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# Domestic Violence in Alberta's Gender and Sexually Diverse Communities: Towards a Framework for Prevention

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## About Shift

Shift's goal is to significantly reduce domestic violence in Alberta using a primary prevention approach to stop first-time victimization and perpetration. In short, primary prevention means taking action to build resilience and prevent problems before they occur. Shift's purpose is to enhance the capacity of policy makers, systems leaders, clinicians, service providers and the community at large to significantly reduce the rates of domestic violence in Alberta. We are committed to making our research accessible and working collaboratively with a diverse range of stakeholders to inform and influence current and future domestic violence prevention efforts through primary prevention.

## About this report

This report is situated within a broader research agenda designed to serve as a foundation for a comprehensive domestic violence prevention strategy in Alberta. Please visit our website at [www.preventdomesticviolence.ca](http://www.preventdomesticviolence.ca) to download our additional work thus far on violence prevention.

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## 1.0 Executive summary

Within Alberta, there is an urgent climate that calls for immediate changes at policy, practice, community and family levels to ensure that victims of domestic violence within gender and sexually diverse (GSD) communities (see glossary for an overview of terminology utilized in this paper) can find safety, support, and appropriate legal and judicial interventions to address their immediate needs. While these measures are important, domestic violence will not be eradicated using a solely interventionist approach that supports victims and perpetrators after violence has been committed. Without evidence-based and promising primary prevention efforts, including GSD-specific policy and legislation, progressive social norms, education and institutional support, domestic violence in gender and sexually diverse communities will continue. This research is intended to inspire and engage Alberta's policy-makers, service providers, businesses and community members to participate in a critical discussion about building a violence prevention strategy that is inclusive of all Albertans.

A primary prevention approach to domestic violence within Alberta's gender and sexually diverse communities was a key priority area identified in the new provincial framework, *Family Violence Hurts Everyone: A Framework to End Family Violence in Alberta*, released on November 29, 2013. The framework identified a significant gap in the intervention mechanisms to address domestic violence in GSD communities, and the need for a primary prevention plan. As a result, Shift: The Project to End Domestic Violence was funded to explore research to support the design of a primary prevention action plan specific to the Alberta context. This involved developing research questions, conducting a scoping literature review (Arksey & O'Malley, 2005), and conducting an analysis of peer-reviewed papers and non-academic literature, including reports and relevant websites.

This report provides an overview of domestic violence<sup>1</sup> within gender and sexually diverse communities, with a focus on Alberta and Canada. The study centers on three specific risk factors for gender and sexually diverse communities: 1) *Heteronormativity*, which includes *heterosexism and homo/bi/transphobia*, and impacts all stages of the lifespan; 2) *Early stigma and homophobic harassment*; and 3) *Social exclusion and isolation* throughout the lifespan. In addition to these specific risk factors for domestic violence, gender and sexually diverse communities experience *barriers to accessing safe and appropriate services* because community interventions are often based on a traditional and heterosexist understanding of intimate partnerships and of domestic violence. This study provides an overview of these barriers, focusing on both norms and practices. Key areas for prevention are then proposed,

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<sup>1</sup> While the term domestic violence has been primarily utilized to describe intimate partner violence within heterosexual contexts, certain researchers have chosen to use parallel terminology to bring to light similar issues between same-sex and heterosexual partnerships and a recognition of the issue of partner violence within all types of intimate partner relationships (see for example Banks & Fedewa, 2012; Brown & Groscup, 2009; Ristock & Timbang, 2005).

including selected promising practices aimed at decreasing rates of violence, promoting attitudinal and norms change, and providing safe, welcoming and appropriate domestic violence services. This paper concludes with specific recommendations that can be implemented by the Government of Alberta.

The purpose of this study is to contribute to a much-needed discussion on a primary prevention approach to domestic violence within Alberta’s gender and sexual diverse communities. This report is shaped by an understanding of how discrimination, social stigma and structural barriers at all levels of society impact the daily lives of gender and sexually diverse persons (Logie, James, Tharao, & Loutfy, 2011; Ristock, 2011). It is the authors’ intention to describe and highlight the oppressive social context within which GSD couples experience abuse (Ristock, 2011). Understanding these contextual factors mitigates the impact of an existing social script that blames or pathologizes gender and sexually diverse peoples. It is Shift’s hope that this report will support the development of a domestic violence prevention plan that is appropriate, accessible and relevant to these unique communities; one that will be collaboratively developed by stakeholders from government, community, business and academic sectors.

## 2.0 Defining the communities

Gender and sexually diverse communities/populations and gender and sexual minority communities/populations are terms that have been used interchangeably within the literature (see, for instance, Mulé, 2008) to define or describe LGBTTIQQ2SA\*<sup>2</sup> communities. These terms include: lesbian, gay, bisexual, transsexual, transgender, intersex, queer/questioning, 2-spirited (“T” acronym also utilized interchangeably), asexual and allies. Other commonly utilized acronyms in English-speaking Canada include LGBT and LGBTQ. According to Dr. Kristopher Wells, a Director with the University of Alberta’s Institute for Sexual Minority Studies and Services, “sexually diverse, also known as minorities, refers to gay, lesbian and bisexual individuals, while gender diverse (minorities) refers to transsexual, transgender and two-spirited individuals” (personal communication, December 12, 2012). While LGBT and its various alternative acronyms represent the predominant terminology, the term often promotes a vision of the LGBT community that excludes gender diverse persons. According to Weiss (2011), many studies and organizations claiming to be ‘LGBT’ lack, for instance, transgender representation. For the purposes of inclusivity, we have embraced the use of the term *gender and sexually diverse (GSD) communities* throughout this report.

While all gender and sexually diverse populations face discrimination, stigma, and social exclusion from dominant hetero-centric society and social structures, each group within this umbrella of communities may encounter specific barriers that are unique to their particular identity or identities, circumstances or social conditions (Cáceres, Pecheny, Frasca, Raupp

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<sup>2</sup> The asterisk denotes the diverse and evolving terminology utilized to define or describe gender and sexually diverse populations.

Rios, & Pocahy, 2009; Mulé, 2008). Individuals and communities within the GSD spectrum may define themselves in ways that are not documented in this paper. The terms within this report are intended to provide an understandable foundation from which to promote dialogue and action on domestic violence prevention; it is not intended to exclude or marginalize particular individuals or groups.

### **3.0 Setting the context**

Domestic violence has been identified as a major public health issue (Black et al., 2011) and a global phenomenon (World Health Organization [WHO], 2002). Domestic violence within intimate partner relationships is “a regimen of domination that is established and enforced by one person over [another]... through violence, fear, and a variety of abuse strategies” (Bopp, Bopp, & Lane, 2003, p. v). For over two decades, male-perpetrated domestic and sexual violence against women has gained increasing recognition as a serious social concern, and a violation of human rights (Harvey, Garcia-Moreno, & Butchart, 2007; Krug, 2002). The ratification of the International Declaration on Violence Against Women by the United Nations General Assembly (1993), together with further work at the international level, has increased awareness and action towards preventing violence against women and girls, including domestic violence (see, for example, United Nations [UN], 1994, 1995, 2008; the United Nations Trust Fund to End Violence Against Women, 2011). While current efforts have been insufficient in stopping this violence, male-perpetrated violence has gained considerable attention worldwide, resulting in a proliferation of local and global initiatives.

Policies, practices and shifting social norms that address male violence against women are cornerstones of progress in the area of violence prevention. However, many of these approaches do not promote an understanding of domestic violence within GSD communities (Canadian Women’s Health Network [CWHN], 2012; Simpson & Helfrich, 2005; Walters, 2009). Within the Canadian context, researchers and practitioners have yet to fully acknowledge and understand the nature and scope of domestic violence within GSD communities, and a comprehensive foundation of prevention and intervention approaches is lacking (Ristock, 2011). Ristock (2011) asserts that, “when same-sex violence is considered, it is most commonly as an ‘add on,’ without close attention to the specificity and meaning of violence within the lives of lesbian/ gay/ bisexual/ transgender/two-spirit and queer people (LGBTQ)” (p. 2).

As will be discussed throughout this paper, the larger social and structural contexts of heteronormativity and homo/bi/transphobia impact both research and services for GSD communities experiencing domestic violence. Dedicated efforts to develop a foundational body of Canadian literature on GSD domestic violence would assist policy makers, practitioners, academics, and community members to uncover and implement safe and appropriate prevention and intervention initiatives. GSD communities and alliance

organizations, agencies, academics, and individuals should contribute to this important work (Ristock, 2011).

## **4.0 Methodology**

### **4.1 Research questions**

The following research questions were developed for this study: a) What is the scope and extent of domestic violence within GSD communities in Canada and specifically Alberta? b) What are the common issues impacting GSD communities that are relevant to domestic violence prevention, and what are the diverse challenges (risks and barriers) and strengths (protective factors)? c) What recommendations could be made to the Alberta government to inform practices, policies, or community initiatives to prevent domestic violence within GSD communities?

### **4.2 Theoretical framework**

I see hatred  
 I am bathed in it, drowning in it  
 since almost the beginning of my life  
 it has been the air I breathe  
 the food I eat, the content of my perceptions;  
 the single most constant fact of my existence  
 is their hatred . . .  
 –Judy Dothard Simmons (cited in Lorde, 1984, p. 156)

This study was guided by an understanding of stigma (Goffman, 1963) and discrimination as forms of structural violence (Farmer, 2004) that deeply impact the lives and relationships of gender and sexually diverse persons on an individual/familial, community and institutional level throughout the lifespan. Stigma and discrimination based on heteronormativity have produced “the devastating pervasiveness of hatred and violence in the daily life [of a gender and sexually diverse person] based on being seen, perceived, labeled, and treated as an ‘Other’” (Yep, 2003, p. 18).

Stigma results in marginalization, social exclusion, invisibility and violence (Cáceres et al., 2009; Goffman, 1963; Logie & Gibson, 2012), having multiple negative health impacts for GSD persons, such as anxiety, stress and depression (Logie, 2012). Stigma and discrimination in economic, legal, cultural and social spheres of society form multiple layers of structural oppression that can prevent gender and sexually diverse persons from realizing their full potential (Logie & Gibson, 2012). This environment then becomes the context in which interpersonal and domestic relationships are formed.

An anti-oppression theoretical framework guided the research for this report because it acknowledges and addresses stigma and discrimination as forms of structural violence, and seeks to promote equality and freedom from oppression (Baines, 2011; Mullaly, 2002). This theory recognizes that fundamental changes are necessary in social systems and structures that perpetuate the marginalization and oppression of certain people and groups (Baines, 2011; Dominelli, 2002; Mullaly, 2010; Strier, 2007). Using an Anti-oppression lens to the research was deemed essential to building the foundation of understanding and knowledge that should now influence the development of a primary prevention plan for domestic violence in GSD communities.

As structural violence materialises throughout the lifespan of a GSD person, it was necessary to include an ecological/socio-ecological approach to promote a lifespan understanding of how oppression materializes at particular life-points (see, for instance, Bronfenbrenner, 1979; Heise, 1998; WHO, 2013). Combined, these theoretical lenses provided parameters within which to understand the pervasiveness of stigma and discrimination and to envision and document potential recommendations and promising approaches to stop oppression and create social change.

### **4.3 Data collection and analysis**

A modified scoping literature review was chosen to identify and analyze the existing body of literature in the area of violence prevention and GSD communities. Scoping reviews are performed in order to map the important literature in a particular area of study (Arksey & O'Malley, 2005). This approach, “aim(s) to map *rapidly* the key concepts underpinning a research area and the main sources and types of evidence available, and can be undertaken as a stand-alone project in its own right, especially where an area is complex or has not been reviewed comprehensively before” (Mays, Roberts, & Popay, 2001, p. 194). The purpose of this review was to “create a rich database of literature that can serve as a foundation” (Brien, Lorenzetti, Lewis, Kennedy, & Ghali, 2010, p.2) from which to explore the relationships among domestic violence and the emerging risk factors. Scoping studies can also include a “consultation exercise” to validate the findings from the research (Oliver, 2001), an approach which was used in this study.

The scoping review focused on literature from Alberta, Canada and to a lesser degree, countries with comparable socio-demographic and legislative contexts. Numerous authors from the United States are cited in this paper due to the amalgam of literature and progressive initiatives emerging from that country. Peer-reviewed literature was obtained through a search of academic databases including SocINDEX, Sociological Abstracts, and Social Services Index, and non-academic literature was accessed through an Internet search. A keywords search and snowball sampling strategy was employed, which produced a variety of data sources, including peer-reviewed papers, reports, theoretical papers, and organizational websites.

Combinations of keywords used in literature and web searches included: “violence,” “abuse,” “LGBTQ,” “gender minority,” “gender diversity,” “sexual minority,” “sexual diversity,” “lesbian,” “gay,” “bisexual,” “transgender,” “intersex,” “queer,” “two (2) spirited,” “transgender,” and “prevention.” In accordance with a scoping review approach, there were no rigid limitations on keyword search terms in order to obtain broader access to available data (Arskey & O’Malley, 2005). As per common protocols, literature produced more than 15 years ago was excluded from the search, except for seminal works and those deemed to be exceptionally relevant. As discussed in the limitations section, the replicability of this study can be challenged due to the inclusion of various literatures sources which were obtained through snowball searches (Masso & McCarthy, 2009).

The predominant language used in the research was English, although a limited number of French and Spanish articles were assessed. The review confirmed that the majority of literature in the area of gender and sexually diverse domestic violence centers on secondary and tertiary prevention, and there is a paucity of information on primary prevention.

The search resulted in 80 peer-reviewed articles, 24 books and book chapters, 63 reports including statistical data, 6 legislative documents, 19 websites and online news materials, two doctoral dissertations and two professional manuals that were considered appropriate for use in this study. While certain literature focused on LGBTQ communities in general, other works centered on specific communities within the gender and sexually diverse umbrella.

The research team applied a qualitative thematic analysis (Guest, 2012) process to review, analyze and code the data. General open categories were formed, followed by a process of selective or targeted coding to draw out the key risk factors and barriers. Following an articulation of risks and barriers, further categories were created to develop the key elements of the structural violence model suggested in this paper. Additional thematic analysis focused on creating the 5 specific themes that form the basis of the primary prevention response discussed in this paper.

The themes were organized and presented in three broad categories: (a) nature and prevalence of domestic violence in GSD communities, (b) risk factors and barriers to prevention, and (c) spheres of change (strength and protective factors). All research team members contributed to the data analysis process.

The trustworthiness of the findings was enhanced using a consultation exercise. The draft paper, including the conceptual framework, was reviewed by two key sources: one academic expert in the area of domestic violence within gender and sexual diverse communities, and one community expert who leads an organization that includes a focus on violence prevention within gender and sexually diverse communities. Through this process, the

conceptual framework and fundamental tenets of the paper were confirmed. Recommended revisions were also addressed.

## 5.0 Limitations

This study was conducted to create a foundation for discussion and action within Alberta. While the articles, programs and websites upon which this report is built were carefully analyzed, the ability to replicate the methodology is challenged by the inclusion of literature from snowball website searches and by the process of searching existing key academic articles for further literature sources. Due to the brevity of this report, it is not possible to provide a comprehensive analysis of the multiple and intersecting issues related to domestic violence within gender and sexually diverse communities; nor was it possible to present a thorough overview of domestic violence within particular groups or communities and address the differences within and among communities. Given that the mandate of the Brenda Strafford Chair and *Shift: The Project to End Domestic Violence* is focused on *primary prevention* of domestic violence, the objectives and outcomes of this research are heavily weighted towards identifying initiatives and approaches that show promise in stopping the violence before it starts.

## 6.0 Results

### 6.1 Nature and prevalence of domestic violence in gender and sexually diverse communities

Obtaining accurate data on the number of gender and sexually diverse Canadians who are, or have been, in abusive relationships is a complex and difficult task. In Canada, there are no definitive data on the number of Canadians who belong to gender and sexually diverse communities (Statistics Canada, 2011a). In addition, national data on same-sex common-law partners have only been collected since 2001, and same-sex marriage, which provides the legal and social context to collect data on married same-sex couples, was only legalized in 2005 (see, for example, Statistics Canada, 2006a). Canadian population data are currently not collected on other gender and sexually diverse intimate partnerships, as will be further discussed in this section.

While Statistics Canada emphasizes that it is impossible to gauge the percentage of GSD Canadians, approximately 1% of Canadians aged 18-59 recently reported that they are gay or lesbian, and less than 1% stated that they are bisexual (Statistics Canada, 2011a). Over 45,000 Canadians stated that they were in same-sex partnerships in 2006, with 15,000 reporting that they were legally married to a same-sex partner (Statistics Canada, 2006a). Men (54%) were somewhat more likely to be married than women (46%) (Statistics Canada, 2006a). In Alberta, 6,105 persons (3,065 males and 3,040 females) reported that they were in

same-sex partnerships, including 2,820 in Calgary and 2,125 in Edmonton (Statistics Canada, 2011b).

While certain literature from Canada and the United States indicates that the prevalence of intimate partner violence within same-sex partnerships is similar to that of heterosexual couples (Alberta Justice Communications, 2008; Girshick, 2002; Kirkland, 2004; Merlis & Linville, 2006; Ofreneo & Montiel, 2010; Renzetti 1992), other studies posit that rates are much higher in GSD communities, particularly when considering data on specific communities within the spectrum of gender and sexual diversity, such as transgender (National Coalition for Anti-Violence Programs [NCAVP], 2012; Statistics Canada, 2006b, 2010). Reflecting on the multiple forms of harassment and violence against transgender people, Goodmark (2012) emphasizes that domestic violence *within* transgender intimate partnerships cannot be uncoupled from other forms of violence *against* this community that are perpetuated by mainstream populations. Goodmark's analysis is applicable to other stigmatized communities within the spectrum of gender and sexual diversity.

Findings from Murray and Mobley's (2009) review of 17 studies on same-sex domestic violence published between 1995 and 2006 indicate that domestic violence is present in one-quarter to one-half of same-sex partnerships. A survey (n=692) by Hester and Donovan (2009) in the U.K. similarly found that 35.2% of men said they had experienced domestic abuse in a same-sex relationship, as did 40.1% of women. Renzetti's (1992) study with 100 lesbian women found that 74% of respondents experienced at least six abusive incidents during a same-sex relationship, and 54% of respondents experienced greater than ten incidents. An American study using a representative sample of 1,245 participants, including 557 lesbians and 163 bisexual persons reported higher levels of abuse than heterosexuals, both in childhood and adult life (Balsam, Rothblum, & Beauchaine, 2005).

Discrimination, stigma and non-recognition of same-sex and or other GSD partnerships present significant barriers to the collection of accurate data on GSD partnerships (Ristock & Timbang, 2005). These same social and structural factors also shape the context in which domestic violence occurs within these communities. A reluctance to report domestic violence, or even partnership status—often due to fears of stigma and discrimination—continues to obfuscate the realities of domestic violence within GSD communities (Murray & Mobley, 2009).

Information on the nature and prevalence of domestic violence within particular groups can also be difficult to obtain given the considerable diversity within gender and sexually diverse communities (Goodmark, 2012). While this poses certain barriers to traditional research approaches, the benefits of categories and rigid definitions for gender and sexual identity should also be questioned. A tendency to aggregate data from particular communities to a larger LGBTQ population can extinguish attempts to gain knowledge and understanding of particular differences within specific communities (Goodmark, 2012). These differences are

highlighted by the National Coalition of Anti-Violence Programs (NCAVP, 2012), which has been collecting data on violence within and against GSD communities in the United States since 1997. Their most recent report, based on data from 2011, indicates that gay men, racialized people, youth and young adults, and transgendered persons experience “the most severe forms of violence” (NCAVP, 2012, p. 7). Over 66% of those who reported domestic violence were racialized persons (NCAVP, 2012), which is significantly greater than the percentage of racialized persons (36%) in the United States (United States’ Census Bureau, 2012). These statistics suggest connections between the high prevalence of violence in intimate relationships and the stigma and societal oppression related to racism and a GSD identity.

Young people between 19 and 29 years of age were also more likely to report domestic violence, and persons who identified as transgender and queer were more likely to experience sexual abuse within their domestic partnerships than others with gender and sexually diverse identities (NCAVP, 2012). Other literature on domestic violence within transgender communities affirm these findings (White & Goldberg, 2006), with some stating that more than half of transgender people report domestic violence victimization (Kenagany, 2005; Kenagany & Botswick, 2005).

The 2010 US National Intimate Partner and Sexual Violence Survey (NISVS), which was based on 16,507 (9,086 women and 7,421 men) adult interviews in 50 American states, provides further insights into domestic violence (Black et al., 2011). Walters, Chen and Breiding (2013) conducted a secondary analysis on the NISVS, focusing on sexual orientation. The results indicated that bisexual women (61%) experience a higher lifetime prevalence of physical and sexual violence than heterosexual (35%) or lesbian women (44%). For men, being bisexual also heightened the potential for domestic victimization (37%), while gay (29%) and heterosexual (26%) men were less likely to be victimized. The gender identity of perpetrators varied in this study, with heterosexual and bisexual women and gay men reporting that their abusive partners were predominantly males based on lifetime data. Among lesbians, bisexual and heterosexual men, perpetrators were predominantly women (Walters et al., 2013). Specific to domestic homicide, NCAVP’s (2012) domestic violence report highlighted a 22.2% decrease in reported incidents of domestic violence for GSD persons from the previous year, although 19 domestic homicides were documented.<sup>3</sup> The report states that, men (63.2%) experienced higher rates of same-sex domestic homicide. This was noted as a dramatic shift from the previous year, where 66.7% of reported homicides were committed against women and women-identified persons (NCAVP, 2012).

In Canada, population statistics on domestic violence in same-sex relationships varied over the past ten years, and pose some limitations. In 2004, same-sex partners self-reported domestic violence in 15% of intimate relationships, which was double the national average

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<sup>3</sup> NCAVP stated that the de-funding of a key partner organization might account for a drop in domestic violence reporting for that calendar year.

(7%) for heterosexual couples (Beauchamp, 2004). These rates, however, focus on individual experiences of domestic violence, and do not specify the gender of the perpetrator. In a longitudinal study of police-reported same-sex domestic violence incidents between 1994 and 2005, gay male couples were 2.5 times more likely than lesbians to report domestic violence (Statistics Canada, 2006b). Statistics Canada (2006b) notes that prevalence data from police reports may be undercounted as attending officers may not recognize and code all incidents of same-sex domestic violence. While national data continues to be gathered on same-sex domestic violence in Canada, Statistics Canada was recently unable to provide recent prevalence data (Statistics Canada, 2010).

Certain efforts have been made to recognize same-sex relationships and same-sex domestic violence within Canada. However, information, statistics and legislation that ensure recognition and the protection of human rights for other gender and sexually diverse partnerships are not as apparent. For instance, transgender, two-spirited and intersex (TTSI) persons are not legally protected from discrimination at a federal level in Canada, although certain provinces such as Ontario, have adopted protection in their human rights legislation (Howlett, 2012). In 2011, two important qualitative health studies were conducted to address the gap in Canadian research related to domestic violence within TTSI communities. In a Vancouver study based on 25 participants, Ristock, Zoccole, and Potskin (2011) found that 92% of two-spirited persons experienced domestic violence victimization. Similarly, among a sample of 24 two-spirit and LGBTQ persons in Winnipeg, 79% stated that they had experienced partner abuse in a same-sex relationship (Ristock, Zoccole, and Passante, 2010). These extremely high rates reported by two-spirited people underscores the importance of further understanding the impact of multiple forms of oppression, such as racism and colonialism, on the domestic violence experiences of both victims and perpetrators within Aboriginal communities (see, for instance, Hill, Woodson, Ferguson, & Parks, 2012; Ristock & Timbang, 2005).

For GSD immigrants, experiences of migration or forced migration, and resettlement, including immigration status and fears of deportation, can add to experiences of oppression; these are also critical to a comprehensive understanding of domestic violence within immigrant communities (Chan, 2005; Lorenzetti & Este, 2010). Block and Galabuzi's (2011) paper, entitled "Canada's colour-coded labour market: The gap for racialized workers," provides a sharp critique of the structural oppression of migrants, racialized Canadian-born people and Aboriginal peoples in Canada. Complex and intersecting oppressions can further impact many members of gender and sexually diverse communities who experience the label of "Other" in various ways.

As with other jurisdictions, domestic violence prevalence rates for GSD persons in Alberta are inconclusive. The provincial government's Domestic Violence Handbook emphasizes that domestic violence rates in same-sex and heterosexual couples are comparable (Alberta Justice Communications, 2008).

While statistics can inform strategies to address and prevent harmful social problems, the risk in providing numbers without additional analysis on the subject of domestic violence in GSD communities *can do more harm than good*. Murray and Mobley's (2009) methodological review highlighted issues related to the gender identity of the partners within violent relationships. These authors emphasize that abusive dynamics can occur within current or former relationships which can include heterosexual or same-sex partners. Unfortunately, many studies do not identify the gender of the abusive partner, which could be pertinent to the overall results of a given study (Murray & Mobley, 2009). Examples of existing studies that document the gender of perpetrators indicate that lesbians and bisexual women often report that their abuser was male both in childhood and in adult life (Balsam et al., 2005; Walters et al., 2013; Morris & Balsam, 2003; Stoddard, Dibble, & Fineman, 2009). A further complexity in obtaining an accurate picture of GSD domestic violence is that some studies focus on physical, emotional and verbal abuse (Balsam et al., 2005; Turrell, 2000) while others include physical abuse and/or sexual abuse (Regan, Bartholomew, Oram, & Landolt, 2002; Morris & Balsam, 2003; Stoddard et al., 2009).

Ristock (2011) notes that studies which provide prevalence rates without an understanding of the oppressive larger social context within which violence occurs may not contribute to a full or accurate understanding of domestic violence in GSD communities. These figures may further perpetuate the “pathologizing” of GSD intimate relationships and the communities with which they identify. One must explore beneath the numbers to understand how heterosexism, homophobia, bi-phobia and transphobia impact domestic violence prevalence rates. Goodmark (2012) underscores this issue in a provocative question related to domestic violence within transgender communities: “If intimate partner violence is in large part about controlling and enforcing gender norms within relationships, transgender people, by virtue of their failure to conform to such norms, are particularly vulnerable to abuse” (pp. 5-6). This analysis could be extrapolated to others who do not conform to conventional notions of gender and sexuality, and provides possible insight into the high levels of violence against bisexual persons who do not conform to the either/or sexual orientation binary.

There is compelling research to indicate that several characteristics of an abusive relationship pattern and the types of domestic violence are similar in both gender and sexually diverse intimate partnerships and heterosexual relationships (Ristock & Timbang, 2005; Roe & Jagodinsky, n.d.). However, as will be further discussed in this paper, research also emphasizes that GSD intimate partnerships experience further complexities and systemic barriers that can impact abusive behaviours and dynamics (Ristock, 2002, 2011; CWHN, 2012). These complexities include increased isolation, fewer services and supports, threats by an abusive partner to disclose a victim’s gender or sexual orientation to others<sup>4</sup>, and a victimized person’s perceived need to protect their community from further negative

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<sup>4</sup> Threats of disclosure can include employers, family members, or other significant contacts and relationships.

stereotypes and discrimination by the mainstream (Alberta Children's Service, 2006; CWHN, 2012; Renzetti, 1992; Ristock, 2011). The subsequent section will further discuss risk factors for domestic violence, and barriers to accessing safe, appropriate and accessible services.

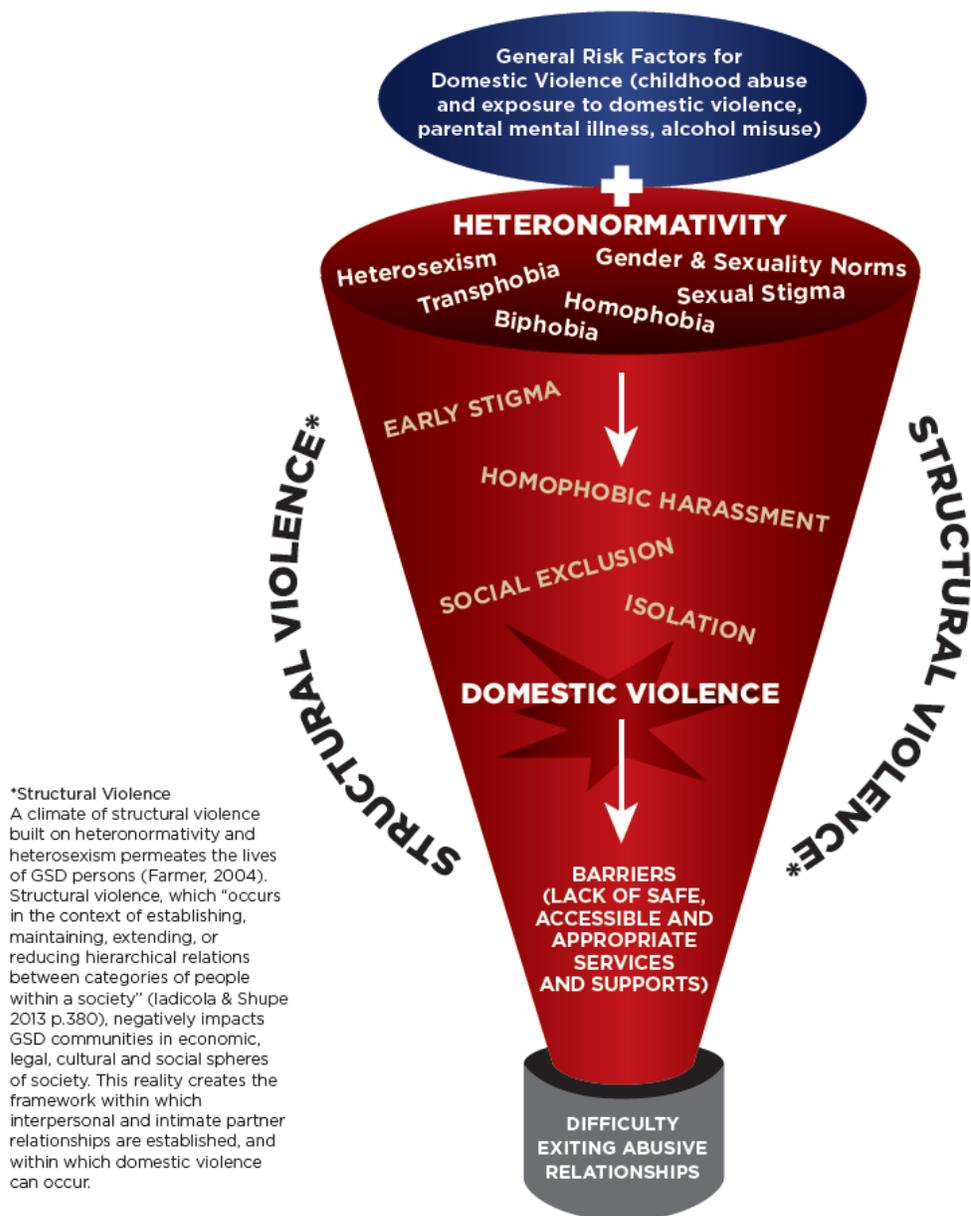
## **6.2 Risk factors and barriers to prevention: Social and structural contexts for violence**

As the diagram below illustrates, GSD individuals can be confronted by a number of factors that can increase the risk of domestic violence victimization and perpetration. In addition to general risk factors experienced by both marginalized and mainstream populations (e.g., child maltreatment, gender, parental mental health issues, age and alcohol abuse), some GSD individuals face a lifetime of negative impacts stemming from pervasive heteronormativity. Heteronormativity includes heterosexism and homo/bi/transphobia, and creates the conditions for a number of related risk factors including early stigma and homophobic harassment, as well as social exclusion and isolation through the lifespan.

Adding to these additional risk factors, GSD communities face many barriers to the services and supports that might have otherwise helped them to exit abusive relationships. Traditional and narrow domestic violence theories and approaches that do not address GSD realities continue to contribute to an existing service climate that includes a lack of safe, welcoming and appropriate social, health and educational services and supports for GSD communities. This impedes the development of appropriate prevention and intervention strategies to address domestic violence within GSD communities.

These risk factors and barriers to service provision can be understood within a framework of structural violence. While the risk factors and barriers identified in this paper are not conclusive, they comprise a significant starting point for the development of an action plan to prevent domestic violence within gender and sexually diverse communities (see below for a descriptive model of risk factors and barriers to domestic violence prevention in GSD communities). The sections that follow explore each of these factors in greater depth, and demonstrate the ways they can contribute to domestic violence in GSD communities.

## Risk Factors and Barriers to Domestic Violence Prevention in Gender and Sexually Diverse Communities (GSD)



Gender and Sexually Diverse communities experience unique risk factors for domestic violence stemming from heteronormativity and a climate of structural violence. Barriers to services and supports limit prevention efforts and may trap individuals in violent relationships.

## **6.2.1 General risk factors**

### **6.2.1.1 Childhood abuse and exposure to domestic violence**

While this paper focuses specifically on gender and sexual diversity, a lifespan approach to domestic violence prevention is not complete without a discussion of child abuse as a significant risk factor for children of all gender and sexual orientations. Children who witness abuse or who are abused are at risk of significant, long-term behavioural or emotional problems, including violence toward others in childhood and adolescence (Wolfe & Mclsaac, 2010; WHO, 2013). They also have a greater risk of perpetrating abuse behaviours against their own children in adulthood (Coohey, 2004; Herrenkohl & Herrenkohl, 2007; Margolin, Gordis, Medina, & Oliver, 2003; Wells et al., 2012).

Research also documents that children who experience violence have an elevated risk for adult intimate partner abuse later in life. For instance, a large sample study based on 8,629 participants by Whitfield, Anda, Dube, and Felitti (2003) in the United States reported that any one of three childhood experiences – physical abuse, sexual abuse, or witnessing domestic violence against a maternal parent – doubled the risk of domestic violence victimization or perpetration in adulthood. Having all three experiences increased this risk by three-and-a-half times for women and even more for men (Whitfield et al., 2003).

Research also confirms that boys who experienced physical or sexual abuse in childhood are more likely to experience toxic stress, sexual problems, unhealthy eating, substance abuse, other forms of self-abuse, as well as mental illness and violence within interpersonal relationships (Haegerich & Hall, 2011; Jewkes, Sikweyiya, Morrell, & Dunkle, 2009; Wells et al., 2013). While victims of severe childhood violence have an elevated risk for violence in adolescence and adulthood, even less severe forms of abuse can increase the potential for violence later in life (Gershoff, 2010; Maas, Herrenkohl, & Sousa, 2008).

Child abuse and childhood exposure to domestic violence between or among parents and adult role models impacts children and youth from all gender and sexual orientations. However, a study cited earlier in this paper (Balsam et al., 2005) and a recent meta-analysis of 37 school-based studies conducted in 18 geographic areas in North America (Friedman et al., 2011) found that GSD persons report higher levels of childhood abuse than other children, including physical, sexual, and psychological abuse. Regardless of this purported difference, there is conclusive research that child abuse and childhood exposure to domestic violence between and among significant adults in any child's life is a risk factor for domestic violence later in adult life. This risk factor must be included within a prevention framework.

### **6.2.1.2 Other risk factors**

Mental illness and alcohol misuse have also been connected to intergenerational patterns of domestic violence (WHO, 2013). Gender is another overall risk factor, with women being more likely to experience sexual abuse, injury or death at the hands of an abusive partner (DeKeseredy & Dragiewicz, 2009; Ursel, Tutty, & LeMaistre, 2008). Age has been identified as a risk factor, with women ages 20-24 more likely to experience both domestic and sexual violence (Catalano, 2007). Certain studies also indicate that people who live in communities and societies with high rates of crime, systemic violence and economic disadvantage also have an increased risk for domestic violence (Benson, Fox, DeMaris, & Van Wyk, 2003; Miles-Doan, 1998).

Aboriginal peoples encounter additional risk factors for domestic violence. A review by Goulet, Lorenzetti, Walsh, Wells and Claussen (under review), which explored the relevant literature on domestic violence in urban Aboriginal communities, identified three primary risk factors: residential school experience, diminished cultural identity, and racism and discrimination (Brownridge, 2008; Homel, Lincoln, & Herd, 1999; New Brunswick Advisory Committee on Violence Against Aboriginal Women, 2008; Puchala, Paul, Kennedy, & Mehl-Madrona, 2010). These risk factors are connected within a matrix of intergenerational impacts from European colonization, leading the Aboriginal Healing Foundation to define Aboriginal domestic violence as a social syndrome (Bopp et al., 2003). The Aboriginal Healing Foundation underscores that this social syndrome is founded on the experiences of colonization, and is connected to historical violence, intergenerational trauma, community breakdown, and the failure of many systems at multiple levels (Bopp et al., 2003).

Scholars continue to uncover and debate other domestic violence risk factors that may be pertinent to specific populations, including those who also identify as GSD persons.

### **6.2.2 Specific risk factors for gender and sexually diverse populations**

#### **6.2.2.1 Heterosexism, homophobia, biphobia, and transphobia**

Discrimination exists when the state, society, a social group or an individual separates, excludes, expels or even wishes to destroy a person or a group, deny their rights or prevent the exercise of their rights, based solely on the belief that they or their practices deviate from social norms. (Cáceres et al., 2009, p. 23)

Heterosexism, homophobia, biphobia and transphobia are forms of discrimination that have lengthy histories within Canada, and pose multiple barriers for gender and sexually diverse communities (Mulé, 2008). While progressive policy changes within Canada have created the groundwork for increasing rights for particular groups, specific communities within the

spectrum of gender and sexually diverse peoples are yet to be recognized, protected and provided with full human rights (Mulé, 2008).

The pervasiveness of heteronormativity – the view that only heterosexuality is “normal” – is prevalent in everyday assumptions and social relations at the individual and community level, as well as in the functioning of institutions, and the exclusive interpretation of legislation at a systems or structural level. The insidiousness of heterosexism recognized in daily mainstream discourse, and in particular the casual use of disparaging remarks, references, or ‘jokes’ that relate to gender and sexual diverse groups, contributes to the marginalization of these communities.

The ongoing infusion of homo/bi/transphobic language in Canada and around the English-speaking world is documented in a new research project launched in 2012 by the Institute for Sexual Minority Studies and Services at the University of Alberta. *NoHomophobes.com* tracks the daily usage of homophobic language from Twitter (Institute for Sexual Minority Studies and Services, 2014b). In over 9 months of tracking (July 5, 2012 to April 23, 2013), the project recorded over 11 million references to ‘faggot’ and approximately 3.5 million tweets of both “no homo” and “so gay”; the word “dyke” was utilized approximately 3 million times. The NoHomophobes project was “designed as a social mirror to show the prevalence of casual homophobia in our society” (Institute for Sexual Minority Studies and Services, 2014b, para 1). This social mirror poignantly captures the deeply seated infusion of harmful language within mainstream culture, founded on a permissible and normalized denigration of GSD groups.

Heterosexism and homo/bi/transphobia are not solely or primarily perpetuated in the form of insults and the use of derogatory language. These forms of discrimination also impact a person’s ability and right to feel protected while participating in the education system, obtaining work and housing, and engaging in political, community and family life (Arnold & Peuter, 2007; Ayala, Morales, Saunders, & Palagina, 2009; Mulé, 2008). Discrimination promotes social exclusion and marginalization of individuals and whole communities, rendering them isolated and without proper access to resources and services, which have negative health consequences (Alberta Health Services, 2011; Logie, 2012). As will be further discussed in this paper, heterosexism and homo/bi/transphobia create the context for homophobic harassment and bullying. Gender and sexually diverse persons can experience these forms of violence throughout their lifetimes (NCAVP, 2011).

Heterosexism and homo/bi/transphobia can impact gender and sexually diverse couples in multiple ways, making their intimate relationships, and intimate partner violence within any of those relationships, invisible to the dominant heterosexual society. As Girshick (2002) stated, “same-sex relationships are not given the same legitimacy as heterosexual relationships, so it has been nearly impossible to recognize same-sex abuse within relationships” (p. 10). The normalization of heterosexuality and stigmatization of gender and

sexual diversity can create a climate of internalized devaluation or internalized homophobia or bi/transphobia; within the context of an abusive relationship, for example, an abuser's self-hatred can manifest as contempt for an intimate partner (Greenberg, 2012; Simpson & Helfrich, 2005).

Roe and Jagodinsky's (n.d.) "Power and Control Wheel for Lesbian, Gay, Bisexual and Trans Relationships" (Appendix A), an adaptation of the Duluth Power and Control Wheel (Domestic Abuse Intervention Project (DAIP), 1984), identifies the multiple forms of abuse within gender and sexually diverse relationships. Partner abuse occurs within a structural environment of heterosexism and homo/bi/transphobia (DAIP, 2984). The New York City Gay and Lesbian Human Rights Project (2003) further depicts the connections between the systemic dehumanization of GSD populations and abusive behaviours within the context of their intimate partner relationships, focusing on specific areas of abuse related to heterosexism and homo/bi/transphobia (Appendix B). This matrix reinforces particular elements and behaviours in GSD domestic violence, including: drawing on heterosexist norms to suggest that the victim/survivor will not be believed if she/he discloses violence; threatening to 'out' a partner who has not disclosed their gender or sexual orientation to others; questioning a partner's 'validity' as a lesbian or trans person (etc.); and perpetuating various other forms of homo/bi/transphobic control.

The CWHN (2012) states that dangerous myths about domestic violence among same-sex partners and other GSD couples are grounded in heterosexism, and serve to propel ongoing stereotyping and misinformation about gender and sexually diverse relationships. These myths include the idea that women are not violent (Girshick, 2002; Ristock, 2002), or that "violence between two men or two women is a 'fight' between equals" (CWHN, 2012, para 2). In the case of lesbian domestic violence, an abusive partner may capitalize on the myth that women cannot be abusive as a way of denying abusive behaviour and convincing a partner that others will not believe her if she discloses (Renzetti, 1992; Simpson & Helfrich, 2005). In gay male relationships, the misconception of mutual abuse allows the perpetrator to blame the victim for his own actions, casting the offender as the actual victim of violence (Poon, 2011). These myths will be further discussed with regards to their influence on services and supports for victims and perpetrators of violence.

Heteronormativity and heterosexism create a complex climate of structural violence bound by various levels of stigma, discrimination, and invisibility, which GSD abuse survivors must attempt to navigate. The abuser, meanwhile, may "take advantage of the homophobic and heterosexist nature of the larger society – as well as [her/his/zer<sup>5</sup>] own internalized heterosexism – to further dominate and control their partner" (CWHN, 2012, section 2, para 5). The heterosexist society can isolate survivors from networks of support and accountability, and may compel a victimized partner to maintain silence about the abuse in

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<sup>5</sup> "zer" is an alternative pronoun used in some circles to broaden the his/her binary.

order to avoid further stereotyping or other forms of discrimination from the dominant society (Greenberg, 2012).

Heterosexism promotes an environment of abuse at all levels – including individual/family, community and institutional levels – and this can impact GSD persons at every point in their lifespan. Within an ecological framework (WHO, 2013), heteronormativity is both a foundation of structural violence, and a risk factor for all forms of interpersonal violence that manifest at all three levels of social interaction. Drawing attention to the dynamic at the heart of structural violence and oppression towards GSD communities, Walters (2009) writes that while “heterosexual victims of domestic violence can begin to heal once they leave the abusive environment, lesbian survivors cannot escape a society that believes heterosexism and homophobia are foundational elements” (p. 159). Walters’ statement regarding lesbians can be extrapolated to include other gender and sexually diverse persons. Structural violence can impact GSD persons throughout their lives, increasing risk for numerous forms of trauma, including societal harassment and violence, social isolation, invisibility, and exclusion from supports and services. The manifestations of multiple forms of discrimination and oppression will be further discussed within the context of the other risk factors and barriers presented in this paper.

#### **6.2.2.2 Traditional gender norms**

Heteronormativity, heterosexism and homo/bi/transphobia cannot be separated from the concept of traditional gender norms. Rigid and traditional interpretations of gender (gender binaries) are a clear manifestation of heteronormativity – linking gender and sexuality into a complex matrix of acceptable norms, values and behaviour. According to West and Zimmerman (1987), “doing gender” is a process engrained in all persons early on in childhood through social interaction, whereby everyone engages in an “interactional process of crafting gender identities that are then presumed to reflect and naturally derive from biology” (Schilt & Westbrook, 2009, p. 442).

Western culture demands that individuals conform to the gender norms dictated by their biological sex (Schilt & Westbrook, 2009). Rigid and traditional gender interpretations dictated by culture and history are limiting and unattainable, and they effectively serve to exclude those who do not fit or choose to not fit within societally defined gender parameters (Katz, 1995; Kaufman, 2001). For persons identifying as non-heterosexual, transgendered or two-spirited, there is a perceived mismatch between the cultural demands of gender and personal portrayal (Schilt & Westbrook, 2009). This mismatch often exacerbates heterosexism, homo/bi/transphobia, stigma and at times violence (Schilt & Westbrook, 2009).

There is an emerging body of research on the negative impacts of inflexible gender norms, with a recent focus on masculinity as a social construct (Barker, Ricardo, & Nascimento, 2007; Hutchins & Mikosza 1998; Pulerwitz & Barker, 2008). This includes substantial

literature on the negative impact of rigid hetero-masculinity on male identity and self-concept, as well as a connection with elevated levels of inequality and violence against women and girls (Kaufman, 2001; Lund, Zimmerman & Haddock, 2002; Tomsen & Mason, 2001; Wells et al., 2013).

Rigid concepts of gender and sexuality are enveloped in cultural values of masculinity and femininity. There is evidence of the strong intersection of traditional masculinity with violence against gender and sexually diverse youth and adults (Bouchard & St-Amant, 1996; Murphy, 2010; Poon, 2011; Skelton, 1997). The connections among sexism, homophobia, and violence can be viewed as “the common threads uniting violence against women, gays, lesbians, and transfolk” (Murphy, 2010, p. 103). A survey of twenty-three Canadian secondary schools demonstrated that boys who did not conform to rigid male gender roles were targets for harassment (Jaffe & Hughes, 2008). LeBlanc’s (2006) study with men involved in the violence prevention work in New Brunswick, Canada, underscores this issue: “A key aspect of the construction of masculinity in our society derives from the patriarchal tradition that reinforces the subordination of the ‘other’ who is viewed as the weaker gender, for example, woman, or perceived weaker masculinities, such as, homosexual[ity]” (p. 41). Further, this subordination often includes an assumption that only women are the victims of violence, and that violence occurs solely in heterosexual relationships (Girshick, 2002); this serves to downplay violence against men and complicates men’s own perceptions of being victimized (Poon, 2011). According to Letellier (1994), victimized gay, bisexual, queer and transgendered men have difficulty identifying themselves as “victims” simply by virtue of being male.

Women and girls are also negatively impacted by traditional gender norms and gender-based expectations. Discrimination against girls and women based on physical appearance or their ability to reflect stereotypes of feminine beauty is a pervasive arena of gender rigidity and inequality. This form of sexism has multiple socio-economic impacts, shaping women’s ability to obtain employment and financial success (YWCA, 2008). The “beauty myth” (Wolf, 1991) continues to negatively impact women and girls’ interactions within society. For example, in a ten-year period, the number of American women who accessed cosmetic procedures increased by 500%; in 2007, 11.7 million surgical and non-surgical cosmetic procedures were performed on American women (American Society for Aesthetic Surgery, 2011). Family or domestic settings reflect yet another aspect of gender disparity, as women’s disproportionate responsibility for children and household affairs persists in Canada today (Statistics Canada, 2010).

While traditional gender roles have negative implications for heterosexual and gender-conforming individuals, these norms create a rigid and exclusionary climate, which, as indicated in this section, perpetuates the marginalization and stigmatization of gender and sexual diverse persons. A study with over 900 gay men, conducted by Sandfort, Melendez and Diaz (2007), demonstrated that higher levels of gender non-conformity led to higher

levels of abuse and harassment, and elevated mental distress. The targeting of non-conforming lesbians has also been documented, with episodes ranging from psychological abuse to sexual violence (Human Rights Watch, 2011; Meyer, 2003; Ristock, 2002; 2011). Meyer's (2003) study with lesbians and gay men reinforces the notion that significant mental health issues related to *minority stress* can be caused by a hostile climate of ongoing discrimination and stigma.

Rigid gender norms perpetuate the idea that difference is negative, and that fluid or diverse interpretations of gender will have high psychological, social, economic and safety costs for those who transgress the established norms. From a primary prevention lens, traditional gender norms are barriers for domestic violence prevention in heterosexual, gender diverse, and sexually diverse communities, as they promote oppressive gender-myths and enforce conformity. As discussed in the next section, rigid gender norms based on a heterosexist worldview create early childhood environments where stigma and structural violence are foundational to the lived experiences of many gender and sexually diverse children.

#### **6.2.2.3 Early stigma and homophobic harassment**

As discussed in the last section, children learn early in life acceptable social norms and dominant social values from their families and community. Dominant views of gender and sexual orientation are comprised within these social teachings, with multiple consequences for those who do not conform to family and societal expectations.

Unfortunately, over the past two decades, progress to address stigma and harassment of GSD children and youth has been limited. A study in Québec high schools in 1996 found that 54% of participants believed that “les gais ne sont pas de vrais hommes”, [*gay boys/men are not real men*] (Bouchard & St-Amant, 1996, p. 187). Harassment of those who express gender non-conformity is still prevalent (Jaffe & Hughes, 2008). Egale Canada Human Rights Trust (2011) conducted a study between December 2007 and June 2009 with 3700 youth in Canadian high schools that focused on the issue of school safety for gender and sexually diverse youth. The results revealed that 60% of GSD youth did not feel safe at school. Sexually diverse youth were twice as likely to experience verbal harassment than heterosexual youth, and transgender youth were three times as likely to report verbal harassment. One-third to one-half of all GSD youth reported sexual harassment, with transgender youth (50%) being most likely to experience violence. One in five GSD youth also reported experiences of physical violence due to their gender or sexual orientation (Egale Canada, 2014). Notably, the Egale Canada study was unable to capture the experiences of students in Catholic schools due to these schools' refusal to participate, suggesting that safety issues for gender and sexually diverse youth in faith-based schools require further study (Callaghan, 2012).

Early stigmatization, homophobic harassment and a lack of support from family, friends, schools and community can have detrimental impacts on gender and sexually diverse children and youth; these can reinforce negative self-concepts that at times lead to suicidal thoughts, suicide attempts and high rates of completed suicides (Ayala et al., 2009; Egale Canada, 2011, 2012; Keung, 2012). Further, findings from a Centers for Disease Control (CDC) longitudinal study with 1391 middle school students in the United States showed that those who experienced bullying and homophobic harassment were more likely to experience sexual harassment in the future (Applying Science, Advancing Practice, 2013). These findings are similar to previous studies, underscoring that the connection between bullying and sexual violence starts “in early middle school, where traditional bullying perpetration transforms into more gendered harassment and aggressive behaviours in the form of homophobic teasing and sexual harassment” (Centers for Disease Control and Prevention, 2013, p. 3).

While homophobic harassment targets those who do not conform to dominant constructs of gender or sexual orientation, particular forms or degrees of stigma and harassment may target specific individuals and communities. For example, a recent study by Scanlon, Travers, Coleman, Bauer, and Boyce (2010) for TransPulse reported that 34% of transgender Canadians experienced harassment or threats due to their gender identity, and that 20% reported they had been sexually or physically assaulted. Egale Canada (2011) documented that 74% of transgender youth report verbal harassment and 37% experience physical harassment or assault in school. Despite these extremely high rates of violence and harassment, there have been no hate crime sentencing provisions for any crimes related to gender identity (Egale Canada, 2013). An American study by Warwick, Chase and Aggleton (2004) emphasized that homophobic bullying is underreported and can often be hidden under generalized definitions of school-based harassment (Warwick et al., 2004).

In Alberta, a survey conducted by the McCreary Centre Society found that many GSD youth do not feel supported or accepted by adults within their school environments (Saewyc, Poon, Wang, Homma, & Smith, 2007). School-aged youth who participated in this survey felt that if they were to disclose their GSD identity, a majority of their teachers (56%) and a vast percentage of their student peers (73%) would not react positively (Saewyc et al., 2007). This study reinforces the importance of adult and peer/near-peer role models in preventing early stigma and structural violence. Alarming victimization statistics and a lack of protective responses were catalysts for advocacy efforts to pass an amendment to the Canadian Human Rights Act and Criminal Code to include gender identity [Bill C-279] (Egale Canada, 2012), which is in its second reading by the Senate of Canada at the time of writing.

The early stigmatization and homophobic harassment of gender and sexually diverse children and youth should be acknowledged as forms of child abuse. Early stigma and homophobic harassment in childhood are early forms of psychological, physical and sexual abuse perpetrated within a framework of structural violence. If these forms of abuse are not

addressed within the context of child-abuse prevention strategies, gender and sexually diverse children and youth will continue to be negatively impacted, possibly carrying these experiences into future domestic partnerships. Early stigma and homophobic harassment create long-term barriers to the prevention of domestic violence.

Intersecting oppression (Kanuha, 1990, 2008; Rainbow Health Ontario, 2013; Taylor & Ristock, 2011) can impact the nature and level of early stigma and homophobic harassment, leading to an increased level of minority stress (Longman Marcellin, Scheim, Bauer, & Redman, 2013; Meyer, 2003; Ristock et al., 2011). As previously articulated, the historical and present-day impacts of colonialism, including residential school trauma, racism, and other systemic forms of oppression must be recognized in understanding domestic violence within two-spirit relationships (Ristock et al., 2011). In addition, Douglas, Nuriddin and Perry (2008) argue that in African American communities, violence “cannot be uncoupled from other oppressive systems of control such as racial discrimination or heterosexism” (p. 117). Similarly, Kanuha (1990) maintains that the intersections of homophobia, sexism and racism further aggravate violence against lesbian women of colour. A Canadian study conducted on behalf of TransPulse found that 75% of Aboriginal and 63% of racialized transgender respondents experienced racism or ethnic discrimination; 30% of racialized and Aboriginal respondents also stated that they did not feel comfortable within transgender communities due to their race or ethnicity (Longman Marcellin et al., 2013). Egale Canada’s study (2011) also uncovered issues of compounding oppression among racialized Canadian youth, in that they were less likely to report having a support network of peers and teachers, or to feel comfortable discussing LGBTQ issues. This study also reinforces the relationship between oppression and social isolation, which will be discussed in the next section of this report.

#### **6.2.2.4 Social exclusion and isolation**

Social exclusion and isolation are created by rigid gender norms, early stigma and homophobic harassment, including multiple forms of violence perpetrated within the prism of heteronormativity, heterosexism and homo/bi/transphobia. Social exclusion is the “alienation or disenfranchisement that certain individuals or groups experience within society” (Cáceres et al., 2009, p. 3). Mulé (2008) discusses Canada’s lengthy history of exclusion and marginalization of gender and sexually diverse people, which includes the historically held view that they are “criminals, sinners and/or sick” (para. 4). The American Psychiatric Association, for instance, labelled “homosexuality” as a mental illness until this was changed in 1973; the American Psychological Association discontinued this practice in 1975. It was only in 2013, however, that transgender identity was re-categorized from gender identity disorder to a focus on the emotional stress of “gender dysphoria” (American Psychiatric Association, 2013).

In 76 countries around the world, people with diverse gender or sexual orientations are subject to harsh, cruel and dehumanizing legislation that contravenes international human

rights law (Bruce-Jones & Itaborahy, 2011). In several American states, same-sex intimate partnerships remained illegal until the Supreme Court declared this as unconstitutional in 2003 (Greenhouse, 2003). Despite this legislative change, highly organized efforts persist today to exclude same-sex couples from the right to marry in the United States, as evidenced by Section 3 of the Defense of Marriage Act (DOMA, 1996). DOMA was also deemed unconstitutional in July of 2013 (United States Citizenship and Immigration Services, 2013). As of June 1, 2014, only 19 states offered access to marriage equality legislation, while an additional three states have legislated domestic unions or partnerships for same-sex couples (Pew Research, 2014). Despite progressive legislative changes, stigma, discrimination homophobic harassment and violence are present in many regions of North America, as was evidenced by the public response surrounding the recent actions by the Hawaiian Senate to approve same-sex marriage (Clark, 2013). Greenberg's (2012) article, entitled "Still Hidden in the Closet, Domestic Violence and Trans Women," argues this point further, highlighting that for transgender persons in particular, little progress has been made in the area of human rights protections. She emphasizes that policy, practice and community norms continue to exclude transgender persons in the United States.

In Canada, same-sex relationships were legalized in 1969 (Rayside, 2008) and, although discrimination is ongoing, advances in same-sex legal rights have been steady and encouraging. For example, in 1987, legislative protections were adopted for same-sex Canadians to ensure equal access to employment, goods and services (Nierobisz, Searl, & Theroux, 2008). Other Canadian advances include the 1992 *Haig v. Canada* case, in which the Ontario Court of Appeal found that the omission of sexual orientation as a prohibited ground of discrimination under the Canadian Human Rights Act violated Section 15, the equality rights provision of the *Canadian Charter of Rights and Freedoms [Charter]*, and ordered that sexual orientation be "read in" to the Act (Hurley, 2005). Additionally, in 1995, the Supreme Court of Canada released its first Section 15 *Charter* decision in *Egan v. Canada*, a case that addressed discrimination based on sexual orientation, and same-sex benefits issues (Hurley, 2005). In the *Egan v. Canada* decision, the full Court found sexual orientation to be an "analogous" ground in considering discrimination for Section 15 purposes (Hurley, 2005). Key Canadian judicial decisions have advanced the legal rights of lesbians and gay men in Canada over the past twenty years, culminating in the 2005 enactment of the Civil Marriage Act (Callaghan, 2007; Rayside, 2008).

The landmark *Vriend v. Alberta* case involving the wrongful dismissal of a gay college instructor was eventually heard by the Supreme Court of Canada, which decided in 1998 that the omission of sexual orientation from Alberta's Individual Rights Protection Act (now called the Alberta Human Rights Act (2013)) infringed upon Section 15 of the *Charter*, and ordered that sexual orientation be "read in" to the legislation (Hurley, 2005). The Alberta Human Rights Act (2013) was amended in 2009, to add the words 'sexual orientation' as a prohibited ground of discrimination. Sexual orientation was included as a prohibited form of discrimination in 1998.

While the extent of human rights violations and exclusions are far too numerous to document in this report, the above examples emphasize the multifaceted impacts of social exclusion and social isolation of GSD persons in Canada and the United States. The depth of this exclusion occurs at various levels, including the family, community and public institutions (Ayala et al., 2009).

Understanding the depth of damage caused to an individual and whole communities through the maintenance of rigid, marginalizing gender norms, homo/bi/transphobic stigma, harassment and violence, and historic and modern-day social exclusion, is critical to understanding GSD domestic violence. In the context of intimate partner relationships, Green (2004) argues that, “the overarching difference in the lives of same-sex [and other diverse] versus heterosexual couples is that the former must continually cope with the special challenges of claiming a socially stigmatized identity” (p. 290). For gender and sexual diverse partnerships where domestic violence is present, this exclusion and isolation can create significant barriers that may entrench both the perpetrator and victim within an unhealthy relationship, with little support, services or networks to rely on for help.

From a primary prevention perspective, the key domestic violence risk factors discussed in this report can contribute to a matrix of barriers that impede gender and sexual diverse communities from living to their full potential within society, and experiencing healthy and socially accepted self-identities and healthy intimate partnerships. In order to lay the necessary groundwork to prevent violence within and against gender and sexually diverse communities, these risk factors need to be addressed within individual/family, community and institutional facets of society throughout the lifespan. In tandem with this approach is the need to eliminate barriers that currently prevent the provision of safe, appropriate and accessible services and supports for those who are involved in abusive domestic partnerships. For this reason, the section that follows centers on secondary and tertiary prevention.

### **6.2.3 Barriers to accessing services and supports**

#### **6.2.3.1 Hetero-centric views on domestic violence**

Feminists have made significant contributions to raising awareness around gender-based violence, domestic violence, and gender oppression, and have translated these into crucial social policy and intervention services (Crenshaw, 1994; Dekeseredy & Dragiewicz, 2009; Htun & Weldon, 2012). However, much of the work has focused on dynamics related to heterosexual domestic violence, and has failed to recognize and consider the parallel issue of partner abuse in gender and sexually diverse relationships (Grauwiler & Mills, 2004).

An exclusionary and traditional interpretation of domestic violence based solely on heterosexual and mainstream gender interpretations perpetuates a heterosexist and homo/bi/transphobic worldview (CWHN, 2012; Ristock & Timbang, 2005). As stated in a

previous section, the view that men alone are responsible for domestic violence and women alone are victims, creates further invisibility for GSD persons whose relationships and realities as victims or perpetrators of violence are not recognized (CWHN, 2012; Simpson & Helfrich, 2005). Walters (2009) asserts that domestic violence within lesbian communities challenges the fundamental beliefs that underscore this traditional domestic violence paradigm. An exclusive and heterosexist approach to domestic violence is a barrier to domestic violence prevention within GSD communities, impeding both prevention and intervention efforts. The need to institute the necessary societal support, funding and research on domestic violence in these communities is paramount. The impact of a hetero-centric view of domestic violence on the availability and provision of services and supports is discussed further below.

### **6.2.3.2 Lack of safe, accessible and appropriate services and supports**

Much work has been done to build awareness, support, and resources for women and children who are experiencing abuse within a heterosexual context (Akers & Kaukinen, 2009; Rennison & Welchans, 2003). While still insufficient to meet the multiple needs of those impacted by domestic violence, numerous resources are available, particularly within large urban centres within Canada and Alberta. Women and their children are able to seek support from domestic violence shelters, domestic conflict police units, 24-hour crisis family violence help lines, outreach counselling services, women’s resource centres, and support groups designed to provide services and safety planning (see for example Domestic Violence British Columbia, 2014; Manitoba Association of Women’s Shelters, 2011; Ontario Women’s Directorate, 2014). A comprehensive matrix of services, however, is not available to support and protect GSD domestic violence victims or provide appropriate services for GSD perpetrators (Alberta Health Services, 2011; CWHN, 2012). The lack of services for GSD persons has been extensively documented, and numerous advocacy efforts continue to work towards addressing this issue (Ayala et al., 2009; Barrett & St. Pierre, 2013; Ford, Slavin, Hilton, & Holt, 2013).

For GSD individuals who want to access community services or seek help from the justice system, dealing with heteronormativity, heterosexism and homo/bi/transphobia embedded in all facets of these “helping services” can be a deterrent (Banks & Fedewa, 2012; Guadalupe-Diaz & Yglesias, 2013). Based on lifetime experiences of stigma and social exclusion from heterosexist systems, GSD persons may be reluctant to report domestic violence to the formal authorities due to the belief “that being victimized by their partner is less frightening than being victimized by the system” (Murray & Mobley, 2009, p. 364). For those who have not disclosed their gender identity or sexual orientation to family, friends, employers and other significant people in their lives, seeking help could mean revealing information that they have not chosen to share in public forums. The choice to either “come out” or continue being abused presents a complex dilemma. Walters (2009) emphasizes this point, using the example of agency intake questionnaires that often require women to name

their abusive partner, usually expecting the name of a male. She states that, “it is at this point it seems that the lesbian survivor might have to make an identity choice; battered woman or lesbian. For most people, both inside and outside the shelter, these two identities seem incongruent” (Walters, 2009, p. 48).

There are multiple aspects of heterosexism in service delivery environments that create unsafe, inappropriate, inaccessible and unsupportive climates for GSD victims and perpetrators. Examples include: an absence of trained professionals that have the skills to work with victims and perpetrators of GSD domestic violence; an absence of welcoming or appropriate shelters for GSD survivors; discrimination from shelter staff and clients; services that use exclusive language that focuses solely or primarily on heterosexual and gender-conforming relationship contexts; lack of acceptance of non-conforming gender expressions, stereotypes and denial of GSD domestic violence; and the view that GSD persons experience domestic violence because their relationships are inherently ‘unhealthy’ (ACON, 2004; Ayala et al., 2009; Balsam, 2001; Chan, 2005; Ristock & Timbang, 2005).

While significant progress has been made by a number of domestic violence services and supports in Alberta to address heterosexist assumptions and practices, there is currently no policy, legislation or funding prerogative that compels social, health or educational services or judicial bodies to address gender and sexual orientation bias within their organizational frameworks. Taking the necessary steps to create welcoming, safe, and appropriate services for gender and sexually diverse persons experiencing domestic violence is imperative. The current legislative, community and service climate is not only a barrier to domestic violence prevention, it is a human rights crisis that has damaging implications, including society’s failure to provide potential life-saving supports and services to victims of abuse.

### **6.3 Spheres of change: A primary prevention and urgent intervention response**

This section focuses on strength or protective factors that enhance the possibility of preventing domestic violence within gender and sexually diverse communities. Five key areas of focus for primary prevention and urgent intervention efforts are suggested, including:

- 1) No exposure to violence in childhood;
- 2) Safe and supportive educational experiences;
- 3) Societal rejection of heterosexism, sexism, and traditional gender norms;
- 4) Full human rights for gender and sexually diverse persons; and
- 5) Safe, welcoming and appropriate domestic violence policies, services and supports.

**Figure 1. Spheres of change: Primary intervention approaches**



### **6.3.1 Ending child maltreatment**

As discussed earlier in this paper, there is an extensive body of literature that connects child maltreatment with violence perpetration and victimization later in life, and various other negative impacts to the health and well-being of women, children and men. In 2014, Shift released *“Preventing child maltreatment: A critical strategy for stopping intimate partner violence in the next generation”* (Cooper & Wells, 2014). This paper illustrates how childhood exposure to domestic violence increases the risk for perpetration and victimization later in life (Public Health Agency of Canada, 2010; WHO, 2013) and suggests various recommendations to stop the transmission of violence in the next generation. Key violence prevention strategies must include work with parents to stop early stigmatization of gender and sexually diverse children and youth, and prevent forced gender and sexual orientation conformity within family settings. Homophobia, transphobia, and other related forms of discrimination should be defined within the context of psychological abuse and trauma (Gentlewarrior & Fountain, 2009).

### **6.3.2 Safe and supportive educational experiences**

Policies, practices and community-led initiatives that work to create safe and supportive educational experiences for GSD children and youth are key violence prevention strategies. These include the promotion of safe school environments free from stigma, harassment,

assault, homophobia, and other forms of violence. Canadian research by Egale Canada (2011) highlights the benefits of protective school policies that make specific reference to GSD rights and protections. For example, students who report having a Gay Straight Alliance [GSA] within their schools express a greater sense of support and are more likely to be open with others regarding their gender and sexual orientation. GSAs were originally established in 1998 in the United States, with multiple groups now running in Canadian schools (Egale Canada, 2011; GSA Network, 2009). GSAs work to create school environments free from violence and harassment, and provide awareness and education on issues related to gender identity, homophobia, and healthy relationships (GSA Network, 2009).

While GSAs are primarily student-led and supported by adult staff within the school environment, Canadian provinces are beginning to implement legislation that compels all individual schools to accept GSAs within their environments, if these are requested by students. Examples of this legislation are Manitoba's Public Schools Amendment Act: Safe and Inclusive Schools (Bill 18, 2012) and Ontario's Accepting Schools Act (Bill 13, 2012). Unfortunately, similar legislation was defeated in the Legislative Assembly of Alberta on April 7, 2014 and again in November 2014 through a private members Bill.

On a positive note, in 2005, the Alberta Teachers' Association (ATA) adopted a policy in support of GSAs with the intention of creating safer school environments (ATA, 2010). The ATA website contains a number of resources, including a teacher's guide to establishing a GSA. While GSAs are a key strategy for violence prevention, a more holistic approach would include protective policies, training for teachers and other supports *in addition to* GSAs.

### ***6.3.3 Societal rejection of heterosexism and traditional gender roles***

In order to prevent early stigmatization and create safe and supportive experiences and environments for gender and sexually diverse children and youth, Albertans and all Canadians must reject and eliminate heterosexism and homo/bi/transphobia. Traditional gender roles and social norms that are limiting and detrimental to children, youth, and adults should be exchanged for more fluid and diverse interpretations of gender and sexuality.

Leadership and progressive legislation and policy changes are required to transform restrictive social norms that promote heterosexism and rigid gender roles. This leadership was demonstrated in 2008, when the Québec Ministry of Justice committed to engage in the struggle against homophobia. The initiative, *Québec Pour Tous* (Québec for Everyone), includes policy, social media, programming and resources that focus on shifting social norms and promoting an inclusive and accepting society for LGBT persons (Gouvernement de Québec, n.d.)

At the municipal level, the City of Saskatoon's "Pink Revolution Week in Saskatchewan is an example of a municipal initiative to change social norms. Pink Revolution encourages people

in schools, workplaces and in the community to wear pink to “spread the message that bullying, violence and discrimination motivated by sexism, racism, ethnocentrism, heterosexism, ableism, ageism, and classism are not acceptable” (Avenue Community Centre, 2013, para. 2).

#### ***6.3.4 Full human rights and protections for GSD communities***

In Canada, and anywhere around the world, human rights and protections should not be extended or withheld based on gender and sexual orientation. Practices/services and social norms that promote full rights and protections for GSD communities will reduce isolation, stigma and the invisibility of GSD intimate partner relationships. Full rights and protections will provide GSD persons with a greater capacity to build healthy self-concepts and strong social foundations, which this report argues are protective factors against domestic violence.

In Canada, social movements for the equality rights of GSD communities have resulted in increasingly progressive policy and legislation. Earlier, this paper touched upon some important Canadian legal advances, including marriage equality rights for same-sex couples, and provincial legislation in Ontario and Manitoba that supports student-initiated GSAs. One area of legislative change that is currently undergoing a second reading at the Senate level is Bill C-279 (2013), the “gender identity act.” Should this Bill be ratified into law, it would guarantee that the rights of Canada’s transgender communities are enshrined within the Canadian Human Rights and Criminal Codes (Egale Canada, 2012). Currently, these communities are neither recognized nor protected by human rights legislation at the federal level.

#### ***6.3.5 Safe, welcoming and appropriate domestic violence services***

There is a compelling argument to support the establishment of safe, welcoming, and appropriate domestic violence services for gender and sexual diverse communities (Ristock, 2002, 2011; Walters, 2009). Ristock (2002) conducted 80 interviews with service providers who address domestic violence in lesbian relationships in six Canadian cities (Vancouver, Calgary, Winnipeg, Toronto, London and Halifax). These respondents identified a number of barriers to accessing formal services, and concluded that there is “the need to deconstruct, revise, and expand our understanding of concepts such as “victim” if women are to truly get the support and services they need” (p. 101). In another book, Ristock (2011) describes various initiatives that were developed in different parts of the world to address domestic violence in same-sex relationships, emphasizing the ethical challenges of responding to this issue. In Calgary, a mixed methods study with gender and sexually diverse persons (Ayala et al., 2009) indicated that a growing number of organizations are providing services to GSD communities. However, as this report shows, there is a need for further supports, including both general and specialized services and a ‘community hub.’ Although participants in Ayala’s

study recognized gains in progressive policy implementation and a decrease in social stigma, they noted that institutional and social barriers were still significant.

Legislative changes in the United States demonstrate a growing need for a progressive response to the history of exclusion of gender and sexually diverse persons from domestic violence services. For example, in February 2012, the Violence Against Women Reauthorization Act ([VAWA], 2013) was approved by the US Senate, which purports to enhance and strengthen the existing Violence Against Women Act. Among the changes is the inclusion of stated protections of LGBT victims of domestic violence – in particular, a statement that prohibits programs that receive government grants from discriminating against victims based on their gender identity or sexual orientation (VAWA, 2013). The National Network to End Domestic Violence (2013) applauded this change, stating that, “VAWA 2013 prohibits such discrimination to ensure that all victims of violence have access to the same services and protection to overcome trauma and find safety” (para. 4).

## 7.0 Recommendations

The following section draws on the findings of this report to provide recommendations specific to the Government of Alberta.

**Develop legislation that addresses stigmatization and discrimination:** Amend the Child, Youth and Family Enhancement Act to include early stigmatization and forced gender and sexual orientation conformance as forms of child maltreatment.

**Build capacity among parents and professionals:** Ensure that all relevant training programs, including parenting programs and training provided to child welfare, health and education professionals who work with children and youth is designed to build knowledge and skills about: 1) GSD communities, 2) impacts of heterosexism and homo/bi/transphobia on GSD communities, and 3) the importance of positive discipline techniques and the negative enduring impacts of corporal punishment on child development.

**Implement a social media campaign:** Implement a campaign that addresses stigma and discrimination, normalizes gender and sexual diversity within mainstream communities, and provides information and resources to assist parents, guardians and other adult role-models to provide supportive responses and assistance to GSD children and youth within their care.

**Ensure that all children receive evidence-based sexual education:** Repeal s. 11.1 of the Alberta Human Rights Act, which allows parents to remove their children from educational programming that deals with religion, human sexuality, or sexual orientation.

**Increase GSAs in this province:** A GSA policy directive from the Ministry of Education would help to create school environments free from violence and harassment across Alberta, and

provide awareness and education on issues related to gender identity, homophobia, and healthy relationships (GSA Network, 2009).

**Address homo/bi/transphobia bullying and harassment in schools:** Ensure the GOA’s new Bullying Strategy targets the eradication of homo/bi/transphobia bullying and harassment within schools and the community. This would include providing specific definitions, staff and student training, and data collection focused on homo/bi/transphobic bullying as well as measuring the impact of prevention efforts.

**Increase funding for violence-prevention initiatives related to GSD youth:** Increase funding to programs for children and youth that address violence through an anti-discrimination and anti-oppression lens, which include a focus on gender and sexually diverse children and youth. There are emerging examples of progressive programming within Alberta that focus on violence prevention by targeting forms of violence, bullying and harassment that are based on oppressive social norms. WiseGuyz<sup>6</sup> (Calgary Sexual Health Centre), Camp fYrefly<sup>7</sup> (Institute for Sexual Minority Studies and Services), and the new “Safe Schools, Safe Communities” Graduate Certificate Program at the University of Calgary are three examples.

**Provide GSD-friendly services and supports:** Ensure current investments in domestic violence services across Alberta reflect the needs and solutions identified by gender and sexually diverse communities. The GOA can review all relevant contracts with service delivery agents to ensure this population is being served across the prevention continuum and lifespan.

**Invest in more research.** Better understanding of both the personal experiences and the structures and systems that oppress the GSD community is critical to building and supporting healthy intimate partner relationships. The GOA should support academic, community and government partnerships to advance a collective research agenda to influence policy and practices.

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<sup>6</sup> The Calgary Sexual Health Centre’s WiseGuyz program supports young men aged 11 to 15 to achieve healthy relationships and sexual well-being. This 14-week program includes skill development, targeted education, and support. The program employs a comprehensive approach to sexual health that recognizes that sexuality and male gender norms influence young men’s attitudes, actions, relationships and their sexual experiences (Calgary Sexual Health Centre, 2012).

<sup>7</sup> Camp fYrefly is a Canadian leadership program for lesbian, gay, bisexual, trans-identified, two-spirited, intersexed, queer, questioning, and allied youth. The peer, near-peer, and adult support and mentorship approach encourages youth to develop “leadership skills and personal resiliency necessary for them to become agents for positive change in their schools, families, and communities” (Institute for Sexual Minority Studies and Services, Welcome to Camp fYrefly, 2014a, para. 1).

## Glossary

### Ally

“An ‘ally’ can be defined as a person ‘who works to end oppression in his or her personal and professional life through the support of, and as an advocate with and for, an oppressed population’ (Washington & Evans, 1991, p. 95)” (cited in Worthen, 2011, p. 332).

### Biphobia

“The negative attitudes, prejudices and stereotypes that exist about people whose sexual attraction to others cannot be contained fully within the categories gay or lesbian or heterosexual” (Ristock & Timbang, 2005, Appendix A, para. 3).

**Gender and sexually diverse people** “are those persons who constitute a minority population due to differences in their sexual orientations and/or gender identities. Groups characterized as sexual minorities across sex, sexual and gender differences include lesbians, gay men, bisexuals, transsexuals, intersexuals, transgendered, and Two Spirit Aboriginals. Section 15 of the Canadian Charter of Rights and Freedoms protects sexual minorities against discrimination in Canadian culture and society” (Institute for Sexual Minority Studies & Services, 2010).

### Gender Norms

“Gender is not a synonym for sex. It refers to the widely shared expectations and norms with in a society about appropriate male and female behavior, characteristics, and roles. It is a social and cultural construct that differentiates women from men and defines the ways in which women and men interact with each other. Gender is a culture-specific construct – there are significant differences in what women and men can or cannot do in one culture as compared to another. But what is fairly consistent across cultures is that there is always a distinct difference between women’s and men’s roles, access to productive resources, and decision-making authority” (Gupta, 2000, p. 1).

### Heterocentric

“A heterocentric norm is one that takes the attributes of heterosexual members of a larger group to be both descriptive and prescriptive for all members of that group. Regarding the operations of norms as descriptions, Kahneman and Miller (1986) describe *category norms* as cognitive representations that are instantiated by exemplars drawn from the most typical subgroups of those categories. As Hegarty and Pratto (2001) have shown, the characteristics of heterosexuals are used to instantiate more general categories in this way. Several other researchers have also noted that the attributes of heterosexuals are also often prescribed for all (cf. Bricknell, 2000; Phelan, 2001; Richardson & May, 1999; Valentine, 1993; Warner, 1999)” (cited in Hegarty, Pratto, & Lemieux, 2004, p. 120).

### **Heteronormativity**

“Heteronormativity has been defined as ‘the view that institutionalized heterosexuality constitutes the standard for legitimate and expected social and sexual relations’ (Ingraham, 1999, p. 17). Whereas homophobia and homonegativity consist of prejudiced attitudes toward sexual minorities (Herek, 1988), heteronormativity is an internalized set of expectations about gender and sexuality. Indeed, heteronormative assumptions are those that view heterosexuality as natural, inevitable, and desirable (Kitzinger, 2005)” (cited in Montgomery & Stewart, 2012, pp. 163-164).

### **Heterosexism**

“The assumption that everyone is heterosexual and that heterosexual relationships are natural, normal and worthy of support. These assumptions are systemic and institutionalized” (Ristock & Timbang, 2005, Appendix A, para. 8).

### **Homophobia**

“The negative attitudes, stereotypes and prejudices that still exist in society about individuals who are not heterosexual. It is most often directed at individuals who are gay or lesbian or thought to be gay or lesbian” (Ristock & Timbang, 2005, Appendix A, para. 10).

### **LGBTTIQQ2SA\***

These communities include lesbian, gay, bisexual, transsexual, transgender, intersex, queer/questioning, 2-spirited (“T” acronym also utilized), asexual and allies. The asterisk denotes evolving perspectives on identities, definitions, and terminology that comprise these communities. Common references to these communities include LGBT and LGBTQ (Lamoureux & Joseph, 2014).

### **Primary Prevention**

Primary prevention in this context means reducing the number of new instances of family violence by intervening before any violence has occurred. Primary prevention “relies on identification of the underlying, or ‘upstream,’ risk and protective factors for intimate-partner violence and/or sexual violence, and action to address those factors” (Harvey, Garcia-Moreno & Butchart, 2007, p. 5).

### **Queer**

“A formerly derogative term that has been reclaimed in a positive way to reflect the diversity and breadth of sexual and gender identities. This can include transgender, intersex and questioning people as well as people who consider themselves heterosexual and engage in same-sex sex even though they do not identify as bisexual or gay” (Ristock & Timbang, 2005, Appendix A, para. 15).

**Secondary Prevention**

Secondary prevention attempts to detect situations where violence is already occurring, but doing so earlier than it might otherwise have been identified (Moloughney, 2007). Generally, this includes immediate responses to violence, such as pre-hospital care or emergency services, as well as efforts to prevent further acts from occurring once violence has been identified (Harvey et al., 2007; WHO, 2010). Secondary prevention is often referred to as “early intervention.”

**Tertiary Prevention**

Tertiary prevention involves providing support and treatment to those already impacted by DV and SV, as well as interventions to reduce the impact of violence once it has been reported. For victims, this includes such strategies as counselling and health care responses while for the perpetrators it includes offender programs and other judicial responses (Moloughney, 2007). The focus here is on reducing the harmful consequences of an act of violence after it has occurred, as well as approaches that focus on the long-term care in the wake of violence, e.g., rehabilitation and reintegration (Harvey et al., 2007; WHO, 2010).

**Transgender**

“A person who feels their gender identity does not match their biological sex and/or who feels the gender they were assigned at birth does not match the gender with which they identify. The term transgender is used in many different ways. Other possibilities include people who perform genders or deliberately play with/on gender as well as being gender-variant in other ways. “MtF” (male-to-female, masculine-to-feminine) and “FtM” (female-to-male, feminine-to-masculine) are two of the common ways trans people describe themselves” (Ristock & Timbang, 2005, Appendix A, para. 16).

**Transphobia**

“The negative attitudes, stereotypes and prejudices that exist about individuals whose gender identity does not conform with the gender traditionally assigned to their biological sex” (Ristock & Timbang, 2005, Appendix A, para. 17).

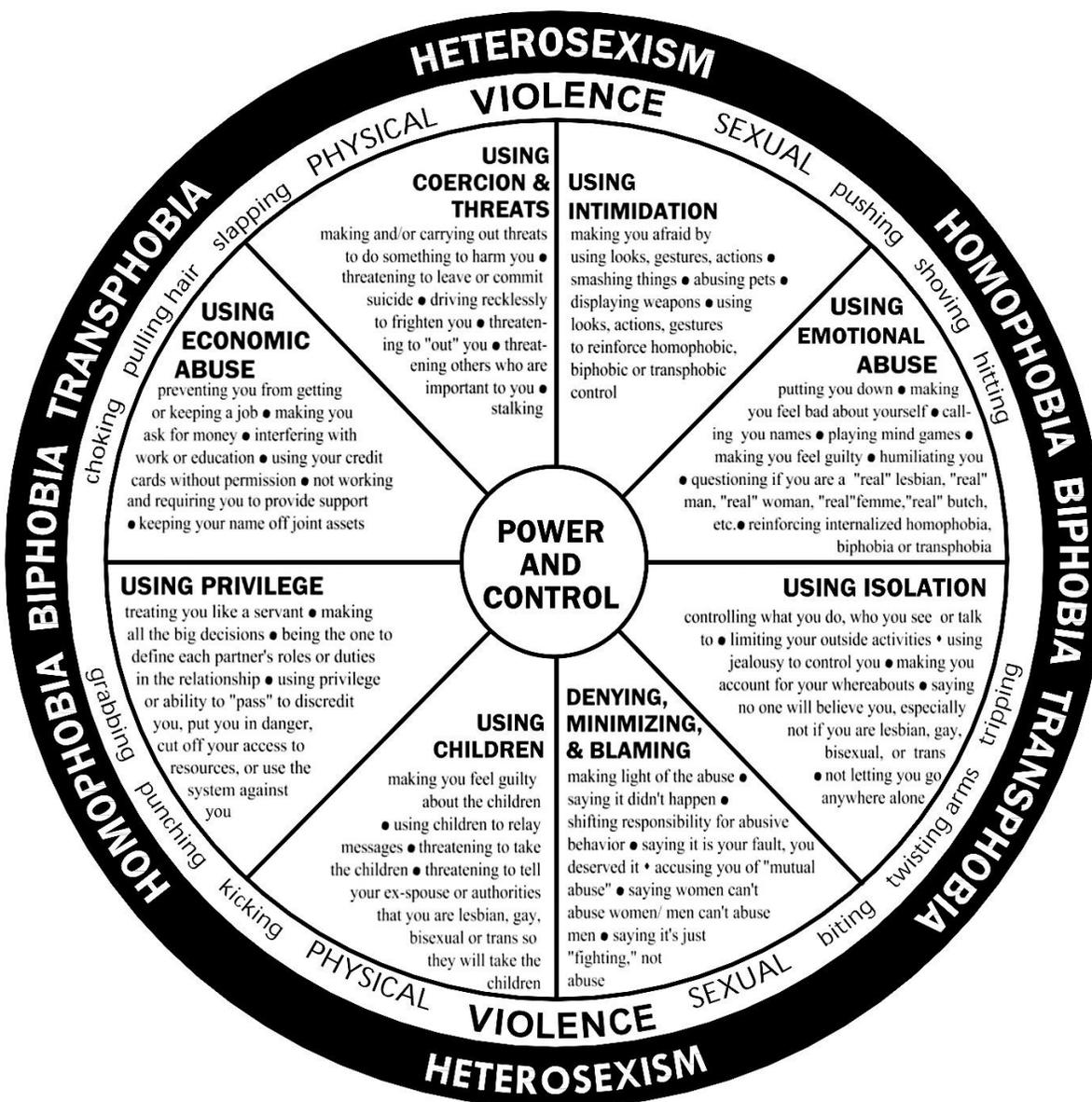
**Transsexual**

“A subgroup of transgender individuals who believe they were born as the wrong gender and engage in behavior related to the gender opposite of their birth. Some transsexual individuals may choose sexual reassignment surgery to align their biological sex with their gender identity” (Goodrich, 2012, p. 215).

**Two-Spirited**

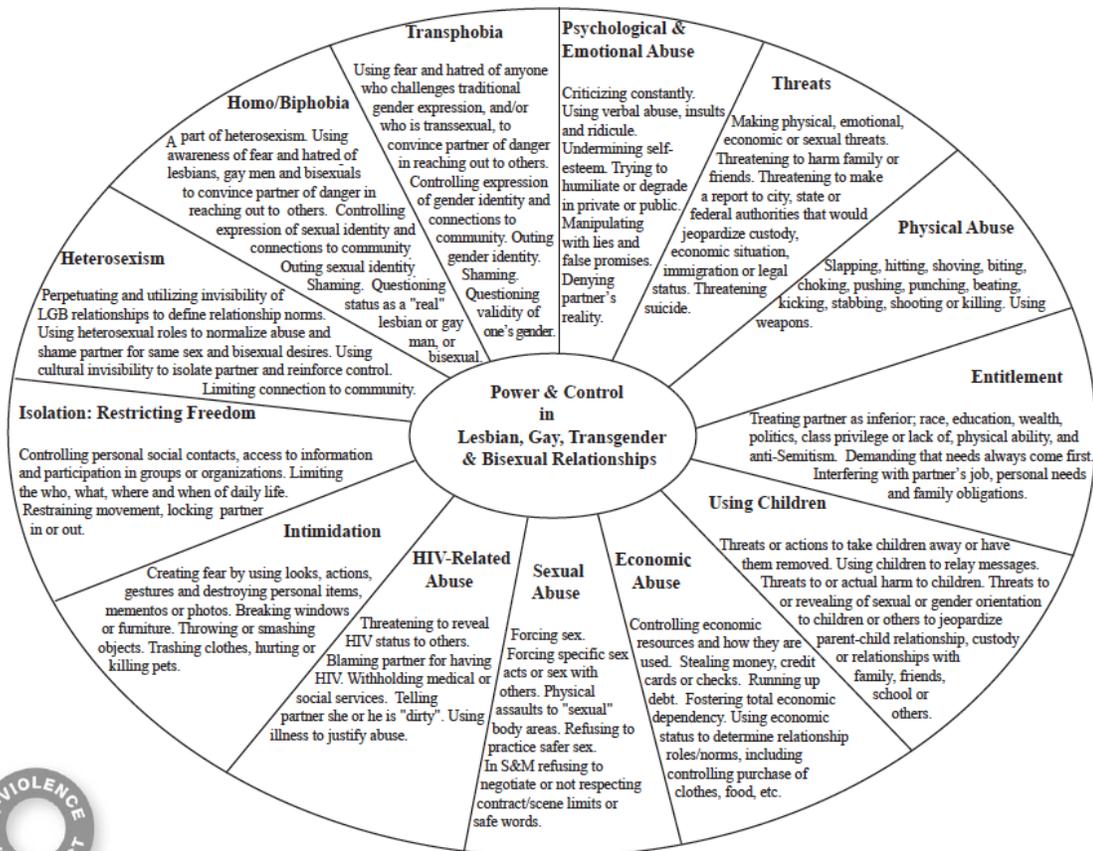
“A term used by some North American tribes where non-standard gender systems exist. Thus, in some aboriginal groups, men/boys are permitted to assume roles and behaviours typically restricted to women/girls and vice versa” (Hill, 2007, p. 177).

Appendix A. Power and control wheel for lesbian, gay, bisexual and trans relationships



Source: Roe and Jagodinsky, n.d.

## Appendix B. Power and control in lesbian, gay, transgender and bisexual relationships



Building Safer Communities for Lesbian, Gay, Transgender, Bisexual and HIV-Affected New Yorkers  
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**SHIFT TO STOP  
VIOLENCE  
BEFORE IT STARTS**



Initiated by The Brenda Stafford Chair in the Prevention of Domestic Violence