Safety Planning with LGBTQ Sexual Assault Survivors: A Guide for Advocates and Attorneys

The Need for Safety Planning
Lesbian, gay, bisexual, transgender, and queer/questioning (LGBTQ) individuals experience rape, sexual assault, and other forms of sexual violence at significantly higher rates than the general population. This guide is designed to help advocates and attorneys work with adult LGBTQ survivors of non-intimate partner sexual assault\(^1\) to identify potential threats and create a safety plan tailored to their individual concerns and needs.

Every survivor lives at the intersection of their identities, all of which impact their vulnerability to sexual violence. Effective safety plans for LGBTQ survivors must consider the intersections of victimization with a survivor’s experiences of institutional and interpersonal oppression or bias on account of sexual orientation, gender identity, race, literacy, immigration status, age, and socio-economic status. A successful safety plan can help LGBTQ survivors reclaim a sense of safety and security by addressing the complexity of their safety needs and outlining strategies to help reduce future incidents of harm.

Serving LGBTQ Survivors of Sexual Assault
Despite advances to the civil rights of LGBTQ individuals, homo-/bi-/trans-phobia is flourishing and LGBTQ survivors experience higher rates of victimization than heterosexual and cisgender\(^2\) individuals. According to the Centers for Disease Control:

- Nearly half of bisexual women have been raped at some point in their lifetime, more than 2.5 times the rate for heterosexual women.\(^3\)
- Rates of sexual violence against bisexual and gay men are both roughly twice that of heterosexual men; over 40% of gay men and 47% of bisexual men have been victims of sexual violence at some point in their lifetimes.\(^4\)

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\(^1\) While we often refer to the “LGBTQ Community” as a single set of survivors, we recognize that the experiences of lesbian, gay, bisexual, transgender, and queer/questioning survivors can be very different and have attempted to address those unique experiences where possible throughout this planning tool.

\(^2\) A person is cisgender if their gender identity corresponds with the gender they were assigned at birth.

\(^3\) http://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf

\(^4\) Id.
Research on the prevalence of rape and sexual violence against transgender individuals varies, but most studies show that at least half of transgender individuals have been victims of sexual violence.\(^5\)

LGBTQ individuals also face high rates of poverty, bias, and marginalization — factors which increase their risk of sexual assault and amplify their need for effective safety planning.\(^6\) Because of this, culturally competent, LGBTQ-inclusive sexual assault services are particularly important. LGBTQ survivors need advocates and attorneys (and other victim service providers) who are aware of and are equipped to address the unique safety considerations of LGBTQ communities. Advocates for LGBTQ survivors need to understand the increased vulnerability to sexual violence, the complex issues posed by the insular nature of some LGBTQ communities, the impact of homophobia, biphobia, and transphobia within service provider networks as well as the community at large, and the impact of a survivor’s intersecting identities in their ability to access safety and services.

**Considerations Specific to Non-Intimate Partner Sexual Assault**

This guide is designed to help advocates and attorneys safety plan with adult survivors of non-intimate partner violence, a process which differs in several key ways from safety planning with victims of intimate partner violence.\(^7\) Victims of non-intimate partner sexual violence may know little (or nothing) about the person who assaulted them. They may not know the perpetrator’s name, home address, or where the assailant might work. They might not know who the assailant’s friends are, whether the assailant has a criminal history, access to weapons, or to what degree there is a risk of future violence. This can make it difficult to craft an effective safety plan — or even to get and serve a civil protection order. For example, in some states, a petitioner (victim) must know the respondent’s name and whether the respondent is 18 years of age or older in order to obtain a sexual assault-specific protection order.


\(^7\) By choosing to create a safety planning tool focused on non-intimate partner violence, we do not mean to imply that sexual assault is not common within the context of intimate partner relationships as well. For safety planning tools and resources focused on intimate partner violence, please see https://www.futureswithoutviolence.org/health/lgbtq-ipv/ and http://forge-forward.org/wp-content/docs/safety-planning-tool.pdf.
Privacy Considerations

Before beginning any safety assessment, attorneys and advocates must first consider the survivors’ privacy needs. In many cases, sexual assault victims’ first priority is safeguarding their privacy, even if doing so means that certain safety measures are not an option. For example, a victim may decide not to seek a civil protection order or to disclose the assault to police, friends, family, school officials, or employers because doing so would risk their privacy.

While protecting a survivor’s privacy may limit access to legal protections, this is the survivor’s choice. Lawyer’s confidentiality and privilege obligations prohibit disclosure. In some states, advocates now have statutory confidentiality and privilege too, to protect survivors’ records and communications. Some service providers are also subject to the confidentiality requirements imposed as a condition of state or federal funding, such as grants awarded though the Violence Against Women Act (VAWA), the Family Violence Prevention Services Act (FVPSA), or the Victims of Crime Act (VOCA). Other professionals, such as licensed counselors and certain social workers in some states enjoy similar, although more limited, privileges.

Before safety planning with survivors (or providing other services), advocates and attorneys should review their own confidentiality policies and practices and discuss these with survivors at the outset. Keep in mind that if your records (which may include safety planning notes) are not protected by either an (absolute) attorney-client or a victim-advocate privilege, they could potentially be used against the victim in court. Before beginning the assessment consider the following:

- If your records are not protected by an absolute privilege, what steps can be taken to ensure that notes and records will not reveal identifying, damaging, or incriminating information about the victim?
- What is the best balance between the need for information that helps assess the risk of harm, and the risk that the information could be used against the victim if it was disclosed in court?

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8 These three federal funding streams prohibit grantees from releasing personally identifying information about anyone who sought or received services unless the provider has written and informed consent or is released pursuant to a statutory or court mandate.


Safety Assessment

Each survivor’s circumstances are unique and, as such, each safety plan should be tailored to meet the individual survivor’s needs. However, there are core areas that should be part of any basic inquiry, including safety at home, work, school, in social situations, while in transit, and in case of an emergency.

Assess what questions to ask and when to ask them: Your initial conversation with a victim will likely provide the information you need to begin a safety assessment (e.g., the circumstances of the assault and immediate safety and privacy concerns). The victim’s individual circumstances will determine when to begin a safety planning discussion and which issues to prioritize. For some providers, this discussion will take place during the screening or intake process while for others it could occur at a subsequent meeting. After addressing safety generally, help survivors assess the specific risk the perpetrator poses and evaluate the nature and severity of risk by identifying the following:

- Threats to victim’s physical safety.
- Threats to others, such as the victim’s friends, roommates, co-workers, family members, or pets.
- Any other threats, such as “outing” a victim, reporting the victim to immigration authorities, firing the victim/employee, evicting the victim/tenant, sharing explicit videos or pictures of the victim, informing the victim’s commanding officer or fellow service members, or posting pictures or statements online.
- Stalking the victim, or of their friends or family members.

Identify community and/or population-specific safety concerns: Not every individual who identifies as lesbian, gay, bisexual, transgender, queer or questioning identifies with or is connected to a LGBTQ community. For those who are, however, this community may provide both critical connections and support and at the same time present a significant safety risk for an individual survivor. Safety concerns that may be particularly relevant to survivors who identify as LGBTQ may include:

- Homophobia, Biphobia, and Transphobia: When crafting safety plans with LGBTQ survivors, it is important to recognize the larger backdrop of violence and oppression experienced by people who identify as LGBTQ. Because these survivors often face hostility or bias in many areas of their daily lives (family, friends, employment, the community at large), it is common for those same survivors to fear they will encounter bias (or worse) when seeking out safety services as well. This can be particularly relevant when survivors are deciding whether to access medical or mental health services, public...
benefits, law enforcement, or the courts. For example, LGBTQ survivors who have experienced institutional violence or bias in the past may not feel safe reporting sexual assault to law enforcement or petitioning for a protective order in court.

- **Increased Vulnerability:** Perpetrators often target victims who they perceive as being especially vulnerable. Societal oppression of LGBTQ people renders LGBTQ communities especially vulnerable to harm due to diminished institutional protections, discrimination in areas including housing and employment, and high rates of anti-LGBTQ hate violence. As a result, some LGBTQ individuals may experience increased isolation or even feelings of shame concerning their sexual or gender identity. Perpetrators capitalize on these vulnerabilities and count on the impact of homo-/bi-/transphobia on reducing a victim’s likelihood to report or their perceived lack of credibility if they do report an assault.

- **Insular Communities:** LGBTQ-specific resources are limited in most communities. As a result, there may not be many choices where a survivor can go for services provided by and for their community. It is common for a limited number of resource centers, health centers, social outlets, and bars to cater to and be accessed by the majority of the LGBTQ population within a given neighborhood, city, or county. If the perpetrator is also LGBTQ, it is much more likely that survivors and perpetrators will cross paths post-assault, amplifying the survivor’s need for safety planning.

At the same time, it is very important to safety plan in a way that allows for the survivors’ continued community involvement. This is especially true for survivors who may not be able to rely on traditional support systems, such as family members or their faith community. Avoiding community gatherings, social events, and places frequented by the perpetrator may isolate the survivor from the very community that would otherwise serve as the survivor’s primary support post-assault.

LGBTQ survivors may also risk isolation when reporting an assault by an LGBTQ perpetrator. Survivors may believe that involving law enforcement is, or will be viewed as, a “betrayal,” and lead to retribution or loss of community ties.

- **When safety planning with LGBTQ victims, it is important to know which providers, institutions, and agencies are LGBTQ inclusive, queer friendly, and otherwise appropriate referrals for LGBTQ survivors. This includes being sensitive to the diversity within LGBTQ communities, and understanding that just because an agency is gay or lesbian friendly, for example,**

**SURVIVOR’S VOICE:**
“I was grateful for a place to hide but [the shelter] was one of the most uncomfortable situations I have been in. Instead of being able to deal with my current situation, I had to deal with the other women’s issues about my sexuality. I was asked not to be gay in front of one woman’s child. I couldn’t talk about my situation as everyone else at the house had trouble understanding how I could be battered by another woman.”
does not necessarily mean that it is transgender friendly. If you are not sure of an agency’s position or policies, it may be helpful to contact the agency (or others who work with them) before sending survivors there for services. Even if an agency or institution is not particularly inclusive or LGBTQ-friendly, it will be valuable to know this in advance so that you can plan accordingly with survivors. For example, if the survivor is a transgender female who is petitioning for a protective order in court and you know the judge is not informed on transgender issues, you can help the survivor strategize in advance for how best to address this, prepare a memo to the court, call an expert witness to testify, etc.

Consider survivors’ emotional safety: Addressing threats to sexual assault survivors’ emotional safety can be just as important as addressing physical safety concerns.

After an assault, victims may develop harmful coping mechanisms (such as substance abuse or other addictions, cutting/self-mutilation, eating disorders, high risk sexual activities, or other high-risk behaviors). Victims may experience trauma-induced mental health conditions (e.g., depression, anxiety, or PTSD), isolate themselves from friends and/or family, or feel unsafe in their own bodies.

Some survivors are at increased risk for suicide or suicidal ideation. Be alert for survivors who implicitly or explicitly mention that they are thinking of hurting themselves or taking their life. If, based on your conversation, you believe this may be a possibility, do not be afraid to ask the survivor directly if they are thinking about hurting themselves. People don’t get the idea to hurt themselves simply from someone mentioning it. All staff who work with victims should be informed on how to work with suicidal clients. Organizations should have policies and protocols for staff to follow if they determine a client is a danger to self or others. These policies should be consistent with victims’ privacy rights and the organization’s other privacy obligations. For example, if you are legally required to report when an individual is a danger to themselves or others, you should be sure to inform survivors of this before asking about self-harm.

If you feel unqualified, or that it is inappropriate or unwise for you to discuss these issues directly, refer survivors to a sexual assault advocate or counselor who can. Make sure to keep an up-to-date list of LGBTQ friendly resources/services available to sexual assault survivors in your area.

Victim-centered safety planning: Remember, your goal is to empower victims to make choices by providing the information

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**PRACTICE TIP:** Are you comfortable with language surrounding LGBTQ identities? Many LGBTQ survivors have experienced inappropriate questioning about their bodies, rejection from support services, and/or hate speech by providers. Consider seeking training to support your work!

**PRACTICE TIP:** Before asking about suicidality and/or other forms of self-harm, discuss mandatory reporting obligations you have with survivors. See your state laws regarding duty to report abuse.
they need to make informed decisions. It is not to make decisions for them. Ask survivors about their specific safety concerns and what they need to keep themselves safe. Present clients with options and then help them think through the implications of those options so they can make the choices that are best for them. A good way to start is to give survivors an overview of the topic areas that a typical safety plan may address and let them determine which areas to discuss. Note: The sample questions provided below are intended to help guide you as you and survivors engage in safety planning, and may or may not be relevant or appropriate for every survivor. Conversely, this list is not exhaustive; additional questions may be required to address your client’s situation.

Safety planning is an ongoing process: Over time, new concerns may arise that require adjusting the safety plan. For many survivors of sexual trauma, enhancing emotional, mental, physical, and economic safety will be a consideration for years after the assault. Safety needs may also change if a victim is testifying in court, is pursuing school-related remedies, or if a perpetrator is being released from custody, etc. Safety planning is not just a one-time event. Ask about safety and encourage survivors to let you know when their needs or circumstances change and work with them to modify their safety plans to accommodate those changes.

Assist with implementing the plan: Victims may need assistance in implementing their safety plans. Take time to ensure that your client understands the plan and that the information is captured in a way that makes the most sense to the victim. Survivors who do not read or write may need an alternative to a written safety plan, such as an oral recording of the information.

The following list of questions is designed to help guide you as you engage in safety planning with survivors. It should NOT be used as checklist. Use what you know about a survivor’s experience to determine which questions are appropriate. Avoid asking questions that are not applicable to the survivor’s situation.
Language & Safety

- What words do you use to describe your sexual orientation and gender identity?
- Are those words OK for me to use to describe your identities?

Immediate Physical Safety

- Where and how might you come into contact with the perpetrator?
- What information, if any, does the perpetrator have about where you live, work, or go to school, or about other places you go on a regular basis?
- Has the perpetrator threatened you, either directly or in other ways (e.g., threatened to tell other people information that you consider private or that endangers you, get you fired, out you, or post pictures or statements online)?
- Has the perpetrator contacted you since the assault? Directly or indirectly?
- Has the perpetrator stalked you, your friends, or your family?
- Are you considering reporting the assault to law enforcement? If so, do you have any questions about the reporting process? Are you worried about homophobia, biphobia, or transphobia on the part of law enforcement?
- Do you have a sexual assault, domestic violence, stalking, criminal “no contact,” or other type of restraining order in effect? If not, do you think some type of protection order would be helpful? Are you worried about how the judge or court staff will respond to you?
- Do you have any reason to be concerned about the perpetrator’s family, co-workers, or circle of friends?
- Do you have any injuries or other health concerns as a result of the assault? If so, do you want help accessing medical care?
- Do you have a cell phone you can use to call for help?
- Are there specific things you can think of doing that might help you feel safer?
- Do you have a plan in case of emergencies (e.g., if you need to spend the night somewhere else, need medical attention, or are in immediate danger who you would call, where you would go, and how you would get there)?
- If you had to relocate quickly in an emergency, what would you take with you and do you have those things in a place where you could quickly access them? The following is a list of documents you may want immediate access to:
Safety Planning with LGBTQ Sexual Assault Survivors

- Identification. This might include a court order for name/gender change or a surgeon’s letter if your ID has not been completely updated
- Hormones and/or prosthetics (e.g., binders, stand to urinate devices, penile prosthetics, wigs, shaving/plucking tools, breast/hip forms or other feminizing prosthetics, makeup, etc.)
- Cash, check card, or checks
- Copies of a restraining order if you’ve obtained one
- Medications
- Cell phone and charger
- Any assistive devices you need

Safety and Technology

- Does the perpetrator know your phone number? Your email address?
- Does the perpetrator know any of your passwords?
- Do you have any social media accounts (e.g., Facebook, Instagram, Twitter, Linked In, etc.)? Are you “friends” with the perpetrator? Is anyone in your social media network “friends” with the perpetrator? Do you know how to block the perpetrator and perpetrator’s contacts from accessing you via these avenues?
- Has the perpetrator or the perpetrator’s friends or family contacted you through these channels? If so, can you gather (and retain) evidence of this contact?
- Has the perpetrator or the perpetrator’s friends or family posted anything about you online? What was posted? Is the post still online?
- Have you reviewed your privacy settings (on shared computers, social media sites, etc.) since the assault? Do you want to/do you know how to adjust those settings to keep your personal information more secure?
- Have you searched for your name on the internet? If so, does any private information (home address, phone number, etc.) show up? Do you need help removing this information?

PRACTICE TIP:
Encourage the survivor to save any electronic records that might be relevant to the assault, including texts, emails, Facebook posts, or other electronic messages sent to or from the perpetrator before or after the assault. Find out how to retrieve any deleted information you may need to access as evidence.
• Did you meet the perpetrator online? Are you concerned that the perpetrator will contact you on the Internet?

Safe Housing
• What kind of housing do you live in (e.g., apartment, dorm, house, trailer, motel, group home or assisted living facility, car, outdoors)?
• Do you live alone or share your housing?
• Does the perpetrator have access to your housing?
• Are you physically safe inside your housing? Do your windows and doors lock? Do you have lights outside your home?
• Who could you stay with if you needed to leave home? Do you have friends or family you trust nearby? Who else in the community do you know and trust? How would you contact them?
• Would it be safer to move to new housing? Is this possible? Do you need help finding a new place to stay?
• If you left the place you were staying at the time of the assault, do you need help to safely retrieve any personal belongings?
• Can you think of other things you can do to feel safer where you live?

Safe at School or on Campus
• Are you a student? If yes, do you feel safe on campus?
• Does the perpetrator know where you go to school or your class schedule?
• Is the perpetrator a classmate or a person in a position of authority at your school (e.g., a professor, school administrator, or coach)?
• Have you told anyone at your school about the assault? If so, who did you tell?
• Are you currently out within your school community? If not, do you fear that reporting the assault at your school would out you?
• Do you want to continue going to your current school?
• Are there things that you or others can do that would make you feel safer at school (e.g., ask the school to move you or the perpetrator to a different class, change your residence hall, move your locker, provide an escort, change practice or meeting times)?
Safe Workplace

- Are you currently employed? If yes, does the perpetrator know where you work?
- Does your employer know that you identify as LGBTQ? If not, are you worried about being outed if you tell your employer about the assault?
- Is the perpetrator a coworker or a person who has authority over you at work (i.e., is the perpetrator your supervisor or the business owner)?
- Does anyone else at work know about the assault?
- Is there a sexual harassment policy at your work? Did you tell the employer about the assault? If yes, how did they respond? If you have not reported the assault to your employer, do you think doing so would make you more or less safe?
- Do you come into contact with the perpetrator at work? Are there steps you can take to avoid interacting with the perpetrator? Can you think of other things you can do to increase your safety at work?
- Do you want to continue working at your current job? Are you aware of other locations, shifts, or teams that could be an option?

Safe Community

- Do you see the perpetrator when you are out in public? Do you frequent any of the same community spaces? If yes, where (e.g., support groups, resource centers, bars, grocery stores, movie theaters)?
- If there are certain places that you think it is likely you will run into your perpetrator, do you want to disclose the abuse to the operators of those locations and ask that the perpetrator be barred from the premises?
- Is there someone you trust who can accompany you to the places you need to go?
- If you were approached by the perpetrator in a public place, do you know where you could go to be safe?
- Are there specific things you can do that might help you feel safer in your community?

Safe Transportation

- Tell me about your daily routine(s). How do you get to the places you need to go to (e.g., work, school, the store, the mall, religious services, the laundromat, the movies, friends’ houses, restaurants, etc.)? Do you have any transportation-related safety concerns?
• Does the perpetrator know your transportation routes? If yes, can you change the routes you take to work, school, housing, shopping, etc.?

• Do you have access to public transportation, such as buses or the subway? Are you comfortable using public transportation?

• Does the perpetrator use the same transportation you do? If so, are there other ways you could get where you need to go? Do you always have access to a vehicle or have a friend who could drive you?

• Are there specific things you can think of doing that might help you feel safer in transit?

**Providing Additional Support**

The following are ways in which you might further support victims’ safety:

• Contact agencies that can help provide relocation assistance (legal, financial, etc.).

• Provide a list of resources (e.g., sexual assault and dual programs, taxi and car services, etc., support groups, mental health specialists, healthcare providers, law enforcement, addictions counselors, etc.). Collaborate closely with community-based sexual assault advocates or counselors to ensure that survivors have access to free, confidential services.

• Develop and provide training to your community partners who can help protect sexual assault survivors’ employment, housing, education, immigration, public benefits, and privacy rights.

• Advocate with landlords for increased safety measures in and access to housing.

• Advocate with employers for increased safety measures, accommodations, and other benefits at work. Educate social service, legal service, and healthcare providers on overcoming barriers to providing services to sexual assault survivors.

**PRACTICE TIP:** Before you refer LGBTQ survivors to other agencies for support, make sure that those agencies are knowledgeable, respectful, and competent to address the unique needs of those survivors. Consider calling them ahead of time to find out what their policies and practices are when working with LGBTQ survivors.

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