



## Understanding and Responding to the Unique Needs of LGBTQ Survivors

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This document will lay out some of the unique needs of LGBTQ+ survivors, and list considerations for responding to those needs from the lens of a campus advocate. This could be applied to other service providers and clinicians as well. Please note that this document is just a starting point. Working with Queer and Trans Survivors is so nuanced, that it is hard to capture all the needs and experiences in one place. It is also not a “one size fits all” model for the Queer community or for specific identities. Always keep reading and learning about what is needed to serve this community in an inclusive and intersectional way!

### ***A note on language:***

I am using Queer and Trans as umbrella terms, and use interchangeably with “LGBTQ+” throughout this document. Additionally, the term Queer has been reclaimed by the community to be an empowering and inclusive term. However, we recognize that it was used in the past in a derogatory way and may not be embraced by all LGBTQ+ people. If you do not identify as LGBTQ+, you should not use the term Queer to describe someone unless you have their permission.

### **Being Out**

Queer and Trans survivors may be out in some spaces, but not others. It may not be safe for them to be out at work, or to their family, or in public spaces, for any number of reasons. Queer and Trans survivors may also just not be ready to be out, regardless of if it is safe or not. This decision to be out should be entirely up to a Queer or Trans person and be on their own timeline. An abusive person may keep a survivor from leaving them, or coerce them into doing things, by threatening to out them if they leave, or if they don’t comply with the abuser’s demands.

### **Recommendations for Service Providers**

Checking in with where and with whom the survivor is open about their identities is important to their safety. Safety planning may need to include this as a protective measure.

Be sure you are allowing the survivor to come out on their own terms. Don’t rush them. Check in with the survivor about what name and pronouns they want used if you, the service provider, have to

	communicate with other people who may be involved in their case (e.g. Title IX, counseling, professors, etc.).
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**Double Closet Phenomenon/Internalized Shame**

“Double Closet Phenomenon”: When a survivor is not “out” about their sexual orientation and/or gender identity, and is also afraid to report these experiences of violence because it could out them as Queer or Trans based on the gender of their abuser or the characteristics/nature of the abuse (e.g. reporting that an abuser is withholding hormones as an abuse tactic could out the fact that the survivor is using hormones to help affirm their gender identity). While all survivors may be experiencing shame about reporting abuse, LGBTQ survivors may also be feeling internalized shame about their identities that they may be hiding from others.

**Recommendations for Service Providers**

In conversations with the survivor, remind them that IPV that can happen in any relationship, and that coming out is entirely up to them and their own timeline. Simply validating their identity in conversations or sessions can also help reduce the shame they may be experiencing.	Doing specific outreach/communication about your services to the LGBTQ community on campus can help survivors feel more comfortable seeking help and potentially normalize their experiences as a Queer or Trans survivor.
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**Gender-Specific Service Spaces**

Trans and Non-binary survivors may not feel comfortable accessing spaces that are targeted towards one specific gender, such as a “Women’s Clinic” in Student Health Services or a shelter that isn’t gender-inclusive.

**Recommendations for Service Providers**

You may need to work with the survivor and consult with LGBTQ practitioners to find resources that are	If you’re in a position to make decisions or have a voice at the table, you may be able to speak up about the non-inclusive nature of “single-sex” or gendered spaces and
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Trans-affirming to get the services they need.	advocate for those larger changes. And even just starting a conversation could create more open-mindedness in the future!
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**Home Life**

LGBTQ+ students are more likely to experience unsupportive or abusive home environments based on parents not accepting their identities. This could look like constant micro-aggressions, misgendering, forced to be silent about their LGBTQ self at home, isolation, parents threatening to not pay for their tuition, or even being kicked out/forced to leave.

**Recommendations for Service Providers**

They are likely to have a “chosen family” made up of friends or other folks who affirm all of their identities. Ask about that and what support the student may need from them.	Working with the client to become independent from their family may be important. Getting them into safe and affirming housing (usually an on-campus option is available) and finding more financial resources are usually a big need. The student may be able to do a “dependency override” with Financial Aid to become independent.
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**Mistrust in Criminal Justice/Law Enforcement System**

Queer and Trans survivors have a lot of distrust in systems such as the criminal justice system/ law enforcement. This may come from historical and current violence from police against the community. And this fear and distrust is especially prevalent for QTBIPOC (Queer and Trans Black, Indigenous, or other People of Color). Law enforcement may not be well-equipped to handle domestic violence with Queer couples, as there have been many reports of officers arresting the survivor or both parties because they cannot identify the primary aggressor. More training is needed in this area.

**Recommendations for Service Providers**

<p>LGBTQ+ folks, along with other marginalized communities, are much more likely to seek out accountability options that aren't dependent on these systems built on oppressive ideologies. Ideally, we should move towards more restorative justice and community accountability models to address harm. However, if the survivor does decide to engage with a criminal process, preparing them for what that process could look like particularly as a Trans or Queer person will be important.</p>	<p>The survivor may also just want to focus on their individual healing needs (such as counseling, group support, self-care), which may not involve accountability for the harm doer. Trust the survivor about what they believe is best for them.</p>
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<p><b>Domestic Violence Protective Orders</b></p>	
<p>Domestic Violence Protective Orders (50-Bs) may be difficult to get for some LGBTQ survivors. Prior to 2021, same-sex dating partners who did not live together were not able to get a 50-B. Queer survivors may not even be interested in a civil protective order because they feel like it doesn't serve them or because they don't feel safe having any involvement with the civil or criminal court system. Also, they may be likely to occupy similar LGBTQ community spaces with the harm-doer and not want to sacrifice either person's access to community, and so a protective order might not make sense.</p>	
<p>Recommendations for Service Providers</p>	
<p>If they are not interested in any of the civil or campus no-contact orders, it is likely they just need a safety plan for when they do have interactions with the person and what that might look like. A provider can help them brainstorm.</p>	<p>A survivor's chosen family/community networks can be very helpful in planning for running into a harm doer in a shared LGBTQ community space. Maybe they can always go with a friend and have a code word relating to their needs.</p>

## Gender Dysphoria

For Trans survivors of sexual violence, they may have already been battling gender dysphoria before an act of violence occurred. This may become more prevalent or challenging for them following sexual harm (especially if the sexual harm involved contact with body parts that don't align with their gender identity). Connecting folks to a trans-affirming mental health provider who is going to have knowledge of this is so important! In the meantime, you can still support the survivor by doing the following:

### Recommendations for Service Providers

Figuring out what affirming terms the client uses for their body parts, and respecting/mirroring that language.	Discuss grounding techniques and what may work for them if they are triggered by a memory, and/or triggered by necessary touching (e.g. by a healthcare professional after the assault) to a body part they are dysphoric about.	Affirming and validating their gender identity as often as you can. Self-acceptance and validation is often difficult for Queer and Trans Folks and it is a process to develop. This is true whether someone experiences gender dysphoria or not.
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*Side note:* Gender dysphoria can mean a lot of different things- it isn't always about the body. Sometimes it can be about how someone's voice sounds, or the name or pronouns others are using to address them. The "Born in the wrong body" stereotype is a harmful misconception. Not all Trans folks experience gender dysphoria, and may feel aligned in their gender without having any surgery or taking any hormones, so it is not okay to assume that all Trans people feel like they are 'born in the wrong body'. Some non-binary people may also experience gender dysphoria, as parts of their body, or their voice, or name, or pronouns, may not fit their gender identity.

If you have questions about serving LGBTQ+ survivors or building your own agency's capacity, you are welcome to reach out to Kate at [kerawson@uncg.edu](mailto:kerawson@uncg.edu) anytime!