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Understanding and preventing domestic violence in the lives of gender and sexually diverse persons

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A climate of structural violence, built on heteronormativity, heterosexism and sexual stigma shapes the lives of gender and sexually diverse (GSD) persons. This reality creates the social conditions within which interpersonal and intimate partner relationships are established, and within which domestic violence can occur. This article argues that a climate of structural violence against GSD persons creates specific risk factors for domestic violence victimization and unique barriers to receiving safe, appropriate and accessible services and supports act as obstacles to healthy intimate relationships. We purport that GSD persons experience additional risk factors such as heteronormativity, heterosexism, sexual stigma; traditional gender and sexuality norms; early stigma and homophobic harassment; social exclusion and isolation; and lack of appropriate domestic violence prevention services and supports which enhance the risk for domestic violence within GSD intimate relationships and limits the potential of prevention efforts. They emphasize that domestic violence will not be eradicated using a solely heteronormative interventionist approach and that the inclusion of a primary prevention approach that takes account of these additional risk factors is necessary to stop the violence before it starts.

KEY WORDS: Domestic violence, gender and sexually diverse, prevention, risk factors stigma

Heteronormativity, heterosexism and sexual stigma influence the lives of gender and sexually diverse (GSD) persons. These contribute to a climate of structural violence, which establishes and (re)produces hierarchical relations and systems (Iadicola & Shupe, 2013) that negatively impact GSD communities in economic, legal, cultural and social spaces of society (Logie & Gibson, 2013). Structural violence theory conceptualizes the multiple levels (micro to macro), types (direct, indirect) and actors (individual, institutional) involved in producing violence against marginalized and oppressed communities (Farmer, 2004). Within this often hostile environment, interpersonal and intimate partner relationships are established, and at times domestic violence (DV) occurs.

Domestic violence 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. 12). Beyond the scope of individual actions and behaviours, DV is a "multi-factoral social syndrome" (p. 12) that exists within multi-level hierarchies and result in myriad challenges (p. 13). DV transcends class, race, ethno-cultural background, gender and sexual orientation (Fong, 2010; Smith, 2004). For the past four decades, male-perpetrated domestic violence against women (VAW) has gained increasing recognition as a serious social concern, and a violation of human rights (Krug, 2002; United Nations [UN], 1995, 2008). Although 27 countries have released VAW prevention plans, current efforts have been insufficient in stopping this violence (UN, 2014). Researchers have noted, however, that many national government VAW prevention plans do not prioritize or reflect an understanding of DV within GSD communities (Canadian Women's Health Network [CWHN], 2012; Simpson & Helfrich, 2005; Walters, 2009). A review of national, state and provincial domestic violence plans in the "Global North" (N = 101) uncovered only one national plan, advanced by Sweden, that included domestic violence in GSD communities (Wells, Forman, Aspenlieder, & Esina, 2014). Ristock (2011) observes, "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 [GSD individuals]" (p. 2). This exclusion is indicative of heterosexism on a global scale, which includes the social processes and power structures that normalize heterosexuality and result in the invisibility of GSD persons and relationships (Hyman, 2008; Rubin, 1994).

The identified gap in VAW government prevention plans was the impetus for this research. The overall goal of the study was to advance primary prevention research to influence Canada's government prevention policies and practices. Based on this goal, the objectives of the research were two-fold: 1) to understand the key risk factors for domestic violence within GSD communities through a lifespan approach, and 2) to develop recommendations for policy, practice and research that could build resilience and reduce the identified risk factors, with the objective of preventing domestic violence within GSD communities before it occurs.

We suggest that a complex interrogation of structural violence as experienced through the lifecycle of GSD persons is absent from domestic violence literature. Diverse and often separate disciplines focus on specific phases or chronologies in the lifespan wherein stigma, micro-aggressions, and social exclusion of GSD persons are apparent and negatively impactful (school-aged, as an example). The researchers sought to uncover within multiple bodies of knowledge the intersections between life stages and sexual stigma with the objective of informing domestic violence prevention efforts. In this article, we provide a brief overview of DV in GSD communities, and discuss five specific DV risk factors identified through our research. As this research is exploratory, we discuss the implications of our suggested risk factors, focusing on the need for further study.

For the purpose of this study, we refer to the study population by the expression gender and sexually diverse (GSD) rather than the more common moniker of lesbian, gay, bisexual, transgender, queer, intersex (LGBTI, LGBTQ or LGBT). Identities and concepts related to gender and sexuality are increasingly diverse, contesting narrow categories and groupings. It is our view that GSD is more inclusive of the varied gender and sexual identities that can be claimed across contexts and cultures. While GSD may not resonate with one or any particular community, the intent of its usage is to avoid exclusion rather than to claim inclusion of concepts, identities or populations. Within the multi-layered continuum of GSD, discussions with particular and evolving self-selected communities of people can occur without the limitations inherent in existing acronyms. This term is used both internationally by the United Nations (Cáceres, Pecheny, Frasca, Raupp Rios, & Pocahy, 2009) and within certain governments (Arnold & Peuter, 2007) and community-based settings (Calgary Outlink Centre for Gender and Sexuality Diversity, 2015) within North America.

METHOD

This study was guided by structural violence theory, anti-oppressive theory and social-ecological theory. Anti-oppression theory exposes how various forms of oppression (such as sexism, heterosexism, genderism, etc.) operate, and recognizes that fundamental changes are necessary in social systems and structures that maintain the marginalization and oppression

of targeted people and groups (Baines, 2011; Brown & Strega, 2005; Strier, 2007).

A socio-ecological approach accounts for the impact of stigma, discrimination and microaggressions experienced throughout the lifespan at multiple levels (see, for instance, Bronfenbrenner, 1979; Heise, 1998; World Health Organization [WHO], 2013). Combined, these theoretical lenses provided the guidance to explore and contextualize identified risk factors for domestic violence within GSD communities.

Based on the paucity of primary-prevention knowledge directly focused on DV and GSD communities, we identified the need to delve into multiple bodies of literature related to structural violence, stigma, school-based harassment/violence legislative/judicial, and social exclusion. Our intent was to use a structural violence analysis to examine how these often separate areas of literature and experience might be potentially connected to help us construct a macro view of the issue that could inform researchers, policy makers, and practitioners.

A search of peer reviewed and grey literature was conducted to identify, retrieve, select and analyze the existing bodies of literature for this study. An objective of the review was to develop a foundational database (Brien, Lorenzetti, Lewis, Kennedy, & Ghali, 2010, p. 2) from which to explore and identify DV risk factors relevant to GSD communities. The research team focused on literature from North America and countries with comparable socio-demographic and legislative contexts to Canada. Peer-reviewed literature was obtained through a search of seven academic databases: Family Studies Abstracts, LGBT Life, PscyhInfo, Psychology and Behavioural Sciences, SocIndex, Social Services Abstracts and Social Work Abstracts. An eighth database, Canadian Public Policy Index was initially included but later replaced with targeted searches of government websites, which yielded more data related to GSD persons. The research team also conducted internet searches to identify and obtain local studies, national and international reports, primary prevention initiatives and other grey literature to augment the findings from the academic literature. A keywords search was employed using combinations of the following: "abuse," "bisexual," "domestic violence," "exclusion," "gay," "gender diversity," "gender minority," "intersex," "intimate partner violence," "lesbian," "LGBT/Q," "primary prevention," "queer," "risk," "sexual diversity," "sexual minority," "sexual stigma," "structural violence," "transgender," "two (2) spirited," and "transgender." The search strategy resulted in the identification of 207 works and the selection of 200 for this review after duplications were removed.

The research team applied qualitative thematic analysis (Guest, 2012) to manually review, analyze and code the selected data sources. To situate the research within the context of primary prevention, two pre-existing or pre-defined categories were established (Patton, 2002): (a) nature and prevalence of domestic violence in GSD communities, and (b) risk factors. A life-span approach was adopted as a framework for open-coding as the data was categorized into life stages such as early childhood, school-age etc., using a socio-ecological (individual to systems) analysis through the lens of structural

violence. From this point, "analytical codes" (Merriam, 2009, p.178) centralized specific concepts that emerged through the analysis process (for instance, early stigma related to GSD children and youth). Open and analytical coding were constructed by the lead and second researcher, followed by a process of team discussions and further review of the obtained literature.

As the study was exploratory and the primary prevention literature limited, perpetration and victimization risk factors were not differentiated at this juncture. The lead author worked closely with the research team to search, review and select the data for the study. All research team members were involved in the synthesis of the selected data and the writing of the article.

Trustworthiness was enhanced using a two-phase consultation exercise (Oliver, 2001) to validate the research findings. The draft article was initially reviewed by two key sources: one academic expert and one leader of a key organization that works with GSD communities; recommended revisions were addressed. The second phase of consultation entailed a series of community feedback sessions with 81 participants, including members from the GSD community along with 67 distinct organizations (NGOs, health, education, etc.), in six Canadian cities located in the province of Alberta, Canada. The proposed risk factors resonated with community leaders, policy-makers (education, health, etc.) and practitioners, along with those who identified as GSD and those who specifically serve GSD clients in domestic violence prevention organizations.

RESULTS

Overview of the Results

Two hundred literature sources were selected for this review. These included 81 peer-reviewed articles, 24 books and book chapters, 65 reports including statistical data, 6 legislative documents, 20 websites and online news materials, two doctoral dissertations and two professional manuals. This literature excludes the 27 VAW national plans that were assessed at the onset of the study to establish the need for this review. The selected literature included works centred on specific or multiple communities within the GSD spectrum. The study findings demonstrate that the majority of literature in the area of GSD domestic violence centers on secondary and tertiary prevention, which targets at-risk groups or those who have already experienced domestic violence. The dearth of knowledge related to primary prevention suggests that more research, services and policies are needed to better understand specific risk and protective factors for domestic violence in GSD communities. The research team used a detailed coding process, discussed in the methodology section, with the selected literature to identify five possible risk factors for experiencing domestic violence. We drew initial intersections between the suggested risk factors, discussed below, and

DV. These identified risks lay a foundation for further exploration and discussion on the relationship between the GSD-identified risk factors and general risk factors, in view of understanding domestic violence in GSD communities.

Five Risk Factors

Research indicates that many risk factors for DV are similar in both GSD and heterosexual intimate partnerships (Ristock & Timbang, 2005; Roe & Jagodinsky, n.d.). For example, childhood abuse and exposure to domestic violence, gender norms, parental mental illness, and substance misuse have been identified as general risk factors (DeKeseredy & Dragiewicz, 2009; Whitfield, Anda, Dube, & Felitti, 2003; Wolfe & McIsaac, 2010). Specific to GSD communities, our research suggests that there are five additional DV risk factors: (1) heterosexism and sexual stigma, (2) traditional gender and sexuality norms, (3) early stigma and homophobic harassment, (4) social exclusion and isolation through the lifespan, and (5) lack of safe, accessible and appropriate domestic violence prevention services and supports. These suggested risk factors operate within a climate of structural violence. Coupled with general risk factors for domestic violence, our research suggests that these additional GSD-specific risk factors may increase the risk of experiencing domestic violence while limiting access to prevention and support services.

1. Heterosexism and sexual stigma. Heterosexism, the normalization of heterosexual sexualities and erasure of sexual diversity, works in tandem with sexual stigma, the devaluation of non-heterosexual identities and relationships, to pose multiple barriers for GSD communities (Mulé, 2008). A study entitled *NoHomophobes.com* exemplifies the normalization and acceptability of sexual stigma by documenting the use of homo/bi/transphobic language in Canada and around the English-speaking world. The research, launched in 2012 by the Institute for Sexual Minority Studies and Services (2016) at the University of Alberta, Canada, tracks the daily usage of homophobic language from Twitter. In a one week period, for instance, the project recorded approximately 31 thousand references to "faggot," 30 thousand tweets of "no homo" 15 thousand "so gay," and 13 thousand "dyke." These findings reveal the ubiquity of heterosexist and stigmatizing language within mainstream culture.

Of greater significance, heterosexism and sexual stigma impact a GSD 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). Heterosexism and sexual stigma create the context for homophobic harassment and bullying, which are experienced by GSD persons across the lifespan in multiple settings (National Coalition of Anti-Violence Programs [NCAVP], 2012).

Particular to intimate partnerships, Girshick (2002) advances that "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). Further, the normalization of heterosexuality and sexual stigmatization of GSD persons can create a climate of internalized devaluation or internalized stigma; this can manifest within the context of an abusive relationship as an abuser's self-hatred translates to contempt for oneself and an intimate partner (Greenberg, 2012; Simpson & Helfrich, 2005). A socio-ecological examination of heterosexism and sexual stigma, structurally embedded in various aspects of social interaction, led us to identify these as potential risk factors for DV in GSD communities.

2. Traditional gender and sexuality norms. Heteronormativity, heterosexism, and sexual stigma are deeply rooted in traditional gender and sexuality norms, which we propose are additional risk factors for domestic violence within GSD communities. Rigid and traditional interpretations of gender in the form of gender binaries are clear manifestations of heteronormativity. According to West and Zimmerman (1987), "doing gender" is ingrained in early childhood through an "interactional process of crafting gender identities that are then presumed to reflect and naturally derive from biology" (Schilt & Westbrook, 2009, p. 442). Rigid gender interpretations dictated by culture, history, family and community are, however, limiting and unattainable, and promote the exclusion of those who do not or choose not to fit within societally defined gender parameters (Katz, 1995; Kaufman, 2001).

For persons identifying as non-heterosexual or transgender, there is a perceived mismatch between the cultural demands of gender conformity and personal gender identity (Schilt & Westbrook, 2009). This mismatch is grounded in cisnormativity – social and structural reproduction of non-transgender (cisgender) persons as natural and normal – and often results in bullying and violence toward transgender and gender non-conforming persons (Schilt & Westbrook, 2009; Logie, James, Tharao, & Loutfy, 2012).

There is an emerging body of research on the negative impacts of inflexible gender and sex norms (Barker et al., 2007; Hutchins & Mikosza, 1998; Pulerwitz & Barker, 2008). Studies, focused on the effects of hegemonic masculinity on male identity and self-concept, make a connection between elevated levels of inequality and violence against women and GSD persons (Kaufman, 2001; Lund, Zimmerman, & Haddock, 2002; Tomsen & Mason, 2001; Wells et al., 2013). Sexism and homo/bi/transphobia can be viewed as "the common threads uniting violence against women, gays, lesbians, and transfolk" (Murphy, 2010, p. 103). Leblanc's (2006) study with men involved in violence prevention 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" (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).

Cisgender and transgender women and girls are also negatively impacted by traditional gender norms and gender-based expectations. Discrimination based on physical appearance or ability to reflect stereotypes of feminine beauty has multiple socio-economic impacts, shaping women's capacity to obtain employment and financial success (Young Women's Christian Association (YWCA), 2008). Family or domestic settings reflect yet another aspect of gender disparity, as exemplified by women's disproportionate responsibility for household tasks, children and family affairs (Statistics Canada, 2010).

Traditional gender and sexuality roles create rigid and exclusionary climates, which perpetuate the marginalization and stigmatization of GSD persons. A study involving 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, harassment, and mental distress. The targeting of gender non-conforming lesbians is also well documented, from psychological abuse to sexual violence (Logie & Rwigema, 2014; Meyer, 2003; Ristock, 2002, 2011). From a primary prevention lens, traditional gender and sexuality norms are problematic for both heterosexual and GSD communities because they promote oppressive gender-myths, enforce conformity, and entrench violence against nonconforming persons or groups. Recognizing the devastating impact of traditional gender and sexuality norms as building blocks for a climate of structural violence, our research suggests that these norms be highlighted as specific domestic violence risk factors for GSD communities.

3. Early stigma and homophobic harassment. The third suggested risk factor, early stigma and homophobic harassment of GSD individuals in families, communities and school settings is well-researched (Callaghan, 2007a; Goldstein, 2006; Meyer & Stader, 2009). Harassment of those who express gender non-conformity at an early age is prevalent (Jaffe & Hughes, 2008), yet progress to redress this social phenomenon has been limited. The Egale Canada Human Rights Trust [Egale] (2011) conducted a study between December 2007 and June 2009 with 3,700 youth in Canadian high schools that focused on school safety for GSD youth. The results revealed that 60% of GSD youth did not feel safe at school. One in five reported experiences of physical violence due to their gender or sexual orientation. Notably, we were unable to capture the experiences of students in Catholic schools due to the schools' refusal to participate, suggesting that safety issues for GSD youth in faith-based schools require further study (Callaghan, 2012).

Early stigma, homophobic harassment, and a lack of support from family, friends, schools and community can reinforce negative self-concepts, sometimes resulting in suicidal thoughts and higher rates of completed suicides (Ayala et al., 2009; Egale Canada, 2012; Keung, 2012). Of additional concern, the Center for Disease Control and Prevention's (CDC; 2012) 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. These findings underscore that the connection between bullying and sexual violence begins "in early middle school, where traditional bullying transforms into more gendered harassment and aggressive behaviours in the form of homophobic teasing and sexual harassment" (CDC, 2012, p. 3). Protections for lesbian, gay, bisexual and transgender rights across the lifespan – from childhood to older age – is an urgent and timely issue in the context of growing political movements in the United States that threaten lesbian, gay, bisexual and transgender people's safety and wellbeing. The Trump administration recently rescinded federal protections enacted by the Obama administration for transgender students (Trotta, 2017). There are also concerns that the Trump administration will exclude questions about sexual orientation and gender identity from the proposed 2017 National Survey of Older Americans Act Participants (NSOAAP) conducted by the Administration for Community Living (ACL) in the Department of Health and Human Services (Morabia, 2017).

Particular forms of stigma and harassment target specific GSD communities. For example, Trans Pulse research (Scanlon, Travers, Coleman, Bauer, & Boyce, 2010) reported that 34% of transgender Canadians experienced harassment or threats due to their gender identity, and that 20% had been sexually or physically assaulted. Egale Canada's (2011) study documented that 74% of transgender youth experience verbal harassment and 37% physical harassment or assault in school. Despite these extremely high rates of violence, to date, there have been no sentencing provisions for hate crimes related to gender identity in Canada (Egale Canada, 2013). Alarming victimization statistics and a lack of protective responses were catalysts for advocacy efforts to pass an amendment in the Canadian Human Rights Act and Criminal Code to include gender identity [Bill C-279] (Egale Canada, 2012).

Intersecting oppression – such as racism, homophobia and sexism – (Kanuha, 1990; Logie, James, Tharao & Loutfy, 2011; Logie, 2012; Taylor & Ristock, 2011) can exacerbate stigma and homophobic harassment, leading to an increased level of minority stress (Balsam, Molina, Beadnell, et al., 2011; Logie & Rwigema, 2014; Longman Marcellin, Scheim, Bauer, & Redman, 2013; Meyer, 2003; Ristock, Zoccole, & Potskin, 2011). Balsam and Szymanski's (2005) important study with lesbian and bisexual women in the US reported lower relationship quality and domestic violence perpetration and victimization were associated with minority stress (internalized homophobia, discrimination), and relationship quality mediated the associations between internalized homophobia and DV. Finneran and Stephenson's (2014) study of men who have sex with men (MSM) in the US found that minority stress (homophobic discrimination) was correlated with increased rates of both DV perpetration and victimization. They also highlighted that racist discrimination was associated with experiences of sexual violence among MSM who are also men of colour.

Hester and Donovan (2009) underscore the importance of an intersectionality lens that considers the heterogeneous experiences of GSD people due to inequalities of gender, sexuality, race, ethnicity, and class among others. This is corroborated by Douglas, Nuriddin, and Perry (2008) who argue that violence "cannot be uncoupled from other oppressive systems of control such as racial discrimination or heterosexism" (p. 117). Similarly, Kanuah (1990) maintains that the intersections of homophobia, sexism and racism further aggravate violence against lesbian women of colour, as well as experiences of racial discrimination. To highlight these points, Longman Marcellin et al. (2013) 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. Balsam et al. (2011) developed a LGBT People of Colour Microagressions Scale to assess racism in LGBT communities, heterosexism in racial/ethnic minority communities, and racism in dating and close relationships. This study found LGBT Relationship Racism was associated with internalized homonegativity, suggesting the need for additional research to explore the interplay between internalized homophobia, racism and DV in same-sex relationships.

Donovan and Hester's (2010) work shifts the focus to "practices of love" (p. 285) and situates domestically violent relationships in a context where people lack knowledge of what same-sex relationships might be like and models for same-sex love. The lack of experience with same-sex relationships and role models shapes vulnerability to experiencing DV in this framework. They also discuss perceptions of strengths that people may have of themselves in relation to their domestically violent partner, and how these perceptions may contribute to feeling responsible for the partner and the relationship (Donovan & Hester, 2010). Notions of loyalty, commitment and care within same sex relationships converge with the social construction of a 'heterosexual' domestic violence case; this convergence can obscure DV in same-sex relationships. Donovan and Hester (2010) also call into question the power and control framework undergirding much DV literature (see, for instance, The Duluth Model), highlighting the need to consider emotional abuse in lesbian relationships where the majority of participants did not consider themselves having experienced DV if they did not also experience physical/sexual abuse.

Early stigma and homophobic harassment in childhood and adolescence are forms of psychological, physical, and sexual abuse that are perpetrated within an environment of structural violence. Impacts can include social exclusion from family, school, and social networks, which can lead to substance abuse, eating disorders, youth homelessness and poverty, sexual violence victimization, and high rates of self-harm (Keung, 2012; Ristock and Timbang, 2005; Wells et al., 2012). The literature in this section makes the connection between stigma, minority stress and domestic violence. From

a lifespan approach, early stigma and homophobic harassment are placed on a continuum of devaluation that can have negative implications for a person's wellbeing and intimate relationships.

4. Social exclusion and isolation throughout the lifespan. The fourth risk factor, social exclusion and isolation throughout the lifespan, is produced by rigid gender and sexuality norms, early stigma and homophobic harassment, including multiple forms of violence perpetrated within the prism of heteronormativity, heterosexism, and sexual stigma reinforced by a society that (re)produces structural violence. Social exclusion refers to the "alienation or disenfranchisement that certain individuals or groups experience within society" (Cáceres et al., 2009, p. 3). A damaging, and in many instances deadly, history of social exclusion of GSD persons persists into the present day, underscoring what Mulé (2008) refers to as a disturbing historically held and stigmatizing portrayal of GSD people as "criminals, sinners, and/or sick" (para. 4). In 73 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 (Carroll, 2016). One of many current examples is in the Russian Chechen Republic where, according to the Russian investigative newspaper *Novaya Gazeta*, Chechen government authorities have captured more than 100 men on suspicion of being gay and detained them in secret prisons where they have been beaten and tortured, and at least four are alleged to have been killed (Sharman, 2017). For a world survey of state-sponsored homophobia, sexual orientation laws, criminalization, protection and recognition, see the 11th edition of the report on this matter prepared by the International Lesbian, Gay, Bisexual, Trans and Intersex Association and Aengus Carroll (2016).

Historical markers demonstrate an ongoing struggle for basic human rights and protections for GSD persons. Although this article focuses on North America, it is important not to conflate Canada and the United States with regards to historical and present-day efforts to de-marginalize GSD communities. Certainly, there are significant similarities between these counties given their geographical proximity, shared experiences, and overlapping histories. However, there are some important differences that affect gender and sexually diverse individuals that should be noted. Chief among them is that Canada established marriage equality across the country in 2005 while the United States achieved this milestone nationwide in 2015 (Senthorun, 2015). Same-sex relationships were legalized in Canada in 1969 (Rayside, 2008) and legislative protections adopted in 1987 for same-sex Canadians to ensure equal access to employment, goods and services (Nierobisz, Searl, & Theroux, 2008). In 1995, the Supreme Court of Canada found sexual orientation to be an "analogous" ground in considering discrimination for Section 15 of the Canadian Charter of Rights and Freedoms (Hurley, 2005). Another key judicial decision was the 2005 enactment of the Civil Marriage Act (Callaghan, 2007b; Rayside, 2008). In several American states, same-sex intimate partnerships remained illegal until the Supreme Court declared this as unconstitu-

tional in 2003 (Greenhouse, 2003). Greenberg (2012) further underscores that for transgender persons in particular, little progress has been made for human rights protections and policy, practice, and community norms continue to exclude transgender persons in the United States. For example, in the United States, legislation exists in several states requiring persons to use the bathroom of their sex assigned at birth, rather than their current gender identity.

Other laws governing the rights of gender and sexually diverse individuals differ between Canada and the United States. For example, Canada lifted its ban on lesbian, gay, bisexual, and transgender individuals serving openly in the Canadian Forces in 1992 while the United States lifted this ban on lesbian and gay military personnel only in 2011, leaving the ban on transgender individuals serving in the American military intact (Okros & Scott, 2014). Although the social context for GSD individuals is different in Canada and the United States, the social exclusion and isolation that these communities experience is similar in relation to domestic violence. As demonstrated in various sections of this article, social exclusion and enforced isolation of GSD persons occurs within family, community and public institutions (Ayala et al., 2009) in Canada and the United States, creating additional risk factors and multitude of negative consequences. Pervasive and present-day social exclusion and isolation throughout the lifespan was identified as a fourth risk factor for domestic violence in GSD communities. As discussed in more detail below, structural exclusion sets the context for isolation within the context of an intimate partnership, and in particular, the experience of intimate partner violence.

5. Lack of safe, accessible and appropriate services and supports. In many parts of Canada and similar socio-political contexts, women and their children are able to seek support from domestic violence shelters, the judicial system, crisis help lines, women's resource centres, and support groups designed to provide services and safety planning (Manitoba Association of Women's Shelters, 2011; Ontario Women's Directorate, 2014). Given that these crucial and well-used supports are insufficient to meet the multiple needs of women impacted by domestic violence, it follows that there is a notable lack of services to protect and assist GSD domestic violence survivors and perpetrators, including transgender and sexually diverse women (Alberta Health Services, 2011; CWHN, 2012; Hansen & Wells, 2015).

Multi-layered oppression related to heteronormativity entrenched within domestic violence theory, service delivery, training, and workplaces continue to marginalize GSD victims and perpetrators from needed policies, services and supports. Some examples include an absence of appropriate shelters and trained professionals that have the skills to work with victims and perpetrators of GSD domestic violence; exclusive language and entrenched female/male binary within theoretical models to understand domestic violence; and bias and discrimination from shelter staff and clients, including the exclusion of trans-women from women's shelters and risk assessments (Chan, 2005; Kimberly & Balsam, 2001; Ristock & Timbang, 2005).

The ongoing presence of these barriers was substantiated in a recent Canadian study (Hansen & Wells, 2015) with over 80 domestic violence service providers, social service practitioners, system leaders and GSD persons. We documented lack of capacity and personal comfort among service providers to deliver services to GSD persons experiencing domestic violence, and transgender individuals in particular. Specific barriers included an absence of language to define and discuss GSD domestic violence, a lack of outreach strategies and supportive policies as well as the presence of harmful myths, coupled with a need for further training (Hansen & Wells, 2015). For a GSD person seeking support and services, the possibility of being confronted with heterosexism and multiple service barriers can be a deterrent (Banks & Fedewa, 2012; Guadalupe-Diaz & Yglesias, 2013).

Further, 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 partners 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, seeking help could mean revealing information that they have not chosen to share in public forums (Walters, 2009).

Taking the necessary steps to create welcoming, safe, appropriate and anti-oppressive services for GSD persons experiencing and/or perpetrating domestic violence is imperative. The current legislative, community and service climate in North America is not only a barrier to domestic violence prevention it is an additional risk factor, as it fails to provide potential life-saving supports and services to victims of abuse and appropriate interventions to stop perpetrators from re-offending.

DISCUSSION

We contend that a climate of structural violence against GSD persons creates specific risk factors for domestic violence. These risk factors are heteronormativity, heterosexism, sexual stigma; traditional gender and sexuality norms; early stigma and homophobic harassment; social exclusion and isolation; and lack of appropriate domestic violence prevention services and supports. We suggest that these risk factors influence intimate partner relationships, and that a lack of awareness and support from practitioners may limit the potential of prevention efforts. We argue further that these specific risks function in tandem with general risk factors for DV, heightening the risk or exacerbating violence in GSD communities. Moreover, existing domestic violence theories, policies and practices that are grounded in a heterosexist paradigm are inadequate and exclusionary. We assert that efforts are needed to create policy and services that challenge heterosexism, sexual stigma and other forms of structural violence that negatively impact the lives and health of GSD individuals, families and communities.

From a primary prevention perspective, we maintain that the five risk factors proposed in this article contribute to a matrix of barriers that can impede GSD persons from experiencing healthy and socially accepted self-identities and develop healthy intimate partnerships. Our research suggests that these risk factors work in tandem with general risks to elevate the potential of domestic violence in GSD communities, and create additional barriers to prevention. GSD-specific risk factors function within a climate of structural violence, and should be addressed within individual/family, community, and institutional facets of society throughout the lifespan to lay the necessary groundwork to prevent violence within and against GSD communities. Although the identified risk factors explored in this study are not conclusive, they comprise a significant starting point to contextualize domestic violence in GSD communities, with a focus on North America. Elevated levels of violence against GSD persons, permeating all aspects of social and political life, and the pervasiveness of domestic violence within GSD communities necessitate an urgent and comprehensive response from researchers, governments and practitioners.

Implications

A key starting place to challenge structural violence is government action plans to prevent DV and VAW. Comprehensive government prevention plans should include socio-ecological targets, with the intent of dismantling structural violence at various developmental points throughout the lifespan (early childhood, school-age etc.). As suggested in this study, a focus on reducing the impact of the identified risk factors may contribute to the prevention of domestic violence within GSD communities. In addition, we encourage local communities to commit to parallel plans, specifically designed with and for GSD communities that challenge exclusive policies and practices along with a focus on reducing sexual stigma as a key primary prevention approach. A specific focus on anti-oppressive public education (see, for instance Equitable and Inclusive Schools[1]), respectful and welcoming learning environments and workplaces, and clear policy directives with accompanying accountability markers are suggested.

We suggest that researchers, policy makers and practitioners take the necessary steps to investigate, create and fund non-discriminatory, competent, welcoming, and safe services for GSD persons experiencing and/or perpetrating domestic violence. We contend that any such action must be paired with legislative and policy prevention initiatives that challenge heteronormativity and sexual stigma within structural/institutional spheres (e.g. health care, education, religion institutions), social/economic environments (e.g. communities, workplaces) and in family settings.

A final recommendation is to respond to the urgent need for researchers to further explore the five risk factors and

their relationship to reducing and preventing DV in GSD relationships. By centralizing a lifespan approach to uncovering the impact of structural violence on GSD persons and communities, a holistic and comprehensive violence prevention approach can then be applied. We further recommend that researchers move beyond focusing solely on peer-reviewed literature to incorporate policy documents, books, and online articles. This approach is being used increasingly across health disciplines.

Limitations

The intent of this study was to explore and articulate risk factors for domestic violence in GSD communities. A lifespan approach was required to assess several data sources across several study disciplines (e.g., child maltreatment, school-age violence) due to the paucity of primary prevention literature. The risk factors identified in this article were extrapolated from several bodies of knowledge and were examined in tandem with the objective of understanding the intersections sexual stigma; the identified risks demonstrate how structural violence is perpetuated through micro to macro systems/interactions through the lifecycle. Therefore, suggestions of linkages and associations between risk factors and domestic violence included in our framework are preliminary in nature; this study creates a foundation for further research to be conducted in diverse contexts to explore these suggested risks and delineate specific links to DV victimization or perpetration.

While the findings of this study may be relevant to other geographic regions that share similar socio-political frameworks as North America, we contend that this focus is a limitation of this study. This choice was made due to the multiple intents of this study, which included advancing academic knowledge and creating understanding of risk factors in GSD communities that could influence government policies on the prevention of domestic violence. Furthermore, this study does not provide a comprehensive intersectionality analysis, nor does it discuss domestic violence within particular communities (Aboriginal, transgender, etc.). These are important areas for future research to address.

NOTES

1 Toronto Canada's Equitable and Inclusive Schools Curriculum Resource Guide can be found at https://canadianvalues.ca/ICV/TDSB_Equity%20_%20InclusiveCurriculum_Seepage%2010%20_.pdf

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