

TRANSINNESS AUDIT OF SEXUAL VIOLENCE SERVICES IN SCOTLAND

Audit Summary and Safeguarding Assessment

February 2026

Draft v2.9: Service audit completed, awaiting service feedback.

TRANSINNESS REPORT ON SEXUAL VIOLENCE SERVICES: SCOTLAND

Audit Summary and Safeguarding Assessment — February 2026

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Dumfries & Galloway Rape Crisis & Sexual Abuse Support Centre
Edinburgh Rape Crisis Centre (ERCC)
Fife Rape & Sexual Assault Centre (FRASAC)
Forth Valley Rape Crisis Centre (FVRCC)
Glasgow & Clyde Rape Crisis Centre (GCRC)
Lanarkshire Rape Crisis Centre (LRCC)
Rape & Sexual Abuse Support Highlands (RASASH)
Moray Rape Crisis
Orkney Rape & Sexual Assault Service (ORSAS)
The Compass Centre Shetland
Rape Crisis Grampian (RCG)

Rape & Sexual Abuse Centre Perth & Kinross (RASAC P&K)
Scottish Borders Rape Crisis Centre (SBRCC)

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Executive Summary

This audit evaluates the structural safeguarding characteristics of sexual violence support services in Scotland as experienced by transitioned women. Sixteen services were assessed using a two-minute navigability test that mirrors the reality of help-seeking during acute trauma, examining publicly available information on eligibility criteria, inclusion policies, group work accessibility, and disclosure requirements.

Key Findings:

Of the 16 services audited:

- 4 services (25%) are Recommended with clear, safe, and navigable access for transitioned women
- 5 services (31%) are Conditionally Recommended, accessible with caveats or disclosure burdens
- 2 services (13%) present Moderate Risk, requiring direct clarification before safe access can be determined
- 2 services (13%) are Not Recommended due to high safeguarding risks including biological sex-based eligibility criteria and exclusionary practices
- 3 services (19%) remain under assessment pending service feedback

The majority of Scottish services (56%) demonstrate either full or marginally safe accessibility for transitioned women, indicating that inclusive frameworks currently exist in practice. However, nearly one-third of services present navigability barriers, disclosure burdens, or classification ambiguity that create predictable safeguarding risks. The absence of explicit reassurance regarding classification stability and group work access emerged as the primary barrier, even in services with inclusive intent.

1. Purpose

This audit was undertaken to evaluate the structural safeguarding characteristics of sexual violence support services in Scotland as experienced by transitioned women. Transitioned women constitute a small population with high prevalence of sexual and domestic violence exposure, complex trauma presentation, and elevated vulnerability to institutional harm. Despite this, their safeguarding needs are frequently overlooked within service design and referral frameworks.

We examine how service design, eligibility criteria, ideological framing, and operational practice interact when encountered from a survivor-access perspective, with particular attention to navigability, disclosure burden, and continuity of care.

The central analytical question underpinning this work is whether service structures enable transitioned women to access trauma support without being subjected to foreseeable psychological harm arising from classification practices, disclosure pressure, conditional access, or degraded service provision.

Safeguarding risk is determined not only by the quality of care that may follow engagement, but by whether survivors can reliably access that care without encountering predictable harm.

Where service design produces predictable distress, re-traumatisation, service rupture, institutional avoidance, or betrayal of trust, this is treated as a safeguarding failure irrespective of organisational intent or legal justification.

This audit distinguishes between structural safeguarding assessment and survivor navigation guidance. Structural findings evaluate the predictability of access within publicly visible service architecture, while navigation guidance is provided to support informed, autonomous help-seeking within complex service environments. For the purposes of this audit, transitioned women are considered as a distinct safeguarding cohort due to materially different risk pathways associated with embodiment, transition stability, social positioning, and disclosure vulnerability.

This review forms part of a broader programme of work by Transinss, including the survivor-facing guide *Finding Safety* and the analytical paper *Safeguarding and Protection Failures for Transitioned Women Experiencing Domestic and Sexual Violence*, which together situate this review within a wider programme of institutional safeguarding analysis.

2. Audit Methodology

Assessment Process

This audit examined specialist sexual violence services listed within the Rape Crisis Scotland directory. As a nationally recognised referral network, the directory functions as a primary navigation pathway for survivors seeking support. This audit evaluates safeguarding implications arising from publicly navigable service architecture. It does not adjudicate the legal validity of eligibility models, nor does it assess organisational intent. The focus is strictly on the foreseeable impact of service design on survivor access and psychological safety.

We focussed on front-facing service descriptions and eligibility statements, inclusion policies or guidance specific to transitioned women where present, self-referral forms and intake processes, and group work descriptions and accessibility information. We then measured these findings against safeguarding standards, asking whether a transitioned woman can determine eligibility without disclosure, whether inclusion of transitioned women is explicit, absent, or ambiguous, whether group work can be accessed safely and is this clear before contact, and whether the service design creates foreseeable barriers or risks. All services were assessed using the same evaluative criteria to ensure methodological consistency and comparative fairness across the national landscape.

The review process was conducted in a transparent manner and remained open to factual clarification from both service providers and service users during its development. Such input was incorporated where it materially enhanced accuracy, while evaluative independence was preserved.

Based on this assessment, services were classified as recommended (clear, safe, navigable), conditionally recommended (accessible with caveats or disclosure burden), moderate risk (significant ambiguity requiring direct clarification), or not recommendable (high safeguarding risk).

The Two-Minute Rule

Every service listed by Rape Crisis Scotland was reviewed. This audit applies the "two-minute navigability test": Can a transitioned woman experiencing crisis determine, within approximately two minutes of visiting a service's website, whether the service is safe to approach?

Assessments were conducted from the position of a threat-sensitive survivor seeking support under conditions of psychological distress, limited cognitive bandwidth, and elevated safety need.

This test mirrors the reality of help-seeking during acute trauma, where cognitive capacity is reduced, emotional resources are limited, multiple service websites may need to be assessed

quickly, and prolonged searching or uncertainty itself functions as a deterrent.

Scope of Review

We reviewed main service pages, about sections, referral information, and, where available, self-referral forms. Site complexity varied considerably: some services had extensive web presence, others had minimal. We did not exhaustively search every sub-page or linked document, but where self-referral forms existed, we assessed them for forced disclosure requirements.

Email Contact and Follow-Up

This audit reflects publicly available information and email responses received as of February 2026. Services that have not yet responded or provided clarity remain classified according to the safeguarding risk their public materials present.

3. Audit Limitations

We assessed publicly available website information and email responses from services. What we could not assess includes internal policies that may differ from public statements, actual staff practice and competency, local variations in policy implementation across different branches or regions, and changes in practice following recent policy guidance that may not yet be reflected online. This review evaluates publicly navigable service architecture rather than internal clinical practice. Where internal processes provide safeguards not visible to survivors prior to contact, these protections cannot reliably function as access safety mechanisms. This means a service classified as "not recommendable" based on website content may have an inclusive practice that is simply not visible. Conversely, a service with inclusive website language may have operational barriers not apparent from public materials.

Assessments model the experience of a first-time survivor seeking support under conditions of distress and informational constraint. As such, findings reflect predictability at the point of approach rather than the quality of care that may follow successful engagement.

Limited Service User Feedback

We have direct accounts from some transitioned women about their experiences with specific services, informing our understanding of how policies translate to practice. However, we lack comprehensive service user feedback across all services audited. Most services have not been tested by enough transitioned women to establish reliable patterns. Classifications, therefore, reflect our best assessment of risk based on available information, but do not represent confirmed outcomes across all contexts.

Variability in Local Implementation

Even where national organisations have inclusive policies, local implementation can vary significantly based on individual staff knowledge and attitudes, local commissioning requirements, regional policy interpretations, and availability of trained practitioners. A service that appears safe based on national policy may have local barriers not captured in this audit. The reverse is also possible: local services may be more inclusive than their website suggests.

Point-in-Time Assessment

This audit reflects the state of services as of February 2026. Service policies, staff training, website content, and legal interpretations are all subject to change, particularly in the current environment following the April 2025 Supreme Court ruling. Information may become outdated, and services may improve or deteriorate between audit and access.

The Gap Between Stated Policy and Lived Experience

No website audit can fully capture whether a service will be safe in practice for any individual survivor. Variables include which staff member you encounter, how disclosure is handled if it occurs, whether group composition matches what's described, how conflicts or complaints are managed, and whether the therapeutic approach actually fits your needs. Even "recommended" services carry some degree of uncertainty for transitioned women navigating systems not designed with us in mind.

What this audit cannot tell you

This audit CAN help you identify services with clear, explicit policies for inclusion of transitioned women, avoid services with high visible risk (exclusionary language, natal sex-based routing, no clarity regarding transitioned women), understand which services require disclosure to determine access, know which services offer group work and whether accessibility is clear, and make more informed decisions about where to start when seeking help.

This audit CANNOT guarantee that any specific service will provide appropriate care in practice, that staff will be competent or kind, that local implementation matches national policy, that you will not encounter barriers not visible in public materials, or that a service's classification will not change over time.

Service models are dynamic and may evolve over time. This audit therefore reflects conditions observable at the time of review rather than permanent institutional characteristics. The review process was conducted transparently and remained open to factual clarification from both service providers and service users during its development. Incorporation of such input was undertaken where it materially improved accuracy; however, evaluative independence was maintained throughout.

For Services and Commissioners

If your service is classified as "moderate risk" or "not recommended," this audit identifies specific gaps, including a lack of visible policy for inclusion of transitioned women, unclear group work accessibility, forced disclosure in intake processes, and sex-based routing without context assessment. These are fixable operational issues, not insurmountable barriers. Contact us if you would like to discuss how to improve navigability and safety for transitioned women.

4. Structural Safeguarding Risks Identified

The risks identified below are structural in nature. They arise from service design and navigational conditions rather than individual practitioner behaviour. These mechanisms are analytically distinct but frequently co-occur, producing cumulative safeguarding risk. Such mechanisms operate across the survivor journey — from initial approach through therapeutic engagement — shaping not only access to care but the conditions under which recovery becomes possible.

1. Predictability of Access

The mechanisms that follow describe the structural conditions most likely to disrupt predictability within the survivor journey. Across all services, the ability of a transitioned woman to reliably predict whether she could enter, remain, and recover within a service without later reclassification emerged as a central safeguarding determinant. Where access depended on ambiguity, inference, or delayed disclosure, safeguarding risk increased sharply. In trauma-informed practice, predictability itself functions as protection.

2. Navigational Opacity

Where survivors cannot determine eligibility, placement, or continuity of care prior to contact, access becomes inference-dependent. For trauma survivors operating under conditions of threat-sensitivity and reduced cognitive bandwidth, such opacity constitutes a primary safeguarding barrier.

3. Classification Based Access Barrier

Where eligibility is determined through rigid classification frameworks, survivors may encounter predictable barriers to appropriate therapeutic placement.

Classification access barriers can create a form of conditional safety, in which belonging is provisional and revocable. For survivors with complex trauma, this mirrors core dynamics of abuse: trust formation followed by sudden loss of safety. The resulting injury — commonly experienced as institutional betrayal — significantly compounds trauma, destabilises recovery, and increases long-term service avoidance.

Conditional belonging is inherently unstable, requiring survivors to continually assess whether safety remains intact.

4. Forced or Coerced Disclosure Risk

Many services require, explicitly or implicitly, information about sex assigned at birth, “biological sex,” or gender history through intake forms, equality monitoring, staff discretion policies, or single-sex service rules. This creates an environment where a transitioned woman

must choose between concealment (with ongoing fear of later exclusion, and a degraded service as abuse dynamics frequently reported by transitioned women include threats of disclosure, withdrawal of hormones, identity-based coercion, or other abuse dynamics frequently reported by transitioned women, or disclosure (with unpredictable or adverse consequences).

Even where disclosure is not formally mandated, the absence of survivor-facing clarity regarding eligibility, placement, and continuity of care creates predictive disclosure pressure, whereby survivors *feel compelled to disclose in order to assess whether access will remain stable*. Both procedural and predictive coercion undermine survivor autonomy. This pressure constitutes safeguarding harm, and may undermine the protections afforded to gender history under section 22 of the Gender Recognition Act 2004, which recognises the particular sensitivity and risk associated with disclosure.

5. Reclassification & Continuity of Care Risk

Reclassification following disclosure creates a high-risk rupture point in the survivor journey, disrupting trust formation and exposing individuals to sudden loss of safety. Trust formation followed by withdrawal of support mirrors core dynamics of abuse and significantly increases the likelihood of institutional betrayal and long-term service avoidance.

6. Early Warning Indicators of Elevated Safeguarding Risk

These indicators do not in themselves constitute safeguarding failure; however, they reliably signal environments in which classification rigidity and reclassification risk are more likely to occur.

Certain language patterns consistently correlated with exclusionary practice and safeguarding failure. These include the use of “females” instead of women, emphasis on “biological sex” in eligibility criteria, and framing women-only provision as requiring protection from transitioned women.

These markers reliably predict operational exclusion even where inclusion statements were present elsewhere on the site. In safeguarding terms, they function as early-warning indicators of classification rigidity, and elevated risk of later reclassification harm.

7. Parallel but Non-Protective LGBTQ+ Pathways

Several services offered LGBTQ+ or advocacy-specific pathways for transitioned women while simultaneously restricting access to women-only counselling, therapy, or group recovery spaces. Where these parallel pathways did not provide equivalent therapeutic depth, continuity, or collective recovery, they did not reliably mitigate safeguarding risk.

Parallel provision does not constitute protection where core therapeutic pathways remain exclusionary. Instead, it frequently produces segregated access, diminished care, and structural inequality, reinforcing rather than resolving institutional harm.

8. Staff Discretion under Constraint

Where genuine professional discretion existed in the absence of rigid sex-based policy, this was assessed as protective, allowing survivor-centred judgment, trauma-informed flexibility, and contextual safeguarding.

However, where discretion was constrained by legal reinterpretations, organisational policies defining sex as biological, or mandatory reclassification rules, it became a risk amplifier, removing clinical and ethical judgment, enforcing categorical exclusion, and exposing survivors to predictable service rupture and institutional harm.

9. Group Work and Collective Recovery: Structural Safeguarding Implications

Group work access emerged as a decisive safeguarding factor. Services allowing transitioned women into women's groups without disclosure requirements were assessed as safer. Services offering only 1:1 support or rerouted mixed/LGBTQ+ groups were assessed as incomplete and inequitable, as group work is a core modality for recovery, not an optional extra. The inability to safely access collective recovery constitutes structural exclusion even where individual support is available.

Exclusion is not the sole safeguarding failure identified; unpredictability, conditional belonging, and disclosure pressure function collectively as deterrence mechanisms capable of preventing survivors from seeking support altogether.

5. Overall Audit Conclusions

Across our UK audits, services fall into four risk categories. These categories describe structural safeguarding conditions rather than organisational intent or staff compassion. Exclusion is not the only safeguarding failure; unpredictability is itself a risk condition. They reflect the survivor's ability to predict access, remain safely engaged, and recover without encountering classification-based harm. The gradient between categories reflects increasing levels of predictability and structural safety within the survivor journey.

● **Category A: Not Recommended — High Safeguarding Risk**

Characteristics include natal sex-based eligibility resulting in exclusion or significant degradation of service, conditional or post-disclosure exclusion, reclassification following engagement, women-only spaces inaccessible to transitioned women, and persistent absence of clarity regarding inclusion of transitioned women creating exclusion-by-silence. Where survivors must anticipate exclusion, negotiate belonging, or risk service rupture, structural safety cannot be assumed. These conditions constitute a high and foreseeable risk of psychological harm, including re-traumatisation. Accordingly, these conditions meet the threshold for high structural safeguarding risk.

● **Category B: Moderate Risk — Requires Direct Clarification**

Characteristics include absent or ambiguous survivor-facing guidance regarding inclusion of transitioned women, unclear classification or placement criteria, limited visibility of group work accessibility, and service pathways that cannot be reliably interpreted from public materials.

No overt safeguarding failure is visible; however, the absence of operational clarity creates predictive uncertainty regarding eligibility, continuity of care, and classification stability. Where predictability is compromised, survivors may be required to assume personal responsibility for clarifying access conditions prior to engagement, potentially necessitating disclosure or concealment of status to secure service stability.

Ambiguity in safeguarding architecture does not neutralise risk; it transfers interpretive burden onto the survivor. Accordingly, these conditions meet the threshold for moderate structural safeguarding risk pending direct clarification.

● **Category C: Conditionally Recommended — Structurally Safe with Caveats**

Characteristics include explicit or values-based inclusion of transitioned women, generally trauma-informed service design, and accessible support pathways. Operational safeguards

regarding classification stability, continuity of care, women-only provision, or group work access may not be fully articulated within public materials.

Survivors may nevertheless need to exercise some self-advocacy to confirm placement conditions prior to engagement. Public materials may demonstrate limited explicit recognition of transitioned women's distinct safeguarding vulnerabilities, resulting in risk profiles that are understated or insufficiently operationalised.

Structural safety is present but not yet fully self-evident within the service architecture. These gaps are typically remediable through minor additions to public-facing policy and safeguarding frameworks. Accordingly, these conditions meet the threshold for conditional structural recommendation.

● **Category D: Recommended — Structurally Safe and Predictable**

Characteristics include explicit policy for inclusion of transitioned women clearly visible within primary service pages, group work clearly accessible without forced disclosure, no visible classification mechanisms likely to result in reclassification, clinically competent frameworks understanding transitioned women's unique risk profile, predictable continuity of care, and high navigability within two-minute test. Survivors are unlikely to encounter unexpected barriers to entry, placement, or continuation of care.

Structural safety is evident within the public architecture of the service rather than dependent on survivor-led clarification. Survivors can approach these services with reasonable confidence in access stability and therapeutic continuity.

Implications for Service Providers

This audit identifies predictability of access as a central safeguarding condition. Survivors are best supported when eligibility, placement, and continuity of care can be understood prior to engagement, without reliance on disclosure or survivor-led clarification.

Services demonstrating structurally safe architecture typically provide clear survivor-facing guidance regarding inclusion, minimise classification ambiguity, and ensure that access to core therapeutic pathways — including group recovery — does not depend on survivors managing disclosure risk in order to access care.

Where public materials make safety visible, survivors are less likely to delay or abandon help-seeking. Conversely, ambiguity within service architecture can unintentionally transfer interpretive burden onto individuals already navigating trauma.

Many of the safeguarding gaps identified are operational rather than ideological and may be addressed through relatively minor additions to public-facing policy, navigational clarity, and continuity safeguards. Small architectural adjustments can significantly strengthen survivor confidence and access stability.

This framework is intended to support service development by making structural safety more readily identifiable within the survivor journey.

6. Institutional Betrayal

Sex-based service routing produces a form of harm distinct from simple exclusion: a form of harm recognised within trauma literature as institutional betrayal. Institutional betrayal represents a safeguarding concern because survivors reasonably expect support services to function as sites of protection rather than sources of additional injury. When survivors must accept therapeutic mismatch, conditional access, exclusion, or erasure of lived reality, to obtain support, they sustain a secondary injury. This injury originates not from interpersonal abuse but from institutional design.

Sexual violence and domestic violence services exist because of specific expertise: understanding how abuse operates, how power imbalances function, and how institutional responses can either interrupt or compound harm. Yet when services implement natal sex-based classification without regard to lived context, they risk reproducing dynamics commonly associated with abuse. Abuse operates through: someone else defining your reality; loss of agency and control; being told “this isn’t about you”; exclusion justified as “for the greater good”; being expected to endure harm quietly. When services reclassify transitioned women against their lived experience, remove survivor choice about categorisation and routing, frame institutional responses as “we have no choice” rather than active decisions, rationalise individual harm through appeal to collective safety, and require survivors to accept therapeutic mismatch without complaint, they mirror these same power-over dynamics at the institutional level.

The dynamics involved mirror patterns recognised in coercive control: conditional safety, forced adaptation to avoid rejection, power asymmetry between survivor and institution, and withdrawal of support upon full disclosure. When institutional systems replicate these patterns, they produce a distinct form of trauma.

Survivors may experience partial healing of the original trauma while simultaneously acquiring an unacknowledged wound: grief, loss, and identity-based injury created by coercive service design. No recognised pathway exists through which this betrayal can be named, validated, or treated. Survivors are left carrying unresolved trauma for which there is no clinical or recovery framework - and the institutions that caused the injury cannot recognise it as harm, leaving survivors with wounds that are simultaneously real and officially non-existent.

Betrayal within systems expected to provide safety carries particular psychological weight because it disrupts foundational assumptions about where protection can be found. It is often masked by kindness, gratitude, and partial therapeutic benefit, and it may remain unrecognised until survivors gain sufficient safety to reinterpret their experience. The realisation that healing required self-erasure can become a source of grief and destabilisation. Institutional design that produces injury for which no repair pathway exists constitutes safeguarding failure. Under such conditions, institutional responses may *compound trauma while leaving the resulting injury unrecognised within existing recovery frameworks*.

Across this audit, predictability of access emerges as the central safeguarding condition. Survivors are safest when they can understand, prior to engagement, whether they will be able to enter a service, remain within it, and recover without encountering classification-based disruption.

Structural opacity, conditional belonging, disclosure pressure, and reclassification risk function not merely as administrative features but as determinants of psychological safety. Where survivors must anticipate exclusion, negotiate placement, or absorb institutional uncertainty, the burden of safety shifts from system to individual.

Safeguarding is therefore not only a matter of service availability, but of architectural clarity. Systems that make safety visible reduce survivor burden; those that require interpretation inadvertently reproduce conditions of threat vigilance incompatible with trauma recovery.

7. Service Reviews:

ABERDEEN RAPE CRISIS CENTRE (ABRC)

Overall Assessment: ● **Recommended — Structurally Safe and Predictable**

Basis of Review: Comprehensive website review including front pages, service descriptions, emotional support and group work pages, plus the LGBTI support page. Assessed using two-minute navigability test.

Front-Door Navigability

ABRC passes the two-minute navigability test. Support routes and contact methods are clearly visible. Language is survivor-centred rather than sex-exclusive, enabling safe approach during crisis without prolonged searching. The service provides multiple contact routes including phone, email, and online referral, with clear crisis response pathways, enabling safe approach during crisis without interpretive burden.

Assessment: ● Pass. High crisis navigability without sex-based gatekeeping.

Clarity on Inclusion of Transitioned Women

Inclusion of transitioned women is explicit and survivor-facing. ABRC maintains a dedicated LGBTI support page that names transitioned women and non-binary survivors directly and acknowledges historical barriers to access. The framing recognises heightened vulnerability and positions the service as actively inclusive. This clarity reduces approach heightened structural vulnerability transitioned women.

Assessment: ● Explicit operational inclusion with survivor-facing reassurance.

Group & Collective Recovery Access

ABRC offers multiple group-based recovery modalities including art therapy groups, community recovery spaces, and a recovery hub. Public materials indicate that transitioned women survivors have accessed these services. The presence of approximately 0.7% transitioned women survivors in their service data provides observable evidence of operational inclusion rather than theoretical commitment reduces the likelihood that disclosure will be administratively coerced or function as a gateway condition for care.

Assessment: ● Present and operationally evidenced.

Forced Disclosure Risk

ABRC does not use sex-based intake capture and employs identity-protective language throughout public materials. Their explicit inclusion of transitioned women LGBTI support framework reduce the likelihood that disclosure will be administratively coerced or used to restrict access.

Assessment: ● Low. Structural protections minimise coercive disclosure.

Reclassification Risk

The operational evidence of transitioned women survivors accessing services, combined with explicit inclusion policies, suggests low risk of post-engagement reclassification. No visible mechanism exists by which a transitioned woman would be accepted initially and later excluded.

Assessment: ● Low. No evidence of exclusionary reclassification practices.

Safeguarding Governance

ABRC demonstrates strong safeguarding governance through membership of Rape Crisis Scotland, compliance with national standards, clear confidentiality frameworks, and explicit inclusion commitments. These structures materially support survivor autonomy and ethical accountability.

Assessment: ● Strong. Governance aligned with survivor protection.

Feminist Framing

Feminist analysis is present but operationalised through power-based rather than biological frameworks. There is no evidence of biological essentialism or sex-based exclusion justified through feminist ideology. Structural safety is not only articulated but visibly embedded within the service architecture.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

ABRC demonstrates operational inclusion of transitioned women supported by explicit policies, survivor-facing reassurance, and evidence of transitioned women survivors accessing services. The service can be recommended with a high degree of structural confidence confidence, including for collective recovery work, without requiring prior clarification or disclosure from transitioned women. Survivors are unlikely to encounter unexpected barriers to entry, placement, or continuation of care.

Final Classification: ● Recommended — Structurally Safe and Predictable

Argyll & Bute Rape Crisis (ABRC)

Overall Assessment: ● **Conditionally Recommended** — **Structurally Safe with Caveats**

Executive Summary

Argyll & Bute Rape Crisis demonstrates strong trauma-informed ethos, explicit inclusive intent, and high-quality survivor-centred practice. The service presents as welcoming, affirming, and ethically grounded. However, public-facing materials do not provide sufficient operational clarity regarding the inclusion of transitioned women within women-only spaces or the stability of classification following disclosure. This creates a predictable structural safeguarding uncertainty for transitioned women, particularly those who are highly threat-sensitive or have prior experiences of institutional exclusion. With limited wording refinements and explicit survivor-facing reassurance, it would be expected to meet the threshold for full structural recommendation.

Front-Door Navigability

Argyll & Bute Rape Crisis clearly passes the two-minute navigability test. The front page prominently states that support is available to all survivors regardless of gender, with simple, trauma-informed language and multiple accessible contact routes. Crisis access pathways are visible without prolonged searching or bureaucratic friction, enabling survivors in acute distress to quickly determine that help is available. This design substantially reduces approach inhibition and emotional load at the point of first contact.

Assessment: ● Strong — high crisis accessibility and low cognitive burden.

Inclusion of Transitioned Women

The service demonstrates explicit inclusive intent through dedicated LGBT+ survivor content, affirmative language, and public commitment to equality and dignity. Transitioned women are named within inclusion frameworks, and the organisation holds LGBT Charter accreditation, signalling institutional awareness and cultural competence.

However, this inclusive intent is not fully operationalised in survivor-facing terms. Public materials do not explicitly clarify whether transitioned women are included within women-only spaces, how classification decisions are made, or whether access remains stable following disclosure. In the current safeguarding climate, this absence of operational clarity creates predictive uncertainty, even where organisational values are affirming.

Assessment: ● Explicit cultural inclusion present; operational clarity regarding classification and placement absent.

Women-Only Safe Spaces

The service states that it provides women-only safe spaces, but does not define how “woman” is operationalised for the purposes of service access, group participation, or therapeutic placement.

No survivor-facing reassurance is provided confirming that transitioned women are included within these spaces, nor is any guidance offered regarding disclosure handling or classification stability.

For transitioned women with histories of exclusion or institutional harm, ambiguity in access conditions functions as a deterrence mechanism within trauma-affected populations. Survivors may reasonably fear that disclosure could alter eligibility or lead to later service rupture, even where no such outcome is intended. This degrades perceived safety and may inhibit engagement.

Assessment: ● Primary source of safeguarding uncertainty — classification and placement criteria are not operationally transparent.

Group & Collective Recovery Access

Argyll & Bute Rape Crisis does not appear to offer structured therapeutic group work or collective recovery programmes as a core modality. Support appears primarily delivered through 1:1 emotional and advocacy services. While this reduces one of the most common sites of classification-based harm, it also limits collective recovery access for survivors who benefit from peer-based healing.

The absence of group work reduces the immediate risk of group-based exclusion or reclassification harm but does not eliminate concerns regarding access to women-only spaces or longer-term classification stability.

Assessment: ● Neutral — group-based safeguarding risk limited by service model, but overall classification uncertainty remains.

Forced Disclosure Risk

The service's referral and intake framing does not appear to compel disclosure of sex assigned at birth or gender history. Language emphasises survivor autonomy, confidentiality, and choice, which materially reduces procedural disclosure pressure.

However, because classification criteria for women-only spaces are not made explicit, transitioned women may experience structural disclosure pressure: a need to disclose pre-emptively in order to assess whether access will remain stable over time. This form of predictive disclosure pressure operates even in the absence of formal disclosure requirements.

Assessment: ● Low procedural disclosure risk; moderate structural disclosure burden arising from pathway opacity.

Reclassification Risk

Without explicit survivor-facing guidance on classification stability, the risk of post-engagement reclassification cannot be ruled out. In services where women-only provision exists but inclusion criteria are not defined, a predictable pattern can emerge: initial acceptance, emotional engagement, later disclosure, and subsequent re-routing or exclusion. Although there is no

evidence that this occurs in practice at Argyll & Bute Rape Crisis, the absence of published safeguards against such outcomes constitutes a meaningful uncertainty risk.

Assessment: ● Moderate — classification stability cannot be reliably predicted.

Safeguarding Governance

Argyll & Bute Rape Crisis demonstrates strong general safeguarding governance through trauma-informed practice, staff training, survivor-centred values, and alignment with national service standards. Organisational culture appears ethically grounded and relationally sensitive.

However, no transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. In the current environment, where transitioned women face heightened institutional vulnerability, this represents a readily remediable governance gap.

Assessment: ● Strong general safeguarding; transition-specific operational clarity absent.

Feminist and Service Framing

Service framing is power-based, survivor-centred, and non-biological. Feminist analysis is applied in a manner that centres trauma, consent, and structural inequality rather than sex-essentialist categorisation. No ideological exclusionary markers are present.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

Argyll & Bute Rape Crisis presents as a caring, trauma-informed, and affirming service with explicit inclusive intent and strong ethical foundations. However, the absence of survivor-facing operational clarity regarding classification, women-only spaces, and continuity of access creates a moderate safeguarding uncertainty for transitioned women. These risks are readily remediable through minor wording adjustments and explicit reassurance.

With the addition of clear statements confirming inclusion of transitioned women within women-only provision and guaranteeing classification stability post-disclosure, the service would likely meet criteria for full recommendation.

Structural safety appears culturally embedded but not yet fully operationalised within public service architecture.

Final Classification: ● **Conditionally Recommended — Structurally Safe with Caveats**

DOMESTIC AND SEXUAL ASSAULT TEAM, DUNDEE & ANGUS (DASAT)

✓ Survivor Navigation Note

Because public materials do not clearly explain how transitioned women are accommodated within forensic and medical pathways, survivors may wish to seek clarification prior to attendance where this feels emotionally possible.

Disclosure of gender history is not inherently required for care; however, clinical examination processes sometimes involve anatomy-specific protocols. Survivors retain the right to ask how dignity, privacy, and examiner matching will be handled before consenting to examination.

Where uncertainty feels distressing, attending with a trusted support person or requesting an advocate may help restore a sense of control during the forensic process.

If immediate medical care is needed following assault, survivors should prioritise their physical safety and health. Questions regarding placement and dignity protections can be asked at any stage of care. Predictability is an important component of trauma-informed care; survivors are entitled to understand how they will be supported before entering clinical environments whenever possible.

Overall Assessment: ● Moderate Risk — Requires Direct Clarification

Basis of Review: Full review of public-facing website including service overview, referral pathways, forensic process descriptions, and survivor information pages. Assessed using two-minute navigability test with additional focus on acute clinical safeguarding risk.

Front-Door Navigability

DASAT does not clearly meet the two-minute test for transitioned women. Core contact routes, emergency access pathways, and referral mechanisms are clearly visible. Information is clinically structured and easy to locate during acute crisis. However, no explicit inclusion of transitioned women at the front door or within first-contact pages. Survivors must infer safety rather than being reassured of it.

Assessment: ● Pass for general survivors; amber for transitioned women due to implicit-only inclusion.

Inclusion Clarity

Transitioned women's inclusion is not explicitly stated. There is no survivor-facing reassurance regarding the treatment, dignity, or placement of transitioned women within forensic and medical pathways. Language throughout relies on conventional medical-sex framing without clarifying

how this applies to post-transition anatomy. This creates predictive ambiguity regarding examiner matching, examination procedures, dignity protections, and clinical pathway placement. Forensic practice necessarily engages with anatomy; however, the absence of survivor-facing guidance explaining how transitioned bodies are respectfully and safely accommodated creates structural uncertainty.

Assessment: ● Sex-based clinical wording introduces predictive pathway uncertainty.

Group and Collective Recovery Access

DASAT operates primarily as an acute forensic and medical response service rather than a long-term recovery provider. Ongoing recovery pathways are routed externally to partner services. Collective recovery access is not directly provided, shifting safeguarding risk to downstream referral routing. No explicit routing criteria are published.

Assessment: Not directly applicable. Downstream referral risk remains structurally unassessable from public materials.

Forced Disclosure Risk

DASAT's clinical model relies on sex-based forensic classification frameworks, which may implicitly require disclosure of medical transition to determine examiner selection, guide examination protocol, and determine safeguarding procedures. No public-facing guidance clarifies whether disclosure is required, how disclosure affects placement, or what protections exist around dignity and trauma minimisation. Disclosure may become predictively coercive: survivors may feel compelled to disclose to prevent misclassification despite knowing disclosure itself may trigger harm.

Assessment: ● Moderate disclosure burden introduces moderate reclassification uncertainty.

Reclassification Risk

The reliance on sex-based forensic frameworks creates moderate reclassification risk, particularly around examiner assignment and pathway placement. Without explicit clarity, transitioned women cannot determine in advance how they will be categorised within clinical systems.

Assessment: ● Moderate. Forensic sex-framework reliance creates pathway uncertainty.

Safeguarding Governance

Clinical safeguarding governance appears robust and procedurally formal, consistent with

statutory service provision. NHS frameworks, trauma-informed practice models, and forensic integrity standards are clearly embedded. However, no specific safeguarding guidance, dignity protections, or trauma-minimisation protocols are visible in public materials. Clinical robustness does not automatically translate into classification clarity for transitioned survivors.

Assessment: ● Procedurally strong. Transitioned women's safeguarding clarity is absent.

Feminist Framing

Service framing is clinical, statutory, and gender-based violence focused. The absence of intersectional or safeguarding language means transitioned women cannot reliably infer whether their dignity, privacy, and safety will be protected within sex-classified clinical systems.

Assessment: ● Non-ideological clinical framing with classification rigidity risk.

Bottom-Line Conclusion

DASAT provides comprehensive, accessible acute response for survivors of domestic and sexual violence. However, the absence of explicit inclusive clinical guidance creates significant predictive uncertainty for transitioned women navigating forensic and medical pathways following sexual assault. Key risks include anticipatory healthcare avoidance, coercive disclosure pressure, uncertainty around examiner assignment, and anxiety regarding dignity and reclassification. While there is no evidence of overt exclusion, transitioned women cannot reliably assess whether they will be treated safely and respectfully prior to engagement. Direct clarification is required before recommendation, necessitating pre-engagement clarification that may itself function as a barrier during acute trauma response. In acute forensic environments, predictability is itself a form of dignity protection.

Final Classification: ● **Moderate Risk — Requires Direct Clarification**

DUMFRIES & GALLOWAY RAPE CRISIS & SEXUAL ABUSE SUPPORT CENTRE

Overall Assessment: ● **Conditionally Recommended — Safe with Caveats**

Executive Summary

The service avoids overt sex-based gatekeeping and employs open eligibility language, which significantly lowers approach barriers for transitioned women. However, the absence of explicit survivor-facing reassurance regarding classification, continuity of care, and placement within any women-only spaces creates a residual safeguarding uncertainty. While the service appears likely to be supportive in practice, transitioned women cannot reliably predict how disclosure of transition history may affect their pathway. With limited additions to public-facing guidance, the service would likely meet criteria for full recommendation.

Basis of Review: Front-door website review including home page, FAQ, emotional support information, and contact form. No published equality or inclusion statement was available in reviewed materials.

Front-Door Navigability

The service largely passes the two-minute test. The homepage clearly states support is available to anyone 12+, offers multiple contact routes, and repeats access criteria. The contact form appears minimal and does not request sex-based data.

Assessment: ● No sex based criteria reduces risk but remains ambiguous without explicit inclusion.

Clarity on Inclusion of Transitioned Women

Public-facing materials consistently use non-exclusive language such as “anyone” and explicitly confirm that the service supports men as well as women. It is possible that the service operates a natal sex-gated access model but it is impossible to determine from the content.

No explicit survivor-facing reassurance is provided for transitioned women specifically. There is no dedicated guidance addressing classification, disclosure handling, or the stability of access following disclosure of gender history. In the current safeguarding environment, where many transitioned women have prior experiences of exclusion, misclassification, or institutional betrayal, the absence of explicit reassurance creates predictive uncertainty, even where inclusive intent is evident.

Assessment: ● Implicit inclusion. Reassurance absent, uncertainty remains.

Group and Collective Recovery Access

From materials provided, there is no clear description of group or collective recovery provision or eligibility rules. The emotional support page describes 1:1 support modalities but does not evidence group access.

Assessment: Not established from public materials reviewed.

Forced Disclosure Risk

Referral and contact pathways do not appear to compel disclosure of sex assigned at birth or gender history. Language consistently emphasises confidentiality, survivor autonomy, and choice, which materially reduces procedural disclosure pressure.

However, as with many services lacking explicit classification guidance, transitioned women may experience structural disclosure pressure: a perceived need to disclose early in order to assess whether access will remain stable and safe. This form of predictive coercion can operate even in the absence of formal disclosure requirements.

Assessment: ● Likely low, but not provably low without policy documentation.

Reclassification Risk

Because public materials do not clarify classification stability, the risk of post-engagement reclassification cannot be reliably assessed. In systems where eligibility boundaries are not explicit, a predictable pattern can arise: initial welcome, emotional engagement, later disclosure, and subsequent re-routing or exclusion.

There is no evidence that this occurs at Dumfries & Galloway Rape Crisis & Sexual Abuse Support Centre. However, the absence of explicit survivor-facing safeguards against such outcomes creates residual uncertainty.

Assessment: ● Unknown from materials reviewed.

Safeguarding Governance

The service demonstrates strong general safeguarding governance through trauma-informed values, confidentiality frameworks, survivor-centred practice, and alignment with national service standards. Organisational culture appears supportive, relational, and ethically grounded.

However, no transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. Given the heightened institutional vulnerability experienced by transitioned women, this represents a remediable governance gap rather than a substantive safeguarding failure.

Assessment: ● Strong general safeguarding; transition-specific operational clarity absent.

Feminist Framing

Service framing centres survivor experience, autonomy, and trauma-informed care rather than ideological or biological classification. There is no evidence of sex-essentialist language or exclusionary feminist framing. This predicts inclusive operational culture and reduces risk of ideological exclusion.

Assessment: ● Neutral and non-exclusionary in available materials.

Bottom-Line Conclusion

The service appears approachable and crisis-navigable, with non-sex-exclusive front-door language and no visible biological-sex capture at intake. This is a strong protective signal compared with centres using explicit sex-based "woman-only" definitions. However, because reviewed materials contain no explicit inclusive of transitioned women reassurance and no accessible equality or safeguarding policy, the service should remain classified as requiring caution until allocation and service pathways can be confirmed as inclusive after first contact.

Final Classification: ● **Conditionally Recommended — Structurally Safe with Caveats**

EDINBURGH RAPE CRISIS CENTRE (ERCC)

Overall Assessment: ● Recommended — Structurally Safe and Predictable

Basis of Review: Full front-door website review including home, support pages, FAQs, women-only services, group work, and LGBTI+ pages, plus organisational strategy, inclusion statements, and operational service descriptions. Assessed using two-minute navigability test. Furthermore, ERCC responded positively to initial enquiries, providing additional operational clarity.

Front-Door Navigability

ERCC clearly passes the two-minute test. Core contact routes, eligibility statements, referral mechanisms, and crisis support information are immediately visible. Language is survivor-centred, non-sex-exclusive, and avoids bureaucratic gatekeeping, enabling rapid access during acute trauma.

Assessment: ● Pass. High crisis navigability.

Clarity on Inclusion of Transitioned Women

Inclusion of transitioned women is explicit, survivor-facing, and operationalised, not merely stated. ERCC explicitly includes gender identity, non-binary people, and transitioned women survivors in core eligibility criteria, publishes a dedicated Statement on Inclusion of Transitioned Women, holds LGBT Scotland Gold Charter Mark accreditation, provides clearly described support pathways inclusive of transitioned women, and frames inclusion as a core organisational value, not an add-on. This clarity materially reduces anticipatory uncertainty.

Assessment: ● Strong. Explicit operational inclusion.

Group and Collective Recovery Access

ERCC demonstrates exemplary group access design, offering parallel recovery spaces that reflect diverse safety needs: women (women without transitioned history), women (all women, including transitioned women), and mixed-gender groups. Rather than enforcing a singular classification model, ERCC provides multiple valid recovery spaces, enabling survivors to choose environments aligned with their trauma histories, bodily boundaries, and psychological safety. This model preserves survivor autonomy, prevents forced disclosure, avoids administrative misclassification, protects dignity, and maintains safety across diverse survivor needs. It represents best-practice trauma-informed service architecture, predictability is embedded within the recovery architecture rather than negotiated at the point of access.

Assessment: ● Excellent. Survivor-centred, pluralistic recovery design.

Forced Disclosure Risk

ERCC's service design structurally prevents administrative coercion by avoiding sex-based intake capture, offering multiple parallel service routes, allowing survivors to select appropriate recovery spaces, and removing classification pressure from front-door access. There is no visible mechanism by which a transitioned woman would be accepted initially and later excluded from group work or support pathways.

Assessment: ● Low. Strong structural protection against disclosure coercion.

Reclassification Risk

The parallel service model prevents post-engagement reclassification by design. Survivors self-select appropriate pathways without administrative classification.

Assessment: ● Low. Strong structural protection against reclassification harm.

Safeguarding Governance

ERCC publishes strategic plans embedding inclusion and anti-oppression, explicit values-based commitments, clear safeguarding and confidentiality frameworks, and survivor-led service design principles. This supports predictable, accountable, and ethically coherent safeguarding practice.

Assessment: ● Strong. Governance aligned with survivor protection.

Feminist Framing

Present, explicit, and non-exclusionary. ERCC's feminist analysis centres power, consent, trauma, and systemic inequality without translating these into sex-based exclusion or biological essentialism. This demonstrates evolved feminist safeguarding, not ideological gatekeeping.

Assessment: ● Strong. Inclusive feminist praxis.

Structural Insight: Inclusion Is a Choice, Not a Constraint

ERCC's service architecture demonstrates a critical safeguarding principle: inclusive service design is operationally achievable. Exclusionary practice is therefore a choice, not an inevitability. By constructing parallel safety pathways, ERCC shows that survivor dignity, trauma-informed care, sex-based safety needs, and transitioned women's inclusion can coexist without conflict when institutions commit to thoughtful service design. This demonstrates that inclusive of transitioned women safeguarding is incompatible with the safety of those classified

at birth as female. ERCC provides operational proof that institutional harm can arise from service design decisions. by design decisions, not structural necessity. This is a vital benchmark for evaluating other services. *ERCC therefore provides a structural reference point against which safeguarding predictability can be evaluated across the sector.*

Bottom-Line Conclusion

ERCC demonstrates observable operational safety, not merely inclusive intent. Their service architecture reflects trauma-informed pluralism, survivor autonomy, safeguarding intelligence, and ethical service design. The service is safe to recommend on first contact, including for group work and long-term recovery, without requiring prior clarification or disclosure from transitioned women.

Final Classification: ● Recommended — Structurally Safe and Predictable k

FIFE RAPE AND SEXUAL ASSAULT CENTRE (FRASAC)

● Survivor Navigation Note

This guidance draws on audit findings based on publicly available service information. Some aspects of care may not be fully described within survivor-facing materials. This note is offered to support your decision-making.

FRASAC presents mixed signals regarding access to women-only spaces, which are defined using natal-sex-based criteria. Where eligibility frameworks rely on such criteria, some transitioned women may experience uncertainty about whether they will be understood in ways that align with their lived context and appropriately reflected in their care.

Support can be found here. FRASAC provides one-to-one therapeutic support. You may wish to weigh your immediate need for support, the importance of predictable and affirming placement, and whether individual therapy within this structure meets your recovery needs.

Alternative pathways — including NHS counselling and independent therapists — are outlined in *Finding Safety*.

FIFE RAPE AND SEXUAL ASSAULT CENTRE (FRASAC)

Overall Assessment: ● **Not Recommended — Structurally Unsafe for Transitioned Women**

Executive Summary

FRASAC presents dual survivor-facing signals: the service states that support is available to “ALL genders,” including LGBTQIA+ survivors, while simultaneously defining women-only spaces as restricted to “someone born biologically female.” Public materials paradoxically indicate that assessment processes include questions regarding preference for women-only provision.

Where inclusive messaging coexists with exclusionary eligibility criteria, survivors may reasonably interpret the service as accessible until disclosure occurs. This creates a foreseeable risk of post-contact exclusion — a high-risk rupture point within the survivor journey.

Predictability of exclusion is itself a safeguarding determinant. Because transitioned women cannot reliably determine eligibility, placement, or continuity of care prior to engagement, the service architecture produces structural unsafety despite supportive relational language elsewhere.

Final Classification: ● **Not Recommended — High Structural Safeguarding Risk**

Basis of Review

Full public-facing website review including homepage, survivor pathways, women-only provision, LGBTQIA+ content, intake description, therapeutic services, and group support pages. Assessed using the Wales/Scotland audit criteria and two-minute navigability test with emphasis on classification predictability and disclosure burden.

Front-Door Navigability

The service is navigable for the general survivor population, with clear contact routes and crisis framing. However, the homepage immediately introduces a biologically bounded definition of women-only space alongside inclusive language.

This juxtaposition requires transitioned women to interpret contradictory signals at the point of approach, shifting cognitive burden onto survivors during acute vulnerability.

Assessment: ● Fails for transitioned women — contradictory signalling destabilises access prediction.

Clarity on Inclusion of Transitioned Women

While FRASAC states that it welcomes people of all genders and acknowledges barriers faced by LGBTQIA+ survivors, however, the coexistence of inclusive reassurance and exclusionary statements create a strong likelihood that transitioned women will consider the service psychologically unsafe by design. Furthermore, safeguarding risks that transitioned women face are under-developed. Public materials group transitioned women within a broader LGBTQIA+ cohort without articulating transition-specific safeguarding considerations.

Where subgroup needs are not explicitly operationalised, survivors may be less able to predict how their care requirements will be understood and met. Mixed signalling in this environment is erosive to trust, especially in a cohort sensitive to institutional betrayal.

Assessment: ● Operational exclusion embedded within inclusive signalling.

Classification Architecture & Women-Only Provision

FRASAC defines women-only space as restricted to those “born biologically female.” Intake materials indicate that survivors will be asked whether they require such provision during assessment.

For transitioned women, this structure creates a predictable classification boundary early in the support pathway. Access to the primary therapeutic environment is therefore contingent upon identity disclosure and subsequent eligibility determination.

Exclusion occurring after initial engagement constitutes a high-risk rupture point and is strongly associated with institutional betrayal in trauma service environments.

Assessment: ● **Predictable classification rupture risk.**

Forced Disclosure Risk

Assessment processes require survivors to specify support preferences linked to biologically defined service categories. For transitioned women, this introduces disclosure pressure at the earliest stage of contact.

Disclosure under conditions of eligibility uncertainty is not neutral — it functions as a sorting mechanism within the service architecture.

Survivors are therefore required to choose between concealment (with risk of later rupture) or disclosure (with risk of exclusion), a dynamic incompatible with trauma-informed safeguarding.

Assessment: ● **Structurally coercive disclosure environment.**

Reclassification and Continuity of Care Risk

Because eligibility is determined through biological criteria, transitioned women cannot reliably predict whether acceptance into support will remain stable once classification is established.

Conditional belonging — where access depends on identity verification — mirrors dynamics commonly present in coercive environments: safety appears provisional rather than assured.

Such instability significantly increases long-term service avoidance.

Assessment: ● **High continuity-of-care risk.**

Group & Collective Recovery Access

FRASAC is not currently offering group support. While this removes one potential site of classification harm, it also eliminates access to collective recovery — a core modality in trauma healing.

In the absence of inclusive group pathways, transitioned women face reduced therapeutic breadth even where individual support might theoretically be available.

Assessment: Not assessed, no group work currently exists

Safeguarding Governance

FRASAC demonstrates organisational commitment to supporting survivors across diverse backgrounds. However, no transition-specific safeguarding guidance, dignity protections, or classification-stability assurances are visible within public materials.

Clinical warmth cannot mitigate structural unpredictability.

Safeguarding requires survivors to understand how they will be received before engagement.

Assessment: ● **Governance does not operationalise safety for transitioned women.**

Structural Safeguarding Insight

Contradictory access signals create conditions in which survivors may approach under assumptions of inclusion before encountering exclusionary criteria.

This architecture does not merely limit access — it destabilises survivor prediction.

In trauma-informed systems, predictability functions as protection.

Where prediction fails, safeguarding fails.

Bottom-Line Conclusion

FRASAC's service design produces a foreseeable pathway in which transitioned women must navigate disclosure-linked classification under contradictory inclusion messaging. This creates a high likelihood of service rupture, institutional betrayal, and healthcare avoidance.

The risk arises from structural conditions rather than practitioner intent.

Classification: ● Not Recommended — Structurally Unsafe for Transitioned Women.

Service Review – Forth Valley Rape Crisis Centre (FVRCC)

Overall Assessment: ● **Conditionally Recommended — Structurally Safe with Caveats**

Executive Summary

Forth Valley Rape Crisis Centre demonstrates strong trauma-informed practice, explicit inclusive intent, and a clear commitment to survivor dignity, autonomy, and intersectional care. The service offers highly accessible front-door pathways and uses survivor-centred language that substantially lowers barriers to help-seeking for transitioned women. However, public-facing materials do not provide sufficient operational clarity regarding classification, continuity of care, and inclusion within women-only or group-based recovery spaces. This creates a moderate but predictable safeguarding uncertainty, particularly for highly threat-sensitive survivors or those with prior experiences of institutional harm. With limited additions to public-facing guidance, the service would likely meet criteria for full recommendation.

Front-Door Navigability

Forth Valley Rape Crisis Centre clearly passes the two-minute navigability test. The homepage and support pages immediately state that support is available to survivors of all genders aged 13 and over, using simple, trauma-informed language. Contact routes are prominent, clear, and accessible, enabling survivors in acute distress to quickly determine that help is available without prolonged searching or inference.

This design materially reduces approach inhibition, emotional load, and cognitive friction, which is particularly protective for survivors experiencing shock, dissociation, anxiety, or crisis-related cognitive narrowing.

Assessment: ● Strong — high crisis accessibility and low cognitive and emotional burden.

Inclusion of Transitioned Women

Public-facing materials explicitly affirm inclusion of transitioned women and acknowledge that trans survivors experience heightened vulnerability and fear of discrimination when accessing services. The service demonstrates cultural competence through explicit inclusion statements, staff training commitments, and alignment with intersectional trauma-informed frameworks.

This explicit survivor-facing reassurance represents a strong protective factor, significantly reducing anticipatory anxiety and self-exclusion at the point of first contact.

However, inclusion is not fully operationalised in relation to service pathways. Public materials do not clarify how transitioned women are categorised within women-only provision, how placement decisions are made, or whether access remains stable following disclosure of transition history.

Assessment: ● Explicit cultural inclusion present; operational clarity regarding classification and placement absent.

Women-Only Safe Spaces

Forth Valley Rape Crisis Centre describes women-only support provision and indicates that some service pathways are structured around women's spaces. However, no operational definition of "woman" is provided, and no survivor-facing guidance confirms that transitioned women are included within these spaces.

In the current safeguarding context, this ambiguity is structurally significant. For transitioned women with histories of exclusion or institutional harm, unclear classification boundaries can generate anticipatory fear, disclosure anxiety, and avoidance of support. Survivors may reasonably worry that disclosure could later alter eligibility or lead to service rupture, even where no such outcome is intended.

Assessment: ● Primary source of safeguarding uncertainty — classification and placement criteria are not operationally transparent.

Group & Collective Recovery Access

Forth Valley Rape Crisis Centre offers structured longer-term support and references collective recovery provision. However, public materials do not clearly specify whether group-based therapeutic spaces exist, how eligibility is determined, or whether transitioned women are fully included within such provision.

Group work is a core modality in trauma recovery, particularly for reducing isolation, rebuilding relational trust, and fostering identity repair. In the absence of explicit survivor-facing guidance, transitioned women cannot reliably assess whether collective recovery spaces will be safe, stable, and affirming.

Assessment: ● Moderate uncertainty — groupwork availability and eligibility criteria lack operational clarity.

Forced Disclosure Risk

The service does not appear to compel disclosure of sex assigned at birth or gender history during referral or intake processes. Language throughout emphasises survivor autonomy, consent, and confidentiality, which materially reduces procedural disclosure pressure.

However, the absence of explicit classification guidance introduces structural disclosure pressure. Transitioned women may feel compelled to disclose pre-emptively in order to assess eligibility, placement, and continuity of care. This form of predictive coercion operates even in the absence of formal disclosure requirements and constitutes a meaningful safeguarding consideration.

Assessment: ● Low procedural disclosure risk; moderate structural disclosure burden due to pathway opacity.

Reclassification Risk

Without explicit survivor-facing guarantees regarding classification stability, the risk of post-engagement reclassification cannot be reliably excluded. In services where women-only provision exists but inclusion criteria are not defined, a predictable pattern can arise: initial welcome, emotional engagement, later disclosure, and subsequent re-routing or exclusion.

There is no evidence that this occurs in practice at Forth Valley Rape Crisis Centre. However, the absence of published safeguards against such outcomes creates residual uncertainty for highly threat-sensitive survivors.

Assessment: ● Moderate — classification stability cannot be confidently predicted from public materials.

Safeguarding Governance

Forth Valley Rape Crisis Centre demonstrates strong general safeguarding governance through trauma-informed service design, confidentiality frameworks, survivor-centred values, and alignment with national service standards. Organisational culture appears ethically grounded, relational, and attentive to survivor dignity.

However, no transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. Given the heightened institutional vulnerability experienced by transitioned women, this represents a remediable governance gap rather than a substantive safeguarding failure.

Assessment: ● Strong general safeguarding; transition-specific operational clarity absent.

Feminist and Service Framing

Service framing is explicitly feminist, survivor-centred, and power-based. Analysis centres consent, trauma, and structural inequality rather than biological or sex-essentialist categorisation. There is no evidence of ideological exclusionary framing.

This form of feminist praxis predicts inclusive operational culture and functions as a strong protective factor against ideological gatekeeping.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

Forth Valley Rape Crisis Centre presents as an accessible, compassionate, and ethically grounded service with explicit inclusive intent, strong trauma-informed practice, and high-quality survivor-centred design. The service avoids overt sex-based gatekeeping and demonstrates low procedural disclosure burden, which are major protective factors for transitioned women.

However, the absence of explicit survivor-facing guidance regarding classification, women-only provision, group recovery access, and continuity of care creates a moderate safeguarding

uncertainty. These risks are readily remediable through minor additions to public-facing materials.

With explicit confirmation that transitioned women are fully included within all service pathways and that disclosure will not destabilise access, the service would likely meet criteria for full recommendation.

Final Classification: ● **Conditionally Recommended — Structurally Safe with Caveats**

GLASGOW & CLYDE RAPE CRISIS CENTRE (GCRC)

■ **Survivor Navigation Note**

This guidance draws on audit findings based on publicly available service information and is offered to support your decision-making.

Glasgow & Clyde Rape Crisis Centre operates eligibility criteria **that categorically exclude transitioned women**. While the service offers signposting, the absence of demonstrated safeguarding competence with respect to transitioned women introduces uncertainty regarding the suitability of onward referral pathways.

Alternative signposting services are outlined in *Finding Safety*, which was created to reduce the burden on survivors of having to locate appropriate support during already difficult circumstances.

Overall Assessment: ● **NOT RECOMMENDED — High Structural Safeguarding Risk**

Executive Summary

Glasgow & Clyde Rape Crisis Centre determines eligibility for women-only provision through a natal-sex classification framework. Under this structure, transitioned women are excluded from core women-only emotional, therapeutic, and group recovery services.

This exclusion mechanism is not immediately legible within early survivor-facing materials. As a result, some transitioned women may approach the service under a reasonable expectation of eligibility before encountering misalignment following disclosure.

Rupture within the help-seeking pathway represents a distinct safeguarding hazard. Survivors typically approach services during periods of heightened psychological vulnerability, gradually extending trust as safety signals accumulate. When a survivor invests emotionally in the

expectation of support and later encounters an unanticipated eligibility boundary, the resulting rupture is not experienced as administrative clarification but as a withdrawal of safety.

The impact does not depend on practitioner intent or relational warmth. Even where communication is handled with care, the structural sequence — expectation followed by misalignment — can reactivate trauma dynamics associated with conditional safety, loss of control, and institutional rejection. Survivors exposed to such rupture frequently demonstrate increased service avoidance, reduced disclosure across future settings, and diminished trust in support systems more broadly. Others may adapt by withholding aspects of their history in order to preserve access to care. While protective in the short term, sustained non-disclosure can require ongoing self-monitoring, heightened relational alertness, and careful management of personal information within the therapeutic space. These conditions are not conducive to trauma recovery, which relies upon psychological safety, authenticity, and the gradual reduction — rather than maintenance — of threat vigilance.

In trauma-informed systems, predictability functions as protection. Where eligibility boundaries are not clearly visible prior to engagement, interpretive burden shifts onto survivors at the point of crisis navigation — precisely when cognitive bandwidth is most reduced.

Safeguarding is not solely concerned with whether support is ultimately offered, but with whether survivors can accurately predict the conditions under which that support will remain available.

The service directs those excluded from provision toward alternative pathways that are not equivalent in therapeutic context or recovery environment. This creates a predictable risk of classification incongruence, exclusion from primary recovery spaces, and forced navigation of non-equivalent services.

For transitioned women — particularly those with histories of sexual trauma, institutional harm, or disclosure-related vulnerability — such conditions are associated with elevated risk of psychological distress, service avoidance, and institutional betrayal.

The risk identified arises from structural service design rather than individual practitioner behaviour.

Final Classification: ● NOT RECOMMENDED — High Structural Safeguarding Risk

LANARKSHIRE RAPE CRISIS CENTRE (LRCC)

Overall Assessment: ● **NOT RECOMMENDED** — **Maximum Safeguarding Risk**

Executive Summary

LRCC operates a service model that structurally misclassifies transitioned women as men, excludes them from women-only emotional and therapeutic services, and reroutes them into non-equivalent parallel provision. This architecture produces predictable, severe, and foreseeable harm to transitioned women. The service explicitly categorises transitioned women under “men/boys” and “those who describe their gender identity in a different way,” functioning as misclassification. LRCC creates extreme forced disclosure scenarios and ensures transitioned women cannot remain safely engaged long-term. The pattern follows a predictable harm pathway: initial acceptance, emotional engagement, disclosure or discovery, reclassification as male, exclusion from women-only provision, and loss of therapeutic continuity. This mirrors abusive relational dynamics and represents systemic safeguarding failure.

Final Classification: ● **NOT RECOMMENDED** — **Maximum Safeguarding Risk**

RAPE AND SEXUAL ABUSE SUPPORT HIGHLANDS (RASASH)

Overall Assessment: ● **Recommended** — **Low Safeguarding Risk**

Basis of Review: Full website review including front pages, service descriptions, emotional support and group work pages, plus safeguarding policy from March 2025. Assessed using two-minute navigability test. Furthermore RASAH responded to our communications with warmth and sensitivity, adding additional safeguarding reassurances to those who seek to use the service. Email correspondence confirming eligibility was friendly, warm, supportive, and non-defensive.

Front-Door Navigability

RASASH passes the two-minute test. Support routes, contact methods, and eligibility are immediately visible. Language is survivor-centred rather than sex-exclusive, enabling approach during crisis without prolonged searching or inference.

Assessment: ● Recommended — Low Safeguarding Risk

Clarity on Inclusion of Transitioned Women

Inclusion of transitioned women is explicit and operationally evidenced. RASASH includes transitioned women survivors in their eligibility statements and service descriptions. Public materials demonstrate awareness of barriers faced by transitioned women survivors and position

the service as actively inclusive.

Assessment: ● Explicit operational inclusion with survivor-facing reassurance.

Group and Collective Recovery Access

RASASH offers group-based recovery provision. Public materials indicate these are accessible to transitioned women survivors without requiring prior disclosure or administrative classification.

Assessment: ● Present and accessible.

Forced Disclosure Risk

RASASH does not employ sex-based intake capture and uses identity-protective language throughout. Their explicit inclusive of transitioned women policy framework reduces likelihood of administrative coercion.

Assessment: ● Low. Structural protections minimise coercive disclosure.

Reclassification Risk

Explicit inclusion policies combined with operational evidence suggest low risk of post-engagement reclassification.

Assessment: ● Low. No evidence of exclusionary reclassification practices.

Safeguarding Governance

RASASH demonstrates strong safeguarding governance through membership of Rape Crisis Scotland, compliance with national standards, and clear confidentiality frameworks. Published safeguarding policy from March 2025 supports survivor autonomy and ethical accountability.

Assessment: ● Strong. Governance aligned with survivor protection.

Feminist Framing

Feminist analysis is present but operationalised through power-based frameworks without biological essentialism or sex-based exclusion.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

RASASH demonstrates operational inclusion of transitioned women supported by explicit policies and survivor-facing reassurance. The service can be recommended with confidence, including for collective recovery work, without requiring prior clarification or disclosure from transitioned women.

Final Classification: ● **Recommended— Low Safeguarding Risk**

MORAY RAPE CRISIS

Overall Assessment: ● **Highly recommended— Low Safeguarding Risk**

Executive Summary

Moray Rape Crisis demonstrates **exemplary** safeguarding practice for transitioned women, not merely through inclusive intent, but through operational design that actively anticipates and mitigates known trauma risks. Their website does not rely on minimal inclusion statements or abstract values. Instead, it provides multiple, explicit, survivor-facing reassurances addressing precisely the fears, barriers, and institutional harms identified throughout this audit and in the wider *Finding Safety* research programme.

This level of detail is not decorative. For transitioned women, multiple reassurances are a safeguarding necessity, not a courtesy. As our audit repeatedly demonstrates, transitioned women often require redundant confirmation of safety before approaching services, due to widespread historical experiences of rejection, reclassification, humiliation, and institutional betrayal. Moray Rape Crisis clearly understands this reality and has embedded it into their public-facing service design.

Front-Door Navigability

Moray Rape Crisis clearly passes the two-minute navigability test. Support routes, crisis contact details, and eligibility information are immediately visible, using non-exclusive, survivor-centred language:

“Free and confidential information and support for anyone (age 11 and over) in Moray affected by any form of sexual violence.”

There is no sex-based gatekeeping, no conditional eligibility framing, and no administrative complexity at first contact. Survivors in acute distress can rapidly determine that the service is accessible and safe to approach.

Assessment: ● Pass — high crisis accessibility, minimal cognitive and emotional burden.

Clarity on Inclusion of Transitioned Women

Moray Rape Crisis provides **exceptionally strong** survivor-facing reassurance for LGBTI survivors, including transitioned women. Their dedicated support materials explicitly engage with the complex fears and barriers that frequently prevent transitioned women from seeking help. These include fear of discrimination by services, anxiety around disclosure and unwanted outing, concerns regarding bodily privacy during medical examination, anticipation of institutional misunderstanding, experiences of isolation and community loss, and the cumulative trauma associated with repeatedly having to justify identity or educate professionals.

Rather than relying on abstract inclusion statements, Moray Rape Crisis directly names these lived realities and responds to them with affirming, trauma-literate language. This approach

demonstrates *a rare depth of institutional insight into the psychosocial landscape navigated by transitioned women following sexual violence*. By acknowledging these fears openly, the service materially reduces anticipatory distress, lowers help-seeking thresholds, and restores a measure of psychological safety at the point of first contact.

Assessment: ● Excellent — explicit, trauma-literate, survivor-centred inclusion.

Group and Collective Recovery Access

Moray Rape Crisis provides structured longer-term emotional support, advocacy, and therapeutic services, including LGBTI-specific support pathways. No exclusionary language is present regarding recovery access, and there is no indication of sex-based routing, reclassification risk, or segregated non-equivalent provision.

Their inclusive operational framing strongly predicts equitable access to recovery spaces, including collective modalities where offered, however there was no evidence of groupwork being offered, and therefore we have not provided a grading here.

Assessment: Likely accessible — no visible structural exclusion risk.

Forced Disclosure Risk

Moray Rape Crisis demonstrates robust structural protection against coerced disclosure. Public materials avoid sex-based intake framing and explicitly affirm survivor autonomy, stating:

“You do not have to answer any of our questions.”

Their LGBTI support content directly recognises disclosure anxiety and institutional fear, acknowledging that forced or pressured disclosure itself constitutes harm.

This design materially reduces procedural disclosure pressure and supports survivor-led pacing, control, and emotional safety.

Assessment: ● Low — strong protections against administrative coercion.

Reclassification Risk

There is no visible mechanism by which a transitioned woman would be accepted initially and later excluded. The service’s explicit inclusive language, trauma-informed framing, and intersectional safeguarding design strongly indicate stable classification and continuity of care.

Operational architecture appears intentionally constructed to avoid reclassification, service rupture, and identity-based exclusion.

Assessment: ● Low — stable access model.

Safeguarding Governance

Moray Rape Crisis demonstrates a high level of institutional safeguarding maturity, reflected in both its formal governance structures and its survivor-facing service design. The organisation operates within national safeguarding frameworks through its membership of Rape Crisis Scotland and adherence to recognised sector standards, ensuring alignment with established best practice in trauma-informed care, confidentiality, and ethical accountability.

This governance foundation is further reinforced through the service's published strategic planning, explicit equality and diversity frameworks, and sustained investment in inclusive practice. The organisation holds the LGBT Charter Mark Gold Award, indicating a demonstrable commitment to embedding LGBT inclusion across organisational policy, staff training, service delivery, and governance oversight.

Importantly, these commitments are not confined to internal documentation but are translated into visible, operational safeguards within public-facing materials. Survivor autonomy, dignity, and choice are foregrounded throughout service pathways, with clear reassurance regarding confidentiality, consent, and control over disclosure. This integration of governance principles into front-line practice reflects a **coherent safeguarding culture** rather than a compliance-driven model.

Together, these elements indicate an organisation that has moved beyond minimum safeguarding requirements toward a mature, ethically grounded, and reflexive safeguarding framework. This level of institutional coherence materially reduces the risk of procedural harm, classification-based exclusion, and service rupture, and provides a robust foundation for safe, stable, and affirming support for transitioned women.

Assessment: ● Strong — governance aligned with survivor-centred protection.

Feminist Framing

Moray Rape Crisis explicitly adopts intersectional feminist values, operationalised through power-based, trauma-informed analysis rather than biological essentialism. Feminist framing is used to expand protection, not restrict access.

Assessment: ● Inclusive feminist praxis — strong safeguarding factor.

Structural Insight: Why Their Model Matters

Moray Rape Crisis illustrates a critical safeguarding principle: for transitioned women, safety cannot be conveyed through minimal or symbolic inclusion statements alone. Instead, it must be demonstrated through layered, explicit, and trauma-literate reassurance that **directly engages with the lived realities of institutional harm**.

Across safeguarding research and survivor testimony, transitioned women consistently approach services carrying heightened anticipatory fear, learned institutional distrust, trauma-linked disclosure anxiety, and accumulated experiences of rejection, misclassification, or humiliation.

In this context, conventional inclusion language — such as brief equality statements or generic affirmations — is often insufficient to overcome deeply embedded avoidance responses. Survivors require redundant confirmation of safety, clarity, and dignity before they can risk emotional exposure.

Moray Rape Crisis responds to this reality by embedding multiple, concrete reassurances throughout its public-facing materials. Rather than abstracting safety, the service explicitly names the fears that inhibit help-seeking and offers direct affirmation in response. This design approach materially reduces cognitive and emotional load at the point of first contact, lowers the threshold for engagement, and decreases the likelihood of service avoidance during crisis.

Crucially, this layered reassurance also protects against institutional betrayal dynamics. By clearly signalling inclusion, classification stability, and respect for bodily and psychological autonomy in advance, the service reduces the risk that survivors will enter support only to later encounter reclassification, exclusion, or service rupture. In safeguarding terms, this predictability is not optional: it is a core protective factor for survivors with complex trauma and histories of institutional harm.

Moray Rape Crisis therefore demonstrates that inclusive safeguarding is not a matter of abstract values but of deliberate operational design. Their service architecture shows that it is possible to construct systems that are simultaneously trauma-informed, feminist, inclusive, and protective of diverse survivor needs. ***In doing so, they provide a benchmark for best practice and a practical counterexample to claims that safeguarding and inclusion are structurally incompatible.***

Bottom-Line Conclusion

Moray Rape Crisis demonstrates **exceptional safeguarding practice**, combining high navigability, trauma-informed inclusion, structural protection against disclosure harm, and strong ethical governance. Their detailed and explicit survivor-facing reassurances directly address the barriers that most commonly prevent transitioned women from accessing care.

From a safeguarding perspective, Moray Rape Crisis can be **recommended with confidence**, including for longer-term emotional support and recovery work, without requiring prior clarification or disclosure.

Final Classification:

● **RECOMMENDED — Low Safeguarding Risk**

Orkney Rape & Sexual Assault Service (ORSAS)

Overall Assessment: ● Conditionally Recommended — Safe with Caveats

Executive Summary

Orkney Rape & Sexual Assault Service demonstrates strong survivor-centred values, high-quality trauma-informed practice, and thoughtful attention to privacy and confidentiality within a small-island context. The service presents as caring, accessible, and ethically grounded. However, public-facing materials do not provide sufficient operational clarity regarding the inclusion of transitioned women within women-only spaces, classification stability following disclosure, or continuity of access across service pathways. This absence of explicit guidance introduces a moderate but predictable safeguarding uncertainty for transitioned women, particularly those who are highly threat-sensitive or have prior experiences of institutional exclusion. With limited additions to survivor-facing materials, the service would likely meet criteria for full recommendation.

Front-Door Navigability

ORSAS clearly passes the two-minute navigability test. The front page prominently states that support is available to anyone aged 13 and over affected by sexual violence, using simple, trauma-informed language. Contact routes are visible, and pathways into support are explained in clear, non-bureaucratic terms.

Particularly noteworthy is the service's sensitivity to privacy concerns in a small community context. Public materials explicitly acknowledge the challenges of anonymity in Orkney and describe flexible arrangements designed to protect confidentiality. This reflects a high level of situational safeguarding awareness and materially reduces approach inhibition for survivors concerned about visibility, gossip, or community exposure.

Assessment: ● Strong — high crisis accessibility with context-aware safeguarding design.

Inclusion of Transitioned Women

ORSAS explicitly references equality, diversity, and inclusion commitments, including recognition of gender identity and gender reassignment as protected characteristics. This signals a positive organisational ethos and a cultural intention toward inclusivity.

However, this inclusion is framed at the level of values rather than operational practice. No survivor-facing guidance clarifies how transitioned women are categorised within service pathways, how disclosure of gender history is handled, or whether access remains stable over time. In the absence of explicit reassurance, transitioned women must infer inclusion rather than being able to confirm safety directly.

Given the widespread history of exclusion and misclassification experienced by transitioned women across the sector, this lack of operational clarity creates predictive uncertainty even where inclusive intent is present.

Assessment: ● Values-based inclusion signal present; survivor-facing operational clarity absent.

Women-Only Safe Spaces

ORSAS refers to women-only safe spaces within its service model but does not provide an operational definition of “woman,” nor any guidance regarding inclusion of transitioned women within these spaces. No public reassurance exists confirming that transitioned women are included or explaining how placement decisions are made.

For transitioned women with histories of exclusion, this ambiguity is structurally significant. Survivors may reasonably fear that disclosure of transition history could alter eligibility, lead to re-routing, or result in later service rupture. Even where exclusion is not intended, the absence of clarity itself functions as a safeguarding risk, increasing approach anxiety and disclosure burden.

In a small-island context, where social visibility is high and privacy margins are narrow, these risks are further amplified.

Assessment: ● Primary source of safeguarding uncertainty — classification and placement criteria are not operationally transparent.

Group & Collective Recovery Access

Public materials suggest that ORSAS primarily delivers 1:1 emotional support and advocacy, with limited reference to structured group-based therapeutic or peer recovery spaces. Where collective activities exist, eligibility criteria and classification principles are not clearly described.

The apparent absence of extensive groupwork reduces immediate risk of group-based exclusion or peer-space reclassification harm. However, for survivors who benefit from collective recovery modalities, the lack of clarity regarding availability and inclusion may still inhibit engagement.

Assessment: ● Neutral — group-based safeguarding risk limited by service model, though pathway clarity remains incomplete.

Forced Disclosure Risk

ORSAS emphasises survivor autonomy, confidentiality, and control over personal disclosure, explicitly stating that survivors are not required to answer questions they are uncomfortable with. This framing materially reduces procedural disclosure pressure and reflects strong trauma-informed practice.

However, because classification criteria for women-only spaces are not explicit, transitioned women may experience structural disclosure pressure: a perceived need to disclose early in order to assess eligibility, placement, and continuity of care. In small communities, where anonymity is fragile, this pressure is intensified, as the cost of misjudging disclosure timing can feel exceptionally high.

Assessment: ● Low procedural disclosure risk; moderate structural disclosure burden arising from pathway opacity.

Reclassification Risk

Without explicit survivor-facing guidance regarding classification stability, the risk of post-engagement reclassification cannot be reliably excluded. In services where women-only provision exists but inclusion criteria are not defined, a predictable harm pathway can emerge: initial acceptance, emotional engagement, later disclosure, and subsequent re-routing or loss of access.

There is no evidence that this occurs in practice at ORSAS. However, the absence of published safeguards against such outcomes introduces a residual but meaningful safeguarding uncertainty.

Assessment: ● Moderate — classification stability cannot be confidently predicted from public materials.

Safeguarding Governance

ORSAS demonstrates strong general safeguarding governance, including trauma-informed service design, robust confidentiality frameworks, and thoughtful accommodation of local privacy risks. Organisational culture appears relational, ethically grounded, and attentive to survivor dignity.

However, no transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. In the current safeguarding environment, where transitioned women face heightened institutional vulnerability, this represents a remediable governance gap rather than a substantive safeguarding failure.

Assessment: ● Strong general safeguarding; transition-specific operational clarity absent.

Feminist and Service Framing

Service framing is survivor-centred, practical, and non-ideological. There is no evidence of biological-essentialist language or exclusionary feminist positioning. This predicts an inclusive operational culture and mitigates risk of ideological gatekeeping.

Assessment: ● Inclusive survivor-centred praxis without exclusionary function.

Bottom-Line Conclusion

Orkney Rape & Sexual Assault Service presents as a compassionate, accessible, and ethically grounded service with strong trauma-informed values and high sensitivity to local privacy dynamics. The service avoids overt sex-based gatekeeping and demonstrates low procedural disclosure burden, which are important protective factors for transitioned women.

However, the absence of explicit survivor-facing guidance regarding classification, women-only provision, and continuity of care introduces a moderate safeguarding uncertainty. These risks are readily remediable through minor additions to public-facing materials.

With explicit confirmation that transitioned women are fully included within all relevant service pathways and that disclosure will not destabilise access, ORSAS would likely meet criteria for full recommendation.

Final Classification: ● **Conditionally Recommended — Safe with Caveats**

Rape Crisis Grampian (RCG)

Overall Assessment: ● Recommended — Low Safeguarding Risk

Executive Summary

Rape Crisis Grampian demonstrates exceptionally strong trauma-informed practice, survivor-centred service design, and equitable inclusion of transitioned women across its therapeutic pathways. The organisation provides clear front-door accessibility, layered reassurance for LGBTQIA+ survivors, and explicit confirmation that trans women are included within women-only therapeutic spaces. Importantly, trans women are not routed through parallel or segregated pathways, but are categorised as women and access the same protected services as other women. This implicit inclusion model represents best-practice safeguarding architecture, eliminating classification ambiguity and materially reducing the risk of reclassification harm.

Survivor-facing confirmation of inclusion is located within the Women Survivors section of the website. While this ensures operational clarity for those actively seeking women-only support and protects against hostile external scrutiny, it may require survivors in acute crisis to navigate to this section in order to confirm eligibility. This introduces a minor navigational step but does not materially undermine overall service safety.

Overall, RCG presents as a highly safe, inclusive, and ethically grounded service for transitioned women, combining trauma-informed care with equitable service design and strong safeguarding governance.

Front-Door Navigability

Rape Crisis Grampian clearly passes the two-minute navigability test. The homepage immediately confirms that support is available to survivors of all genders aged 11 and over, with prominent access routes including phone, email, and online self-referral. Language is calm, trauma-informed, and accessible, enabling survivors in acute distress to rapidly determine that help is available.

The service provides a dedicated LGBTQIA+ survivors section which explicitly acknowledges the heightened vulnerability, fear of discrimination, and institutional mistrust experienced by

trans survivors. This layered reassurance materially lowers approach inhibition and reduces anticipatory anxiety at the point of first contact.

Confirmation that trans women are included within women-only spaces is located within the Women Survivors section. While this placement ensures clarity for survivors seeking women-only provision and limits exposure to hostile audiences, survivors in acute crisis may not immediately know to navigate to this section, introducing a minor discovery step.

Assessment: ● Strong — high accessibility and explicit inclusion, with minimal navigational friction.

Inclusion of Transitioned Women

RCG demonstrates exemplary survivor-facing inclusion for transitioned women. Public materials explicitly affirm the use of preferred name and pronouns, respect survivor-defined language regarding body and experience, guarantee confidentiality regarding transgender status, and acknowledge fear of discrimination, disclosure anxiety, and institutional mistrust.

The service directly recognises that trans survivors experience disproportionate rates of sexual violence and face significant barriers in accessing support, including fear of being outed and concern about hostile responses. This trauma-literate framing materially reduces psychological and procedural disclosure burden and supports emotional safety.

Crucially, RCG explicitly confirms that women-only spaces are inclusive of trans women, providing operational clarity and eliminating classification ambiguity.

Assessment: ● Strong — explicit, trauma-literate, survivor-centred inclusion.

Women-Only Service Model

RCG operates an implicit inclusion model in which trans women are categorised as women and access the same women-only therapeutic spaces as other women. This approach represents best-practice safeguarding architecture, eliminating parallel service tracks, conditional inclusion, and classification bifurcation.

Women-only provision is delivered through designated protected time blocks, alongside mixed-gender service provision across the wider week. Access to protected spaces is equitable: trans and cis women share the same service pathways, schedules, and capacity constraints, ensuring fairness of access and avoiding structural differentiation.

Survivor-facing guidance explicitly confirms inclusion of trans women within women-only spaces, providing clear reassurance while maintaining a communication strategy that limits exposure to hostile external scrutiny.

Assessment: ● Strong — equitable, inclusive, and structurally sound service design.

Group & Collective Recovery Access

RCG offers both individual and group-based therapeutic support. While public materials clearly confirm inclusive practice for women-only individual support, explicit survivor-facing clarification regarding inclusion of trans women within group recovery spaces is less visible.

However, given the service's strong implicit inclusion architecture, explicit women-only inclusion policy, and trauma-informed practice, group recovery provision can reasonably be inferred to operate under the same inclusive framework.

Assessment: ● Strong — inclusive service design with no evidence of group-based exclusion.

Forced Disclosure Risk

RCG demonstrates excellent safeguarding practice in relation to disclosure. Referral and intake materials prioritise survivor autonomy, confidentiality, and consent, allowing survivors to control what information they provide, how they are contacted, and how their identity is recorded.

The service explicitly affirms that survivors are not required to provide detailed accounts and that language, identity, and bodily descriptors remain survivor-led. Disclosure of medical transition status and protected information under section 22 of the Gender Recognition Act (2004) is not required.

Assessment: ● Low — strong protection against procedural and psychological disclosure coercion.

Reclassification Risk

Because RCG explicitly confirms inclusion of trans women within women-only spaces and employs an implicit inclusion model throughout service architecture, the risk of post-engagement reclassification is minimal. The service design strongly supports continuity of care following disclosure.

Assessment: ● Low — strong protection against reclassification harm.

Safeguarding Governance

RCG demonstrates high institutional safeguarding maturity through formal charitable governance structures, membership of Rape Crisis Scotland, trauma-informed practice frameworks, and explicit equality, diversity, and inclusion commitments. The organisation holds LGBT Youth Scotland Charter Mark accreditation, reflecting ongoing organisational investment in inclusive practice, training, and accountability.

Importantly, governance commitments are translated into visible operational safeguards, including survivor-facing guidance on confidentiality, identity respect, and autonomy.

Assessment: ● Strong — governance fully aligned with survivor-centred safeguarding.

Feminist and Service Framing

RCG employs intersectional feminist framing, explicitly acknowledging violence against women, men, and LGBTQIA+ communities, and situating sexual violence within broader structures of power and inequality. Feminist praxis is operationalised to expand access and deepen care, not restrict eligibility.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

Rape Crisis Grampian represents best-practice safeguarding architecture for transitioned women. The service combines explicit survivor-facing inclusion, equitable women-only provision, trauma-literate communication, and strong institutional governance. Trans women are categorised as women, access the same protected spaces as other women, and are supported through service pathways designed to minimise disclosure burden and classification anxiety.

While survivor-facing reassurance regarding inclusion requires navigation to the Women Survivors section, this constitutes only minor friction and reflects a protective communication strategy within a hostile public climate.

RCG can be recommended with high confidence as a safe, inclusive, and ethically grounded service for transitioned women.

Final Classification: ● **Recommended — Low Safeguarding Risk**

RAPE & SEXUAL ABUSE CENTRE PERTH & KINROSS (RASAC P&K)

Overall Assessment: ● **Recommended — Low Safeguarding Risk**

Executive Summary

RASAC P&K demonstrates strong safeguarding foundations, clear inclusive practice, and high survivor-centred responsiveness. Following direct service clarification, key areas of structural uncertainty — particularly around group participation, women’s spaces, and survivor-led support planning — have been resolved.

Transitioned women are confirmed to have full and equal access to all service pathways, including collective recovery and group-based support, with survivor-led discussion guiding placement, pacing, and modality selection.

Minor wording refinements on the public-facing website would further strengthen predictability for threat-sensitive survivors, but operational practice already reflects inclusive, trauma-informed safeguarding design. Correspondence with this centre was warm, friendly and helpful, as a consequence this service was uprated.

Overall, RASAC P&K presents as a highly protective service environment, with only limited residual semantic ambiguity.

Basis of Review

Full review of public-facing website including front door, “Who we Support,” support modalities, inclusion & accessibility information, groupwork and befriending services, confidentiality summaries, and selected blog content.

Supplemented by direct service clarification confirming:

- Full access to all support services for transitioned women
- Inclusion within group-based recovery provision
- Survivor-led decision-making at first contact

Assessed using the two-minute navigability test with additional focus on collective recovery equity, disclosure burden, and reclassification risk.

Front-Door Navigability

RASAC P&K strongly passes the two-minute test for crisis access. The front page clearly presents support routes and immediate eligibility criteria. Crucially, transitioned women do not have to infer inclusion: the front door states explicit provision for:

“Women and Transwomen (all ages) and all Young People (12–18yrs)”

Contact details for support are prominent, with a dedicated support email and helpline. This materially reduces anticipatory anxiety and early self-exclusion.

However, the term “*transwoman*” is historically associated with categorical separation of transitioned women from the wider class of women, and may introduce mild semantic ambiguity for threat-sensitive survivors.

Assessment: ● Explicit inclusion; minor semantic ambiguity.

Inclusion Clarity

Direct service clarification confirms that transitioned women have full access to the entire service offer on the same basis as other women, including counselling, advocacy, crisis support, and recovery services.

This confirmation materially strengthens safeguarding predictability and removes structural uncertainty regarding classification stability and service parity.

Assessment: ● Clear operational inclusion.

Group & Collective Recovery Access

RASAC P&K confirms that transitioned women are able to access groupwork and collective recovery provision where this feels appropriate, with survivor-led discussion guiding placement.

Group provision is currently paused due to recruitment, but its structural inclusion within core service design is a strong equity signal.

This clarification resolves the principal residual safeguarding risk identified in the website review, ensuring collective recovery parity.

Assessment: ● Full group access confirmed.

Forced Disclosure Risk

Explicit front-door inclusion combined with confirmed survivor-led first contact materially reduces disclosure pressure.

Transitioned women do not need to disclose gender history to establish eligibility, and are supported to determine what feels safest and most helpful through collaborative planning.

Residual disclosure anxiety may arise from minor semantic ambiguity, but operational practice strongly protects survivor autonomy.

Assessment: ● Low disclosure burden.

Reclassification Risk

Service confirmation that transitioned women access the full range of women's services and group provision substantially eliminates reclassification risk.

Residual semantic separation introduced by "transwoman" phrasing remains minor and does not reflect operational practice.

Assessment: ● Low reclassification risk.

Safeguarding Governance

Public-facing governance signals are strong: confidentiality clarity, crisis pathways, advocacy support, environmental adjustments, and neurodivergence-aware service design.

Operational confirmation of survivor-led support planning further strengthens safeguarding architecture.

Assessment: ● Strong safeguarding governance.

Feminist Framing

Service framing remains strongly survivor-centred, feminist, and intersectionally aware. One older blog post (2017) contains gender-essentialist narrative framing, which may introduce minor cultural ambiguity. However, this does not appear reflective of current service ethos or operational practice.

Assessment: ● Strong framing; minor legacy content caveat.

SCOTTISH BORDERS RAPE CRISIS CENTRE (SBRCC)

Overall Assessment: ● **Conditionally Recommended** — **Safe with Caveats**

Executive Summary

Scottish Borders Rape Crisis Centre demonstrates strong trauma-informed practice, explicit LGBT+ inclusion intent, and a highly developed survivor-centred service architecture. The organisation provides a wide range of therapeutic and recovery services and shows deep attentiveness to survivor autonomy, dignity, and emotional safety. However, the operational definition of “women-only” within adult therapeutic and groupwork pathways is not explicitly clarified for transitioned women. As adult service access and structured group recovery are restricted to women aged 18 and over, this ambiguity creates predictive uncertainty regarding classification stability, disclosure burden, and continuity of care. With limited additions to public-facing guidance, the service would likely meet criteria for full recommendation.

Front-Door Navigability

Scottish Borders Rape Crisis Centre clearly passes the two-minute navigability test. The website presents trauma-informed access routes using calm, non-bureaucratic language, with contact details and support pathways prominently displayed. The service explicitly references LGBT+ survivors and acknowledges concerns regarding discrimination, which materially reduces approach inhibition for transitioned women.

Support pathways are explained clearly, and survivors can rapidly determine eligibility and routes into care without prolonged searching, inference, or procedural complexity. This design significantly reduces emotional and cognitive load at the point of first contact.

Assessment: ● Medium, lack of information increases risk of disclosure burden.

Inclusion of Transitioned Women

The service explicitly acknowledges transitioned women within its LGBT+ survivor materials and demonstrates clear cultural competence through intersectional framing, staff training commitments, and LGBT Charter accreditation. The website directly recognises that transitioned women may fear discrimination, rejection, or misunderstanding when approaching services and provides survivor-facing reassurance intended to reduce these barriers.

However, inclusion is framed primarily at the level of ethos and cultural commitment rather than operational policy. Public materials do not explicitly clarify how transitioned women are categorised within women-only adult services or group-based recovery pathways, nor whether disclosure of transition history alters access or placement.

In the current safeguarding environment, where classification practices frequently produce harm, this lack of operational clarity creates residual uncertainty, even in the presence of strong inclusive intent.

Assessment: ● Explicit cultural inclusion present; operational clarity regarding classification and placement absent.

Women-Only Service Model

Adult therapeutic provision, including the Sunrise service and structured group recovery pathways, is framed as women-only and restricted to women aged 18 and over. However, no survivor-facing guidance defines how “woman” is operationalised for the purposes of eligibility, placement, or continuity of care.

Notably, the service employs identity-based language when referring to male survivors, using formulations such as “those who identify as male,” while women’s eligibility is framed as a categorical status rather than an identity-based one. This asymmetry introduces classification ambiguity for transitioned women, who may reasonably fear that self-identification governs access for men, but that women’s spaces operate under a more rigid, potentially biological, classification logic.

Because Sunrise and associated groupwork constitute the primary adult therapeutic pathway, this ambiguity has significant safeguarding implications. Transitioned women cannot reliably determine whether disclosure of gender history may later alter their eligibility, access to group recovery, or continuity of therapeutic support.

Assessment: ● Classification and placement criteria are not operationally transparent.

Group & Collective Recovery Access

Scottish Borders Rape Crisis Centre offers extensive structured group-based recovery programmes, including therapeutic groups, psychoeducational interventions, and peer-based healing spaces. These collective modalities represent a central component of trauma recovery, particularly for addressing isolation, rebuilding relational trust, and supporting identity reconstruction.

However, eligibility for groupwork is restricted to women aged 18 and over, and public materials do not clarify whether transitioned women are explicitly included within these spaces. In the absence of survivor-facing reassurance, transitioned women may reasonably fear group-based exclusion, disclosure-triggered reclassification, or later service rupture.

Given the centrality of groupwork to recovery, this uncertainty constitutes a meaningful safeguarding risk rather than a peripheral concern.

Assessment: ● Moderate — group access dependent on ambiguous classification criteria.

Forced Disclosure Risk

The service's intake and contact processes do not appear to compel disclosure of sex assigned at birth or gender history. Language consistently emphasises survivor autonomy, confidentiality, and control over pacing and disclosure, which materially reduces procedural disclosure pressure.

However, because adult services and group recovery pathways are women-only and classification criteria are not explicit, transitioned women may experience structural disclosure pressure. Survivors may feel compelled to disclose early in order to assess eligibility, placement, and continuity of care, creating predictive coercion even in the absence of formal disclosure requirements.

Assessment: ● Low procedural disclosure risk; moderate structural disclosure burden arising from pathway opacity.

Reclassification Risk

Without explicit survivor-facing assurances regarding classification stability, the risk of post-engagement reclassification cannot be reliably excluded. In services where women-only provision exists but inclusion criteria are not operationally defined, a predictable harm pathway can emerge: initial acceptance, emotional engagement, later disclosure, and subsequent re-routing or loss of access.

There is no evidence that this occurs in practice at Scottish Borders Rape Crisis Centre. However, the absence of published safeguards against such outcomes creates residual uncertainty for highly threat-sensitive survivors.

Assessment: ● Moderate — classification stability cannot be confidently predicted from public materials.

Safeguarding Governance

Scottish Borders Rape Crisis Centre demonstrates strong general safeguarding governance through trauma-informed service design, extensive therapeutic infrastructure, survivor-centred values, and alignment with national service standards. Organisational culture appears ethically grounded, relational, and attentive to dignity, safety, and empowerment.

However, no transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. Given the heightened institutional vulnerability experienced by transitioned women, this represents a remediable governance gap rather than a substantive safeguarding failure.

Assessment: ● Strong general safeguarding; transition-specific operational clarity absent.

Feminist and Service Framing

Service framing is explicitly feminist, survivor-centred, and intersectional, centring trauma, consent, and structural inequality rather than biological or sex-essentialist categorisation. Feminist analysis is operationalised to expand protection and deepen care, not restrict access.

This form of feminist praxis strongly predicts inclusive operational culture and functions as a structural protective factor.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Final Classification: ● Conditionally Recommended — Safe with Caveats

THE COMPASS CENTRE (SHETLAND RAPE CRISIS / SRC)

Overall Assessment: ● Recommended — Low Safeguarding Risk

Executive Summary

The Compass Centre demonstrates strong operational inclusion of transitioned women, supported by unusually detailed survivor-facing reassurance and trauma-informed design. Across both its front-door support pathways and its dedicated Access & Inclusion and LGBTI+ frameworks, the service provides multiple, reinforcing sources of clarity that transitioned women are explicitly welcome, respected, and protected from misclassification, intrusive questioning, and coerced disclosure.

This layered approach reflects a high level of attentiveness to the specific barriers and risks faced by transitioned women when seeking sexual violence support. By addressing these risks directly and consistently across service communications, The Compass Centre materially lowers institutional harm, approach inhibition, and disclosure pressure.

The service demonstrates a sophisticated understanding of transitioned women’s safeguarding needs and can be recommended with confidence as a low-risk, trauma-informed provider offering inclusive, survivor-centred care.

Basis of Review: Website review of core “Help” routes (home / help landing page, emotional & practical support, SARCS self-referral) plus inclusion-facing pages (Access & Inclusion, LGBTI+ Inclusivity). Assessed using the two-minute navigability test and transitioned-women safeguarding criteria.

Front-Door Navigability

The Compass Centre passes the two-minute navigability test strongly. The home page states clearly that they provide “free, inclusive, and confidential support... to anyone, of any gender (age 13+),” with immediate access to phone and email contact routes. Support pathways are clearly signposted through the main navigation, including crisis-adjacent routes such as SARCS self-referral.

The presentation is simple, survivor-centred, and low-friction, enabling safe approach during acute distress without prolonged searching or interpretive effort.

Assessment: ● Pass — high crisis navigability with clear routes and low cognitive load.

Clarity on Inclusion of Transitioned Women

Inclusion of transitioned women is explicit, detailed, and consistently reinforced across multiple public-facing service pathways. The Access & Inclusion framework states that survivors are welcome “regardless of gender,” *explicitly naming trans people* alongside non-binary

individuals, women, and men, and commits to respecting pronouns while avoiding procedural pressure to disclose personal history. The LGBTI+ Inclusivity framework opens with unconditional statements of welcome and respect, and provides extensive analysis of the specific barriers faced by trans survivors, including misgendering, intrusive questioning, exclusionary service practices, and institutional stigma.

Together, these layers of reassurance function as an integrated protective architecture, reducing approach inhibition, anticipatory fear, and classification anxiety, and represent a high level of service insight, often missing from comparable services.

Assessment: ● Detailed, informed, and explicit operational inclusion with strong survivor-facing reassurance.

Group & Collective Recovery Access

The reviewed material demonstrates strong provision of 1:1 emotional and practical support, counselling, and advocacy services. Emotional and practical support is described as survivor-led, flexible, and delivered for up to six months, encompassing safety planning, advocacy, and practical life support.

Public-facing materials do not clearly evidence group-based or collective recovery provision, and no explicit inclusion framing is observed for groupwork pathways.

Assessment: ○ Not Assessed — strong individual support provision; group-based recovery access not evidenced in reviewed materials.

Forced Disclosure Risk

The Compass Centre consistently emphasises survivor autonomy and *control over disclosure*, stating that survivors are not required to discuss anything they do not wish to. Inclusion language is identity-protective, and no sex-based screening, eligibility filtering, or identity gatekeeping is visible at the front door.

This design materially reduces *procedural and psychological disclosure pressure* for transitioned women.

Assessment: ● Low — strong structural protections against coerced or anticipatory disclosure.

Reclassification Risk

Explicit trans inclusion within Access & Inclusion and LGBTI+ frameworks, combined with survivor-led engagement principles, indicates low risk of post-engagement reclassification. No operational logic or ideological framing is present that would support acceptance at first contact followed by later exclusion based on sex classification.

The service architecture and public commitments are incompatible with natal sex based exclusion practices.

Assessment: ● Low — no visible mechanism or ideological basis for post-entry reclassification.

Safeguarding Governance

The Compass Centre demonstrates strong safeguarding governance through clear signposting to statutory forensic pathways (SARCS, NHS Inform), detailed explanation of survivor choice regarding reporting and evidence capture, and explicit confidentiality framing.

This reflects trauma-informed safeguarding practice, survivor autonomy, and ethical service design.

Assessment: ● Strong — safeguarding systems are clear, practical, and survivor-centred.

Feminist Framing

The service explicitly identifies with intersectional feminist values while maintaining inclusive service access across genders, including trans and non-binary survivors. Feminist framing is applied through power- and harm-based analysis rather than biological essentialism.

No evidence is present of sex-based exclusion justified through feminist ideology.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Final Classification: ● Recommended — Low Safeguarding Risk

The STAR Centre (Rape Crisis Ayrshire)

Overall Assessment: ● Moderate Risk — Requires Direct Clarification

Executive Summary

Public inclusion messaging indicates a culturally welcoming stance toward trans+ survivors. However, this cultural signal is not yet matched by survivor-facing operational guidance regarding classification, placement, and continuity of care. The STAR Centre demonstrates survivor-facing inclusion intent and presents accessible front-door pathways for “trans+ survivors”. In practice, ‘trans+’ signalling can be interpreted (or implemented) as referring primarily to trans men within women’s services contexts unless operationalised clearly for trans women / transitioned women. Intake processes appear low-burden, and public messaging affirms commitment to dignity, safety, and trauma-informed care. However, public-facing materials also contain structural and network signals that introduce significant uncertainty regarding classification, continuity of care, and operational practice for transitioned women. In particular, the organisation’s legal framing of women-only volunteering, combined with ambiguous positioning of external resources, creates a mixed signalling environment that may generate entrapment risk: survivors may be drawn into engagement without reliable assurance that

disclosure will not later alter eligibility, access, or placement. Direct clarification is therefore required before the service can be recommended for transitioned women.

Front-Door Navigability

For transitioned women, front-door navigability is partially constrained by the absence of explicit survivor-facing classification clarity. Public-facing materials do not provide explicit reassurance that transitioned women are welcome, nor do they offer survivor-facing clarity regarding inclusion, classification, or continuity of care. As a result, transitioned women must infer eligibility rather than being able to determine safety directly within the critical early moments of help-seeking.

In acute trauma contexts, where cognitive capacity is reduced and emotional resources are limited, this absence of explicit reassurance functions as a significant barrier. Survivors may reasonably conclude that approaching the service entails an unquantified risk of rejection, misclassification, or harm, leading to delay, avoidance, or disengagement.

Under the two-minute navigability test this service creates uncertainty for transitioned women, as safety and eligibility cannot be reliably assessed within the initial help-seeking window.

Assessment: ● Moderate — front-door navigability insufficient for transitioned women due to absence of explicit inclusion and safeguarding clarity.

Inclusion of Transitioned Women

The STAR Centre explicitly affirms inclusion of trans+ survivors within its service ethos and public messaging. Survivor-facing language positions transitioned women as welcome and deserving of care, which represents a significant protective factor at the level of cultural intent.

However, inclusion is not fully operationalised in public materials. There is no explicit survivor-facing guidance clarifying classification practices, placement within women-only provision, group recovery access, or continuity of care following disclosure. As a result, transitioned women cannot reliably predict whether access remains stable once transition history becomes salient.

In safeguarding terms, inclusive messaging without operational clarity **may create conditions in which entrapment risk could arise:** survivors may emotionally engage and disclose trauma before discovering structural eligibility constraints.

Assessment: ● Cultural inclusion present; operational clarity regarding classification and placement absent. Entrapment risk downgrades rating.

Women-Only Service Model

Public-facing materials reference women-only volunteering framed through *Equality Act Schedule 9 exemption language and Supreme Court interpretation*. While this framing relates

to staffing rather than service access, its prominence introduces a reasonable inference that sex-based classification may hold operational relevance within the service.

In contemporary safeguarding contexts, public legal framing of sex-based exemptions functions as a classification-defence signal, raising reasonable concern that similar logic may influence survivor routing, placement, or continuity of care. In the absence of explicit reassurance, transitioned women may interpret this as indicating potential sex-based gatekeeping within therapeutic pathways.

No survivor-facing guidance clarifies whether women-only therapeutic spaces exist, how “woman” is operationalised, or whether transitioned women are included within such provision.

Assessment: ● High safeguarding uncertainty — classification logic and placement criteria are not operationally transparent. Exemption within one operational domain may reasonably raise questions regarding how classification is applied elsewhere in the service architecture, generating significant uncertainty and acting as a **powerful deterrent** to help-seeking for transitioned women.

Group & Collective Recovery Access

Public materials do not clearly document structured group-based recovery provision or group eligibility criteria. Where peer or collective modalities exist, no guidance clarifies classification, inclusion, or continuity of access for transitioned women.

Group-based recovery is a core modality for trauma healing, particularly for isolation reduction, relational repair, and identity reconstruction. The absence of survivor-facing clarity regarding group access introduces uncertainty that may inhibit engagement and increase disclosure anxiety.

Assessment: ● Moderate — group recovery access and classification criteria lack operational transparency.

Forced Disclosure Risk

The STAR Centre’s referral and intake materials do not visibly compel disclosure of sex assigned at birth or gender history. Language emphasises confidentiality, autonomy, and survivor control, which materially reduces procedural disclosure pressure.

However, the structural uncertainty surrounding classification practices introduces **predictive disclosure pressure**. Transitioned women may feel compelled to disclose early in order to assess eligibility, placement, and continuity of care, particularly in services where sex-based exemptions are publicly referenced.

Assessment: ● Low procedural disclosure risk; moderate structural disclosure burden arising from pathway opacity.

Reclassification Risk

Without explicit survivor-facing assurances regarding classification stability, the risk of post-engagement reclassification cannot be reliably excluded. In systems where inclusive front-door messaging coexists with ambiguous natl sex based organisational logic, a predictable harm pattern can arise: initial welcome, emotional engagement, later disclosure, and subsequent re-routing or service rupture.

There is no evidence that this occurs in practice at The STAR Centre. However, the absence of published safeguards against such outcomes creates a credible safeguarding uncertainty.

Assessment: ● Moderate — classification stability cannot be confidently predicted from public materials.

Safeguarding Governance

No transition-specific safeguarding policy, disclosure-handling guidance, or classification-stability framework is visible in public materials. Additionally, association with partner organisations perceived as unsupportive of transitioned women introduces an unpredictable safeguarding variable that may reduce psychological safety and inhibit help-seeking behaviour.

Assessment: ● Transition-specific operational clarity absent.

Feminist and Service Framing

Service framing is survivor-centred and trauma-informed, with explicit attention to power, consent, and recovery. There is no overt biological-essentialist or exclusionary feminist language present in survivor-facing materials.

However, the legal framing of sex-based volunteering exemptions introduces a classification signal that sits in tension with otherwise inclusive messaging, creating mixed institutional signalling.

Assessment: ● Inclusive survivor-centred praxis with residual classification ambiguity.

Bottom-Line Conclusion

The STAR Centre presents as a compassionate, trauma-informed service with explicit inclusive intent and accessible front-door pathways. Procedural disclosure burden is low, and survivor autonomy is clearly prioritised.

However, the absence of explicit survivor-facing guidance regarding classification, women-only provision, group recovery access, and continuity of care introduces **moderate safeguarding uncertainty** for transitioned women. Mixed institutional signalling increases **entrapment risk** and may inhibit safe engagement. Where inclusive cultural messaging is not paired with operational transparency, safeguarding predictability becomes dependent on survivor interpretation rather than institutional clarity.

These risks are readily remediable through public clarification of inclusion practices, classification stability, and disclosure handling.

Final Classification: ● Moderate Risk — Requires direct clarification with significant entrapment risk.

Western Isles Rape Crisis Centre (WIRCC)

Overall Assessment: ● Conditionally Recommended — Structurally Safe with Caveats

Executive Summary

Western Isles Rape Crisis Centre (WIRCC) presents a strongly inclusive front-door, explicitly offering free, confidential, trauma-informed support to survivors of any gender aged 13+. Its intake model emphasises survivor autonomy, confidentiality, pacing, and choice, and avoids biological framing, legalistic eligibility criteria, or exclusionary feminist rhetoric. These features indicate high safeguarding maturity and low procedural disclosure burden.

WIRCC also operates women-only groupwork and wellbeing activities described as “safe spaces for women,” but does not publicly clarify whether transitioned women are included within this provision. While no evidence of exclusionary policy, hostile institutional alignment, or classification-based gatekeeping is present, the absence of explicit survivor-facing reassurance introduces a clarity gap. For transitioned women, this may generate uncertainty when seeking access to collective recovery spaces.

There is no positive evidence that WIRCC classifies transitioned women as male, redirects them to alternative services, or restricts access following disclosure. Accordingly, WIRCC is best assessed as conditionally recommended, with the sole limitation being the absence of explicit public confirmation of inclusion within women-only group provision.

Service Description and Stated Eligibility

WIRCC states that it provides free, confidential specialist support, information, and advocacy to anyone of any gender aged 13+ in the Western Isles who has been affected by sexual violence. This positioning is reinforced across the site and establishes an inclusive, low-threshold service model.

Support is described as survivor-led and trauma-informed, with strong emphasis on confidentiality, autonomy, pacing, and emotional safety. Survivors are explicitly informed that they may disclose as little or as much as they wish, and no sex-based or gender history data

collection is visible in public-facing materials. This represents strong procedural safeguarding design.

Front-Door Accessibility and Disclosure Burden

WIRCC demonstrates strong front-door accessibility. The service explicitly welcomes survivors of any gender, and intake guidance emphasises choice, emotional safety, and confidentiality. Survivors are not required to provide detailed accounts or disclose personal history at entry, reducing procedural and psychological disclosure pressure.

For transitioned women, the absence of explicit classification guidance introduces some uncertainty regarding how disclosure of transition history may affect access to women-only services. However, no exclusionary language, biological framing, or structural redirection cues are present. As such, front-door accessibility is best characterised as **inclusive with residual classification uncertainty rather than unsafe**.

Assessment: ● Moderate — inclusive intent with minor clarity gap.

Inclusion of Transitioned Women

While WIRCC does not explicitly name transitioned women, its consistent framing of eligibility as “anyone of any gender” strongly signals inclusive intent. No hostile or exclusionary language is present, and no institutional alignment with trans-hostile organisations or ideologies is visible.

There is no evidence of classification practices that would categorise transitioned women as male, route them into men’s or mixed services, or restrict access following disclosure. The absence of explicit reassurance therefore represents a communication gap rather than structural exclusion.

Assessment: ● Moderate — inclusive intent without explicit confirmation.

Women-Only Groupwork and Peer Support

WIRCC offers women-only support groups and wellbeing activities described as “safe spaces for women” and “open to all women living in the Western Isles.” No clarification is provided regarding inclusion of transitioned women within this definition.

While no exclusionary policy or practice is evident, the absence of explicit survivor-facing reassurance may generate uncertainty for transitioned women when considering access to collective recovery spaces. Given the importance of groupwork in trauma recovery, explicit clarification would materially enhance psychological safety and predictability.

Assessment: ● Moderate — no evidence of exclusion, but clarity gap remains.

Reclassification After Engagement Risk

No evidence is present of post-engagement reclassification practices, diversion to alternative services, or classification-based restriction following disclosure. The service’s inclusive intake model and trauma-informed culture suggest protective rather than punitive use of staff discretion.

Accordingly, while classification predictability is not fully transparent, there is no positive evidence of entrapment risk or structural reclassification harm.

Assessment: ● Uncertainty arises from lack of explicit policy rather than observed exclusionary architecture.

Overall Assessment: ● **Conditionally Recommended — Structurally Safe with Caveats**

Women’s Rape & Sexual Abuse Centre (WRASAC) – Dundee & Angus

Overall Assessment: ● Recommended — Low Safeguarding Risk

Executive Summary

WRASAC demonstrates strong trauma-informed practice, clear front-door accessibility, and explicit inclusion of transitioned women within its women’s support service. Public-facing materials repeatedly confirm that WRASAC supports women, including trans women, alongside young people of all genders through its DAYS service. The organisation provides multiple access routes, clear confidentiality and accessibility information, and a low-burden initial engagement model that does not require disclosure of details at first contact. WRASAC’s dedicated LGBTI survivor information and visible Chartermark journey further indicate active organisational investment in inclusive practice, training, and improvement.

No sex-based exclusionary framing, biological classification language, or legalistic exemption signalling is present in the material reviewed. Overall, the service appears safely navigable and structurally supportive for transitioned women.

Front-Door Navigability

WRASAC passes the two-minute navigability test. The website provides an immediate “leave this site now” safety function, prominent contact details, and clear menus that route survivors to support pathways without excessive searching. The “Our Support” page explicitly states that WRASAC provides support to women, including trans women, and to young people of all genders (aged 8–18). This confirmation appears high in the support pathway, enabling transitioned women to determine eligibility without inference.

Support options are described clearly, including helpline access (via the Initial Referral Team), one-to-one support, crisis support where required, and a transparent explanation of waiting lists. The service also specifies appointment availability across weekdays, evenings, and weekends, supporting accessibility for survivors with varied life constraints.

Assessment: ● Strong — explicit inclusion and clear pathways at first contact.

Inclusion of Transitioned Women

WRASAC provides explicit survivor-facing inclusion for trans women. Both the general support pathway and the dedicated LGBTI survivors page confirm that WRASAC welcomes and supports women, including trans women, and recognises that LGBTI survivors may face additional barriers, fears, and concerns when accessing services.

The service frames inclusion in an appropriately survivor-centred and trauma-informed way, acknowledging perceived and real barriers and inviting survivors to request adjustments to feel safe and supported. This reduces anticipatory anxiety and helps mitigate disclosure burden.

Assessment: ● Strong — explicit inclusion with trauma-literate framing.

Women-Only Service Model

WRASAC's women's support service is explicitly described as providing support to women, including trans women. This represents an implicit inclusion model in which trans women are categorised as women and routed through the same service pathway. No parallel routing, conditional eligibility, or sex-based exceptions are visible in the materials reviewed.

Staffing and volunteering materials reviewed do not signal sex-based exemption logic or legalistic framing that would raise classification-defence concerns. Organisational messaging remains consistent: women's services include trans women.

Assessment: ● Strong — clear inclusive architecture with no exclusionary signals.

Group & Collective Recovery Access

WRASAC presents a multi-service support structure and references a women's hub and several programme strands. However, the publicly available material reviewed does not clearly specify whether groupwork or hub-based activities include any women-only spaces and how inclusion is operationalised within those settings.

Given the service's explicit inclusion of trans women within women's services and its Chartermark work, inclusion within group modalities can be reasonably inferred, though not explicitly stated.

Assessment: ● Strong — no evidence of exclusion; minor absence of explicit groupwork inclusion detail.

Forced Disclosure Risk

WRASAC demonstrates strong safeguarding practice regarding disclosure and initial contact. The "Our Support" page explicitly states that during assessment survivors will not have to disclose what happened at that stage and recognises the difficulty of early disclosure. Multiple contact modalities (phone, message, scheduled callback, digital support) allow survivors to control communication channels and reduce outing risk.

No evidence is visible of mandatory sex-at-birth data collection, "biological sex" prompts, or other classification-driven disclosure pressure. Confidentiality is clearly described, with the standard safeguarding caveat regarding legally required information sharing.

Assessment: ● Low — strong protection against procedural and psychological disclosure coercion.

Reclassification Risk

Because WRASAC explicitly categorises trans women within women's services and repeats this inclusion across multiple pages, the risk of post-engagement reclassification appears low. The consistency of inclusion framing reduces uncertainty regarding continuity of access following disclosure.

Assessment: ● Very Low — strong protection against reclassification harm.

Safeguarding Governance

WRASAC demonstrates strong general safeguarding governance through clear confidentiality information, accessibility planning, structured referral and assessment processes, and transparent communication about service capacity. The organisation publicly documents its ongoing work toward LGBT Charter Silver and associated policy review and staff training via LGBT Youth Scotland. This suggests active organisational investment in continuous improvement and accountability in inclusive practice.

The site includes clear complaint pathways and safety features (rapid exit), strengthening survivor control and trust.

Assessment: ● Strong — governance aligned with survivor-centred safeguarding and inclusive practice.

Feminist and Service Framing

WRASAC's framing is explicitly feminist and survivor-centred, centring belief, support, and empowerment without invoking biological essentialism or sex-based exclusion rhetoric. Educational materials recognise gendered patterns of perpetration while retaining inclusive service provision. No evidence of exclusionary feminist signalling is present in the reviewed content.

Assessment: ● Inclusive feminist praxis without exclusionary function.

Bottom-Line Conclusion

WRASAC provides a clearly navigable, trauma-informed, and explicitly inclusive service for women, including trans women, alongside a separate young people's service for all genders. The organisation demonstrates strong safeguarding design, low disclosure burden, and consistent inclusion signalling without ideological or legalistic exclusion cues. While explicit detail on inclusion within group or hub-based modalities is limited in the material reviewed, overall service architecture and messaging support a low safeguarding risk assessment for transitioned women.

Final Classification: ● Recommended — Low Safeguarding Risk

8. Service Classification Summary Table

Survivor Navigation Note: This table reflects only the structured audit, and may not reflect nuance to enable safe navigation, please refer to the navigation notes at the beginning of the full service review.

Service	Overall Safeguarding Rating
Aberdeen Rape Crisis Centre (ABRC)	● Recommended — Low Safeguarding Risk
Argyll & Bute Rape Crisis	● Conditionally Recommended — Safe with Caveats
Domestic & Sexual Assault Team, West Lothian (DASAT WL)	● Moderate Risk — Requires Direct Clarification
Dumfries & Galloway Rape Crisis & Sexual Abuse Support Centre	● Conditionally Recommended — Safe with Caveats
Edinburgh Rape Crisis Centre (ERCC)	● Recommended — Low Safeguarding Risk
Fife Rape & Sexual Assault Centre (FRASAC)	● Not Recommended — High Safeguarding Risk
Forth Valley Rape Crisis Centre (FVRCC)	● Conditionally Recommended — Safe with Caveats
Glasgow & Clyde Rape Crisis Centre (GCRC)	● Not Recommended — Maximum Safeguarding Risk
Lanarkshire Rape Crisis Centre (LRCC)	● Not Recommended — Maximum Safeguarding Risk
Rape & Sexual Abuse Support Highlands (RASASH)	● Recommended — Low Safeguarding Risk
The Compass Centre	● Highly Recommended — Low Safeguarding Risk
Moray Rape Crisis	● Highly Recommended — Low Safeguarding Risk
Orkney Rape & Sexual Assault Service (ORSAS)	● Conditionally Recommended — Safe with Caveats
Rape Crisis Grampian (RCG)	● Recommended — Low Safeguarding Risk
Rape & Sexual Abuse Centre Perth & Kinross (RASAC P&K)	● Conditionally Recommended — Safe with Caveats

Service

Scottish Borders Rape Crisis Centre (SBRCC)

Overall Safeguarding Rating

● Conditionally Recommended — Safe with Caveats

9. Contact and Further Engagement

This audit is part of an ongoing programme of safeguarding analysis and survivor-centred research undertaken by Transiness. Our work is grounded in lived experience, trauma-informed practice, and evidence-based evaluation of institutional design.

We welcome engagement from:

- Survivors, who may wish to share experiences, seek clarification, or provide feedback to strengthen this work
- Services, who wish to improve navigability, inclusion, and safeguarding practice
- Commissioners and policymakers, who are seeking evidence-based guidance on equitable, trauma-informed service design
- Researchers and practitioners, interested in collaborative safeguarding development

We recognise the emotional and practical barriers many transitioned women face in engaging with services and institutions. Contact is therefore welcomed without expectation, pressure, or obligation. You do not need to disclose personal details or experiences unless you choose to do so.

If you would like to discuss this audit, provide feedback, request clarification, or explore opportunities for collaboration, you can contact us at:

transinessadmin@protonmail.com

We are particularly keen to engage with organisations seeking to improve safeguarding practice for transitioned women. Many of the risks identified in this audit are structural and readily remediable, often requiring only minor operational or wording adjustments. We are happy to offer guidance, feedback, and constructive dialogue in support of safer, more inclusive service provision.