TRANSINESS AUDIT OF SEXUAL VIOLENCE SERVICES IN WALES

Audit Summary and Safeguarding Assessment

February 2026

Purpose

This audit was undertaken to evaluate the structural safeguarding characteristics of sexual violence support services in Wales 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. In a neutral, non-exclusionary system, applying conservative UK population estimates and community transition data, transitioned women alone would be expected to comprise approximately 0.9% of total service users, noting that this figure does not include transitioned men.

We examine how service design, eligibility criteria, ideological framing, and operational practice interact when encountered through the eyes of a survivor, 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.

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 review forms part of a broader programme of work by Transiness, 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. This programme has reviewed sexual violence services across Wales, Scotland, and England using similar criteria to assess safeguarding accessibility for transitioned women.

Contents

1. Population context

Based on Census 2021 data, approximately 10,000 people aged 16 and over in Wales reported that their gender identity differed from their sex registered at birth. While census write-in responses identify approximately 1,900 people as “trans woman”, this figure has been excluded from our audit denominator because it is known to substantially undercount the transitioned female population. First, Census data show an approximately 50/50 split by sex registered at birth within the wider transgender population, which aligns with current Gender Identity Clinic (GIC) referral and treatment data and strongly suggests that the number of people with a male-at-birth trans history in Wales is closer to ~5,000 than 1,900.

Second, many transitioned women do not identify with the label “transgender woman” at all, instead describing themselves as women, transitioned women, non-binary women, or using other identity terms; others deliberately avoid trans-specific labels due to privacy concerns or anxieties about disclosure. As a result, write-in identity labels are not a reliable proxy for lived transition status.

For safeguarding purposes, this distinction is critical: transitioned women typically undergo significant physical embodiment changes, experience hormone-related emotional and neurological shifts, and are often socially positioned and treated as women in everyday life, or positioned outside of any natal-sex category at all. These factors shape both their exposure to sexual violence and the risks they face within natal sex segregated or classification-based service systems.

This audit does not evaluate the legal correctness of service eligibility models. It evaluates their safeguarding consequences.

2. Audit Methodology

Methodology: Identifying Sexual Violence Services in Wales

This review identifies sexual violence–specific services in Wales that are relevant to survivor safety, access, and classification risk, including services supporting men, women, and children, and commissioned advocacy pathways.

I. Source triangulation

Services were identified using multiple independent sources, to avoid reliance on any single directory:

Welsh Women's Aid – Find Your Local Service directory

NHS 111 Wales local services listings

Police and Police & Crime Commissioner signposting pages

Routes to Support (used only as a *cross-check*, not as a primary source)

Direct service websites

Only services repeatedly identified across commissioning, NHS, or specialist sexual violence contexts were retained.

II. Inclusion criteria

A service was included if it met one or more of the following:

Explicitly states rape, sexual assault, sexual abuse, or sexual violence as a core remit

Provides Independent Sexual Violence Advocate (ISVA / CYPSVA) services as a primary function

Is a CSA-specific service (sexual abuse focus), including for adults abused in childhood

Is a university- or NHS-commissioned sexual violence advocacy pathway

III. Exclusion criteria

The following were explicitly excluded:

Operates as a Sexual Assault Referral Centre (SARC)
National signposting or helpline-only services (e.g. SurvivorsUK, Galop, Safeline)
Generic VAWDASV or domestic abuse services without explicit sexual violence focus
Refuge, housing, floating support, IDVA/DAPVA-only provision
Services where sexual violence support was only implicit or incidental
This ensures the list reflects actual sexual-violence support capacity, not adjacent infrastructure.

IV. Boundary-risk principle

Because transitioned women may be misclassified at intake, both women's and men's sexual violence services were included where they operate in Wales or are commissioned locally. This captures real-world routing risk without overstating provision.

2.1 Assessment Process

We examined publicly available information on each service's website, focusing 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.

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).

2.3 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.

2.4 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 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. Classifications reflect publicly observable safeguarding signals and should not be interpreted as findings of wrongdoing.

The Two-Minute Rule

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?

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.

3.1 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.

3.2 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.

3.3 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.

3.4 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 transitioned women in mind.

3.5 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.

3.6 For Services and Commissioners

Our audits of English, Scottish and Welsh services reveal services operating from different positions: full inclusion, natal sex segregation, hybrid systems, or parallel provision. We understand that these operational choices present genuine challenges. However, as documented in our paper "Safeguarding and Protection Failures for Transitioned Women Experiencing Domestic and Sexual Violence," the fundamental question is whether risk should be transferred onto survivors.

This audit builds upon "One of the Lasses" (Pain et al., 2021), now five years old but still the most comprehensive research of its kind. That study of six abuse support services in North East England found that women-only services were equally likely to practice trans-inclusivity as mixed gender services, with some having more developed inclusion policies. The vast majority of cisgender service users supported transitioned women using their service, and where transitioned women accessed women-only groups, staff reported entirely positive experiences with no problems. The research demonstrates that both transitioned women and cisgender women identify cisgender male perpetrators as the primary threat, share similar support needs, and benefit from trauma-informed environments. One case of a male perpetrator attempting access by falsely claiming to identify as a woman was safely managed using standard risk assessment procedures. For services seeking to improve provision, we invite discussion about evidence-based approaches.

4. Key Safeguarding risks identified

4.1 Forced or Coerced Disclosure Risk

Many services require, explicitly or implicitly, information about natal 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 patterns typically include threats of disclosure, withdrawal of hormones or other abuse characteristics unique to 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 constitute safeguarding harm and undermine survivor autonomy. This pressure may undermine the protections afforded to gender history under **s**ection 22 of the Gender Recognition Act 2004, which recognises the particular sensitivity and risk associated with disclosure.

4.2 Reclassification After Engagement

A recurring high-risk safeguarding pattern was identified: initial acceptance via inclusive language, emotional engagement and trauma disclosure, subsequent discovery of transition history, followed by reclassification out of women-only provision, service re-routing, or withdrawal of support.

This pattern creates 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.

4.3 Semantic Red Flags

Certain language patterns consistently correlated with exclusionary practice and safeguarding failure. These include the use of “females” instead of women, emphasis on “natal 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 ideological capture, classification rigidity, and elevated risk of later reclassification harm.

4.4 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 failed to 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.

4.5. Staff Discretion as a Double-Edged Factor

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 Supreme Court reinterpretations, organisational policies defining sex as natal, 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.

4.6. Predictability of Access

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.

4.7 Group Work and Peer Support: Critical Findings

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 group work constitutes structural exclusion, even where 1:1 support exists.

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.

🔴 Category A: Not Recommended — High Safeguarding Risk

*This classification reflects structural conditions that **creates reasonably foreseeable deterrence effects** at the pre-contact stage, increasing the likelihood of survivor disengagement and thereby elevating safeguarding risk.*

Characteristics include natal sex-based eligibility resulting in exclusion or significant degradation of service, conditional or post-disclosure exclusion, forced reclassification after engagement, women-only spaces inaccessible to transitioned women, and absence of clarity regarding inclusion of transitioned women creating exclusion-by-silence. These conditions constitute a high and foreseeable risk of re-traumatisation; accordingly, such services are classified as not recommended.

🟠 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 harm is visible; however, the absence of operational clarity creates predictive uncertainty regarding eligibility, continuity of care, and classification stability, often necessitating disclosure or concealment of status to secure service stability. Accordingly, these services are classified as moderate risk pending direct clarification.

🟡 Category C: Conditionally Recommended — 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. Public materials may demonstrate limited or absent recognition of transitioned women's distinct safeguarding vulnerabilities, resulting in risk profiles that are understated or insufficiently operationalised.

These gaps are typically remediable through minor additions to public-facing policy and safeguarding frameworks. Accordingly, such services are classified as conditionally recommended.

🟢 Category D: Recommended — Clear and Safe

Characteristics include explicit policy for inclusion of transitioned women clearly visible within primary service pages, group work clearly accessible without forced disclosure, no visible natal-sex-based reclassification mechanisms, clinically competent frameworks understanding transitioned

women’s unique risk profile, predictable continuity of care, and high navigability within two-minute test. These services can be approached with reasonable confidence.

Exclusion is not the only safeguarding failure; unpredictability is itself a risk condition.

6. Institutional Betrayal

Sex-based service routing produces a form of harm distinct from simple exclusion: institutional betrayal. When survivors must accept therapeutic mismatch, conditional access, exclusion, or identity erasure 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 structurally reproduce the dynamics of abuse they are trained to recognise and interrupt. 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.

Institutional betrayal is often masked by kindness, gratitude, and partial therapeutic benefit. 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. Importantly, the presence of a successful support pathway for some survivors does not negate institutional betrayal where the overarching service architecture requires individuals to overcome structural barriers in order to reach safety. Safeguarding systems are evaluated not by the outcomes achieved by the most resourceful survivors, but by the conditions encountered by those with the least psychological reserve. Where safe access depends upon persistence, specialist knowledge, or tolerance of uncertainty, institutional responsibility remains engaged regardless of eventual therapeutic benefit. Services do not merely fail to prevent harm—they actively generate trauma *while rendering it invisible.*

Wales: Sexual Violence Services

Core specialist sexual violence providers

New Pathways

Coverage: Mid, West, East & South Wales
Remit: Rape, sexual assault, sexual abuse (adults & children), counselling, advocacy, ISVA/CYPSVA, SARC operation
Website: https://www.newpathways.org.uk/

RASA Wales

Coverage: North Wales
Remit: Sexual abuse and sexual violence support for adults and children of all genders
Website: https://www.rasawales.org.uk/

CSA-specific sexual violence services

Stepping Stones North Wales

Coverage: All six North Wales local authorities
Remit: Sexual abuse of children and adults abused in childhood
Website: https://www.steppingstonesnorthwales.co.uk/

Reviews

1. NEW PATHWAYS

New Pathways is the largest sexual violence support provider in Wales, offering services across Mid, West, and South Wales. Their centres are located in various towns and cities, including Merthyr Tydfil, Swansea, Newport, Carmarthen, Aberystwyth, and Newtown. This widespread presence ensures that they can provide face-to-face, online, and telephone services to a broad population across these regions.

Their services encompass a range of support, including counselling, advocacy, and specialist support for survivors of recent and non-recent rape and sexual abuse. They cater to individuals of all genders and ages, ensuring comprehensive support across their catchment area.

Using ONS Census 2021 local-authority populations as a proxy for New Pathways' operating footprint (Merthyr Tydfil, Swansea, Newport, Carmarthenshire, Ceredigion, Powys), the combined resident population is approximately 850,000. In a risk-scaled estimate, transitioned women should constitute approximately 0.8–0.9% of sexual violence service users per year *(Wren, 2026)*, within a fully functioning safeguarding system, excluding historic childhood sexual abuse cohorts.

Overall Assessment: 🟢 Recommended — Low Safeguarding Risk

Basis of Review: Second-pass review of publicly visible front-door pages ("If you need help"), service pages (counselling, wellbeing, ISVA/SARC), EDI/LGBTQ+ content, client charter, safeguarding/data collection excerpts, annual report highlights, and the adult counselling self-referral form. Assessed using the Wales Audit Summary criteria and two-minute navigability test.

Front-Door Navigability

New Pathways passes the two-minute test strongly. Crisis entry points ("If you need help"), phone/email contact, and "Make a referral" routing are immediately visible. The service offer (counselling + wellbeing + ISVA/SARC) is clear and survivor-centred, with reassurance on confidentiality and belief, and multiple access modes (in-person/online/telephone).

Assessment: 🟢 Pass — high crisis navigability, low search burden.

Clarity on Inclusion of Transitioned Women

Inclusion signalling is strong and survivor-facing. The organisation repeatedly states its services are for everyone (all genders, backgrounds, orientations), and the LGBTQ+ content explicitly states trans inclusion and refusal-protection ("nobody will be refused support due to their gender identity or expression"). Staff training signals are also present (LGBTQ+ awareness; some counsellors trained in working with transgender and gender questioning clients).

Assessment: 🟢 Explicit operational inclusion with clear reassurance.

Group & Collective Recovery Access

Groupwork is not assessed in this pass because it is not clearly presented as a stable, survivor-navigable offer in the captured service pages. However, organisational materials indicate a client-engagement direction that includes peer-led community groups and targeted work for communities facing access barriers (including LGBTQIA communities), suggesting potential future collective recovery pathways.

Assessment: ○ Not Assessed — developmental indicators present, but not evaluated as an operational access route.

Forced Disclosure Risk

Intake materials captured here request “gender” and preferred pronouns, but do not visibly request natal sex or embed natal sex-based eligibility rules. Combined with explicit trans-inclusion statements, this reduces structural pressure on transitioned women to disclose history to access support.

Assessment: 🟢 Low risk — no visible sex-based intake capture or coercive disclosure triggers.

Reclassification Risk

No evidence is visible of an “accept then reroute/exclude” mechanism. The consistent “services are for everyone” framing, plus explicit trans-inclusion and refusal-protection language, suggests low risk of later administrative reclassification once engaged.

Assessment: 🟢 Low risk — no indicators of exclusionary reclassification practices.

Safeguarding Governance

New Pathways presents clear organisational accountability signals: a client charter (respect, confidentiality, feedback routes), information governance/GDPR framing, and structured advocacy provision (ISVA/SARC content, accreditation indicators). Trauma-informed practice content is practical and survivor-oriented, emphasising consent, preparation, and control.

Assessment: 🟢 Strong — governance and practice orientation align with survivor protection.

LGBTQ+ / Transition-Specific Safeguarding Awareness

The organisation shows meaningful baseline awareness of LGBTQ+ barriers to access (fear/experience of discrimination; explicit inclusion; training). However, the materials captured here do not visibly articulate several transition-specific risk pathways that often determine real-world safety for transitioned women in crisis—e.g.:

- institutional betrayal dynamics (being “welcomed” then harmed by policy/classification),
- disclosure threat ecology (housing/employment/family/service crossover harms),
- misgendering as a destabilising harm signal,
- abuser leverage patterns (outing threats; “easy target” framing),
- medication continuity risks and practical safety considerations.

Absence of these points does not imply unsafe practice; it indicates the organisation's public-facing inclusion framing may be at the "general inclusion + training" level rather than the "highly specified trans-survivor risk model" level.

Assessment: 🟢 Low risk but over-generalised — good inclusion stance but limited visible articulation of high-specificity trans-survivor risk pathways.

Bottom-Line Conclusion

New Pathways demonstrates strong front-door navigability, clear "for everyone" eligibility framing, explicit trans-inclusion and refusal-protection messaging, and no visible sex-based gating or reclassification triggers. These features support a low safeguarding risk recommendation for transitioned women seeking 1:1 counselling/wellbeing and ISVA/SARC support. Groupwork is not assessed in this pass (developmental signals noted but not scored).

Final Classification: 🟢 RECOMMENDED — Low Safeguarding Risk

2. RASA WALES: RAPE & SEXUAL ABUSE SUPPORT CENTRE (RASASC) NORTH WALES

Rape & Sexual Abuse Support Centre North Wales provides specialist support and therapy to individuals aged 3 and over who have experienced sexual abuse or violence, including recent and historic harm. The organisation operates from its head office in Bangor and delivers services across the six counties of North Wales: Anglesey, Gwynedd, Conwy, Denbighshire, Flintshire, and Wrexham. Services include counselling, ISVA support, pre-trial therapy, a holding service, children's provision, and structured group recovery programmes.

Using ONS Census 2021 local-authority populations as a proxy for RASASC NW's operating footprint, the combined resident population across these counties is approximately 687,000. Census data indicating that around 0.4% of adults report a gender identity different from their sex registered at birth provides a planning-level estimate of the local transgender population. Applying a cautious modelling assumption of approximate parity between transfeminine and transmasculine populations suggests the likely presence of approximately 1,300–1,400 transitioned women within the catchment area.

Email Contact and Follow-Up: The provider's communication reflected a high level of concern regarding survivor clarity alongside careful attention to policy boundaries. This posture suggests an organisation attempting to navigate complex safeguarding, legal, and equality considerations within a sensitive service environment.

Such caution is understandable within the current regulatory climate affecting sexual violence services. However, when institutional risk sensitivity becomes visible within survivor-facing materials without equivalent clarity regarding access pathways, it may inadvertently transfer uncertainty to survivors at the point of approach.

Trauma-informed service design seeks to minimise interpretive burden on survivors. Where public materials require individuals to infer eligibility or anticipate potential classification outcomes, approach inhibition becomes reasonably foreseeable regardless of organisational intent.

This review therefore recognises the legitimacy of institutional caution while maintaining that survivor predictability must remain the primary safeguarding anchor within publicly navigable service architecture. Safeguarding systems function most effectively when organisational risk management is contained within internal governance structures rather than communicated indirectly through survivor navigation pathways.

✅ Survivor Navigation Note

The provider has further indicated that therapeutic environments may be collaboratively tailored according to psychological safety needs, with neutral and trans-specific arrangements available where clinically appropriate. These features represent meaningful protective conditions within a trauma-informed framework.

At the time of review, these practices were not consistently visible within survivor-facing materials. Individuals assessing safety prior to contact could therefore reasonably anticipate exclusion, reclassification, or identity-based routing despite the provider's stated flexibility in clinical delivery.

Direct provider clarification confirms that survivors are not required to disclose gender history in order to access support, including entry into one-to-one counselling. Decisions regarding disclosure remain entirely within your control. Some individuals may choose to share aspects of personal history to support therapeutic planning, while others may prefer not to do so. Survivors retain full autonomy in determining what information they disclose, if anything, and at what stage of engagement.

Where transitioned-survivor groups are available, survivors may wish to consider whether such environments align with their expectations of relational safety, therapeutic pacing, and recovery trajectory. Affirming peer spaces can be beneficial for some survivors, while others may prefer integrated therapeutic settings grounded primarily in shared trauma experience.

Survivors seeking additional predictability may find it helpful to make early contact with the service to clarify support conditions, environment preferences, and group formats prior to first appointment. Establishing these parameters in advance can support psychological safety at the point of approach.

Public-facing materials are currently under active revision to improve clarity for transitioned survivors. A priority re-review is scheduled following publication of updated information so that the assessment reflects the fully visible survivor-facing environment.

Survivors who experience uncertainty about service fit are encouraged to prioritise psychological safety when making help-seeking decisions.

Overall Assessment: Rating Deferred — Provider Materials Under Active Revision

Basis of Review: Review as of 5/2/26. Dual-pass review of publicly visible homepage content, About and constitutional statements, Women-Only Spaces policy, service descriptions (including group work, ISVA, and holding service), training materials, and the online self-referral form. Assessed using the Wales Audit Summary criteria and two-minute navigability test.

Front-Door Navigability

Universal front-door framing conflicts with downstream eligibility architecture grounded in natal sex. A transitioned woman may reasonably interpret the service structurally orientated around natal sex, requiring survivors to overcome rational safety concerns in order to approach the service.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Clarity on Inclusion of Transitioned Women

Provider materials indicate the availability of dedicated support for transitioned survivors. However, this provision is not clearly integrated within the organisation's core recovery architecture as presented in survivor-facing programme descriptions.

In particular, the relationship between the STaR recovery pathways and dedicated transitioned-survivor support is not explicitly articulated. A transitioned woman reviewing the primary recovery framework cannot readily determine how she would be routed, whether equivalent therapeutic depth is available, or how continuity of care would be maintained.

This creates a condition of **service-pathway uncertainty** at the pre-contact stage. Survivors are required to infer their likely placement rather than being able to predict it — a known deterrence mechanism in trauma service navigation.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Group & Collective Recovery Access

RASASC NW offers structured group recovery including STaR stabilisation programmes, alongside separate Women STaR and Male STaR pathways. Access to the women's programme and ther organisation's women-only policy anchors eligibility to natal sex.

For transitioned women, this creates a predictable classification boundary precisely at the stage of recovery where relational safety is most critical. Transitioned women's bodily reality and psychosocial context is not operationally accounted for within pathway design. Without a clearly defined equivalent pathway, a transitioned woman may be:

1. excluded from women's collective recovery,
2. expected to absorb psychological distress through natal sex routing to men's services,
3. required to disclose personal history to justify placement,
4. or forced to remain silent about transition-related abuse dynamics in order to avoid reclassification.

In practical safeguarding terms, equitable access would require a transitioned woman to not disclose, avoid discussing transition-linked trauma, and tolerate ongoing uncertainty about belonging — conditions incompatible with trauma-informed care.

The inability to discuss transition-related abuse dynamics is not a minor limitation. Transitioned women experiencing domestic or sexual violence face specific coercive control tactics that services

must be trained to recognise: hormone medication withholding or destruction; forced misgendering or presentation in the wrong gender; threats to “out” the survivor to family, employers, or community; preventing or sabotaging access to transition-related healthcare; weaponising documentation mismatches; criticising surgery scars or physical characteristics associated with transition; and isolating from LGBTQ+ support networks. These tactics only make sense if the perpetrator recognises and is weaponising the survivor’s gender identity—they are attacks on her womanhood, demonstrating that the abuse is targeting the survivor as a woman. Yet services designed around natal sex classification will struggle to recognise these tactics as abuse, effectively safety-plan around them or provide the gender-specific support these dynamics require. This represents therapeutic mismatch at the assessment stage: the abuse itself becomes invisible to services that should be expert in identifying coercive control.

This creates what feminist scholars have identified as a double bind: a systematically rigged situation where all available options expose survivors to penalty, censure, or deprivation. A transitioned woman seeking safety faces impossible choices: non-disclosure to use the women’s services and risk categorical exclusion; accept natal sex routing to men’s services and accept profound therapeutic mismatch, disclosing repetitively and absorbing re-traumatisation risk; or disengage and remain in danger. There are no safe moves. This is not an accidental service gap but a predictable outcome of service design that privileges administrative classification over actual safeguarding context. In safeguarding terms, systems that present survivors with no psychologically tolerable access route function as structural deterrents regardless of organisational intent.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Forced Disclosure Risk

The self-referral form requires applicants to select gender from categories that explicitly include “Trans Gender Female” and related options. While intended for monitoring or routing, this functions as a front-door disclosure point before relational trust is established.

Combined with natal-sex eligibility rules, disclosure is not neutral — it is tied to potential access consequences. Survivors may therefore feel compelled to either disclose prematurely or withhold identity information to preserve access, both of which introduce safeguarding risk. Furthermore architectural uncertainty about what services are available to her compound the problem.

Early disclosure requirements are recognised within trauma-informed practice as potential approach inhibitors, particularly for survivors with prior experiences of institutional betrayal.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Reclassification Risk

The explicit definition of women-only spaces as bound by natal sex creates a clear reclassification boundary within the service. Even if a transitioned woman is accepted into initial support, the policy architecture categorically excludes transitioned women from peer support, creating a discontinuity between the survivor’s lived social role and their institutional classification.

This mismatch represents a well-established form of institutional harm in trauma services, particularly where survivors have already invested emotionally in the therapeutic relationship.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Safeguarding Governance

RASASC NW demonstrates several strong general governance indicators, including adherence to professional counselling guidelines, achievement of recognised service standards, confidentiality frameworks, and safeguarding training provision. These signals support baseline organisational competence.

However, governance strength does not mitigate classification-based risk where policy itself produces predictable harm pathways for a specific survivor cohort.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Feminist Framing

The organisation frames sexual violence as both an abuse of power and a consequence of gender inequality, positioning women-only spaces as a mechanism of substantive equality. However, this framing is operationalised through natal-sex gatekeeping, disregarding the appreciably higher prevalence and the dynamics of power and abuse directed at transitioned women. This operational model risks reproducing power-asymmetry dynamics inconsistent with trauma-informed safeguarding.

Where feminist analysis is translated into rules about natal sex, it reproduces *institutional harm* for survivors whose bodies and lived experience does not align with natal sex at birth. In this case, the framework prioritises classification criteria that may conflict with survivor-centred safeguarding principles.

Assessment: Rating Deferred — Provider Materials Under Active Revision

LGBTQ+ / Transition-Specific Safeguarding Awareness

There is limited visible articulation of transition-specific safeguarding risks within public materials. In particular, the service does not appear to address:

1. institutional betrayal dynamics,
2. disclosure threat environments,
3. misgendering as a destabilising harm signals,
4. abuser leverage linked to outing,
5. medication continuity risks,

or the relational safety requirements of transitioned survivors.

The absence of visible calibration to these risk factors limits a survivor’s ability to anticipate psychological safety prior to contact.

Assessment: Rating Deferred — Provider Materials Under Active Revision

Bottom-Line Conclusion

The combination of natal-sex eligibility rules, sex-segregated recovery pathways, intake disclosure capture, and underspecified provision for transitioned women creates a predictable environment in which transitioned women may experience exclusion, forced disclosure, reclassification, or relational unsafety, structurally reproducing abuse dynamics frequently experienced by transitioned women, and reinforcing **institutional betrayal**. Where the only psychologically tolerable peer environment is inaccessible, the presence of men's services does not mitigate safeguarding risk. The predictable outcome is that the survivor will abandon help-seeking, carry additional psychological distress preventing help-seeking in future, and consider herself less worthy of protection.

Open policy frameworks that restrict access for transitioned women, or routes to male specific services, unintentionally reinforce abuse-supportive conditions. Survivors exposed to structural exclusion can internalise beliefs that support is unavailable to them, reducing help-seeking behaviour and prolonging exposure to harm. Additionally, the perceived absence of accessible institutional protection may also function as a vulnerability signal within the broader risk ecology in which perpetrators operate. While unintended, such dynamics strengthen conditions under which abuse persists.

This is not an incidental service limitation but a design-level safeguarding failure. Alternative service models already exist within the sector, including those demonstrated by ERCC, which preserve natal sex therapeutic modalities while remaining accessible to transitioned women for whom cisgender women are their natural recovery peers. The presence of such models indicates that exclusionary architecture represents *an operational choice rather than a safeguarding necessity.* This assessment does not question the organisation's commitment to supporting survivors; rather, it identifies structural conditions that may unintentionally create access barriers for a specific high-risk cohort.

All survivors deserve care without being retraumatised, without having to trade one wound for another, and without having to trade dignity for hope. Where harm pathways are foreseeable, safeguarding responsibility is engaged regardless of institutional intent. When access conditions require survivors to tolerate identity destabilisation or relational unsafety, the protective system inverts — becoming a site of additional harm rather than an interruption of it. For a transitioned woman to navigate this service equitably, she would likely need to withhold aspects of her identity, avoid discussing transition-related abuse dynamics, and tolerate persistent uncertainty regarding access. *These conditions are fundamentally misaligned with trauma-informed safeguarding practice.*

Final Classification: **Rating Deferred — Provider Materials Under Active Revision**

STEPPING STONES NORTH WALES (SSNW) – CSA only

Overall Assessment: 🟡 Conditionally Recommended — Safe with Caveats

Basis of Review

Structured website review including homepage, About/EDI materials, service descriptions, psychoeducational and wellbeing programmes, Next Steps provision, third-party partnerships, self-referral form, and published annual report (2023–2024). Assessed using the two-minute navigability test and structural safeguarding criteria focused on classification predictability, disclosure burden, and continuity of care.

Front-Door Navigability

SSNW passes the two-minute navigability test. The service remit (adult survivors of childhood sexual abuse) is immediately visible, with direct phone and email contact routes and a web message function presented without procedural friction. Out-of-hours support is clearly signposted via the Live Fear Free Helpline, reducing crisis-time uncertainty.

Eligibility criteria are straightforward (adult survivor, resident in North Wales, consent for referral). Survivors are not required to interpret complex policy language prior to establishing contact.

Assessment: 🟢 Pass — high navigability with low cognitive load at point of access.

Clarity on Inclusion of Transitioned Women

The organisation states that it is “non-discriminatory with regard to race, gender, or ethnicity” and presents a developed Equality, Diversity and Inclusion framework referencing intersectionality and barrier reduction. Structural indicators include:

Diversity Working Group with an embedded action plan

LGBTQ+ survivor needs research project

Staff training including LGBTQ+ awareness and working with transgender clients

Stated commitment to improving access based on community need

While transitioned women are not explicitly named in survivor-facing eligibility language, the cumulative operational signals suggest intentional inclusion rather than passive neutrality.

Assessment: 🟢 Operationally inclusive — strong structural indicators despite absence of explicit naming.

Group & Collective Recovery Access

SSNW provides multiple collective formats across the recovery pathway:

Psychoeducational courses (e.g., stress, resilience, relationships)

Introductory group sessions for clients awaiting counselling

“Next Steps” wellbeing groups following counselling

Art therapy with planned group expansion

These are primarily stabilisation and wellbeing-oriented rather than intensive trauma-processing groups; however, they support social reconnection and post-therapy continuity.

Assessment: 🟢 Present — meaningful collective recovery infrastructure.

Forced Disclosure Risk

The self-referral form asks:

“Your gender”

“Is your gender the same as the natal sex?”

Although a “prefer not to say” option is provided, a sex-assigned-at-birth question positioned at intake creates predictable disclosure pressure. Survivors assessing safety may reasonably interpret the question as a potential eligibility or routing determinant.

This constitutes a structural safeguarding weakness because it appears before relational trust is established.

Assessment: 🟡 Moderate — avoidable disclosure trigger at first contact.

Reclassification Risk

No public materials indicate sex-based eligibility restrictions, conditional acceptance, or links to exclusionary frameworks. Organisational language trends toward access rather than gatekeeping.

However, intake collection of sex-assigned-at-birth data introduces *perceived* reclassification risk even if not operationally used. From a survivor perspective, predictability is as important as policy reality.

Assessment: 🟡 Low–moderate perceived risk due to intake design rather than stated policy.

Safeguarding Governance

Governance signals are strong for a specialist charity:

Professionally qualified counsellors aligned with recognised ethical frameworks

Regular supervision and training

ISVA provision supporting survivors through criminal justice processes

Partnership working with statutory bodies and national organisations

Ongoing pursuit of recognised service standards

Strategic plans reference capturing a representative cross-section of society and encouraging engagement from people with protected characteristics, indicating forward-looking safeguarding awareness.

Assessment: 🟢 Strong — credible governance and professional infrastructure.

LGBTQ+ / Transition-Specific Safeguarding Awareness

Evidence suggests active organisational learning rather than symbolic inclusion:

Participation in a pan-Wales LGBTQ+ survivor research project

LGBTQ+ awareness training

Collaboration with specialist organisations

Explicit recognition that minoritised groups face barriers to access

This reflects a service attempting to evolve practice in response to emerging evidence — a positive safeguarding indicator.

Assessment: 🟢 High — demonstrable awareness with developmental trajectory.

Bottom-Line Conclusion

Stepping Stones North Wales presents as a structurally inclusive specialist CSA service with strong governance, credible EDI infrastructure, and accessible entry pathways. Collective recovery provision is present and supports longer-term stabilisation.

The primary safeguarding limitation is the natal sex question at intake, which introduces foreseeable disclosure anxiety and perceived classification risk at the precise moment survivors are evaluating safety.

This is a design issue rather than an ideological signal and is readily correctable.

Final Classification: 🟡 **Conditionally Recommended** — Safe to approach with reasonable confidence, but intake disclosure architecture prevents low-risk designation.

References

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Wren, L. (2026). *Safeguarding and Protection Failures for Transitioned Women Experiencing Domestic and Sexual Violence*. Transiness. Available at: https://transiness.com/?p=536 (Accessed: 31 January 2026).

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