Statement on behalf of the 1st Claimant
Name: Katherine Frances Russell
First witness statement
Exhibits: N/A
Date: 16 October 2026

IN THE HIGH COURT OF JUSTICE
KING'S BENCH DIVISION
ADMINISTRATIVE COURT

In the matter of an application for Judicial Review

B E T W E E N:

THE KING
On the application of

(1) SUPPORT AFTER RAPE AND SEXUAL VIOLENCE LEEDS (SARSVL)
(2) DCD
(3) GFG

Claimants

- and -

COMMISSION FOR EQUALITY AND HUMAN RIGHTS

Defendant

- and -

MINISTER FOR WOMEN AND EQUALITIES

Interested Party

WITNESS STATEMENT OF KATHERINE FRANCES RUSSELL

I, KATHERINE FRANCES RUSSELL, Chief Executive Officer and co-founder of Support After Rape and Sexual Violence Leeds ("SARSVL") of [redacted], WILL SAY AS FOLLOWS:

1. In 2008 I co-founded Support After Rape and Sexual Violence Leeds. I then volunteered with the charity for a number of years before becoming its Chief Executive Officer in 2021.

I have dedicated my life to supporting the needs and rights of sexual violence and abuse survivors. I joined the Rape Crisis movement in 2004 and have worked and volunteered in a range of national, regional and local roles since then.

2. I make this statement in support of the Claimants' application for judicial review of the lawfulness of the updated Code of Practice for Services, Public Functions and Associations, as handed down on 5 August 2026 ("the Code of Practice").

3. This statement was produced following email correspondence and telephone calls with SARSVL's solicitors at Leigh Day. In so far as the facts in this statement are within my knowledge, they are true. In so far as the facts in this statement are not within my direct knowledge, they are true to the best of my knowledge and belief.

4. The purpose of this statement is to set out the background of SARSVL's involvement in this case and to explain the effect that the Code of Practice will have on the future work of this organisation.

5. One of my concerns about the public conversation around the inclusion of trans women in women's services, especially in the context of services which respond to violence against women and girls, is that the voices of people and organisations with experience of managing such services and working with survivors are not heard. In this statement I set out SARSVL's experience of operating as a trans-inclusive service, and explain why it is important for us and for the survivors who we work with that we should be able to continue to do so.

Background

6. SARSVL is a charitable company set up under the Companies Act 2006. It was registered in 2010, and was established in order to provide services for women and girls in Leeds who are victims of rape, child sexual abuse and child sexual exploitation or any form of sexual violence at any time in their lives. It was set up partly in response to the Map of Gaps Report, published in 2007 by the End Violence Against Women (EVAW) coalition in

partnership with the Equality and Human Rights Commission ("EHRC"), which identified Leeds as an area without and in need of a specialist sexual violence support service for women and girls. In the year between 1 April 2025 and 31 March 2026, SARSVL provided services to 1,717 victims of sexual violence, with around 1,300 contacting our helpline and around 200 respectively accessing counselling/therapeutic or Independent Sexual Violence Advocacy (ISVA) services. We are a Rape Crisis centre and a member of Rape Crisis England and Wales.

7. The Articles of Association of SARSVL set out the objects of the charity as being:

"(1) To relieve the mental and physical distress of women and girls affected, or at risk of being affected, by rape and sexual violence, recognising their diverse needs;
(2) To promote the education of the public and to raise awareness of rape and sexual violence and its effects;
(3) To promote research into rape and sexual violence and its effects and to disseminate or publish the useful results of such research" (clause 4).

8. The words 'women' and 'girls' in the Articles of Association are intended to be interpreted in a trans-inclusive manner so as to include all those who present and identify as women and girls. The Articles of Association are currently under review to make this clear beyond doubt.

9. The services SARSVL provides include:

a. A confidential and anonymous emotional support helpline for women, girls and nonbinary people (who feel that a women-centred approach is right for them) over the age of 13, who have been affected by sexual violence. This is available by phone, text message or email and is open 5 days per week;
b. An independent sexual violence advocacy (ISVA) service which offers a specialist service to victims and survivors of sexual violence over the age of 13 who have

reported or are considering reporting sexual violence to the police, to provide emotional and practical support through the criminal justice system;

c. Counselling and therapeutic services for those over the age of 18 on a one-to-one basis, either online or at SARSVL's centre. These services can be offered ahead of criminal trials, on a shorter-term basis (around 8 sessions), or can be provided on a longer-term basis (usually around 20 sessions). The sessions are person-centred and tailored to each individual need;

d. Therapeutic groupwork, usually for groups of 4 to 12 people at a time, including psychoeducation, arts and social-based therapeutic groups and peer support groups. These are offered in person at SARSVL's centre or online;

e. Outreach support (one-to-one and group-based) with marginalised and underserved survivors, including emotional support and social advocacy to improve access to health services.

10. Accordingly, much of the work SARSVL does operates on a one-to-one basis, with some group work. Our counselling service is primarily provided on a one-to-one basis, with the group support provided as an additional support for clients who either are waiting for support or have exited one-to-one support and have expressed an interest in group work. Clients are offered comprehensive information about the content and process of the group, the client group who is likely to participate and all the practicalities to make an informed decision about their interest in participation. SARSVL does not provide any services on a drop-in basis, and our group work is not open to referrals. Our Counselling Service Manager and other qualified staff identify people who may benefit from group work and appear ready to participate in a shared group environment from our counselling waiting list and from existing or former service users, based on information held in their client files, risk assessments, and their current and previous engagement with our services. They then invite those service users to a one-to-one assessment where they are assessed for suitability for the group before being invited to it.

11. In the one-to-one assessment, staff will explain the nature of the group work and explore the suitability of the group in more depth and potential barriers and risks, for example

exploring together what it might be like to be triggered into a trauma response, what support they might need in place from the staff or other group members, and to discuss any concerns or hopes they have for the group. Discussion around triggers is important as these are a common experience for survivors of sexual violence due to the wide range of potential triggers, such as the use of certain words, discussing sexual violence in a group setting, or particular smells. We have these careful processes to ensure that groups remain positive spaces for all survivors who are part of them and to ensure that they are appropriate to the needs of anyone allocated to one.

12. The work of SARSVL is run by 24 paid staff and 22 volunteers, all of whom present and identify as women or nonbinary people.

13. SARSVL also works in partnership with other rape crisis centres in West Yorkshire and women and girls' organisations, including through the Women & Girls Alliance - Leeds.

14. SARSVL also carries out work to raise awareness and understanding of, and prevent and reduce, sexual violence and abuse, including through providing training, workshops or talks, attending events, and through social media.

Who SARSVL provides services to

15. At SARSVL, we provide services to women and girls over the age of 13, including trans women and girls. We also provide services to nonbinary people who feel that a women-centred approach is right for them. We do not provide services to those who present and identify as men or boys, i.e. cis men or trans men.

16. There have been rare occasions where we have provided services to young people under the age of 18 who have made a gender transition whilst in the middle of receiving a service from SARSVL. On these occasions, we have considered them on a case-by-case basis, and have continued providing services for the sake of continuity of support.

17. When we get approached by trans men or cis men who would like to use our services, we signpost them on either to Survivors West Yorkshire (Ben's Place), a specialist sexual violence and abuse service for men and boys (including trans men and boys and nonbinary people who feel they're the right place for them) or our partner organisation in the West Yorkshire Rape Crisis Partnership, RASAC, which is an all-gender service.

18. If we were approached by a woman who wanted to be supported by a women's organisation which did not include trans women, we would refer them to another of our partner organisations in the West Yorkshire Rape Crisis Partnership, the Bradford Rape Crisis and Sexual Abuse Survivors Service, which provides those services. To the best of my knowledge, we have never had a case where a service-user has made such a request. By contrast, Bradford Rape Crisis and Sexual Abuse Survivors Service has referred trans women survivors who approached their service to us.

Our principles

19. SARSVL operates with a feminist understanding of sexual violence and abuse. This means that we recognise that sexual violence and abuse are disproportionately perpetrated against women and girls, that they're both causes and consequences of gender inequality worldwide and that we therefore need to address gender inequality as part of our work in order to reduce and prevent sexual violence and abuse.

20. In operating with a feminist understanding of sexual violence and abuse, we also acknowledge that feminism can mean different things to different people, so we have chosen to explicitly name and embed intersectional feminism as one of our core values.

21. Intersectional feminism is named after the theory of intersectionality developed by Prof Kimberlé Crenshaw, which recognises how different aspects of a person's identity interact to influence their experience of, and treatment by, the world. This means that as an intersectional feminist organisation, we acknowledge how the system in which we live creates and maintains power imbalances that ultimately harm everyone. We aim to resist and dismantle these power imbalances as part of our work, recognising that in order to

meet the needs of our survivors, we need to be conscious of all the intersecting forms of discrimination and inequality they might face (such as based on race, class, disability, sexual orientation etc.), and not just consider gender inequality in a vacuum. To enable this, we are committed to providing equitable, inclusive services, rooted in anti-racist, anti-oppressive practice, and striving for social justice for all survivors. This includes challenging the oppression and discrimination that trans people face in society. We believe setting the needs and rights of different groups up in opposition to each other (for example trans rights and women's rights) undermines these aims and commitments.

Trans-inclusive approach

22. Since inception, SARSVL has provided services on a trans-inclusive basis to trans women. From the outset, we recognised that trans women survivors were a group of survivors with a particularly acute need for specialist service provision. In more recent years, we decided to be more explicit about our commitment to including trans women in our services, and in or around May 2018 we updated our website to make clear that we are a trans-inclusive feminist organisation. While we originally offered services to those who identified as a women or girls, we have also since been more explicit in our provision of services to nonbinary people who feel a women-centred approach is right for them, whatever sex they were assigned at birth. We capture monitoring data about gender identity when referring survivors to our face-to-face services: 12 trans women and nonbinary persons used our services in 2025, which equates to around 0.7% of the total number of service users. However, it is only at referral stage for our face-to-face services that we ask about a person's gender identity and whether this is the same as their sex they were assigned at birth, and not all persons declare this information, so the total number may be higher. However, I would still expect the proportion of service users who are trans to be very small.

23. Our commitment to providing our services in a trans-inclusive way is longstanding. It has worked well for us as an organisation and has meant that we have been able to provide trans women survivors of sexual violence with the support they need. We are not alone in the sector adopting this approach. A 2018 study by nfpSynergy and Stonewall conducted

in-depth interviews with 12 national umbrella bodies and local domestic and sexual violence services. The report found that:

> "*Every frontline service we spoke to told us that trans women are eligible for support in their services. This largely included their women-only communal services, although some determine this on a case-by-case basis…*
>
> *The majority of participants said that they, or their member services, have supported trans women in their women-only services before. Many have been doing this for some time, although for most their experiences of trans women seeking support were limited in terms of overall numbers.*" [1]

24. This largely aligns with my experience of working in the sexual violence sector, at least prior to the decision in *For Women Scotland* and the developments with the EHRC interim guidance and Code of Practice. Many other Rape Crisis Centres have included trans women in their services for women for a long period of time, and did not rely on the Equality Act exemptions to exclude trans women from their services, though there have always been some differences of opinion within the sector around issues of trans inclusion.

25. Since the decision in *For Women Scotland*, and the publication of the EHRC interim guidance and the Code of Practice, I know that a lot of those Rape Crisis Centres who have always been and still want to be trans-inclusive have felt the need to alter their language and approach because of the fear of litigation. Despite this pressure, I am aware of at least ten other Rape Crisis Centres which are trans-inclusive. There are almost certainly more but I know that many centres have stopped being as explicit about their commitments on their websites.

26. We co-produced a Survivor Leaders' group with survivors and other Rape Crisis Centres in West Yorkshire. The group was made up of women survivors of rape and sexual violence. They discussed the topic of trans inclusion and decided that they wanted to include trans women when increasing their membership. This is further evidence that our

[1] "Supporting trans women in domestic and sexual violence services: Interviews with professionals in the sector", p 10, available at https://www.stonewall.org.uk/uploads/files/stonewall_and_nfpsynergy_report.pdf

trans inclusive approach is one that is supported by a wider network of survivors and organisations other than our own.

Why including trans women survivors is important to us

27. SARSVL supports survivors who are navigating the trauma of rape and sexual violence. Our service users have often been let down repeatedly by other people, including sometimes by other services. Providing professional, expert support and advocacy is transformative. I would never wish to deny that support to a trans woman who had experienced rape or sexual violence if I thought she would benefit from the services we provide.

28. Trans women survivors are a small and vulnerable minority within the already vulnerable group of survivors of rape and sexual violence. There is evidence that trans people are disproportionately subject to sexual violence: the United States Trans Survey found that nearly half (47%) of respondents were sexually assaulted at some point in their lifetime and one in ten (10%) were sexually assaulted in the last year[2]. In the Government's National LGBT Survey 2018, 6.1% of trans women respondents had experienced sexual violence or harassment from a person they did not live with in the last year, and 2.8% experienced the same from a person they did live with. For survey respondents who were not trans but identified as lesbian, gay, bi or with another minority sexual orientation, the respective figures were 1.8% and 0.8%.[3]

29. In addition, trans women survivors face additional barriers in accessing the support they need in recovering from sexual violence and abuse. The National LGBT Survey found that:

> "Similar patterns of reasons for not reporting to the police were observed in relation to incidents experienced by trans respondents; however, they were even more likely than cisgender respondents to have not reported physical harassment or violence

[2] "Report of the 2015 US Transgender Survey", National Center for Transgender Equality (2016), p 15, available at: https://transequality.org/sites/default/files/docs/usts/USTS-Full-Report-Dec17.pdf

[3] National LGBT Survey: Research Report (2018), pp 56-57, 68-69, available at: https://www.gov.uk/government/publications/national-lgbt-survey-summary-report

(33%) and sexual harassment or violence (38%) due to having felt ashamed, embarrassed or not wanting anyone to know. Furthermore, trans respondents were more likely than cisgender respondents to have had a bad experience reporting physical harassment or violence (28%) and sexual harassment or violence (21%) in the past…"[4]

Survey participants were asked whether they had reported the most serious incident that they had experienced in the last year which was due to being LGBT or being thought to be LGBT, and if not, why not. One reason given by many trans people who had experienced sexual harassment or violence was that they did not want to reveal their sexual orientation or gender identity: this was given by 20.1% of trans respondents where the perpetrator was not someone they were living with, and 26.4% trans respondents where the perpetrator was someone they were living with.[5] Trans people who have experienced discrimination or had negative experiences when accessing services in the past may be particularly reluctant to seek support from other services: disclosing experiences of sexual violence can be very difficult for survivors even without these additional challenges and anxieties. Trans survivors also may be isolated and have limited other social support around, particularly if they have become estranged from their family.

30. If SARSVL were required to exclude trans women survivors from our services for women, we would become another barrier in the way of this vulnerable group accessing the support they need.

31. There are two main reasons why I believe it is important that a service like ours works with trans women survivors.

    a. The first is that there may be nowhere else for them to go. As far as I am aware, there are no specialist trans sexual violence and abuse support services in the Yorkshire and Humber region, and because trans people make up such a small minority of the population, I expect it would not be practical for such services to be set up. Survivors West Yorkshire (Ben's Place) would not be an appropriate service

[4] Ibid, p 75
[5] Ibid, Annex 5, qs 99 and 120

for trans women as it is for men and boys and I think it could be very psychologically damaging for a trans woman survivor to be referred to such a service. A trans woman is highly unlikely to choose to go to, or feel safe in, a men's service, even if the men's service felt equipped to meet her needs. (At the moment, they operate on a similar basis to us, and do not accept trans women survivors.) There is no specialist all-gender service in Leeds. The nearest all-gender service is RASAC, which serves Kirklees, Calderdale and Wakefield, and any referral would require their agreement because they are not funded to provide counselling and therapeutic services to survivors in Leeds. If they were able to accept the referral, the travel distance may be a barrier, particularly for service-users who are reliant on public transport. . I am conscious that many survivors have profound mental health struggles and for trans survivors these can be exacerbated by other factors, such as hate crime and discrimination, lack of family support and lack of access to gender affirming healthcare. I know the impact that effective, expert support and advocacy can have and I firmly believe that by supporting trans women survivors in our services, we are saving lives.

b. The second is that many trans women survivors may seek out and need a women-centred service for the same reasons that other female survivors seek out such a space. Many will have experienced violence of a highly gendered nature, often perpetrated by cisgender men. As with other female survivors, they may have an understandable fear of men (because of their lived experiences), flashbacks and other trauma responses (e.g. hypervigilance, dissociation) triggered by the presence of men, and/or an inability and/or reluctance to relax, feel safe or comfortable, or 'be vulnerable' around men (in the ways that are sometimes necessary to engage in deep therapeutic work to address trauma, for example). It is important that trans women survivors can be supported by an organisation like SARSVL which explicitly understands and acknowledges the gendered context of this violence and abuse. In a group context, both cis and trans survivors can benefit from the support and solidarity of peers with these comparable experiences.

The issues with attempting to operate a "biological sex" policy

32. Further, attempting to exclude trans women from our services would be counter to a trauma-informed approach and would pose significant practical issues. Most fundamentally, the first rule of providing specialist support and advocacy services to people traumatised by sexual violence and/or abuse is to listen to them and believe them. This is because experiences of sexual violence and abuse are deeply disempowering, involving as they usually do the survivor's personal power and bodily autonomy, their right to choose what happens to them, being removed against their will, and their voice being silenced. For so many survivors, the trauma of this primary experience (or multiple experiences) is then significantly compounded by the experiences of being blamed or not being believed if and when they feel able to disclose what has happened to them to someone else, including loved ones and professionals. Our current approach is rooted in the principles of respect, empathy and valuing and upholding survivors' autonomy and self-determination.

33. It is vital for us as a service that we do not contribute to the trauma of any survivor. Any process of questioning service users about their birth gender, and only allowing them to access our service if they disclose this information and confirm they were born female, is likely to be perceived as highly intrusive and disempowering: as noted above, research shows that fear of having to disclose their gender identity is one of the reasons trans survivors give for not reporting sexual abuse. Similarly, having to tell a trans woman survivor that we are not able to admit her to our service because we do not consider her a "woman" under our policy is likely to be retraumatising, no matter how sympathetically the message is conveyed. Even if there were other local all-gender services we could refer people to, it is hard to see how we could make such a referral while preserving a survivor's privacy about their gender history should they wish for this to remain private, and I expect that some trans survivors would not give permission for a referral to be made for this reason. In summary, I do not think the approach we would have to adopt would be compatible with offering a trauma-informed service to people who have been through the specific traumas of sexual violence and abuse.

The absence of practical difficulties from operating a trans-inclusive policy to date

34. SARSVL has operated on a trans-inclusive basis since it was established 16 years ago. The way we currently run and have always run, without any serious practical difficulty or risk towards staff, volunteers or service users, for the last 16 years, works well, rooted as it is in the principles of respect, empathy, autonomy and self-determination. In my view, based on my years of practical experience in the Rape Crisis Movement and of volunteering and managing services at SARSVL, our trans-inclusive approach has not come at the expense of survivors who are not trans, and there is nothing that would justify the potentially devastating impact of excluding trans women survivors from our services. On a personal note, I would never knowingly implement a policy I believed could cause harm to any survivor or was detrimental to their needs or rights.

35. We have no record of any concerns expressed by other service users or potential service users in relation to our trans-inclusive approach, neither following the publication of the Code of Practice, or in our years of operation prior to this.

36. The only incident that I can recall in which a service user's identity as a trans woman became relevant was during a support group meeting over seven years ago. I have not provided further details here in order to protect the anonymity of those involved. However, the incident was managed safely, respectfully and in a way that enabled all group participants to continue benefitting from this service.

37. The absence of practical difficulties arising from our approach I expect is due in part to the careful way we provide services, which is essential for an organisation like ours. Much of our work takes places remotely, online and/or over the phone and text, and the majority of our face-to-face services are one-to-one and private. We don't offer any drop-in services and none of our group work is open to external or self-referral. Individuals go through a detailed assessment before they are invited to join any group, covering a wide range of

considerations, including related to risk, suitability and compatibility with other group members.

38. However, it is important to note that there are many situations (which are encountered and addressed regularly) in which someone else's presence in a group session could trigger a flashback or trauma response, or provoke strong feelings for a survivor of sexual violence. For some it can be something as small as someone's scent, accent, clothing, or someone's experience being similar to another service user's. Our staff are trained and experienced in responding safely, appropriately and sensitively to all of these situations, and to considering different individuals' circumstances and compatibility when assessing what support groups to allocate different people to. If the presence of a trans or nonbinary person was triggering to others, our staff would feel able to handle this in a sensitive way, on a case-by-case basis.

39. As a Rape Crisis Centre, we are trained and experienced in assessing and managing risk of all different kinds. We contend with multiple and complex risks on a daily basis, including, for example, ongoing threats from violent perpetrators, working with 'dual status' clients (i.e. those who have both experienced and perpetrated violence and abuse), suicidality and self-harming behaviours, problematic alcohol and drug use and dependencies, severe and complex mental health issues. If and when risk and threat were ever to arise from the inclusion of a trans person (which again, to the best of my knowledge it hasn't to date), we would be well-equipped to manage and mitigate this.

Why we could not operate as a fully-mixed service

40. By contrast to our successful experience as operating as a trans-inclusive service, SARSVL would not be able to operate effectively if we were required to operate on a fully-mixed basis that was open to all survivors including cis and trans men. The reasons for this are obvious but I summarise them below.

41. Sexual violence and abuse are nationally and internationally recognised as forms of violence against women and girls (VAWG) because they are disproportionately perpetrated

by men against women and girls. Violence against women and girls is in turn internationally recognised as both a cause and consequence of persistent global gender inequality, which is to the detriment of all people and society as a whole. We chose to establish as a women's and girls' organisation because of the greater need for the type of services we offer among women and girls, and partly to address this social inequity.

42. Part of the reason for establishing SARSVL was in response to the Map of Gaps report, published in 2007 by the End Violence Against Women (EVAW) coalition in partnership with the EHRC, which identified Leeds as an area without and in need of a specialist sexual violence support service for women and girls. Research at the time of our establishment also indicated that women and girls who'd experienced male violence, including sexual violence and abuse, overwhelmingly preferred to receive services from women and in women's spaces.

43. I have discussed above the reasons why many female survivors seek out women's organisations. The overwhelming majority of sexual violence and abuse is perpetrated by cis men. Women and children (including trans women and as well as other gender diverse people) are disproportionately subjected to these traumatic experiences and many survivors will seek out spaces where men are not present for these reasons. Many of our existing and previous service users would not have accessed SARSVL if it was an all-gender service including staff, volunteers and other service users who present or identify as men.

44. Most statutory and public spaces and services are for all genders, so our specialist sexual violence and abuse organisation is offering survivors something crucial to their health and healing that they cannot access elsewhere. This supports survivors to take back some power and autonomy, which many feel are taken from them through an experience of sexual violence or abuse, by offering them meaningful choice.

45. Almost certainly in part because of this approach, we have unintentionally become a 'by and for' organisation – 94% of all our staff and volunteers have had their own lived experiences of sexual violence and abuse, and this figure has always been at least 80% for the last five years.

46. "By and for" organisations are widely recognised throughout the voluntary and community sector, and by funders, commissioners and others, as greatly strengthened by the expertise their people have gained through lived/personal experience and use alongside and as part of their professional expertise.

47. If we were to open our service to men and boys, we would become inaccessible to many of the most traumatised and vulnerable sexual violence and abuse survivors. We would likely also attract fewer (and lose some) survivors to/from our staff and volunteer teams, thereby losing valuable lived experience from our service governance, development, planning and provision.

48. Many of our service users have never successfully engaged with any alternative source of support and would have no access to other appropriate routes to healing and recovery if we did not exist in our current form.

Changes made in light of the Interim Guidance released by EHRC on 25 April 2025

49. Following the decision of the Supreme Court in *For Women Scotland v The Scottish Ministers* [2025] UKSC 16 ("FWS") and the Interim Guidance that was subsequently published by the EHRC on 25 April 2025, the directors and trustees of SARSVL became concerned that this could mean that SARSVL would no longer be able to offer our services on a trans-inclusive basis. We have always wanted to ensure that we are operating in a way that is lawful, consistent with our values and which meets the needs of all of our service users.

50. As a result, we sought legal advice about our obligations as a service-provider. From a public-facing perspective, we changed the language we used to describe our service to refer to being a "women-centred" service rather than a "women-only" service to avoid any ambiguity, although we had made clear on our website for years that we include trans women survivors in our services. Over the last year, we ran a consultation with our staff, volunteers, trustees, former and current service users and members of the general public,

on a range of issues around how SARSVL works, as part of developing our 5-year business plan. There were no responses to the consultation criticising the trans-inclusive approach, and we received positive feedback about our trans-inclusive approach from a significant number of respondents.

Concerns in light of the EHRC's Code of Practice, which came into force on 5 August 2026

51. Our concerns have heightened since the Code of Practice came into force. My interpretation of the Code is that it states that a service operating a trans-inclusive policy like ours is "very likely to amount to unlawful sex discrimination against persons of the opposite sex who are not allowed to use it". This is a stark difference from the advice given in the previous Code of Practice, which was that we would only be able to justify excluding trans women from our service, whether or not they had a Gender Recognition Certificate, if we could demonstrate that this was a "proportionate means of achieving a legitimate aim". For the reasons I have given above, we do not and have never considered excluding trans women survivors proportionate in the context of our service.

52. We are concerned that the guidance in the Code of Practice is overly restrictive and does not accurately reflect the law following the decision in *For Women Scotland*. It is important for us and for our service users to have clarity on this issue. We want to be able to continue with our trans-inclusive approach if this is permitted.

53. We also have concerns that the number of threats to SARSVL may increase now that this Code of Practice has come into force. We are also concerned that some people who do not agree with our trans-inclusive approach could immobilise our helpline with abusive calls, which, from my previous role within Rape Crisis England & Wales, I know is a tactic some people have used against other rape crisis centres in the past. I am also concerned about the impact that these sorts of calls and e-mails could have on staff wellbeing, sense of safety, and morale, and, crucially, in getting support to our service users.

54. There is also some concern that any potentially negative campaign could undermine our reputation, and lead to protests outside the building, complaints to the Charity Commission, or even legal action because we are trans-inclusive. In the past I have personally received offensive and abusive criticism on social media as the co-founder and leader of a trans-inclusive women's organisation. There is a real fear that this could escalate to threats to my safety or my family, or similarly that our trustees could be individually targeted.

55. Finally, I fear that trans and nonbinary survivors will be put off from accessing the services they need.

Statement of Truth

I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief in its truth.

Signed: Katie Russell

Date: 16/10/2026