**“I Am Not Alone”: How can survivor support services meet the needs of trans and non-binary survivors?**

This report shares experiences and insights from the Trans, Non-Binary and Intersex (TNBI) Survivors’ Group delivered by Survivors’ Network and Switchboard in Brighton & Hove, from June 2020 – June 2021.

The project consisted of a consultation phase and the delivery of an online peer support group. The information in this report is drawn from:

* Early consultations (interviews, focus groups, written submissions);
* Experiences of the facilitators;
* Feedback from group members given throughout the project, in feedback forms and steering group meetings.

This report has been reviewed by and received reflective input from The Clare Project and Gendered Intelligence as organisations who hold expertise and experience of working with the trans and non-binary community.

Nothing shared during the support groups was used in this report. This report begins by setting out some of the context of trans and non-binary inclusion or lack thereof in services for survivors of sexual violence. We then give an overview of the TNBI Survivors’ Group and the feedback we received from participants. Drawing on our consultations and feedback, we offer some insights into two broader questions: how do trans and non-binary people experience sexual violence, and what barriers to accessing survivor services do they encounter? Finally, we draw on consultation and feedback to articulate what needs to change for trans and non-binary survivors to receive the support they deserve.

Please note that, for those who would find it useful in understanding some of the language used in this report, we direct you to [Stonewall’s Glossary of Terms](https://www.stonewall.org.uk/help-advice/faqs-and-glossary/glossary-terms).

**It's also important to note ...**

**Intersex inclusion**

The project was termed the Trans, Non-Binary and Intersex Survivors’ Project, to recognise that while intersex people are a separate but overlapping community to the trans and non-binary community, they may face similar barriers to engagement in mainstream sexual violence survivor services.

We were unsuccessful in reaching anyone who described themselves as intersex in our consultation. No one in the group disclosed an intersex variation, though this is in the context of generally low uptake on demographic/equalities monitoring forms. We reached out to intersex groups and people with paid consultation opportunities but ultimately were unable to make the connections we would have liked to.

Accordingly, when we talk about the communities we worked with in this report, we talk about trans and non-binary communities, because we don’t have the information or experience to draw authentic conclusions about intersex experiences.

However, we think there is a fruitful conversation to be had about intersex inclusion and awareness in survivor services, and we hope that better provision for trans and non-binary people and a culture of respect which engenders thoughtful approaches to gender, its expression and its relationship to trauma will benefit all survivors, cis, trans, dyadic or intersex.

**Who are we?**

In this report we say ‘we’ a lot. This report is written by Ruairi White (Switchboard) and Kitty Gardner (Survivors’ Network). In collaboration with group participants, we planned, set up, facilitated and evaluated this group over a period of twelve months. We’d like to acknowledge that this report is from our perspectives as practitioners, and also as people with our own biases, backgrounds, experiences and interests. We’ve included a bit about us so that you can get a sense of where we’re speaking from.

Kitty (she & her) is a cis woman and is currently an Independent Sexual Violence Advisor working at Survivors’ Network. She has been interested in gender-based violence since her undergraduate degree and went on to complete her MSc on sexual violence. Since then, she has worked in both domestic abuse and sexual violence charities, providing support to survivors of abuse. She has a keen interest in the work that survivor services can and should be doing to be more inclusive of the trans community. Kitty lives in Brighton with her partner and her puppy.

Ruairi (they & he) is a peer support practitioner and project manager who has worked at Switchboard in Brighton & Hove since 2018. They’re a transmasc non-binary person. He now works at National Survivor User Network (NSUN) and is in the process of setting up a peer-led organisation for trans and non-binary survivors. Ruairi is interested in developing survivor-led responses to trauma which operate outside of the criminal justice system. They live in Brighton with their cat Mab.

**Background**

**Context**

Currently, trans and non-binary people seeking to access specialist support in the wake of sexual violence face judgment, fear, exclusion, misunderstanding and a lack of resources. Active cultures of transphobia and transmisogyny are rife in the sector, as the investigative journalism of Moya Lothian-McLean indicates *(gal-dem, 2021).*

There are many people working in survivor support services who are doing trans-inclusive work, as evidenced by Stonewall’s research into supporting trans women in domestic and sexual violence services *(Stonewall, 2018*). The TNBI Survivors’ Group was partly held within a women-led and feminist rape crisis centre, Survivors’ Network, and builds on feminist work within survivor services: see *Sally Rhymer and Valentina Cartei’s book Working With Trans Survivors (2019).*

Nonetheless, exclusionary and discriminatory attitudes persist across the sector. Many of the trans and non-binary people we spoke to indicated that this lack of clarity - not knowing if a service or space would be inclusive or not – caused them intense stress. This sense of being unsafe or only conditionally accepted is related to the structure of survivor support services: Lothian McLean found that “plans [to become more trans-inclusive] have been stymied by the individualised structures of centres and refuges subject to the decisions of CEOs.”

In this report we have decided not to repeat the arguments about whether trans and non-binary people should be able to access specialist survivor support. Instead, this report works from the following basis: all trans and non-binary people who have experienced sexual violence deserve specialist support should they want it, but in general English sexual violence services are not currently offering this specialist support in an accessible or meaningful way.

This situation needs to change. Changing it will require considering the specific needs of trans and non-binary people impacted by sexual violence, and developing new methods of working. This report begins an exploration into those needs and those methods.

**Principles of this report**

In writing the report, we’ve tried to stick to the following values and guiding principles:

* Trans and non-binary people experience sexual violence, and deserve empowering, responsive, well-resourced spaces to talk about and heal from those experiences, receive support and advocacy, and meet and support others with similar experiences. This is not currently happening, so things must change.
* We’re writing about a single project with a limited reach, in the hopes that it helps to imagine and develop future work - this isn’t a ‘best practice’ handbook, it’s an example with elements that may or may not work at scale.
* We are writing from somewhere - as the facilitators of the group, we are bringing our own experiences (within and without the group) to bear on our work.
* We are committed to respecting complexity, contradiction and difference. Our reflections are meant to engender new ideas, not to prescribe easy solutions.
* We want this work to be accountable to, accessible to and meaningful for trans and non-binary people, especially those who have experienced sexual violence.

**Methods**

**About the TNBI Survivors’ Group**

This project was funded for 1 year. Our aim was to:

* complete a consultation with TNBI survivors;
* use this consultation to inform the creation of a support group for TNBI survivors; and,
* use both the consultation and the group to inform this report.

The project was set up in partnership between Survivors’ Network and Switchboard and was run by one worker from each service, each working one day a week. This partnership allowed for a sharing of expertise around the specific needs of trans and non-binary (TNB) survivors.

We ran online support groups every two weeks, and each session was capped at 10 participants. Over the course of the project, we had initial interest in the group from 45 people and ended up with 19 people on our mailing list following initial assessments. Different people came to different groups, depending on their interest and availability; there was no requirement to come to a certain number of groups, nor any cap on the number of groups a person could attend.

**Initial consultation**

We began the project with a consultation phase in order to provide compensated interview and focus group opportunities for trans, non-binary and intersex people to feed into the project design and articulate their needs.

We employed a research associate from the trans community (Dr Jack Doyle, now Trans Advocacy Service Lead at Spectra) to support us with this, as we felt it was important for the interviews to be carried out as conversations between trans and/or non-binary people. Interviews took place online over Zoom and over email.

Participants were recruited through social media and website posts by both charities and other local and national organisations (with compensation provided to the charities for any support they could offer us in spreading the word).

Time constraints impacted our ability to conduct more interviews and further target involvement from under-represented communities. We held 9 interviews and 1 focus group over the consultation period.

Having heard and seen that there were problems and gaps in current provision for trans and/or non-binary survivors of sexual violence, we tried to set up a group that felt different - more inclusive, more trans-led, and more responsive.

**Outreach**

To raise awareness about the group we utilised both organisations’ social media presences and invited people to sign up for an initial assessment.

We reached out to local LGBTQ+ and trans organisations, including a trans healthcare specialist, for them to share with their service users. We reached out to other services in the city, including sexual health services, sex worker support services, domestic abuse charities and faith based organisations; and, within that, we targeted our outreach to multiply marginalised communities who were underrepresented and offered compensation for their advice on how to best reach these survivors.

We found that we still failed in attracting people of colour and transfeminine survivors. We recognise that more proactive outreach was required from us, as well as other changes (in facilitators, for example) to earn trust and develop a space which feels safe for trans people of colour and transfeminine people.

It is also worth recognising that the two charities who ran this project may have perceived identities as being largely for women (Survivors’ Network) or the LGBTQ+ community (Switchboard) rather than being specifically for the TNB community and this may have also contributed to some TNB survivors not feeling sure of whether the space was for them.

**Induction Process**

When people contacted us about joining the group, we set up an induction meeting with a facilitator of their choice (this meant they could choose whether they wanted to speak to a cis or trans person). This meeting was a brief introductory chat which allowed us to talk through the group and confidentiality agreements, people’s expectations of the group, and access needs. We didn’t map general wellbeing and nor did we ask any questions about experiences of sexual violence, because our consultation told us that trans and/or non-binary people’s experiences of accessing support are often marked by gatekeeping.

We tried to minimise the amount of information we held on individuals due to concerns voiced in the consultation period about privacy.

Our consultation and experience also told us that it was important for potential group members to feel welcomed into the space and to have a chance to ask questions of the facilitators. Some members benefited from going through how the group sessions would be structured.

**Gender inclusive, trans and non-binary only**

Our policy on inclusion was that the group was open to all trans, non-binary and/or intersex people who would like to come, regardless of their gender identity, the fluidity or fixedness of that identity, birth assignment, legal gender or whether they were actively questioning their gender. We didn’t ask people to describe or justify their trans and/or non-binary identity in order to access the service.

This is markedly different from many other services, where, as one group participant noted, “male or female…is normally the first box to tick”.

“At first I was really anxious and didn't know if I "belonged" in the space (due to my own denial/dissociation of past abuse I have experienced). But I soon started to feel less anxious and I really liked being in the group, I felt I could relate a lot to other people and I felt safe in the group.” (Group member)

“As a trans non-binary individual do not feel safe in groups designed for men or women.” (Group member)

**Facilitation style**

Both facilitators found ourselves surprised by how little we needed to talk, and challenged ourselves to step back as much as we could during the group; our role often ended up being one of holding the space – inviting people to speak and noting the order in which people had raised their hands. This minimal facilitation style allowed the group to support each other and converse.

We wanted to build a group where two-way support between group members felt more significant than one-way support between a provider and a service user. With more funding, we may have combined this with one-to-one support; this combination of one-to-one and group support is certainly an ambition for the future. As it was, we delivered the group and were available for twenty minutes afterwards to allow participants to ask questions or flag up issues one-to-one. The support offered by our group was predominantly provided by group members themselves. The limited one-to-one offering enabled us to make a commitment to peer support, and it empowered the group to be a space for emotional support which could hold “difficult discussions” and painful emotions with honesty and compassion.

We take it as a positive outcome that some of the participants identified feeling negative emotions while in the group space. This speaks to a level of emotional safety and permission to feel bad which we are proud to have been part of creating. Some answers to ‘how did coming to the group make you feel?’ included:

“It made me feel more connected. I am not alone, which is a wonderful feeling.” (Group member)

“Supported, seen, understood, less alone, and I also gained a greater understanding of different levels, layers and parts of my identity and how they interact through hearing, learning from and relating to others.” (Group member)

“It made me feel connected to others like me - we shared the horrendous commonality of abuse AND we shared the commonality of being TNBI which is not always understood in other survivor groups.” (Group member)

“It's been difficult and I've often had to give myself time after a group to decompress and to deal with emotions and memories that participating has brought up for me.” (Group member)

“It was mixed feelings, it all depends what you were hearing. When you heard someone else in distress, then it was harder. It was mixed feelings all depending on the session. I enjoyed it because people could talk about their problems and I could as well.” (Group member)

Many of the comments from group participants about how the group made them feel and why they kept coming to the group speak to the way that all group members worked together to build relationships and bonds of trust. To us, this indicates that the entire group worked together to hold a supportive space.

“I absolutely loved the facilitation and the way the group gently grew to trust each other and cohere around the values that were really clearly shared.” (Group member)

“I also found it helpful that the group facilitators stayed on-line for a short while after each group for anyone needing a bit of support in relation to subjects discussed in the group, it felt that this was acknowledgment that some of the subjects could be triggering, but I felt was an excellent way to allow people to have difficult discussions, whilst keeping safe.” (Group member)

**Online space**

The original funding bid and plan for this project wasn’t made in the context of the pandemic, so when the time came to put it into practice we were quite uncertain about what to expect from an entirely online group. This also seemed to be reflected in some of the consultation interviews, which were carried out in summer 2020, in the relatively early stages of lockdown in the UK.

The actual online delivery worked well. As facilitators we took some time to develop our skills with training on online delivery and thinking through the online space in detail.

We tried to play to the medium’s strengths by encouraging people to turn their cameras off or on depending on their comfort, to find comfortable spaces in their own homes, and to communicate through the chat box, pre-agreed hand signals and Zoom ‘reactions’. This was a learning curve that we went on with the participants, who occasionally suggested changes in facilitation techniques (for instance, holding space for people who hadn’t yet spoken, or creating visual resources to help people remember hand signals).

Other advantages of online delivery included accessibility for people with a wide variety of access needs relating to energy levels, mobility and mental health, and for people who would have otherwise had to travel.

Transport costs and accessibility are vital to keep in mind when delivering services for trans and non-binary people due to the high rate of disability within the community (National LGBT Survey, 2018 reported that trans respondents were much more likely to say that they had a disability [33%] than cis respondents [14%]), and because taking public transport or walking through public spaces can be daunting due to risks of harassment and violence. This was brought up in steering groups in particular relation to walking around after dark. The online delivery helped to solve this; had we been able to deliver groups in person, we would have sought to create a travel fund to help people access the group via taxis and transport methods that felt safe and accessible.

Some downsides of online delivery included the difficulty of managing the difficult emotions and memories we were giving space to while everybody was in their own home. We wanted to avoid the sudden cut-off of Zoom leaving people feeling adrift, so we experimented with closing exercises and found that the thing that worked best was keeping the last few minutes aside for a light, grounding conversation topic, and reminding people that they could also use this time to stretch, be quiet, or leave early.

Another issue was the limits that online delivery put on our activities, for example, we would have liked to do more craft and arts-based activities.

**Co-production and survivor leadership**

Co-production isn’t something that ends when a project begins delivery. We built in opportunities for people to participate in steering groups, which were open to all group members who had taken part in an induction meeting (see above). We initially wanted to do quarterly steering groups but due to availability we could only hold two whilst the group was ongoing and we also held two prior to the group starting which supported decision making in how the group would initially be set up. The group ran fortnightly and focused on a specific topic each session which guided the discussion.

Group sessions themselves included time to feedback and discuss future topics. After each group we also encouraged anonymous feedback from group participants and made changes to the group based on this feedback. The feedback helped us to adapt the group as it ran and allowed for group members to hold a sense of ownership over the group. Some of the changes we made included adjusting our facilitation style, extending the length of the group from 1 hour to 1.5 hours and arranging for particular topics for future sessions.

The topics were all chosen based on participant feedback. Topics included “Memory and Identity”, “Gender Dysphoria and Euphoria”, “the Criminal Justice System” and “Guilt and Shame”.

Participants reported that their involvement in making decisions about the group contributed to the sense of connection and safety they felt within the group sessions.

“Felt very involved because I was able to volunteer in its development, which allowed for my input to be kindly taken onboard, something which continued throughout the steering group sessions. I felt valued, empowered and with a stronger connection to the group/project.” (Group member)

“The group conversations had a gentle flow and moved naturally in directions. The ability to be so involved in that made me feel like my contributions had value and I also felt heard.” (Group member)

“It was good to have input through the steering groups and also in sessions asking for there to be another session or certain topics. It felt collaborative and that our input was important in shaping the group. It was also positive to hear other share/iterate similar suggestions and helped to feel more confident about expressing ideas.” (Group member)

“I took part in the steering committee meetings, which made me feel more integral to the group.” (Group member)

One participant commented that they’d “like to be even more involved about topics that are included next time.”

One participant noted that they also didn’t feel pressured to get involved but that they appreciated the invitation to do so:

“I knew that I could get involved if I wanted to and that was very reassuring. At the time, however, I usually felt like I did not really need another extra thing on my plate, so I preferred to attend more passively (a place to just be, I guess) – and I appreciated that this was also completely accepted!”

**Findings**

**What experiences of sexual violence do trans people have?**

“It’s hard to keep things focused solely on survivor experience in a narrow sense, because sexual violence connects with so many other forms of social violence, both interpersonal and institutional […] invasive genital examinations are a good example that bring the two together.” (Interviewee)

When we’re talking about how sexual violence impacts trans people, we’re talking about what people fed back in interviews, focus/steering groups and feedback surveys. We can’t capture the entirety of such a huge topic, and we’re not trying to do population-level analysis of e.g., how many trans people have experienced sexual violence, and what kinds.

What we can say is that some interviewees and group members identified the trans experience of sexual violence as connected to both structural and interpersonal transphobia. Experiences of transphobia from the police were identified as retraumatising and experiences such as medical abuse were named as examples of where sexual violence and institutional transphobia interact. The fear of being viewed as the perpetrator, as dangerous or as predatory also coloured some trans people’s experiences with accessing support: one person said they felt if they were to attend a women’s service they would “risk being rejected or treated as though I was a dangerous person to have there”.

In many respects, experiences of trans and non-binary people chimed with the experiences common to most survivors, whether cis, trans, non-binary or otherwise. For instance, some people talked about not initially recognising their own experiences as assault, and not feeling believed, supported or validated by non-specialist services and by the criminal justice system. This underlying similarity is important, because it speaks to the fact that survivor services have many of the tools and expertise to support trans and non-binary survivors already.

“The police can be extremely dismissive in their questioning when responding to sexualviolence reports, even more so in the context of TNBI survivors -it's traumatic enough reporting a crime, but the re-traumatisation is exacerbated by discrimination, possibly not intentional, but through lack of insight/awareness into specific needs of this group.” (Group member)

“I don’t think there’s any difference on how trauma is really experienced by anyone, regardless of sexual or gender orientation, I think trauma transcends all that.” (Group member)

It is also the case that some trans and non-binary people have experiences of and responses to sexual violence which are different from those of cis people, and which require different support. For example, one thing that came up in a number of interviews and pieces of feedback was discussion about not fitting in gendered services not just because of one’s own gender, but also because of the gender of the perpetrator. The predominantly white and middle class character of survivor services was also named as a barrier.

“As I am read as male I find that I am unable to access most survivors' support, which is very much coded female (and often assumes all perpetrators are male as well).The small amount of male support too has never worked for me, partly because I'm not male and so my needs are different, and partly because those groups can feel conversely feel co-opted by anti female sentiment.” (Group member)

“Because my abuser was a middle class white woman, and I feel like that’s a demographic that often dominates this field, if my supporter was part of that demographic I would definitely struggle.” (Interviewee)

Survivors also noted a lack of understanding around what kinds of violence were experienced, how the survivor identified and/or presented at the time and a recurrent form of transphobia in which transness was seen as a consequence of the trauma.

“I think I was also in a “straight” relationship with her at the time, so I think the dynamic is quite complicated. I’d have no idea how to find a service, and it always feels catered to cis (straight) women.” (Interviewee)

“It feels like services are blind to the possibility that people can be TNBI and also be CSA [child sexual abuse] survivors.” (Group member)

Because people’s sexual and gender identities and ways of expressing those identities can shift over time, there is a concern that trans and non-binary people’s previous experiences of sexual violence will be perceived as too “complicated” for survivor services to support with.

Some interviewees and group members described service providers and supporters implying or saying that their gender dysphoria was caused by experience of sexual violence and trauma: “I frequently get the message that my gender issues relate to CSA” (Group member). This form of transphobia, in which transness is diminished or worse, pathologised, is, from our anecdotal experience, still far too common amongst professionals.

Others spoke of how the violence they experienced included coercive control over gender expression: ““someone else was defining me” (Interviewee). For people who had experienced violence within explicitly queer contexts, there were concerns around not being able to explain those experiences to outsiders: “you need a group that understands the nuances” (Interviewee).

Trans and/or non-binary experiences are not homogenous. One transfemme interviewee said that they would ideally like a space for trans people who were assigned male at birth (AMAB), while a trans man interviewee indicated that he particularly wanted to talk about sexual violence in a space for just men, including cis men. Another interview respondent stated, “[trans and/or nonbinary] people express themselves in lots of different ways. It can be counterproductive if you try to separate people into all the different niches.”

“While some experiences of oppression or social violence and marginalisation overlap in this group, there are differences between the experiences of trans men, trans women, non-binary people, and intersex people.” (Interviewee)

We developed a group that was open to all people who identified as trans, non-binary and/or intersex regardless of gender. However, it’s worth noting that this ‘open to all’ method can lead to invisible hierarchies of who can access it, as noted in the earlier discussion about intersex inclusion and our failure to reach many people of colour or transfeminine people. A group participant identified “a slightly skewed demographic which I recognise as a problem in other trans spaces in Brighton - without wanting to make huge assumptions, a tendency towards white, androgynous and possibly AFAB [assigned female at birth] members in their 20s was dominant”.

Trans and/or non-binary identity is unlikely to be the only vector of oppression of disadvantage that people are dealing with. Race, faith, disability, poverty, age and gender were all named as factors that made people more vulnerable, excluded them from services, and meant that they were not well-served when they accessed services. One interviewee said, “I would avoid the community where people knew me” when identifying particular forms of isolation sometimes faced by trans and non-binary people from communities who experience racism.

Finally, a number of people indicated that they found expressing their trans and/or non-binary identity to be part of healing from trauma. Most people who had attended the group identified it as a space where openness about gender identity had enabled them to share more about and be supported regarding their experiences of sexual violence.

“What I needed & still need is the acceptance that what happened was real and the ability to learn how to rebuild a life. That feels similar to the process of learning to express gender fluidity.” (Interviewee)

“[In the group] I was able to connect with others and parts of myself in ways and share things that I would not have been able to otherwise. I was able to share my experiences without having to hide or explain my gender identity/ies and didn't have to feel uncomfortable or misread or misgendered.” (Group member)

“[The group] made me feel safe and protected and able to open up about my own identity with people who would understand without needing the usual explanations.” (Group member)

**Lack of access to general services and survivor services**

In our consultation interviews and through the feedback survey we sent to group members, we asked trans and non-binary survivors about their experiences accessing services. We asked specifically about survivor services but also about general services for mental health, physical health, or other community support.

We are hoping that we can highlight some of the reasons that trans and non-binary survivors may not feel comfortable or safe accessing services as they currently exist. As we have flagged in our introduction, the scope of this project is small and we are wary of making any sweeping generalisations. Below, we have tried to draw out, and expand upon, some of the themes that emerged.

“I don’t feel like there’s [any support available] at the moment. I feel like I fall between the cracks.” (Interviewee)

Survivors that we spoke to highlighted that they may not access existing services because they simply did not exist for them.

The interviews demonstrated how services are set up to only serve a binary vision of gender, either offering support to women or to men and failing to recognise all identities which do not fit into these boxes.

“Organisations [for women abused by men] need to exist, but that means that other stuff falls by the wayside...many trans individuals have an experience that muddies that boundary.” (Interviewee)

We can see from the comments from interviewees that services are set up in a rigid way that meets the needs of only some survivors. Service provision assumes people exist in neat boxes but this is not reflective of the reality of gendered experience.

The binary structure of sexual violence services has resulted in survivors either accessing no support or being forced to access support which does not validate or acknowledge their identity. When asked in what spaces people felt safe to express their gender, we found that many people only felt safe among their close friends or in trusted and known queer circles. When asked why group attendees decided to join the TNBI Survivors’ Group, people identified that current service provision makes it very hard for some survivors to safely express their identity:

“I decided to join the group because I’m a non-binary survivor of sexual abuse. While I could have attended [rape crisis centre] groups for women (because I’m still perceived as female), I didn’t want to keep pushing myself into a painful closet just to receive support. If I can’t be authentic in my identity, then I can’t fully heal, because all of these intersect and I can’t pretend that they don’t.” (Group member)

Another interviewee highlighted how important it is that when services are aiming for inclusion, they are not erasing non-binary identity by trying to subsume it into one of the pre-existing boxes:

“I think also services need to understand that non-binary isn’t some ‘women-adjacent’ gender category, and when services claim to offer support to eg. “women and non-binary people” , they need to understand that nonbinary might include people who are very masculine, who were assigned male at birth, or who don’t align themselves with womanhood or with femininity.” (Interviewee)

The above is indicative of a theme among the TNB survivors we spoke with, that they did not feel welcome in services that currently exist. Our interviews found that many survivors did not access, or opted to stop accessing services, because of how poorly they were set-up to support their needs.

“[I] became hesitant as [the] service wasn’t geared in order to help me or support me as they didn’t have any understanding around what the community issues are… People don’t understand what I’m explaining.” (Interviewee)

Survivors spoke about giving up on the support because it was such a negative experience, because it made them feel worse, or because they faced judgement. They also spoke about self-selecting out of support because they were unsure whether a service would accept them.

“I have wanted to [access support] in the past, and have actively considered accessing services, although not knowing if services would accept my gender has been a barrier for me.” (Interviewee)

We found that trans and non-binary survivors who were multiply marginalised found that accessing support put them in an even more difficult position because they were facing a lack of understanding about the intersection of their trans identity and, for example, their faith and that this specialist knowledge did not exist:

“Race is one of the factions, within LGBT communities, trans individuals, people from ethnic minority groups, there’s not really much awareness around what the issues are, we are here, it’s a very sensitive topic, the curtains get closed after a while. More services need to accommodate BME individuals.” (Interviewee)

We can see, then, that the trans and non-binary survivors we spoke to did not feel able to access services or felt pushed out of them.

Given the transphobic climate in the UK, trans and non-binary survivors commented on the very real danger trans survivors face by reaching out and accessing services without knowing whether they will be welcome. Many of the survivors that were interviewed as part of this project highlighted that one of the barriers to trans and non-binary survivors accessing services is not knowing whether a service will be inclusive.

A lack of explicit language around inclusion can leave TNB survivors guessing at which services will welcome them.

“Given the rise of transphobia in the UK, and the connections transphobes attempt to link between their movement and the VAWG sector, it’s really important for services (especially those focused on women) to be clear about whether or not they are trans inclusive, and inclusive of non-binary people as well.” (Interviewee)

It is not enough for services to adopt a trans-inclusive stance, they need to make sure that trans survivors will know that they are welcome and what support they will be able to access.

“It’s hard to know how inclusive of TNBI survivors services are, or what their understanding of TNBI issues is, or how willing they are to learn and adjust their practices to be inclusive. This places an additional burden for TNBI people accessing services - reaching out for support becomes a leap of faith, wherein you risk rejection on account of your gender. At worst, a TNBI survivor may be vilified instead of supported, but in many “best case” scenarios still face being misunderstood by service staff, and will end up needing to educate a group facilitator or therapist about TNBI issues when they’re meant to be receiving support.” (Interviewee)

This quote highlights another area raised in our research: it is not enough to say you are trans inclusive without putting that into practice. True trans inclusion requires in-depth education and training for staff. Trans survivors should not have to educate staff and service users on their identity in order to access support.

In order to access services, many survivors we spoke to had frequently needed to educate staff and service users about their gender. This lack of knowledge from services, and lack of work to ensure every survivor is welcome, meant that survivors could spend their therapy session, allotted time in the group, or advocacy appointment explaining their identity:

“[It is] hard to find a place that is explicitly inclusive and properly educated in TNBI basics. It’s difficult to get settled into a group when you have to explain your gender/sex first before you even know that the people are safe.” (Interviewee)

“I’ve never accessed formal support services, for a number of reasons -including not recognising experiences of sexual violence (particularly as a teen) as such, and apprehension about my gender being misunderstood or questioned or services being unable to understand queer issues (which are problems that friends of mine have experienced.” (Interviewee)

Alongside this, interviewees also recognised the importance of specialist knowledge around trauma and sexual violence. One interviewee said that it’s “hard to find a place that is both explicitly inclusive and as intense / thorough as is needed for proper trauma work.” There is a need and a desire to be able to engage in specialist trauma support but this must be combined with, a) explicit inclusion, and b) knowledge, training and understanding around trans and non-binary identity. That combination is what’s missing.

The trans and non-binary survivors that we spoke to highlighted the need for assurance around how transphobia will be challenged if it occurs in a space.

“As well as being open about how inclusive they are, services also need to be upfront about how they might deal with transphobic attitudes from other clients, especially in group support sessions.” (Interviewee)

This is another example of how trans and nonbinary inclusivity needs to go deeper than lip service. We will explore this further in the recommendations section of the report.

A major reason cited in interviews for opting out of existing services was experiences of judgement from staff or service users.

“Keeping things quiet and hidden is prolific in trans & non-binary communities. People might say things like ‘well are you sure you’re trans, are you not just confused [because] of that experience’ so you don’t want to open yourself up to that.” (Interviewee)

We know there are huge barriers to all survivors disclosing and accessing support because of guilt, shame, fear of judgement and fear of not being believed. The trans and non-binary survivors we spoke to highlighted that this is compounded for them, because their transness is used to undermine their experience of sexual violence. This results in many of these survivors experiencing “a lot of judgement and a lot of opinion [from people who aren’t in the community].”

When we talk about barriers to trans and nonbinary survivors accessing support – barriers which survivor services are responsible for having created – we must recognise that those barriers are even higher for those survivors who exist at the intersection of additional forms of marginalisation.

As discussed previously, there are unique barriers for TNB survivors who experience racism. One interviewee particularly pointed to the dangers around accessing support in their hometown, which risked their faith-based community finding out about their status as a survivor or a trans person. We spoke to those who have financial barriers to accessing services and we spoke to survivors who highlighted how homelessness makes access to services difficult because of the lack of security and internet access, and frequent changes in location. The trans community faces higher rates of homelessness which makes considering these barriers essential in this work. *Stonewall’s LGBT in Britain, Trans Report (2018)* found that 1 in 4 trans people have experienced homelessness at some point in their lives.

When we think of TNB survivors, we need to acknowledge that this is not a homogenous group who all experience the same barriers or forms of oppression, or that being part of the TNB community is the only barrier to services. There is work to be done at the intersections of these oppressions:

“I think services also need to work on being more inclusive of people who are marginalised in other ways, due to race, disability, homelessness, participation in sex work, etc. Inclusivity and support for TNBI survivors isn’t really meaningful if it’s not extended to all TNBI survivors.” (Interviewee)

Although the experience of other services wasn’t universally bad among the people interviewed, those services which had been good were an exception. We will draw on some of the good practice mentioned in our recommendations.

The trans and non-binary survivors we spoke to very much relied on friends, queer social spaces and information that might be available on social media and online spaces for support and advice around sexual violence. While we must recognise and celebrate the emergence of informal mutual care and resilience amongst trans and non-binary communities in the absence of alternatives, the additional stress this places on individuals and communities more broadly must not be discounted.

**Recommendations**

**Trans inclusion in existing services**

Currently, many women’s survivor services are only open to cis women - either explicitly or through ‘unwritten rules’ and a lack of trust from trans and non-binary people who would ideally like to access survivor support. We would want to see this change, with women’s services actively welcoming trans women and other transfeminine people, and men’s services actively welcoming trans men and other transmasculine people. This level of trans inclusion is rare in the UK currently, and it is the most basic possible step that survivor services need to take; many have not yet taken it.

Collaboration between single-gender services to ensure survivors don’t fall through the cracks is one way of supporting trans and non-binary survivors, but it doesn’t always respond to the support needs of people outside the gender binary. Nor is it the case that just changing existing services to be open to trans people will go far enough to respond to the specific experiences and needs of trans and non-binary survivors. Services must change and develop new ways of working.

“I think what’s missing from a lot of formal services for survivors (eg. Rape Crisis Centres, SARCs, etc) is explicit attention to the existence of trans, non-binary, and intersex people. Often these services exist for single genders (mostly women, some for men) and where services aren’t single gender, their description of their support offerings is still very binary (eg. “support for men”, “support for women” sections on websites).” (Interviewee)

In addition to making single-gender services trans-inclusive and collaborating with other providers, survivor services should develop transinclusive mixed gender spaces and specialist trans and non-binary spaces. There is a need for transinclusive single-gender spaces, but the current scarcity of other models of responding to sexual violence leads to the wide-ranging exclusion and re-traumatisation of trans and non-binary survivors.

Services that emerged to support a single gender must recognise that gender experiences are more complex than that. A group who might remain failed even with these steps are those people in the process of exploring their gender. Seemingly inclusive services can still make the mistake of thinking of transition itself as a binary, as a realisation that occurs in one single moment; this fails to take account of people’s transitional needs. It is essential that single-gender spaces allow for participants to determine which space feels right for them.

The recommendations

* Single-gender spaces should be explicitly inclusive of survivors from the TNBI community, and actively welcoming in practice, with an outreach plan for including trans service users. Language for these spaces should be carefully considered, some examples could include ‘open to women and non-binary/gender-variant people who feel comfortable in a women’s-oriented space’.
* Services should collaborate to ensure survivors don’t fall through the cracks.
* Services should create more spaces which move away from a binary vision of gender, as well as a binary vision of transition.
* Some non-binary people may wish to access single-gender spaces on the basis of shared experience or identity with other people in those groups. Other non-binary people may not wish to engage in any single-gender spaces and would prefer alternatives. Language for and facilitation of these spaces should be carefully considered in order to support non-binary people to access whatever space they feel best supported in, without having to minimise or hide their nonbinary identity.
* A clear Trans, Non-Binary and Intersex Inclusion Policy which allows space for flexibility and change in identity.
* Staff, volunteers and service users should be trained, supported and encouraged to challenge transphobia and transmisogyny within group settings in the same way that they would challenge group members making other bigoted or discriminatory remarks.
* Services should develop an emotional and physical safety plan for visible staff and volunteers, especially those who are trans and non-binary or who are from racialised communities, and staff whose remit is communications and social media.

**Trans and non-binary specific spaces**

The survivors that we worked with over the duration of the project talked of the importance of trans and non-binary specific spaces. At the interview stage this was often articulated as a practical measure, for instance:

“The space being only for TNBI people isn’t as important to me as having a space where everyone knows about and accepts TNBI people. It might be easier to achieve with only TNBI people though.” (Interviewee)

The feeling amongst the group members tended to be more strongly in favour of TNB-only groups as a transformative space in addition to one that was simply practically safe. This is likely due to a mix of self-selection - the people who came to the group did so in part because they wanted to be in a TNB-only space - and the experience of having already been part of a TNB-only space in which to discuss sexual violence and its impacts. One group member identified how their feelings on this developed throughout the course of the group:

"Before attending the group I was aware of how rare/lacking spaces for TNBI survivors are, but having attended the group regularly, I'm also aware of how valuable, important and enriching this space has been, and how much of a difference it makes on so many levels of it being a TNBI survivor space. I was able to connect with others and parts of myself in ways and share things that I would not have been able to otherwise. I was able to share my experiences without having to hide or explain my gender identity/ies and didn't have to feel uncomfortable or misread or misgendered as I have when I have attended non-TNBI specific survivor spaces.” (Group member)

Our group was a peer support space; participants valued that structure and the opportunity it provided to experience meaningful connection through shared experiences and shared healing:

“the way the group gently grew to trust each other and cohere around the values that were really clearly shared.” (Group member)

“I was looking for people who shared similar experiences as me and with whom I could talk about these experiences. I kept going because I felt that the group was extremely welcoming, wholesome and supportive.” (Group member)

Peer support spaces have a unique power, but can also produce situations in which individuals feel called upon to exceed their own capacity and burn out in the effort to support their communities. Peer support should be one of a range of options for trans and non-binary survivors to choose from.

Some of the other support options that the people we spoke to identified that they would like to see included: TNB specific therapy groups, specialist one-on-one advocacy support for TNB people in areas such as housing and healthcare; and, specialist one-on-one therapeutic support delivered by experienced practitioners.

We caution against the notion that trans and non-binary spaces or services should be set up in a way that excludes trans and non-binary survivors being able to access other more general survivor spaces. There is value and need for both and some trans and non-binary survivors may feel more comfortable in general survivor spaces: it is about being given the choice.

“Support should be open to everyone, regardless of gender, and the offer should be general (eg. in an open/mixed group, from any particular staff member) but also specific to people’s background (eg. groups just for women, men, Black women, asylum seekers, disabled people, etc – to be led by someone from that background).” (Interviewee)

The recommendations

* Trans and non-binary only spaces should be set up, including survivor peer support groups and therapy groups.
* These spaces should be led by trans and nonbinary facilitators.
* Specialist one-on-one support - both therapeutic and advocacy based - that caters specifically to the needs of trans and non-binary survivors should also be provided.
* The provision of trans and non-binary specialist support should not be used to exclude trans and non-binary survivors from general services or from whichever single gender services they choose to access.

**Service user involvement**

The members of the trans and non-binary community who we spoke to highlighted how important it would be to have meaningful involvement from service users and to recognise that services need to be willing to adapt and change as the needs arise and develop:

“[I] think an important starting point is for a service where there is always space to improve practice, and develop new modes of support, in consultation (or in response) to people who use that service. This should be done proactively, rather than responding to complaints or negative experiences.” (Interviewee)

Services which hope to support and build trust with trans and non-binary survivors must enable those survivors to make decisions about what that support looks like and how it’s offered. This requires meaningful paid co-production and involvement opportunities, in which trans and non-binary survivors have decision-making power rather than just advisory roles.

When the group wrapped up, many participants commented on the need for longevity and consistent funding. The lack of continued funding was received as a re-traumatising reminder of the exclusion of trans and non-binary people from survivor services.

The recommendations

* When developing specialist services for trans and non-binary people, put trans and nonbinary people in decision-making positions.
* Support survivor leadership through creating spaces in which service users can discuss and make decisions about the support they receive.
* Create well-paid and supported roles for peer supporters, people with lived experience of oppression, and survivors.
* Funders and organisations should consider longevity and sustainability of support, and service users should be given the opportunity to be involved in making funding applications and decisions.

**Wide ranging, flexible, accessible support not tethered to the criminal justice system**

In order to be accessible and effective, support needs to be wide ranging and flexible. Some examples of this which were raised by those we spoke to were; support being held in accessible spaces; “for all aspects of support to be understanding of trauma, and to be flexible” (Interviewee); for there to be group peer support; group counselling; one-to-one therapeutic support; body-work support which helps people to understand “how trauma reveals itself in the body” (Interviewee); psycho-educational support; creative work; and advocacy and outreach support.

Transgender and non-binary people are more likely than their cis counterparts to be disabled and survivors may be particularly affected by post-traumatic stress and other mental health conditions. Some group members said they would not have been able to come to a physical space due to mental or physical health, fear of outing and/or inability to travel. Online spaces provide greater accessibility to some and minimise accessibility for others; there is no easy solution to making a group as accessible as possible, and provision must be based on the actual needs of service users. Some accessibility standards include:

* Physical groups should be held in accessible (level access, well-lit, easy to find, quiet) spaces, and travel funds should be established. In online spaces, the option to turn off cameras can help people feel safe. Hybrid models of online and physical events may allow people to connect more easily.
* Information about groups should be offered in a variety of formats; participants may benefit from seeing topics and agendas before attending the group.
* Introductory meetings with facilitators give participants an opportunity to ask questions, make a connection prior to entering a (physical or virtual) room with others, and flag up any accessibility needs.

Expectations of and relationships with the criminal justice system also impact accessibility. Fear of pathologisation, criminalisation and retraumatisation impact trans and non-binary survivors’ decisions to not engage with a service.

“Anything to do with police or hospitals...nope, just no, they’re going to pathologise me.” (Interviewee)

The recommendations:

* Holistic, culturally-competent support which moves away from pathologisation.
* Accessibility based on conversations with service users, taking into account mental and physical health, financial situation and risk of discrimination and violence.
* Clear messaging that support from specialist survivor services is not dependent on having reported, intending to report or receiving a particular outcome from a criminal justice process.

**Staff training, development and recruitment**

There is a need for extensive and ongoing training for staff in trans inclusion, which should be provided by a trans-led organisation.

Long term partnerships and working relationships with LGBT+ organisations will provide more embedded expertise than one-off training sessions. Interviewees highlighted the need for “understanding and specialist knowledge about issues within the trans community” and expressed that without “enough knowledge and specialist education, appropriate support cannot be put in place to meet the needs of the community”.

Education and training about the needs of the TNB community should be mindful not to exceptionalise or homogenise the TNB community.

“I think it’s important to be aware of other forms of violence TNBI people may have experienced (including other forms of interpersonal violence, like domestic abuse, but also structural violence including violence from medical professionals, non-consensual surgeries, denial of support on basis of transphobia) and to allow room for these forms of violence to be mentioned or discussed - even if a group is focused on sexual violence, individual survivors might see/feel them as being linked, and the a group shouldn’t be so tightly facilitated that other violences can’t be discussed.” (Interviewee)

We heard about the need for training and understanding within services throughout the interviews and the feedback. We also heard about the importance of a diverse and well-supported staff team, and ensuring that services have “staff who are well trained in how experiences of violence are affected by gender, race, class, disability, sexuality” and having “staff who are non-judgemental and empathetic”. The people we spoke to emphasised the importance of inclusive and wide representation among employees as well as service users: “staff across all levels of work [should be] trauma-informed in their approach, being from a variety of genders, races, cultures and disability statuses” (Interviewee).

Interviewees spoke of the importance of “shared identities” and how “essential” and “important” it is to have trans and non-binary workers, particularly facilitating trans and non-binary support groups. Trans and non-binary people may not apply to opportunities in survivor services due to implicit or explicit inclusion from roles. When they do apply, they may not have as much experience in formal survivor support work as cis candidates, due to discrimination and exclusion within the sector. It is the role of survivor services to anticipate this when recruiting and to employ trans and non-binary people in roles across their organisations, at every level, with appropriate training, competitive salaries and personal development.

Our group offered peer support and we champion the value of this group structure. While peer support is cost effective, it is far from low skill, and needs time and money to be run effectively.

The recommendations:

* Partner with trans-led organisations on training for staff at every level, and invest in long-term working relationships over brief interventions.
* Recruit a diverse staff team, including staff who are trans and non-binary, by considering implicit and explicit barriers such as experience requirements, where opportunities are advertised, who is on a recruitment panel, and how well staff are supported and retained once recruited.
* Create well-paid and supported roles for peer supporters, people with lived experience of oppression, and survivors (as above.)

**Conclusion**

The purpose of this report has been to reflect on the example of a small but unusual project in a feminist survivors’ service in order to explore what trans and non-binary people need from survivor services, and how survivor services can respond to that need.

The recommendations and key messages from this report are meant to begin, rather than end, conversations. In that spirit of looking forward, we’d like to finish by reflecting on the responses we received from trans and non-binary survivors to a particular interview question: if you had all the money in the world, what kind of survivors’ service would you create for the trans and non-binary community?

The responses reveal the hopeful collective imagination of the trans and non-binary survivors we spoke to. People identified pleasant, colourful physical space with access to outdoor space and plants; bodywork, art, crafts, poetry; a diverse, well-supported and well-trained staff and volunteer team; access to individual and group talking therapies “for as long as an individual feels they will benefit from that support”; access to practical support around employment, housing, education and healthcare; support to engage with criminal justice processes if desired, but no pressure to do so; culturally-competent support and peer groups for people who share marginalised cultural, racial or faith backgrounds; having self-organised survivor-led support; a community centre or physical space; emergency accommodation, respite space and material and financial support through grants and donations.

None of these ideas are unreasonable, though in the current context of austerity, transphobia, sexism and racism they may seem far away. They constitute a vision of survivor support which is holistic, well-resourced, survivor-led and meets people’s needs, and is not hinged upon either the criminal justice system or the gender binary. The existing survivor support sector’s feminist history and practice gives it many tools to be a strong ally to trans and non-binary people. Trans and non-binary people want and deserve to give and receive support in spaces which commit to a trauma-informed, anti-oppression practice, and where the empowerment of survivors is seen as key to healing.

One interviewee finished their interview with the statement, “It’s so fun to dream really big and it’s amazing how hard it is to do.” When trans and non-binary survivors have to fight just to get in the door of survivor support services, their aspirations are kept at the level of access, and dreaming big about the possibilities of eradicating and healing from sexual violence is rendered ever more difficult.

This report’s recommendations are not ‘dreaming big’; they are messages about the basic requirements of inclusion, the foundation upon which dreaming big can begin.

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Survivors' Network e. info@survivorsnetwork.org.uk t. 01273203380 a. 6a Pavilion Buildings, Brighton, BN1 1EE Charity No. 1144878 | Company No. 07780363 © Survivors’ Network, 2021

Switchboard e. info@switchboard.org.uk t. 01273234009 a. Brighton & Hove LGBT Switchboard, Community Base, 113 Queens Road, Brighton, East Sussex, BN1 3XG Charity No. 1088133 | Company No. 3920445 © Brighton & Hove LGBT Switchboard, 2021