A Review of the Literature on LGBTQ Individuals and Sexual Violence: Experience and Response

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INTRODUCTION:

This literature review gives a broad overview of the existing literature on lesbian, gay, bisexual, transgender and queer (LGBTQ) individuals and sexual violence. The focus of research on this topic has continually shifted, following changes in the ways that LGBTQ individuals' experiences of sexual violence are viewed and understood. This literature review will outline the conceptualizations of sexual violence against LGBTQ individuals, providing a context in which to understand the relevant literature. A statistical overview of prevalence and reported impacts will be presented for four different types of experiences of sexual violence. Each of these sections will also explore the unique societal context in which these experiences occur. The final portion of this literature review will describe a summary of some of the barriers to supports and services that LGBTQ survivors of sexual violence encounter, and provide recommendations for improved practices.

The personal context I bring to this literature review is that I am a trans-identified, queer feminist. This has shaped my analysis throughout this review and I hope, provided a unique perspective and way of presenting the literature.

For the purpose of this paper, it is useful to provide a brief description of the meaning I have given to some relevant terms. *Sexual violence* includes any form of sexual abuse including all versions of nonconsensual sexual contact, forcible and non-forcible rape, and sexual harassment. It is important to recognize the sexual aspects of verbal and physical violence and the complexities and interconnections of sexual violence within experiences. Complexities of verbal sexual harassment will be examined briefly in a section on sexual harassment. It is nearly impossible to separate aspects of sexual violence that are physical without creating divisions between specific acts. Studies use different definitions of sexual violence that include (or exclude) these various physical acts. It should be noted that this variation between definitions limits the comparisons that can be made between studies. Domestic violence and intimate partner violence are also included in this literature review, taking into account that often sexual abuse is a part of domestic violence (Pitt, 2000). In this case, I will also look at research on same-sex partners who may or may not identify as LGBT or Q.

The terms *lesbian*, *gay*, *bisexual*, *transgender*, and *queer* refer to sexual orientation and gender identities. The meaning of each is influenced by personal, cultural, historical and societal factors and they are defined uniquely by different individuals (Gentlewarrior, 2009). For a description of these self-identity words used in this review, refer to Table 1. I have chosen to use the acronym LGBTQ because the majority of research uses only these identity words. In fact, most research requires individuals to self-identify as lesbian, gay or bisexual, with only a handful of studies focusing on transgender individuals and even smaller number that includes individuals who identify as queer. In some cases, surveys will leave a blank space or an "Other" category, but often these surveys are not included in the analysis. Other studies use a series of questions about sexual preferences and sexual acts to place individuals in one of the categories they are using. I have included the word 'queer' in an attempt to broaden the impact of this literature review

since it a term that many young individuals are reclaiming as an identity. The current lack of space for individuals who identify with words not included in the acronym speaks to the need for researchers to rethink categorization of sexual orientation and gender identity and allow more room for self-identification.

Table 1: Description of LGBTQ

Term	Description
Lesbian	Women who prefer intimate and/or sexual connections primarily with other women
Gay men	Men who prefer intimate and/or sexual connections primarily with other men
Bisexual	Individuals who develop intimate and/or sexual connections with men and women, either serially or simultaneously
Transgender	An individual whose gender identity or expression differs from socially constructed gender definitions. This is often used as a 'catchall' term for gender variant people including transsexuals, cross-dressers, drag queens and kings, two spirits, androgynes and gender benders. 'Trans' is also used as a more inclusive term, recognizing distinctions between transsexual and transgender individuals (Wyss, 2004). Note – studies often use a limited definition of only transsexuals or self-identified transgender individuals
Queer	Queer has been a derogatory term for homosexual and is still used as such. It has been reclaimed by some LGBTQ activists and is often used as a more inclusive term for LGBTQ individuals, blurring lines of gender identity and sexual orientation.

(Gentlewarrior, 2009; Todahl, Linville, Wheeler & Gau, 2009)

Why is this literature review important?

Large scale research on sexual violence has mainly focused on violence perpetrated against women. In the 1993 national VAWS, 39% of adult women in Canada reported at least one experience of sexual assault since the age of 16 (Statistics Canada, 2006). It is important to recognize that the large majority of survivors of sexual assault are female and an overwhelming majority of perpetrators are male (Todahl et al., 2009). The purpose of this literature review is not to take attention away from violence against women, but rather to illustrate the importance of making space for, and including LGBTQ individuals' experiences in how we talk about, research, and address the broader issue of sexual violence. In large surveys about victimization (which includes sexual assault) and research that focuses more specifically on sexual violence, heterosexuality and normative gender have been generally assumed. This results in the erasure of LGBTQ individuals from research on sexual violence. According to the 2004 General Social Survey, the number of Canadians aged 18 years or older that identify as lesbian, gay or bisexual is just over 362,000 (Statistics Canada, 2004). This number is likely a large underestimate of the number LGBTQ-identified Canadians due to the age limit, the exclusion of trans-

identified individuals and the limitations of language categorization of sexual orientation. In the 2004 report on Sexual Orientation and Victimization, Statistics Canada also reported that victimization rates, including sexual assault, robbery and physical assault, were higher for LGB individuals than for heterosexual their counterparts (2004). Surveys using community samples confirm that LGBTQ individuals experience high rates of sexual assault. However they do not always support the finding that these rates are higher than for heterosexual individuals. For example, in Heidt, Marx and Gold's 2005 survey of LGB individuals close to 63% of participants had experienced some form of sexual assault during their lifespan, which is not significantly different from rates reported in heterosexual populations (2005). The range in the prevalence statistics in literature is extremely wide. For example, in a 1990 study of students at the Southern Illinois University, Duncan found that 12.6% of LGB women and 4.9% of LGB men reported experiences of sexual victimization (1990). From the limited research on transgender individuals, it is clear that violence, including sexual violence, is a significant issue for the transgender community. Forty-three percent of transgender participants in one study were victims of a violent crime and 75% reported that these crimes were motivated by either transphobia or homophobia (Xavier, 2000).

When considering the statistics in this literature review, it is important to recognize limitations in self-reporting and in rates gathered by service providers. Many male, female and transgender individuals do not report sexual assault and there are many factors to reporting, including social, personal, political and historical context. Taking this into account, it is clear that LGBTQ individuals experience sexual violence at alarming rates. This literature review responds by giving a voice to the experiences of LGBTQ individuals and providing ways to move towards better supporting LGBTQ survivors of sexual violence.

Framing the Literature: Historical, Political and Social Context

As previously mentioned, the experiences of LGBTQ individuals are often invisible in sexual violence research. Some of the causes for this include heterosexism, homophobia, biphobia and transphobia and cultural myths based on different conceptualizations of violence. (See Table 2 for a description of these terms.) These all have an impact on the themes in research on LGBTQ individuals and how this research is done. They also add layers to the experiences of sexual violence for LGBTQ individuals.

Table 2: A Description of heterosexism and the related -phobias

Term	Description
Heterosexism	This refers to the system by which heterosexuality is assumed to be the norm. It is the assumption that everyone is, or should be heterosexual and that heterosexuality is superior to any other sexual orientation.
Homophobia	The irrational fear or hatred of, aversion to, and discrimination against homosexuals or those assumed to be homosexual, and homosexuality or behaviors or beliefs that do not conform to rigid sex

	role stereotypes.
Biphobia	The irrational fear or hatred of bisexual individuals or those assumed to be bisexual.
Transphobia	The irrational fear or hatred of transgender individuals or those assumed to be transgender, and behaviors or beliefs connected to transgender culture.

To illustrate the impact on research, I will give a brief description of the flow that I observed in the research on LGBTQ individuals around sexual violence. During the late 1980s and early 1990s, there was a focus on determining a relationship between childhood sexual abuse and sexual identity (including sexual orientation and gender identity), and same-sex sexual assault in sex-segregated environments (Gill & Tutty, 1997). Other early literature focused on health correlates of LGB sexual assault, keeping research focused on HIV/AIDS and feeding negative stereotypes and homophobic attitudes towards LGB individuals. Literature involving these themes mainly involved male participants. Lesbian issues arose out of feminist movements in response to the silencing of lesbian women in activism and understandings of violence against women. Since then, many authors have critiqued the gender-based and power-based conceptualizations of violence that emerged in feminist movement(s). These understandings focused on male perpetrated violence against women and the root cause was seen as patriarchy and sexism (Girshick, 2002). Men were seen as perpetrators and biological theories that constructed men as aggressive and women as passive played a role in gendered understandings of power and control. It is important to continually expand our understandings of sexual violence to include sexual violence against and between LGBTQ individuals. To do this, we need to take into account many aspects of experiences, including sexual orientation, gender identity, and gender expression (as well as aspects such as race, class, ability, economics and family). This will help to address the cultural myths perpetuated by heteronormative and gender normative understandings of power, control and sexual violence, which all impact the experiences of LGBTQ individuals.

Types of LGBTQ Sexual Violence Experiences

Sexual Harassment

Statistical Overview

Little research focuses on LGBTQ experiences of sexual harassment. A limited number of studies on general sexual victimization included statistics of lifetime prevalence of sexual harassment (e.g. Morris & Balsam, 2003) and I located only one study that explicitly explored sexual harassment of lesbians in the workplace (Biaggo, 1997).Most research on sexual harassment concentrated on the experiences of LGBTQ individuals in

schools, therefore, this section will focus on the research pertaining to LGBTQ students' experiences of sexual harassment.

There is strong evidence that LGBTQ students experience more sexual harassment than their heterosexual peers and these experiences occur at extremely high frequencies (Fineran, 2002; Gentlewarrior, 2009; Egale, 2009). According to the 2006 American Association of University Women (AAUW) national survey, 73% of LGBT college students experience sexual harassment compared to 61% of their heterosexual and non-transgender peers (Gentlewarrior, 2009). The results of a survey done by the Gay, Lesbian, and Straight Education Network (GLSEN) in the U.S. support the finding that verbal and physical harassment and assault are major issues for LGBTQ students. A large majority of LGBTQ students reported experiences of verbal harassment because of their sexual orientation (86.2%) and/or gender expression (66.5%). Another important result from this survey was that the majority of students who had been harassed or assaulted did not report the incident(s) to school staff because they feared the situation would get worse or nothing would be done. The was shown to be a legitimate fear since almost a third of students who did report to school staff said that nothing was done (GLSEN, 2007). A Canadian study done by Egale had similar results. Six out of ten LGBTQ students who completed the survey said they had been verbally harassed about their sexual orientation. In addition to this, nine out of ten transgender students, six out of ten LGB students and three out of ten straight students reported being verbally harassed because of their gender expression.

Some studies specifically explore the experiences of sexual harassment for transgender-identified and genderqueer youth, such as the Transcience Longitudinal Research Survey. This study reported that almost one quarter of transgender-identified respondents had experienced sexual harassment (Gentlewarrior, 2009). Other studies report even higher rates of sexual violence and harassment of transgender high school youth. Wyss survey reports an 86% prevalence rate of sexual violence because of the participants' gender identity and 96% and 83% of participants in Sausa's research reported verbal and physical harassment, respectively (Stotzer, 2009; Sausa, 2005). An area for future research of LGBTQ experiences of sexual harassment is around how technology shapes students' experiences of sexual harassment. According to Egale's survey, one third of LGBTQ students experience harassment through text-messaging or on the internet. This indicates a need for continued attention to LGBTQ experiences of sexual harassment in schools, in addition to expanding research to experiences in the workplace.

Impact

It is clear that sexual harassment is a significant issue for LGBTQ youth in schools. The impact of these experiences ranges from difficulties at school (including moving schools, missing school and not performing as well in school) to mental health consequences such as depression, suicide attempts, loss of friends and an increased risk of homelessness (Human Rights Watch, 2001; GLSEN, 2007; Stotzer, 2009; Fineran 2002). Most literature briefly outlines these impacts in reference to LGBTQ students in general and does not investigate how sexual harassment affects and is experienced by lesbian, gay, bisexual or transgender youth in different ways. A few studies focus particularly on

transgender and genderqueer experiences, recognizing that often trans experiences are grouped within an umbrella of sexual minority experiences and in doing so, studies fail to address the difference between sexual orientation and gender identity (and gender expression) (Sausa, 2005; Wyss, 2004).

Experience

For LGBTQ individuals, verbal harassment often contains a particular sexual focus. Because they are seen to transgress gender and sexual norms, which are related through the institution of heterosexuality, LGBTQ individuals are frequently targeted with homophobic, biphobic or transphobic harassment that has a specific sexual nature. Fineran (2006) illustrates how it is important to include heterosexism in discussions of LGBTQ sexual harassment through a description of language used to demean boys who behave in stereotypical female ways. In school environments, this includes phrases such as "quit acting like a girl" or "you cry (run, hit, look etc.) like a girl or an old lady" (Fineran & Bolen, 2006). For LGBQ individuals, we can see that sexual harassment occurs at the intersection of heterosexism and the related phobias by considering the derogatory names such as "faggot", "fairy", "sissy" and "dyke". These terms are used in a way that 'genders' sexual orientation, denigrates LGBQ individuals and enforces conformity to gender stereotypes for both girls and boys (Fineran & Bolen, 2006). The requirement of conformity to gender rules also has a significant impact on the experiences of transgender and genderqueer youth. Wyss explores the experiences of seven out-of-the-closet trans and genderqueer high school students in the USA and describes experiences of violence for participants as part of 'just another day' of high school (2004). Experiences of sexual harassment often consist of physical, as well as verbal harassment. An example of how this occurs can be found in the Human Rights Watch report, where LGBTQ youth share experiences of being the target of sexually suggestive remarks, accompanied by the mimicking of homoerotic acts (Human Rights Watch, 2001). Sexual harassment extends far past school environments and often is accompanied by sexual assault. By looking at verbal sexual harassment of LGBTQ individuals in particular, we can see that societal constructions of masculinity, femininity and of the body being naturally heterosexual are reinforced and that feminization plays an important role in this process (Tomsen, 2001).

Childhood Sexual Abuse (CSA)

Statistical Overview

In general, the literature suggests that prevalence rates of childhood sexual abuse (CSA) are either the same or higher for LGB individuals compared to heterosexual individuals (Roberts & Sorensen, 1999; Balsam, Rothblum & Beauchaine, 2005; Austin et al., 2008; Hughes, Haas, Razzano, Cassidy & Matthews 2000; Hughes, Johnson & Wilsnack 2001; Morris & Balsam, 2003). Most of these comparative studies only look at rates for LGB women; studies on gay and bisexual men focus mainly on correlates. In the Nurses' Health Study II, significantly more lesbian and bisexual women (about 70%) than heterosexual women (almost 57%) reported abuse in childhood or adolescence (Austin et al., 2008). This study included only registered nurses, and almost 99% of the participants

who provided information about their sexual orientation identified themselves as heterosexual. Surveys that were not limited to women in one profession and with larger numbers of LGB participants gave lower prevalence rates for LBG women and provide a better comparison. For example, in a study with 550 lesbian and 279 heterosexual participants (bisexual women were excluded), 41% of lesbians and 24% of heterosexual women reported experiencing forced sex before the age of 15 (Hughes et al., 2000). When compared to statistics for the general population of women (38%, 26%, 62%), these prevalence rates may be low due to the age cutoff but still fit within an expected range (Roberts & Sorensen, 1999). Smaller community-based studies have reported similar rates of CSA for lesbian women when compared to larger surveys. Thirty-nine percent of women in a community-based group of adult lesbians shared experiences of CSA and roughly 39% of a large national sample of LGB women in the US reported sexual victimization before age 16 (Roberts & Sorensen, 1999; Morris & Balsam, 2003). Compared to these prevalence rates for LGB and heterosexual women, statistics on CSA of gay and bisexual men are generally lower. In a study of a probability sample of 2,881 urban gay men, 20% of participants reported a history of CSA and a large non-clinical study of gay and bisexual men had similar results of roughly 25% (Brady, 2008). One study that included LGB men and women found rates similar to those for heterosexual and LGB women, reporting that close to 50% of gay men experienced CSA, while only 24% of heterosexual men did (Tomeo, Templer, Anderson & Kotler, 2001). For women in this study, prevalence rates were approximately 43% and 25% for lesbian and heterosexual women, respectively. These results suggest higher rates for LGB men and women, but the rates for the heterosexual population in the study are quite low when compared to larger studies of the general population. The above overview illustrates the variation of statistics and the resulting limits in establishing any concrete prevalence rates. The high rates within this range, however, give weight to the assertion that CSA is a significant issue for LGBTQ individuals and in need of future attention. One major issue with statistical research on CSA is self-reporting. Due to problems such as amnesia and dissociation, it is reasonable to assume that these statistics are likely to be underestimates and indicate an even more severe issue than the statistics suggest (Cassese, 2000b; Heidt et al., 2005).

An important point to accompany these statistics is that the majority of perpetrators are male, but that perpetrators can also be female. The results of Tomeo et al.'s (2001) study support this, as well as the idea that sexual orientation plays a role in perpetrator characteristics. Only 7% of heterosexual men reported CSA perpetrated by men, whereas around 46% of gay men reported similar experiences. For women, close to the same percentage of lesbian (29%) and heterosexual (24%) participants reported male perpetrators, while only 1% of heterosexual and about 20% of lesbian women reported female perpetrators. These results support that most perpetrators are male and also indicate that male perpetrated CSA is much more common for gay men than heterosexual men (Tomeo et al., 2001). This type of result has had serious implications in creating myths around sexual orientation and CSA, discussed later in this paper. When talking about perpetrator characteristics, the relationship between the perpetrator and victim is often overlooked.

Statistics on CSA of transgender individuals is missing from the literature. Although, studies on lifetime victimization typically report that the risk of violence, particularly sexual violence, is high for transgender people starting from a young age (Stotzer, 2009).

Impact

Research has been done to identify correlates of CSA for LGB individuals. Correlates have been found to include a range of mental and physical health issues such as shame, stigma, a loss of self-worth, health and family problems, an increase in eating disorders, panic attacks, and suicidal thoughts and attempts (Saewyc et al., 2005; Roberts & Sorensen, 1999). Some studies even go so far as to show differences in gynecological symptoms or hospitalization rates between LGB survivors and non-survivors, or LGB survivors and heterosexual survivors (e.g. Roberts & Sorensen, 1999; Hughes et al., 2001). For gay men, some studies have also looked at how CSA may increase risk of HIV and have an impact on the ability to, and interest in, negotiating safer sex (Cassese, 2000a). However, only a limited quantity of literature looks at similarities and differences between experiences for heterosexual versus LGBTQ individuals. For example, one study found that CSA was associated with lifetime alcohol abuse for both lesbian and heterosexual women (Hughes et al., 2001). This is useful in that it provides an alternate explanation for mental health issues previously seen as caused by or associated with sexual orientation or gender identity. This usefulness is limited since mental and physical health issues can only be found to be correlated with CSA and not caused by it. There is no literature specifically on transgender individuals on the impacts of CSA and bisexual individuals are either grouped in or taken out of sample groups.

Context

There is one key piece that is particularly important for putting this research on LGBTQ individuals and CSA into context. In the past, much of this research has focused around GB men and sexual identity formation. Women were missing from this picture. Sexual identity can be a confusing term and is often taken to refer solely to sexual orientation. In research, it has been used to refer to a combination of gender identity and sexual orientation, where these were seen as connected identities. The debate in literature has mainly focused on the question of whether or not CSA is a cause of homosexuality with some researchers also touching on the impact of CSA on masculinity and gender identity (King, 2000; Gill & Tutty, 1997). Today, the presence of the debate has faded from literature. What remains are the impacts of the cultural myths and stereotypes that were created as a result of the debate. GBTQ participants have expressed dealing with others' judgments that they are gay/bisexual or do not identify as men because of their experiences of CSA (Gill & Tutty, 1997). LGBTQ individuals may also question that their attractions or gender identity are just "symptoms" of CSA at some point in their life (Morris & Balsam, 2003; Hall, 1998). In response to these myths, LGB individuals have strongly stated in studies that they do not believe their experiences of CSA affected their sexual orientation (Hall, 1998; Gill & Tutty, 1997; Morris & Balsam, 2003). In a study of transgender individuals (self-identifying with a variety of sexual orientations and gender identities), some individuals said that their experience of sexual violence had an impact on their sexual orientation and/or gender identity, while others said it did not (munson & Cook-Daniels, 2005). It is clear that the debate around sexual identity formation and CSA

has a continuing role in the experiences of not only gay and bisexual men, but LGBTQ individuals in general. In moving forward, we must get away from assumptions around sexual identity formation and CSA, allowing LGBTQ individuals to speak from their own experience.

Another more recent branch of research suggests that expressing atypical gender puts individuals at a higher risk for CSA, in particular, feminine identified behavior putting males at risk (e.g. Brooks, 2000; Balsam, 2002). In the past, this was assumed to be connected to sexual orientation, which could be a reason for the lack of research in this specific area. There is a need for asking questions about when study participants "came out" with regards to the time of an experience of CSA and what role gender expression or knowledge of sexual orientation played in the perpetrator's actions.

Adult Sexual Assault (ASA)

Statistical Overview

Many of the statistics in this section do not distinguish between childhood sexual abuse and adult sexual assault (ASA). They also do not always investigate characteristics of the perpetrator, including relationship to the victim. As a consequence of this, some of these statistics encompass sexual assault within domestic and intimate partner violence, which will be explored in more detail in another section. Because of the overlap in types of experiences of sexual violence, this section gives more of a broad overview than other sections do.

The range of prevalence statistics for sexual assault of LGBTQ individuals is difficult to present due to the fact that most literature only looks at one subset category of individuals (e.g. lesbian and bisexual women, transgender and gender variant individuals, or gay men etc.). In a study that included GLB men and women, 63% of participants reported some form of sexual assault during their lifetime. In the same study, 30.7% participants reported only ASA and 38.5% reported both CSA and ASA (Heidt et al., 2005). This overlapping of statistics gives small glimpse into the complexities of lifetime experiences of sexual violence for LGBTQ individuals. Many studies report that prevalence rates of sexual assault and sexual victimization are higher for LGB individuals than heterosexual individuals (Duncan, 1990; Balsam, 2002). Others have found no significant difference in prevalence (Bernhard, 2000; Hughes et al., 2001). It is interesting to note that the majority of studies comparing to heterosexual populations focus on lesbian and bisexual women. For example, a study on the physical and sexual violence experienced by lesbian and heterosexual women reported no significant difference in the prevalence of sexual violence experienced by lesbian (54%) and heterosexual women (44%)(Bernhard, 2000). A limited number of statistics exist specifically on the prevalence of sexual assault for gay and bisexual men. In Duncan's survey of university students, only 4.9% of gay and bisexual men reported experiences of sexual victimization (1990). A study in 1994 found significantly higher rates (27.6%) for gay and bisexual men who said they had been sexually assaulted or had sex against their will at some point in their lives (Hickson et al., 1994). One source of the discrepancy between these statistics could be that Duncan's

survey did not target GB men, whereas Hickson et al's did. Several studies also compared sexual assault experiences of men and women and reported that men who reported sexual assault were more likely to identify as gay or bisexual (Kimerling, Rellini, Judson & Learman, 2002).

The results of another study on sexual assault of males suggest that in addition to most survivors identifying as gay men, many also had physical or cognitive disabilities (Stermac, Sheridan, Davidson & Dunn, 1996). This is a reminder of the diversity of experiences and the need for an intersectional approach that also takes into account aspects such as ability.

There is a small amount of research that has been done around lifetime and ASA of transgender individuals, most commonly reporting prevalence rates of 50% or higher (Stotzer, 2009; munson & Cook-Daniels, 2005). The highest statistic is from the Transgender Sexual Violence Project FORGE 2004, where 66% of participants reported experiences of sexual violence (munson, Cook-Daniels, 2005). This survey included survivors as well as secondary survivors, or witnesses, which may account for the increase in prevalence. In a broad study on violence and victimization of trans individuals, only about 14% participants reported that they had experienced rape or attempted rape in their lifetime (Lombardi, Wilchins, Priesing & Malouf, 2002).

Many of the studies on LGB individuals and sexual assault did not investigate the gender of the perpetrator(s). However, there is evidence to suggest that the majority of perpetrators of LGB sexual assault are male (Stermac, del Bove, Addison, 2004; Morris & Balsam, 2003; Bernhard, 2000). In sexual assault experiences of transgender individuals, the majority of perpetrators are also male. It is also interesting to note that in some cases perpetrators are service providers or police, which creates significant barriers to accessing services and supports (munson & Cook-Daniels, 2005). Still, it is important to recognize that some perpetrators are female and some are transgender identified. Studies that looked at the gender or sex of perpetrators generally reported at least some percentage of female perpetrators and in some cases, transgender individuals were reported to be perpetrators (Morris & Balsam, 2003; munson & Cook-Daniels, 2005). These experiences of sexual violence must be included in research. The fact that many perpetrators are known to victims and are sometimes primary or casual partners points to a need for connections to be made between research on domestic violence/intimate partner violence and sexual violence research (Choudhardy, Coben & Bossarte, 2010).

Impacts

A large body of literature within this section looks at correlations of ASA with CSA. In general, the literature says that there is an increased risk for victimization as an adult if an individual is also a survivor of CSA. This is shared by both LGBTQ and heterosexual populations (Morris & Balsam, 2003). There is also speculation that gay and bisexual men are more likely than lesbians to experience revictimization because they are more likely to encounter male partners (who are the majority of perpetrators) (Heidt et al., 2005). However, very few comparisons between LGBTQ individuals for risk of revictimization are supported by statistics. The main speculation is around reduced risk

for lesbian women, which, when looking at the above statistics, does not seem to be the case.

Mental and physical health impacts such as depression, anger, suicidal thoughts and attempts, anxiety, dissociation have been shown to be associated with experiences of ASA for LGBTQ individuals (Clements-Nolle, Marx & Katz, 2006; Hughes et al., 2000; Hughes et al., 2001; Balsam 2002; Morris & Balsam, 2003). As with CSA research, some studies have also tried to demonstrate connections between alcohol abuse and adult sexual assault with mixed results (e.g. Hughes et al., 2001). Correlates are not often compared with those found for heterosexual or non-transgender populations in literature, but many of these impacts do appear to be shared with survivors in general (Statistics Canada, 2008; Choudary et al., 2010). Most research in this section involved LGB identified female participants. Research on the impacts of ASA for gay or bisexual identified men and transgender (of all sexual orientations) individuals is needed. The importance of research involving transgender individuals is illustrated by the FORGE study on transgender individuals and sexual violence (munson & Cook-Daniels, 2005). This report draws attention to unique aspects of already existing body disassociation experienced by many transgender individuals, which can add complexities to experiences of sexual violence, accessing services, and negotiating and reclaiming bodies after these experiences.

Context

When talking about sexual assault of LGBTQ individuals, it is easy to make the assertion that these assaults are perpetrated due to an individual's sexual orientation, gender identity or gender expression. However, this may or may not be the case. They could also be perpetrated based on a combination of these factors, including things such as knowledge of sexual orientation or gender identity, perceived or assumed knowledge of these, which could be based on gender expression, or reasons unrelated to sexual orientation, gender identity or gender expression entirely (munson & Cook-Daniels, 2005). Socioeconomic status, race, gender, age, ability and other aspects are also important factors in experiences of sexual violence. For example, a lesbian may be targeted in an attempt to degrade lesbian sexuality and transgender individuals may be targeted for breaking gender norms (Garnets, Herek & Levy, 1990; Lombardi et al., 2002). But LGB individuals may be targeted for also transgressing gender norms and transgender individuals may be targeted because of assumptions that they are also LGB identified. For other individuals, having a disability may have played a significant role and the perpetrated may not have been aware if they were LGBTQ identified. It is important to recognize the complexities of experiences of sexual violence, both from the perspective of a survivor, but also recognizing that not a lot is known about the perspective of perpetrators in this body of research.

Whether sexual assault is perpetrated because of sexual orientation, gender identity or gender expression, being LGBTQ identified can have an impact on experiences of sexual violence. This is due to the fact that heterosexism is a pervasive part of society, on the personal and institutional level. Heterosexism includes things such as gender role socialization and sex stereotyping; for example, the idea that all women are non-violent

nurturers and all men are aggressive (Girshick, 2002). These ideas contribute to sexual violence against all genders, as well as how individuals experience and cope with sexual violence. Homophobia, biphobia and transphobia are also important for putting the statistics and impact into context. The stress of living with these phobias can interact with the stress of a traumatic event (Washington, 1999; Balsam, 2002; Girshick, 2002). Some authors have suggested that because of this constant stress due to heterosexism and the related phobias, LGBTQ individuals may develop/possess skills to better cope with experiences of sexual violence (Hughes et al., 2001). However, other literature has found that coping mechanisms for heterosexual and lesbian women are the same (Bernhard, 2000). Future expansion of experiential research to explore these elements could lead to a better understanding of ways to better support LGBTQ survivors of sexual assault.

Cultural myths also impact experiences of sexual assault for LGBTQ individuals. The following is a list of some of the existing myths that specifically impact LGBTQ individuals' experiences of sexual violence.

- Men cannot be victims. (As previously discussed, a large portion of male sexual assault survivors are gay or bisexual. Therefore, this myth has a particular impact on gay and bisexual men.)
- Females cannot be perpetrators. (This can be a politically dangerous assertion opening up the debate to whether women are as violent, or more violent, than men. It also destabilizes the thought that women's spaces are "safe spaces" (Girshick, 2002) However, I will point out that this myth is fundamental in the silencing and invisibility of experiences of same-sex violence for women.)
- Male-male sexual assault only occurs in prisons and correctional facilities (Hickson et al., 1994, Garnets et al., 1990).
- Transgender identities and homosexuality are caused by sexual assault.
- Gay men are promiscuous.
- Transgender people are predatory.

More examples of myths will be given in the section on domestic violence and intimate partner abuse. These cultural myths impact how LGBTQ individuals process experiences of sexual assault as well as how others view and respond to their experiences.

Another aspect of LGBTQ experiences of sexual assault is the lack of protection under human rights and rape laws. LGB individuals are often excluded from rape laws in particular due to heterosexist understandings of sexual assault. This includes ideas about who can be a perpetrator (male) and who can be a victim (female), as well as heterosexual definitions of sexual intercourse. In some cases, rape is viewed as penetrative act and therefore, something men do to women. In addition, sodomy laws may also present a risk of LGB individuals being charged if they come forward as victims (Girshick, 2002). Laws are also built on a framework that leaves out transgender individuals completely, only recognizing binary notions of gender and sex. In international human rights law, sexual orientation and gender identity are not always included. Therefore, LGBTQ individuals cannot navigate responses to sexual violence

because of their sexual orientation or gender identity through these systems on global level as well (HaleyNelson, 2005; Hartford, 2001).

Domestic Violence and Intimate Partner Violence

Domestic violence can include spousal abuse, child abuse and intimate partner abuse. For the purpose of this paper, I will focus on intimate relationship partner violence as domestic violence. In general, most papers define domestic violence as patterned behaviors occurring within an intimate relationship that are used to maintain power and control (Pitt, 2000; Dolan-Soto & Kaplan, 2005). Domestic violence often involves sexual violence and I will highlight this aspect where it is available in the literature.

Domestic violence occurs in all types of relationships, including heterosexual and same-sex relationships, as well as relationships between LGBTQ individuals (also between LGBTQ and heterosexual individuals) that are may not defined by these two categories. Much of the research involving LG individuals assumes a perpetrators sex and gender from the self-identity of a participant (e.g. Burke & Follingstad, 1999). On the other hand, researchers using the terms 'same-sex' and 'opposite-sex' relationships do not take into account self-identities at all. It is important for researchers to continually investigate perpetrator characteristics, but also to consider that transgender individuals may identify their relationships as heterosexual or homosexual and they also may or may not define relationships as 'same-sex' or 'opposite-sex'. This section will give of broad description of the literature on domestic violence in same-sex relationships and research on domestic violence and LGBTQ-identified individuals.

Statistical Overview

In general, the literature indicates that domestic violence in same-sex relationships occurs at about the same rate as in opposite-sex relationships, occurring in about 24-50% of relationships (Pitt, 2000; McClennen, 2005; Hester & Donavan, 2009; Alexander, 2002). Statistics on domestic violence are seen to be low estimates since underreporting is common due to fear of retaliation from an abusive partner and for LBGTQ individuals specifically, out of fear of homophobic and transphobic responses (Burke & Follingstad, 1999). However, due to the use of a variety of methodologies, difficulty in obtaining random, representative samples, and varying definitions of violence and abuse, rates of prevalence vary significantly. For example, one survey of LGBT individuals, 89% had experienced abuse in a same-sex relationship (Turell & Cornell-Swanson, 2006). In this case, the definition used for abuse was very broad, extending to individual acts of verbal, physical, or sexual abuse such as threats, invasion or assault that hurt or degraded an intimate partner. Some studies have looked at comparisons between gay male or lesbian couples with heterosexual couples specifically, which also have had controversial results (e.g. Tjaden, Thoennes & Allison, 1999). In Tjaden, Thoennes and Allison's study, fewer female respondents who had lived with a same-sex intimate partner reported intimate partner violence than those who had only lived with opposite-sex partners, which contradicts previous studies assertions that prevalence was higher among lesbian women

(Tjaden et al., 1999). In a later study, 11% of women living with women reported that they had experienced rape, physical assault or stalking from a female partner, whereas men living with men reported a rate of 15% (Tjaden & Thoennes, 2000). Both these rates were higher than for men living with women and the majority of perpetrators in general were male. It should be noted that an overwhelming majority of the participants had only ever cohabited with the opposite-sex, leaving only a small number of participants to be included in the above statistics. This study compared populations based on cohabitation. Others use self-identities to compare participants and often assume the gender and sex of an intimate partner (and perpetrator) based on the self-identified sexual orientation. There is a need to explicitly ask questions about abuser characteristics since lesbian women and gay men may have partners of the opposite sex at some point in their lives. In a study of physical and sexual violence of lesbian and heterosexual women, most perpetrators were, again, men. However, about one third of lesbian women in this study reported violence perpetrated by females and a large majority of these perpetrators were "spouses" or sex partners (Bernhard, 2000). It is essential that experiences of female perpetrated abuse be recognized, as well as that survivors are mainly other women. According to Bernhard's study, it is less likely that female perpetrated domestic abuse involves sexual aspects than male perpetrated domestic abuse (in both cases where the survivor is female). Another study found that gay men were more likely to experience sexual abuse such as being forced into sexual activity than lesbian women (Hester & Donavan, 2009). This contributes to our understanding of differences between experiences of domestic abuse based on gender and sexual orientation. In terms of similarities, the same study reported that both men and women experienced similar proportions of domestic abuse in same-sex relationships. Statistics for bisexual individuals are limited and when they are included, they often make up only a small portion of the sample size. One study that included bisexual individuals found similar rates for sexual abuse within intimate partner relationships for lesbian and gay women, gay men, and heterosexual individuals (12-14%), but a lower rate for bisexual individuals (7%) (Turell, 2000). Future research should look at the experiences of bisexual individuals and how they may differ from lesbian, gay and heterosexual individuals' experiences of domestic violence.

Only a small amount of statistical research on domestic violence experiences of transgender individuals exists, with only one piece of literature focusing specifically on this topic. This paper reported that 50% of trans and intersex participants had been raped or assaulted by an intimate partner (Courvant & Cook-Daniels, 1998). In a broader survey on transgender individuals and sexual violence, 29% of participants reported that they were sexually assaulted by an intimate partner (munson & Cook-Daniels, 2005). There is a need to expand research involving transgender individuals and find ways to talk about domestic violence, other than in the context of same-sex or opposite-sex relationships, to include the voices of transgender individuals.

Impact

Correlates and impacts of domestic abuse have mainly been researched separately for LGB men and women. For women, correlates such as depression, alcohol abuse, posttraumatic stress symptomology and other mental health issues have been examined (Hughes et al., 2000; Long, S., Ullman, Long, L., Mason & Starzynski, 2007; Morris &

Balsam, 2003). When looking at domestic abuse of gay men, cycles of abuse, increasing severity over long periods of time, as well as moderate correlates of dependency, jealousy, power imbalance and substance abuse have been observed. All these impacts are similar to those reported for heterosexual individuals (McClennen, Summers & Vaughan, 2002; Pitt, 2000). Depression and substance abuse have also been found to be correlates of intimate partner violence among gay and bisexual men, similar to experiences of LGB women (Houston & McKirnan, 2007). In general, correlates of domestic violence for LGBTQ individuals, including mental health, psychological affects and patterns of abuse are similar to heterosexual domestic violence, sharing characteristics of social isolation, victim blame, cyclic abuse, and an impact on self-esteem (C. Brown, 2008; McClennen et al., 2002). There are also some studies that suggest that there is an increased risk of intimate partner abuse for lesbian women in a 'first relationship' with another woman or transgender individual due to uncertainty of expectations and lack of ability to identify abuse (N. Brown, 2007; Ristock, 2003). Most research on the experiences and impacts of domestic violence for LGB women is experiential, providing a broad understanding of how the unique context in which these experiences occur and related impacts, whereas research on GB men reports mainly statistics.

Context

Experience of domestic violence and intimate partner violence occur within a society where understandings do not allow for same-sex violence or violence perpetrated by transgender individuals. Many LGBTQ individuals express that this has a significant impact on their experiences of domestic violence, including how they processed the experience at the time, and how they come to understand these own experiences of violence. Some of the cultural myths that prevent understanding of LGBTQ experiences of domestic violence and intimate partner violence are:

- Perpetrators are always males and victims are female.
- Lesbian relationships are egalitarian.
- There is no power differential in lesbian and gay relationships.
- Transgender individuals have less social power than females or males and therefore cannot be abusers.
- LGBTQ individuals deserve it because they are sexually and/or gender deviant.
- All LGB relationships are dysfunctional.
- Relationships between gay men are inherently violent. Since it is normative, there is no need to respond.
- BD/SM (bondage, discipline, sadism and masochism) is not safe and all LGB relationships involve BD/SM. Therefore, domestic violence in LGB relationships is viewed as a part of an inherently violent culture and no response is necessary.
- LGB abuse is "mutual abuse".
- Domestic violence is more severe in heterosexual relationships than in same-sex relationships.
- Older lesbians are not sexual.

These myths result in a silencing and invisibility of LGBTQ individuals' experiences of domestic violence, as well as other experiences of sexual violence. They also contribute to silencing within LGBTQ communities, where domestic violence is often not acknowledged out of fear of perpetuating negative stereotypes (Turell, 2000).

There is a need to open up to other ways of looking at a power-based understanding of domestic violence than through a heteronormative, gendered lens. This also requires looking at how tools such as immigration and HIV status, disabilities, economic resources, race etc...are used in abusive relationships to create and maintain power and control. For LGBTQ individuals, unique strategies such as "outing" or heterosexism and the related phobias can be used to gain and maintain control in relationships (Irwin, 2008 Dolan-Soto & Kaplan, 2005). There is a lack of policy and law to address LGBTQ experiences of domestic violence. There is also a lack of funding, as most resources are directed towards services aimed at women experiencing heterosexual domestic violence with male partners as the primary aggressors.

Barriers to accessing services and supports

Significant barriers to accessing services and supports for LGBTQ survivors of sexual violence are due to the ways in which heterosexism, the related phobias and cultural myths play out in society, including within families, friends, schools, shelters, social workers, the criminal justice system, organizations doing violence prevention work, within LGBTQ communities etc. The smallness of LGBTQ communities means that disclosing or accessing services may result in alienation or the loss of a support system (munson & Cook-Daniels, 2005). Low awareness of sexual violence in LGBTQ communities has been identified as a key factor in the lack of support for survivors, in addition to low awareness in society in general (Todahl et al., 2009).

The absence of LGBTQ individuals from human rights laws and rape laws is a huge barrier to accessing legal support (Simpson & Helfrich, 2007; Murray & Mobley, 2009). Additionally, there is an absence of services and supports for gay and bisexual men and transgender individuals who experience sexual violence, since most are directed toward women. Although geared for women, lesbian and bisexual women too encounter barriers to accessing these services and supports due to heterosexist definitions of sexual violence experiences. Services and supports that are not gender specific, often lack education and training around LGBTQ issues, leading to additional experiences of trauma when survivors attempt to access support (Witten & Eyler, 1999). Research shows that most LGBTQ survivors do not access formal services or do not tell anyone at all. If services are accessed, it is more likely that LGBTQ individuals will see a counselor or other informal supports rather than go to police, the criminal justice system, health care services or shelters (Ristock, 2005, Murray, 2009). Fear of discrimination due to a history of violence and possible past experiences of discrimination in these systems is a barrier (White & Goldberg, 2006). For transgender individuals, it is often necessary to "pass" as non-trans to access services and supports. Sometimes this is out of fear of transphobic

reactions, but transgender survivors have also shared that sometimes they are informed that they can only access services if they agree not to disclose being trans, not to exhibit cross-gendered expression or only access services after physically transitioning (White & Goldberg, 2006; munson & Cook-Daniels, 2005; N. Brown, 2007). In addition, some services require LGBTQ individuals to "out" themselves. For example, when questions are asked about perpetrators for LGB individuals, when transgender individuals are required to disrobe or told to only access sex-segregated supports designated for their birth sex (munson & Cook-Daniels, 2005) this can lead to negative responses. Continuing to look at how heterosexism and the related phobias impact service provision and accessibility, can move society in a direction to better provide services and supports for LGBTQ survivors of sexual violence.

Limitations

The first limitation of this literature review is that all the literature gathered was in English and mainly from Canada, the United States, Europe and Australia. This is important to recognize because experiences of sexual violence may be different depending on the cultural and geographic context. Much of the research in this review was also limited to urban centres and white populations, although more recent studies tended to make an effort to recruit ethnically diverse sample groups. Remote and rural areas provide a context for different experiences, including fewer adequate services and the possibility of stronger relations with family and friends (Mulé et al., 2009).

In general, bisexual and transgender individuals tended to be only a small percentage of a sample or were excluded/ missing from studies. There has been a recent increasing trend in research involving transgender issues, however, this mainly focuses on health issues and touches on violence through broad descriptions. In general, prevalence rates for LGBTQ individuals' experiences of sexual violence vary and correlates are often are controversial. Recently, more studies are using standardized scales to measure sexual violence and mental and physical health outcomes, making it easier to make comparisons between studies. There is also an increase in the amount of experience-based research, although for the most part this only includes women. These changes may help to address some of the limitations of the literature in the future.

Better Practices

Sexual violence is an issue for LGBTQ individuals, LGBTQ communities and society at large. This has been established here by presenting the existing literature on various types of experiences of sexual violence for LGBTQ individuals. There is a need to address this issue within our own communities and address heterosexism, homophobia, biphobia and transphobia in our personal lives and communities. The following are recommendations

for organizations, service providers and support workers to work toward creating safer spaces and better accessibility for LGBTQ survivors of sexual violence.

- Education around sexual violence for LGBTQ individuals.
- Education around other LGBTQ issues including "coming out" and historical and current experiences of oppression for LGBTQ individuals (Parks, Cutts, Woodson & Flarity-white, 2002; C. Brown, 2008).
- Have ongoing anti-oppression training (Ristock, 2005; GLMA, 2005).
- Develop skills and practices that are LGBTQ affirmative.
- Reassure survivors about confidentiality (GLMA, 2005).
- Use inclusive and non-heterosexist language in all written and spoken communications (C. Brown, 2008). This includes things such as ensuring that intake forms are LGBTQ-friendly (Todahl et al., 2009; GLMA, 2005).
- Be willing to address one's own homophobia and be clear about your own bias/limits around LGBTQ issues (C. Brown, 2008).
- Clearly advertise about inclusive spaces and services (C.Brown, 2008; Bauer et al., 2009). An important part of this is acknowledging that men can be victims and females can be perpetrators in these advertisements (Cook-Daniels)
- Create inclusive spaces and services such as gender-neutral restrooms or survivor groups specifically LGBTQ individuals (for example, a group for queer women) (GLMA, 2005).
- Create resources specific to LGBTQ issues.
- Create and change organization policy to ensure that homophobia, biphobia and transphobia are addressed (White & Goldberg, 2006; C. Brown, 2008).
- Work towards changes in law to address homophobia, biphobia and transphobia, such as changes to rape laws and human rights laws (Ristock, 2005; Bauer et al., 2009).
- Network with other organizations to provide services and education (Ristock, 2005; GLMA, 2005; Bauer et al., 2009).
- Recognize diversity of experiences.
- Develop ways to evaluate an agency's effectiveness in working with LGBTQ communities (White & Goldberg, 2006; Crisp, 2002).

Recognizing that changes need to be made and working towards better providing services and supports for LGBTQ survivors of sexual violence is an important step in reducing this violence and its' impacts. This literature review gives a clear direction for the future, both in recommendations for better practices and for future research, based on the existing literature.

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