that provision of domestic abuse services must be made available for every victim of domestic abuse in every region.

Special consideration should be given to the inclusion of Trans* people and should include 'experts by experience' who should play a key role in shaping services, including Trans* community groups in consultations about public service design.

This checklist is easily convertible into an action plan for Trans* inclusion. It includes good practice recommendations specific to Trans* individuals. It is not possible to provide a complete list because the needs of Trans* people are not homogenous. Best practice would always involve asking the people you are working with what would work best for them.

Mapping and Planning

- Organisations should build relationships with organisations and individuals who successfully engage with the Trans* community to understand Trans* survivors' unique needs, raise their profile (and gain trust). Strategies including community education to raise awareness of how domestic violence and abuse (DVA) can impact Trans* communities are required to promote inclusion.
- Commissioners and providers should consider different outreach mechanisms to increase the participation of marginalised groups.
- DVA / sexual violence (SV) services should do a thorough assessment of staff competencies in serving the Trans* community. Staff should be informed of the importance of using correct pronouns; placing clients in services according to gender identity rather than natal sex; avoiding 'outing' a client's Trans* identity; and avoiding asking inappropriate questions about a Trans* person's body.
- Agencies should educate all staff through comprehensive Trans* awareness training, delivered by professionals. This should include education around Trans* issues and Transition.
- Mapping and needs assessment should include Trans* people with disabilities, learning disabilities, neurodiversity or from minoritised communities/cultures in planning; in delivery; in review/evaluation.
- Commissioners and providers should consider whether involvement and engagement activities create barriers to attendance for Trans* and gender diverse individuals. For example, by using heteronormative language.
- Agencies should use targeted invitations that are inclusive in order to reach the Trans* community – consider images, where they are publicised, and specify that Trans* people are invited.
- Commissioners and providers should ensure that when Trans* participants contribute, their full message is heard, and feedback is given.

Development and Service Delivery

- Commissioners and providers must highlight that their inclusive service actively challenges Transphobia and explicitly specify what is in place to protect Trans* service users, for example by making clear public guidelines about how staff and

volunteers will handle any instances of discrimination against Trans* service users. This should involve being clear about what constitutes Transphobia.

- Existing VAWG programmes and services should be explicitly accessible to Trans* women, including current eligibility criteria and use of non-heterosexist, gender-neutral language in resources for Trans* people and when working directly with them. Their website, social media and promotional materials should reflect this.
- Service Providers should work in partnership with other statutory agencies and the Trans* voluntary and community sector to raise awareness among Trans* communities of what constitutes domestic abuse and how to report it.
- Commissioners and providers should encourage the use of pronouns and use on resources, badges, emails etc.
- Commissioners and providers should use recognisable images of Trans* people on literature and consider use of the Trans* or progressive flag as a visual representation for being Trans* inclusive.
- Commissioners and providers should develop a clear position statement on Trans* inclusion and make this public.
- Service providers should review group, individual and training materials to address alienating heteronormative language and/or develop Trans* specific resources.

Events/Activities

- If delivering in-person events/activities, commissioners and providers should ensure the location is not a barrier. Ensure travel is possible on public transport and offer travel expenses. Many people from minoritised communities face poverty and may be unable to afford to travel to access help.
- Invite participants to use pronouns if they choose to do so.
- Clarify that in this context/environment pronouns must be respected even if people choose not to state their own.
- Collectively develop ground rules that respect difference and enable respectful conversation.
- Create safe alternative ways for people to participate if they cannot do so in person.
- Use an inclusive approach to pronouns – don't use gender specific pronouns when referring to a group, use 'they, their or them'.
- Use different coloured badges/lanyards at events for people who are happy to be approached and those who prefer to remain quiet, for safe and supportive engagement for individuals with different needs.
- Actively plan to have people with a mix of genders and backgrounds as speakers/decision makers.

Review & Evaluation

Wider System Checklist

- Specific training for police on the needs of Trans* people, together with public promotion of Trans* inclusion by police forces may assist in reducing barriers to reporting for Trans* people. Officers should be trained to report crimes confidentially and without judgement of sexuality and gender identity of victims.

- It is important to build trust with police, the courts and DVA agencies as Trans* people may have grown up in environments where their identities have been pathologised and stigmatised, and they may therefore distrust police and other enforcement agencies.
- Healthcare providers should be trained in appropriate ways to support Trans* survivors of rape and assault. Anti-discrimination policy statements should be placed in prominent places within healthcare settings.
- Housing and accommodation services must recognise that they have a duty of care towards Trans* survivors. They should also visibly demonstrate Trans* inclusion, supported by full training for staff in equality and diversity issues and Trans* awareness.
- Every organisation's policies should be reviewed to include Trans* people. This would benefit from including action to be taken where breaches occur.

13. FAQs

Does this guidance include single sex services?

This guidance reflects current legislation in England and Wales. Services may not have a blanket ban against Trans* survivors, however The Equality Act 2010 provides an exemption for single sex spaces to provide a different or separate service, or refuse a service, to a Trans* person in cases where they can demonstrate that doing so is a 'proportionate means of achieving a legitimate aim'.

Public sector guidance on the Equality and Human Rights Act 2010 is clear that statutory bodies ensure that all victims have access to appropriate support. If commissioners' contract for inclusive services, then the services need to be held accountable for demonstrating that inclusivity. If services are providing services for cisgender women only then local statutory services should ensure that there is an appropriate pathway in place for Trans* survivors.

Does this guidance include working with non-binary and gender fluid people?

We use the term Trans* to include transgender women, transgender men, non-binary, gender fluid and gender diverse people. The checklist does include non-binary and gender fluid people. This can be adapted into an action plan and commissioners and service providers aiming to improve Trans* inclusivity should work alongside the community to ensure local needs are met.

How does this guidance help keep women survivors of domestic abuse safe?

This guidance is operationally practical and recommends a risk-based holistic approach to service development and delivery. Each individual will face unique risks and may also present risks to themselves or others. We consider that gender identity does not pose an innate risk and advise comprehensive risk assessment and individualised safety and support plans for every person accessing a service.

Can multiple occupancy refuges safely develop inclusive services?

There are examples of good practice around Trans* inclusion based on strong risk management. In developing this guidance many Trans* people expressed concern for their safety in single sex spaces. There are also cisgender survivors who will feel excluded from refuge if they know that Trans* people are included.

Victims of domestic abuse are often dealing with complex barriers to seeking support. Clients may have additional needs and risk factors affecting their ability to access crisis accommodation. We also have to consider the safety and needs of any existing clients and children in any accommodation. It is not unusual for the safety and needs of one person to impact on the safety and needs of another. Specialist domestic abuse organisations are experienced at managing complex risk presentations. Some cases may require a refusal of service however this would be the exception and would usually be based on behaviour/assessed risks and not on gender identity.

This guidance recommends communicating clearly on Trans* inclusion and providing clear rules for behaviour. It may be worth considering if a traditional model of multiple occupancy accommodation is right for the local community.

What are some examples of this in practice and when a survivor may be assessed for risk to themselves or others?

Example One:

- 10 bed refuge with 24hr staffing – specialists in complex needs clients
- 2 staff absent
- 8 women and 13 children in residence
- One woman has substance misuse issues
- Referral comes in for another woman who also has substance misuse issues

Risk issues to consider: How do we manage the dynamics in the refuge when considering the above factors? This will be different in each organisation. In this instance the immediate risk management plan (RMP) placed the new client in alternative temporary accommodation.

The RMP was reviewed when staffing levels were increased and more was understood about the needs of both clients and the impact, they might have on one another. Daily check-ins with key workers were held with the intention of providing additional support and observation. Engagement with substance support agency was required.

Impact on other women and children in the refuge was considered and mitigation strategies implemented including behaviour contracts for the two women, increased staff presence during the evening and additional activities for children after school. The situation was safely managed whilst minimising the impact that each woman/family had on the other women/families in the building.

Example Two:

- 6 bed refuge with office hour staffing
- 4 women and 7 children in residence
- One woman has exposed herself to residents and children whilst under the influence. This happened in the evening whilst no staff were on site.

Risk issues to consider: How do we manage the dynamics in the refuge when considering the above factors? This will be different in each organisation. In this instance the immediate RMP involved issuing a warning to the client; moving her into a unit where there were no other women and children; support offered by a mental health support worker; a referral into alcohol services and a behaviour contract.

The situation was safely managed allowing the client with complex needs to remain in safe accommodation whilst minimising the impact on other women/families.

Does the guidance cover how to support employees with varied views on Trans* inclusion?

The guidance recommends that organisations develop clear policy positions on Trans* inclusion to align with values and behaviour expectations. Organisations should consider their responsibilities to protect and support Trans* employees. All employees should be aware of organisational code of conduct, expected behaviours and values. Any breach of employment policies should be addressed quickly and if appropriate usual disciplinary and performance processes followed.

Do we need to create new interventions for Trans* people?

If you are working towards improved Trans* inclusion, this guidance recommends reviewing your current provision and approach. Consider making adaptations or re-creating more appropriate interventions. Current interventions may be heteronormative and based on cisgender experience, excluding lesbians, gay men and Trans* people.

How will this guidance impact existing service providers?

The guidance recommends that mapping exercises and needs analysis should involve the Trans* community. This should include a review of local need and local provision. Existing service providers will usually be subject to a competitive commissioning process based on local commissioners' assessment of need.

The guidance states that gender identity is not a risk factor in and of itself; does this mean that we consider cisgender men should access refuge?

Domestic abuse is a gendered issue. We know that the impact of domestic abuse affects cisgender women disproportionately and that this abuse is mainly perpetrated by cisgender men. We also recognise that men can experience domestic abuse and that women can perpetrate domestic abuse. One in two Trans* people will experience domestic abuse. This is also gender based with the majority of perpetrators being cisgender men. We are looking at Trans* inclusion through the lens of intersectionality and we understand that certain people will be disproportionately affected by gender-based violence. Working to improve responses to Trans* survivors should not be confused with an open-door policy on gender. Women only services that choose to remain women only should consider that there is no clear or lawful way to check a person's gender identity without being inappropriately invasive.

14. Scoping Overview

This section represents the thematic findings from a scoping exercise of current research. It is included here as a complement to the guidance and to provide an evidence base for the recommendations.

Scoping review themes

Heteronormative framing of intimate partner violence

- Intimate partner violence (IPV) practice and research currently excludes minority groups such as the Trans* community from commissioning and services. It is overwhelmingly focused on heterosexual relationships between cis-men (as perpetrators) and cis-women (as victims) meaning that Trans* survivors are less likely to recognise abuse and seek help as their experiences are not represented in mainstream discourse and services. Well-founded fear exists around disrupting this ideology including backlash against the feminist movement and depoliticising male violence, which contributes to negative stereotypes about the LGBT+ community.

Causes and vulnerabilities of IPV/domestic abuse

- IPV/domestic abuse (DA) for both cis and Trans* people is rooted in patriarchy, gender inequality and social norms.
- Young people under 25 are particularly vulnerable to DA due to lack of experience and knowledge about what healthy relationships look like (Donovan & Hester, 2008).
- Negative stereotypes exist around Trans* people: that they are sexually predatory (Todahl et al, 2009) and that they 'deceive' the perpetrator about their gender (Gooch, 2012).

Housing barriers

- The Equality Act 2010 does not recognise non-binary as a clearly protected category (although case law is beginning to recognise such protection) therefore such individuals could be discriminated against when seeking housing.
- Work needs to be undertaken to map whether the Equality Act 2010 is being properly implemented by providers of women-only temporary emergency accommodation in relation to Trans* women.
- In the absence of accessible refuge accommodation, Trans* community groups are establishing their own community-run houses.
- Concerns have been raised that a male perpetrator may wear a dress in order to access a refuge, despite no examples of this happening and services which include both victims and perpetrators of the same gender deal with risk assessment procedures in order to ensure that victims are not re-traumatised (e.g., lesbian/bi women where the perpetrator is female).

Trans* experiences

- Trans* survivors have unique needs as a subgroup of the LGBT+ population. Unique forms of IPV included: deliberate misgendering; withholding medication or preventing treatment needed to express the victim's gender identity (Magic & Kelley, 2020); threats/acts of disclosure; undermining identity; isolation from LGBT+ spaces; threats of deportation; use of wrong pronouns/deadnaming; forcing victims to present as wrong gender; preventing gender Transition; ridiculing/exotifying body parts; and assaulting sites of Transition/scars.
- Gender norms, and particularly gender stereotypes manifested in Transphobia may be the main factors influencing the difference in experiences of abuse between Trans* and cisgender victims/survivors (Magic & Kelley, 2020).
- Trans* people were found to be at greatest risk of IPV in Magic & Kelley's (2020) LGBT+ sample of 626, compared to cisgender clients. The majority of Trans* people were abused by a cisgender man. Trans* women experienced higher levels of physical, sexual and financial abuse compared to Trans* men, who experienced higher levels of harassment, stalking, verbal and emotional abuse.
- Trans* participants noted that DV is particularly common. Concern was expressed around cisgender men deliberately seeking out sex with Trans* women and subjecting them to violence; or sometimes being unaware that the woman was Trans* resulting in a violent reaction (Hester et al, 2012).
- Trans* male to females noted that reporting domestic or sexual violence was complex for several reasons: due to relationship dynamics when one partner wanted to change genders; being seen to behave in a way not condoned by society; or keeping secret their behaviour from a partner or family (Hester et al, 2012).
- Trans* survivors are considerably more likely to choose an LGBT+ specialist service over a mainstream service.

Trans* subsumed within LGBT+

- The lives and experiences of Trans* people are marginalised further as, where existing research does reference gender and sexual minorities, it tends to subsume Trans* experiences within the homogenising category of LGBT+ (Rogers, 2015).

Lack of data

- Official IPV statistics fail to systematically publish and/or disaggregate data by sexual orientation and gender identity, meaning that both quantitative and qualitative data on IPV in the Trans* population is lacking (Rogers, 2015).

Impact of Transphobia

Study explores how individuals can actively work to discredit identity work, through examination of 18 Trans* victims' accounts of IPV. This research examines how people can be understood as actively working to direct others' desired identity work and presentation of self in an undesired fashion, or discrediting identity work. Through examining Trans* victims' stories detailing their experiences of abusive relationships, the authors analyse a critical yet underexplored aspect of abusive intimate relationships – how abuse can be understood as interactional control through which abusers direct or manipulate the victim's identity work and presentation of self: How Trans* survivors experience of abuse can be directly related to their gender, identity and presentation. (Guadalupe-Diaz, X. L., & Anthony, A. K. (2017))

- Acknowledging abuse within Trans* communities requires understanding how relationship violence is connected to Transphobia (Ristock, 2005).
- A victim's sexual orientation or gender identity can sometimes be targeted as part of the abuse.
- In addition to the tactics used in heterosexual abusive relationships, LGBT+ relationship abuse can include threats to reveal the sexual or gender identity of a partner; threats to jeopardise custody of children because of a person's sexual or gender identity; threats to jeopardise immigration; and threats to reveal the HIV/AIDS status of a partner (Ristock, 2005).
- Experiencing Transphobia on a regular basis may result in Trans* women being unable to identify what they are experiencing as DA.
- Trans* women and young people can experience DA in the same ways as all other women, including emotional abuse, sexual abuse and physical abuse, but this is often coupled with additional tools of abuse, targeting gender identity or gender expression (Scottish Women's Aid, 2015).
- Transphobia increases the isolation felt by survivors – this leads to difficulty identifying and seeking help for abuse for fear of legitimising existing societal Transphobia (and Transphobia expressed by family and friends).
- Trans* women do not report to police due to very real fear of Transphobia, which highlights the need for alternative community responses to justice, together with anti-oppression training and community liaison.

Family Based Violence

- LGBT+ people experience increased family-based abuse resulting from struggles of family members to accept their sexual orientation or gender identity. Trans* survivors were more likely to disclose abuse by family members compared to cisgender LGBT+ survivors. Trans survivors are particularly at risk of abuse used to enforce conformity with gender binary stereotypes (Galop, 2019).

- Trans survivors were more likely to disclose honour-based violence than cisgender survivors. Black, Asian and racially minoritised LGBT+ people were more likely to disclose family abuse compared to survivors from a white background. Trans* men were most likely to disclose abuse from family members (Magic & Kelley, 2020).
- Trans* peoples' experiences of hate crime perpetrated by family and friends was often as a result of them 'coming out' or disclosing their Trans* identity. In this sense, it is not the physical appearance of participants that is the most significantly 'visible' difference, but discursively identifying as Trans* that renders them 'visible' (Colliver & Silvestri, 2020).
- Children demonstrating non-normative expressions of gender are more vulnerable to physical and sexual abuse than their cisgender siblings. They may experience 'corrective treatment', a form of conditioning by which individuals are taught to shed their non-conforming gender identity to become part of the mainstream.
- Trans* people may be at greater risk of forced marriage and other forms of 'honour'-based violence – such as the use of forced marriage to 'cure', or the use of 'corrective' rape.

Sexual violence

- Sexual violence is particularly hidden and unlikely discussed within Trans* communities (Hester et al, 2012).
- Trans* people rarely seek or receive support following unwanted sexual experiences. Reasons for not accessing services related to fear of discrimination due to gender identity; being unaware of services available; feeling ashamed; or not ready to seek help. Of those who did access services, the majority accessed a counsellor; health professional; a helpline; or reported to the police. The majority of those who accessed services reported that their gender identity influenced their experiences of support (Love et al, 2017).
- An online survey of 935 LGBT+ individuals aged 16+ identified that almost a quarter had experienced sexual violence which they believed was intended to convert them to heterosexuality, or their assigned gender at birth, or to punish them for their gender or sexual identity. Trans* women, Trans* men, non-binary people, asexual people and intersex people were more likely to have experienced sexual violence aimed to convert or punish them. Trans* interview participants noted the links between their experiences of sexual violence and the fetishization of their bodies (Galop, 2020).
- Research consistently identifies higher rates of sexual violence among transgender/non-binary students compared to their heterosexual or cisgender peers, with variation in vulnerability across sexual identity subgroups. This is significantly more likely in athletic contexts and during volunteering activities compared to cisgender peers, and more likely experienced from someone in a higher hierarchical position. Martin-Storey et al (2018) highlighted that this vulnerability can also be observed with regard to sexual harassment and in some cases, sexual coercion.

- Young LGBT+ homeless people are at heightened risk of sexual violence.

Barriers to service access (DV/SV)

- Lack of recognition of abuse within LGBT+ relationships, in part influenced by the heteronormative narrative around IPV.
- Concerns about perceived or actual homophobia and Transphobia (Ristock, 2005).
- Hetero- and cis- assumptions of service providers contribute to LGBT+ difficulties in recognising abusive relationships.
- Lack of understanding of forms of coercive control unique to LGBT+ survivors.
- Low visibility/representation of LGBT+ issues.
- Lack of quality referral pathways and joint working with LGBT+ organisations.
- Fear of negative reactions from service providers and the police.
- Lack of wider community awareness of issues.
- Lack of services for male victims and female perpetrators.
- Most LGBT+ violence is not reported to police or mainstream crisis organisations – it is therefore difficult to estimate the prevalence of such abuse (Ristock, 2005). Survivors are often reluctant to draw attention to abusive relationships due to existing stigma and shame surrounding those relationships; fears of disbelief or not being taken seriously; the desire to avoid betraying the LGBT+ community; and fear that their sexual or gender identity would be blamed for their abuse (Hughes, 2014).
- When LGBT+ people report, they fear abuse not only from the perpetrator, especially Black, Asian, and racially minoritised people who may be at risk of honour-based violence
- A general mistrust of services - often due to negative past experiences of accessing services and reporting failure of services.
- Minimisation of LGBT+ peoples' experiences of abuse; inadequate staff diversity, knowledge, and skills (Harvey et al, 2014).
- Black, Asian and racially minoritised LGBT+ victims/survivors are less likely to access services due to cultural and religious barriers (Magic & Kelley, 2020).
- Legislative equality has almost been achieved in the UK, but cultural and institutional discrimination continues. A lack of inclusion together with societal attitudes prevents LGBT+ victims and survivors from accessing the support necessary for recovery and safety. Mainstream domestic abuse organisations were found to be less likely to address the needs of non-binary and Trans* people, including asking service users for pronouns; asking staff to indicate their pronouns; and having gender-neutral bathrooms (Donovan, Magic & West, 2021).
- Partnership working appears underdeveloped; only a small number of services indicate referral pathways to their local Multi-Agency Risk Assessment Conference (MARAC), indicating a lack of coordinated community response (Donovan, Magic & West, 2021).

Trans barriers to service access

- Fear of 'outing' themselves and associated information leaks, especially in insular communities (with wider repercussions including personal safety, job loss, impact on personal relationships).
- Transphobia (discrimination from workers or other service users) causes concerns that individuals would be refused access to the service or misgendered whilst using it, and also concerns about language within the service.
- Ignorance surrounding Trans* experiences (lack of understanding of how Trans* identity and sexual violence can interrelate).
- Trans* people may be reluctant to engage with forensic sexual assault services where an already invasive process could be worse due to dysphoria.
- Trans* people often fail to access services, believing they are not entitled to do so, and feeling they would be excluded through eligibility criteria (Rogers, 2015).
- Trans* people rarely seek or receive adequate support following unwanted sexual experiences due to fear of discrimination due to their gender identity; feeling ashamed; or not ready to seek help (Love et al, 2017).
- Trans* people may have unresolved guilt and self-hatred about being Trans* and may feel they are undeserving of support (Roch et al, 2010).
- The Equality Act 2010 prohibits service providers from discriminating, harassing or victimising people on the basis of gender reassignment. The statutory code of practice (2011) sets out gender reassignment as a personal, not a medical process and individuals should not therefore be asked for a Gender Reassignment Certificate. However, Galop (2019) identified that Trans* people encountered specific challenges when attempting to access support for domestic abuse. Stonewall's (2018) research with 15 national umbrella bodies and local domestic and sexual violence support services across Britain reassuringly found that none asked for a birth certificate or Gender Recognition Certificate from clients prior to allowing service access. However, there is currently no oversight as to whether some women-only services do engage in this practice, which leaves gaps for potential collusion with perpetrators, presenting further barriers to Trans* women fleeing abusive relationships.
- Trans* men experience different difficulties to Trans* women in accessing services. There is less service provision available for male victims and some Trans* men may feel unsafe in male-only services.

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