LGBTQ2 Well-Being Education

LGBTQ2S Intimate Partner Violence

Presented by Terra Matthews-Hartwell
LGBTQ2 Well-Being Education Series

• Goal: to educate, inform, empower, and engage providers regarding the well-being of the American Indian/Alaska Native LGBTQ2 community
LGBTQ2 Well-being Series Educators

- Adrien Lawyer, Director, Transgender Resource Center of New Mexico
- Alaina George (Diné), Tele-Health Coordinator, Albuquerque IHS
- Alma Rose Silva-Bañuelos, Director, UNM LGBTQ Resource Center
- Avron Kriechman, MD, Assistant Professor, Child, Adolescent & Family Psychiatrist, UNM CRCBH
- Beverly Gorman (Diné), MCSW/MBA, Researcher & Program Manager, UNM CRCBH
- Chris Fore (Choctaw), PhD, Albuquerque HIS
- Harlan Pruden (First Nations Cree), Co-Founder North East Two Spirit Society (NE2SS)
- Jason Jones (Mestizo), LISW, Five Sandoval Indian Pueblos Inc. Behavioral Health
- Louva Hartwell (Diné), Director NativeOUT
- Nathaniel Sharon, MD, Child & Adolescent Psychiatry Fellow, UNM Department of Psychiatry
- Terra Matthews-Hartwell (Tsimshian/Carrier), NativeOUT
Objectives

At the end of this presentation, participants will be able to:

1) Identify the underlying factors of ongoing violence against Indigenous LGBTQ/Two-Spirit People

2) Utilize culturally specific interventions when working with LGBTQ/Two-Spirit People

3) Cite the prevalence of partner violence, and its consequences
What is Intimate Partner Violence

• is a progressive pattern of assaultive and coercive behaviors that adults or adolescents use against their intimate partners.

• Behaviors take on a variety of forms: physical, sexual, psychological and economic abuses are amongst the most common.

• Attacks occur in multiple episodes over the course of the relationship. The perpetrator’s behavior is directed at achieving compliance from or control over his/her partner.

• The perpetrators’ threats of harm, or use of physical or sexual force gives power to their psychologically abusive acts.

• The major forms of crime that LGBT/Two Spirit people experience are hate crimes and domestic violence, both involving physical assault and/or sexual assault
What ipv looks like

• The victim and perpetrator may be dating, living together, married, divorced, separated or no longer romantically involved. They may share children.
• The relationship affords the perpetrator access to their victims, including knowledge of their routines and vulnerabilities.
• The victim must manage the ramifications of acute trauma, the ongoing stress from intimidation and threats, fear of future assault and the complexities of having an intimate relationship with their assailant.

• (Beth Kaplan, MD)
Sexual violence

• Sexual violence is common and consists of a variety of expressions. Of the women who are physically abused by intimate partners, 40-45% are forced into sexual activities by their partners.
• Sexual assault in relationships can include pressured sex when the partner does not want it, sex coerced by threat or manipulation, forced sex or sexual assault through violence.
• Partners can be forced to perform a type of sex that they do not want, they may have their genital area injured with blows or weapons or they may be denied the use of contraception or protection against sexually transmitted diseases.
Types of Coercive Behaviors

• Physical violence may include pushing, spitting, hitting, punching, shoving, restraining, kicking, biting, shaking, throwing objects, beating, burning, choking, injuring with a weapon, stabbing, and shooting with a gun.

• The abuse may or may not cause serious injuries. Sometimes the perpetrator may push or shove to cause serious injury (e.g. pushing a victim down a flight of stairs or out of a moving car).

• moving car).
HISTORY of Two-Spirit Naming

"Two-Spirit" is an Aboriginal spirit-name shared at a 1990 gathering of Aboriginal people who identified as gay, lesbian, bisexual and transgender. The name came to one of the participants in a vision prior to the event, and ceremonies were held during the gathering to acknowledge the arrival and acceptance of this name. One of Manitoba’s local Elders, who is an Ojibwe language specialist, informs us that we become ritual brothers and sisters through ceremony and when we receive a spirit-name it signifies that we have a spirit-guide, a gift, a purpose and a destiny. Two-Spirit is a name now embraced by many GLBT indigenous people of Turtle Island. It is unique to North American Aboriginal GLBT people because our connections to this land and ecology are based on culture, history and family.

The collective of indigenous GLBT adopted the name Two-Spirit in 1990 as a form of liberation from identities that were imposed by other cultures and movements. Essentially, it means that GLBT people have the ability to reflect the male and female energies (genders and sexes), forces that create life (Ex: humans, animals and plants) and that diversity within this realm is considered sacred and a component of the natural order (meant to be).

Source: Two-Spirited People of Manitoba

For more information, contact Two-Spirited People of Manitoba at:

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www.twospiritedmanitoba.ca

People in abusive relationships often feel ashamed, depressed and worthless. Experiences of homophobia, transphobia and racism can add to these feelings. Low self-esteem and a lack of confidence make it more difficult to seek help.

Also, Two-Spirit people in abusive relationships may fear homophobic, transphobic and racist responses from those who could help them. For both Two-Spirit people who are being abused and those who are abusive, this can affect how safe and comfortable they feel seeking help.

Inspired by: Kizhaay Anishinaabe Niin, 2006
HIV/aids

• The prevalence of HIV/AIDS in the Two Spirit/LGBT community also creates an additional set of ways that one partner can threaten another.

• Threats related to HIV/AIDS include: the abuser may threaten to tell other their status; use the HIV status as a mechanism to stay in the relationship; use HIV medication and care as an attempt to blackmail; economic status may also play a role; physical violence is a particularly crucial issue; and HIV-positive abusers may threaten to infect an HIV-negative partner.
economic abuse

• Perpetrators may control their partners by economic abuse, that is, by controlling their access to resources and money, or by deprivation of essentials such as food, medicine, shelter, money, transportation and health care.

• The perpetrator may use economic abuse to maintain control of the victim and/or as a way of coercing the victim to return to the relationship, if it has ended.
Psychological violence

- Psychological violence is purposeful behavior that is intertwined with the threat of harm to maintain the perpetrator’s dominance through fear.
- Threats are common and are often threats of violence or harm to the victim, threats of harm to others important to the victim, or threats of suicide.
- Emotional abuse consists of verbal attacks that include repeated attacks against the victim’s worth, humiliation, degradation, playing mind games and claiming the victim is crazy or incompetent.
Evidence of abuse

- Injuries to the face, head, breasts and abdomen are common. Facial trauma is common: eye and ear trauma, hearing loss, soft tissue injuries and fractures of the mandible, nasal bones and orbits.
- The pattern of injury may be symmetric/bilateral (e.g. bilateral periorbital contusions, upper extremity contusions from grabbing on upper arms).
- Traumatic injuries associated with DV include lacerations, contusions, fractures, burns, intra-abdominal injuries, stab wounds and gunshot wounds.
recognizable pattern injuries

- Central Body Pattern Injuries
- Oral and Dental Injuries
- Burns
- Epithelial Impressions
- Strangulation Marks
- Defensive Posture Injuries
- Bilateral or Multiple Injuries, possibly in various states of healing
- Injuries during Pregnancy
- Common medical manifestations include chronic headaches, abdominal and pelvic pain, chest pain, palpitations and abdominal complaints. Abused women have significantly more self-reported gastrointestinal disorders.
Signs to look for

• Sexual/gynecological problems are the most consistent, longest-lasting and largest physical health differences between battered and non-battered women.

• These problems are associated with the abusive relationship and/or sexual abuse and coercion.

• The most common problems are sexually transmitted diseases, including HIV infection, unintended pregnancy, chronic pelvic pain, sexual dysfunction, chronic vaginitis and urinary tract infections  (Diaz-Olavarrieta, Coker, Campbell, Koss, McCauley, Wingood)
abuse during pregnancy

• Abuse during pregnancy is associated with health problems such as sexually transmitted diseases (including HIV), unexplained pain, low birth weight babies, urinary-tract infections, substance abuse and depression.

• Abused women are twice as likely as non-abused women to delay the start of prenatal care until the third trimester (McFarlane 1992)

• Psychological manifestations of the fear and stress associated with having an abusive partner include mood and anxiety disorders, somatoform disorders, suicide attempts, eating disorders, post-traumatic stress disorder and acute traumatic stress syndromes or responses.
IMPACT ON CHILDREN

• Witnessing IPV as a child or adolescent, or experiencing violence from caregivers as a child, increases one’s risk of both perpetrating and becoming a victim of IPV (Straus and Gelles 1990).

• Witnessing or just hearing and seeing the results of IPV can be as traumatic for children and youth as being the victim of physical or sexual violence; developmental and behavioral changes can result.

• Adverse childhood exposures, such as psychological, physical and sexual abuse and violence are linked to increased health risks as an adult for alcoholism, drug abuse, depression, suicide attempt, smoking, sexually transmitted diseases, physical inactivity and severe obesity, ischemic heart disease, cancer, chronic lung disease, skeletal fractures, and liver disease (Felitti 1998). Clearly the

• Impact of IPV on children persists well past childhood and significantly affects adult health.
SUPPORT YOUR LGBTQ2S CHILD.

THEY NEED FAMILY LOVE AND SUPPORT MORE THAN ANYTHING.
Health implications

• Threats, intimidation, control and physical battering escalate over time and can lead to the loss of life
• Victims of domestic violence are at risk for further physical injury or death, mental health disorders, and multiple abuses
• Medical illnesses including gynecological disorders, gastrointestinal disorders, eating disorders, drug and alcohol abuse, sexually transmitted diseases, and somatic problems (e.g. pelvic or abdominal pain, headaches, chest pain, back pain).
Sovereign bodies

• Colonialisms, assimilation, and genocide must be factored into the relationship between client or patient and the person giving care.
• Only Indigenous peoples receiving care are the ones who self-determine what culturally safe care looks like as per their rights.
• Culturally safe services, programs and education are at the core to creating healthy Indigenous communities.
Colonization = oppression
Why is IPV common?

• IPV is a behavior that usually is learned through observation (e.g. experiencing or witnessing violence at home or in the neighborhood as a child, observing violence in the media) and reinforcement (e.g. success from using violence, support of violence by peers, family, community, religious ideology)

• Institutional racism, discrimination, racism, heteronormative and patriarchal systems designed to control indigenous bodies.

• Society may reinforce the use of violence by failing to hold perpetrators responsible and failing to protect victims.

• Silence enables the violence
Reporting violence

• Despite the significant rates of morbidity and mortality associated with partner violence, physicians currently detect only a small percentage of cases.
• Fear of discrimination for revealing LGBTTQ /Two Spirit identity
• Homophobia/Transphobia from service providers if they report violence
• Distorting gender roles, men are violent but not women, men are not seen as victims
• If no specific questions are asked regarding relationship violence, important issues will not be treated
Needs of Native LGBT Two Spirits

• Tribal communities can provide culturally and traditionally based responses to the needs of Native LGBT/Two Spirit victims by focusing on Tribal victim services from a Tribal perspective.
• Utilizing sharing of experiences as teaching and learning tools. (talking circle, ceremonial healing)
• Informed of their rights, victims need to be empowered
Resources


• http://www.wernative.org/

• https://www.facebook.com/pages/Two-Spirited-People-of-Manitoba-Inc/86908159139
Contact Information

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