Queering Canadian Disaster and Emergency Management

Abstract

It is well-established that disasters reinforce social inequalities based on race, class, ability, ethnicity, and gender, yet very little is known about the experiences of lesbian, gay, bisexual, trans, and queer (LGBTQ) people in disaster and emergency contexts in Canada. A small body of recent research indicates that sexual minorities face discrimination during and after disasters because of their sexual orientation and/or gender identity and that often their skills and capacities are overlooked. This article synthesizes the literature on sexual minorities in disaster and emergency management contexts, and highlights instances of homophobia and transphobia that may create barriers for LGBTQ people in Canadian emergency and disaster situations. This article also presents the results from an exploratory study investigating the particular experiences, vulnerabilities, needs, and capacities of LGBTQ people within the City of Toronto in Ontario, Canada. The results from 76 anonymous surveys suggest that implementing inclusive risk reduction initiatives may support urban LGBTQ people and communities during or after a disaster or mass emergency in Canada. Recommendations for reducing risk, including utilizing the capacities of LGBTQ people and communities and including these populations in emergency management planning processes, are provided for emergency management organizations. The results also have important implications for social equity and change in urban and rural spaces across Canada.

Key Words: LGBTQ, capacities, disaster risk reduction, emergency planning, urban, Canada

* The intersection of gender and sexual identities, oppressions, and experiences can be difficult to capture accurately and may result in the potential misrepresentation of a marginalized population. The acronyms and terms used within this document have been chosen in an attempt to be inclusive. It is recognized that the language used to highlight groups or identities can unintentionally exclude and/or mask other groups and experiences.

Introduction

Research conducted in Indonesia, India, Haiti, the Philippines and the United States highlights the discrimination faced by sexual minorities during and in the aftermath of disasters because of their sexual orientation and/or gender identity. A smaller body of research also suggests that often the skills and capacities of sexual minorities are overlooked by emergency management policy makers and practitioners. (Gaillard, 2011). While international disaster literature suggests risk reduction initiatives are paramount in supporting the resilience of sexually and gender diverse people in the wake and aftermath of disasters, very little is known about LGBTQ communities in Canadian disaster and emergency contexts.

Natural and human-induced emergencies and disasters are now more prevalent in Canadian urban and rural communities (Public Safety Canada, 2013). While the exact

population of Canada's LGBTQ population is unknown, it is estimated that seven to 10% of the population identifies as LGBTQ, a number which may be substantially higher in large urban centres like Toronto, Montreal, and Vancouver. (Statistics Canada, 2010). Taking into account the experiences of LGBTQ people in disaster contexts is extremely important and may "challenge heteronormative assumptions in disaster and emergency management and relief policies." (Dominey-Howes, Gorman Murray & Mckinnon, 2013, p. 6).

This article begins by exploring homophobia and transphobia from a Canadian disaster and emergency management perspective. A review is also included that synthesizes the literature pertaining to sexual minorities and disaster and emergency contexts. Finally, this article highlights the results from a research study conducted in the City of Toronto in Canada and may contribute to the health and well-being of LGBTQ communities in DEM. By contributing to a seriously understudied topic this article may promote awareness about LGBTQ resilience and may raise questions for the further investigation of risk reduction initiatives in urban and rural spaces across Canada.

Homophobia/Transphobia in Canada

In recent years Canada has taken several important steps to improve protections for LGBTQ persons. In 1995 sexual orientation was read into the Canadian Charter of Rights and Freedoms and in 1996 the Canadian Human Rights Act was amended to include sexual orientation as a prohibited ground of discrimination. To date, all provinces and territories have included sexual orientation in their human rights legislation; however, only the Ontario, Manitoba, and the Northwest Territories human rights codes have explicit protections on the basis of gender identity (Egale Canada, 2012). While changes have been made to Canadian federal and provincial legislation, these processes have been extremely slow and negative impacts continue to affect LGBTQ people across the country.

In all provincial jurisdictions in Canada, with the exception of Ontario, trans people encounter discrimination when seeking to change their sex-designation on state-issued identification documents (Egale Canada, 2012). In situations where security is heightened - such as at the airport or during mass emergencies or disasters - discrepancies between gender presentation and documentation can make trans/gender non-conforming people the targets of increased scrutiny, neglect, or abuse (Knight, 2011).

Canada continues to enforce a ban on blood donations from men who have sex with men (MSM). Ignoring scientific advances which have made the ban obsolete (Egale Canada, 2012) contributes to the stigma associated with HIV transmission and gay men (Canadian Blood Services, 2013c). Preventing MSM from donating blood is discriminatory and could have implications during mass emergencies and disasters when critical supplies of blood are needed and the transportation of blood from one region to another is not possible.

Experiences of homophobia and transphobia can reduce feelings of safety and well-being and create hostile environments for some LGBTQ people (Meyer, 2003). Research findings on the safety needs of Toronto's LGBTQ women and trans communities highlight instances of harassment, vandalism, damage to private property, and assault in neighbourhoods, city streets, and workplaces (Cameron, 2009). A survey conducted by The Canadian Centre for Justice Studies reported that gays and lesbians experience much higher rates of violent victimization, and express lower levels of satisfaction with police performance than their heterosexual counterparts (Beauchamp, 2004).

In Toronto in 2010, The G20 Summit attracted thousands of protestors and resulted in the largest mass arrests in Canadian history. Lisa Walters, a lesbian journalist reporting on the G20 was one of many people unlawfully arrested and detained, and was the victim of homophobic insults, verbal abuse, and public humiliation by a male police officer (McNeilly, 2012; McCann, 2010).

In the following review, the challenges faced by sexual minorities finding safety and security in the wake and aftermath of disasters and emergencies are highlighted. The literature review also explores the concepts of social vulnerability, capacity, and resilience with respect to sexual and gender diversity; and illustrates the extent to which slow and minor developments in policy and Canadian legislation continue to affect LGBTQ people and households in times of crisis.

Literature Review

Social Vulnerability and Resilience

Social vulnerability is the interaction of social, political, cultural, economic, environmental, and physical processes that put people in harm's way (Enarson & Walsh, 2007). While social vulnerability and resilience in Canadian disasters have not been well-documented, evidence from previous incidents in Canada such as SARS, and the 1998 Ice Storm, reinforce the need to recognize marginalized populations in order to create better mitigation, preparedness, response, and recovery capabilities and to lessen the economic and social impact of disasters (Enarson & Walsh, 2007). Disaster preparedness initiatives that reduce social vulnerabilities also strengthen a community's capacity to cope, respond to, and recover from a disaster (Tierney, Lindell, & Perry, 2001).

The social determinants of health are recognized by the Public Health Agency of Canada as the primary factors that shape the health and well-being of Canadians and enable people to resist and recover from the shocks of everyday life (Public Health Agency of Canada [PHAC], 2011). Examples of determinants include income, social status, education, employment, and culture (PHAC, 2011), all of which interact with gender identity and sexual orientation (Mulé et al., 2009). These factors are the same as those commonly associated with disaster vulnerability and resilience (Lindsay, 2002). Challenges in Canadian emergency management, then, pose the same challenges as

promoting health equity in sustainable communities (Enarson & Walsh, 2007). Canadian action on improving health equity by addressing the social determinants of health has been profoundly lacking and evidence suggests (Raphael, 2010) that Canadian public policy in recent years has served to increase social inequities among Canadians.

Policy Development and Canadian Legislation

While advances have been made in LGBTQ rights at local, regional, and international levels (United Nations Office of the High Commissioner for Human Rights, 2012), much work is needed to further sensitize disaster management policies and practices. A greater emphasis should be placed on including gender and sexually diverse population in emergency management decision making and planning processes. Minority communities invisible to policymakers and service providers are not included or considered in policy or planning processes, and are often over-looked during critical incidents and other emergency situations (Colvin, 2010). For example, following the 2004 South Asian tsunami, *aravanis,* who are gender non-conforming individuals and who may be born intersex, were prevented from obtaining ration cards because gender restrictive policies made applying for the cards humiliating (Pincha & Krishna, 2008). In the aftermath of hurricane Katrina, same-sex couples were not entitled to the same legal rights for insurance claims and financial assistance as heterosexual couples (D'Ooge, 2008).

In Canada, trans and gender-variant people do not have the same human rights protections against discrimination accorded to other disadvantaged groups. There are currently no federal laws that explicitly prohibit discrimination on the basis of gender identity (Egale Canada, 2012). "Despite the changing legal landscapes in Canada over the past decade LGBTQ people continue to face discrimination and abuse, and improving safety continues to be a key touchstone for policy makers and practitioners engaging with LGBTQ lives" (Browne, Bakshi, & Lim, 2011, p. 739).

Safety and Security

The unique safety and security needs of sexual minorities are often ignored by mainstream relief and recovery efforts. In the aftermath of the 2004 tsunami, *aravanis* were denied access to shelters, housing, and livelihood support, often eating leftovers thrown away by others living in the temporary shelters (Pincha & Krishna, 2008). Following the eruption of Mt Merapi in Indonesia in 2010, *warias*, who are gender diverse members of the LGBT community, chose to seek help from friends rather than stay in the temporary shelters for fear of facing discrimination and hostility in the evacuation sites (Balgos, Gaillard, & Sanz, 2012). Recovering from the floods in Grand Forks, North Dakota, a women respondent known as "Rachel" told disaster researcher Alice Fothergill (2004, p. 114), that she felt unsafe in her new housing, fearful that her same-sex relationship would be exposed and she and her partner would be forced to leave.

Although shelter and relief providers are subject to declarations and principles that

prohibit discrimination based on gender stereotypes, LGBTQ people remain unsafe in emergency shelters (National Center for Transgender Equality, 2009). *The Sphere Project – Humanitarian Charter and Minimum Standards in Humanitarian Response –* while recognizing sexual orientation as a protected status, fails to include gender identity in *Common Principles Rights and Duties: The right to receive humanitarian assistance* (The Sphere Project, 2011, p. 122). This lack of personal security was demonstrated in the aftermath of Hurricane Katrina, when Sharli'e Dominique, a transgendered woman, was arrested, detained in jail, and separated from her family for using the women's shower in an emergency shelter (Carter, 2007; D'ooge, 2008).

Although crime rates have been shown to decrease in disasters, those at risk of violence remain so during and after a disaster (Philips, Jenkins, & Enarson, 2010). Inequalities and differences based on sex and gender may lead to the denial of the fundamental human rights for women and girl children in crisis (Enarson, Fothergill, & Peek, 2007, p.130). Following the 2010 earthquake in Haiti, sexual violence and corrective rape were reported by lesbian and bisexually-identified women in internally displaced person (IDP) camps and survivors reported that governmental and police response to this violence was lacking (IGLHRC & SEROVie, 2011). Violence often remains unreported by LGBTQ people for fear of further victimization and so remains one of the least examined behaviours in disaster contexts (Philips, Jenkins, & Enarson, 2009).

Utilizing Community Capacity

Disaster events can present an opportunity to address the specific needs of LGBTQ people and also to recognize the capacities, resources, and leadership skills they possess (Gaillard as cited in Fordham, 2012). Focusing on capacities reveals that marginalized people are not only vulnerable victims during disaster, but that they have the ability to lead and mobilize for their own needs and those of the larger community (Balgos, Gaillard, & Sanz, 2012). In the aftermath of flash floods in Irosin, Philippines, a gender variant population known as *baklas* collected relief goods among their neighbours, and cooked, and cared for babies and young children while in evacuation centres (Gaillard, 2011). Similarly, following the Mt Merapi eruption in Indonesia, the *warias* cared for the needs of people affected by disaster, not just for their fellow *warias*, demonstrating a significant contribution to mainstream Indonesian society (Balgos, Gaillard, & Sanz, 2012).

"Disasters are often simply seen as destructive events, but they can open up potential avenues for reflection, and effect short and long term actions aimed at addressing inequalities" (Balgos, Gaillard, & Sanz, 2012, p. 346). Following the earthquake, the *warias* offered hair cutting services to those in the displacement camps reporting that initially they were laughed at. Perceptions and attitudes were challenged and the *warias* left the evacuation site with the appreciation and gratitude of the evacuees. (Balgos, Gaillard, & Sanz, 2012). Following Superstorm Sandy in New York City, members of the LGBTQ community demonstrated similar 'acts of resistance' such as "coming out" to strangers in the hopes that stereotypes would be challenged and connections across

divides created. (Cianfarani & Pacholok, 2014 forthcoming).

Minority communities often have organizations designed to provide health, social, and educational services specifically for their population (Eads, 2002). Members of LGBTQ communities impacted by the September 11th attacks on the World Trade Centre turned to LGBTQ organizations for health, social, and other service needs because their needs were not being adequately met by mainstream organizations (Eads, 2002). During the Haitian Earthquake, SEROvie, a community organization for men and sexual minorities, was forced to discontinue all regular services as it struggled to respond to the immediate needs of its LGBTQ members, many of whom were suddenly homeless and destitute (IGLHRC & SEROvie, 2012). "When asked to identify the greatest impact of the earthquake on their lives, the majority of LGBT Haitians indicated that it decimated the already limited physical spaces, social networks and support services available to them" (IGLHRC & SEROvie, 2012, p. 3).

Conclusions

International research shows that individuals and communities marginalized by social, economic, and political processes are often further marginalized during and in the aftermath of disasters. Despite documents such as the *United Nations Universal Declaration of Human Rights*, the *Yogyakarta Principles: An Application of International Human Rights Law in Relation to Sexual Orientation and Gender Identity*, and the *Canadian Charter of Rights and Freedoms*, LGBTQ people in Canada continue to face discrimination. Taking into account the experiences of LGBTQ people and utilizing their capacities are important steps in supporting the resilience of LGBTQ people and communities in disasters and emergencies.

Research Study

Methods

This research study addressed issues of power, privilege, and discrimination using a feminist disaster sociological approach (Enarson & Phillips, 2008) and a rights-based approach (Pincha & Krishna, 2008) to disaster and emergency management. Feminist theory provides insight into the social organization of communities in crisis and closes the gap between gender equity and disaster vulnerability (Enarson & Philips, 2008) and promotes positive social change in disaster and emergency contexts.

A survey questionnaire was used to collect data from LGBTQ Toronto respondents. The survey consisted of open and closed-ended questions which probed the specific experiences, vulnerabilities, needs, and capacities of LGBTQ people in disaster and emergency management contexts. Research was conducted over a one month period with sponsorship from the 519 Church Street Community Centre, www.the519.org, and with voluntary participation from individuals in LGBTQ communities within the City of Toronto. A convenience sampling strategy was employed to distribute both an Internet (soft copy) and a paper (hard copy) questionnaire. While convenience sampling is

generally seen as a less reliable sampling method when trying to explore a large population, convenience sampling lends itself to research with smaller and/or hard-to-reach groups or groups that are needed to inform a particular consultative processes (Cameron, 2009) such as the development of disaster and emergency initiatives for LGBTQ people.

A descriptive analysis, informed by the literature review above, was conducted using qualitative data collected through the open ended survey questions. The data were coded and categorized into themes as derived from the study's research questions. An initial review of all data without coding helped to identify emergent themes without losing the connections between concepts and their context (Bradley, Curry, & Devers, 2007). Subsequently, an integrated approach employing "both an inductive development of codes as well as a deductive organizing framework for code types" (Bradley et al., 2007, p. 1763) was used to develop code structure.

The final sample of 76 respondents best represents the experiences of an 'out', urban, highly educated, affluent, White population, the majority of who identified as lesbian, gay, or queer women (51%). Respondents were asked to identify themselves according to sexual orientation and gender identity, race and ethnicity, other group affiliations, age, income, education, and household status. Some participants identified their sexual orientation/gender identity with multiple identities suggesting that LGBTQ people do not make up a homogenous group but have different needs wrought by intersections of socio-economic resources, gender, race/ethnicity, age and regional or national location. (Dominey-Howes, Gorman-Murray & McKinnon, 2013).

Findings

Vulnerability Factors

LGBTQ people who "pass" as "straight" (heterosexual) or who may be perceived by the public or authorities as such may be least likely to fear or encounter discrimination during or after a disaster or emergency. Over 50% of respondents (N=71) reported feeling concerned about experiencing discrimination during a disaster or emergency because of their gender identity or sexual orientation Those who were concerned suggested that they fear their personal gender presentation may increase their vulnerability to hazards and disasters. One genderqueer identified respondent reported, "I've experienced harassment/violence due to my gender/orientation in non-emergency situations, so I imagine that in times of chaos/stress, the possibility of this may be increased." Another respondent reported:

> [W]hile my gender identity is woman, I have an androgynous gender presentation. Often I am mistaken for a young man/boy, and dismissed or mistreated as youth often experience. When I advocate for healthcare, for example, on my mother's behalf (not disaster related), I feel the pressure to dress and behave gender-normatively, so that I get proper service. This causes me great stress, especially at a time when I am already worried and caring for a sick

and aging parent. In the event of a disaster and I did not have the resources to "look the part," I fear that I would not receive the level of service I expect and deserve.

One bisexually identified woman who was not very concerned about experiencing discrimination reported, "I'm quite certain that I don't experience discrimination very often because I pass as straight, i.e. have very few stereotypically queer-defining features."

66% of participants (N=69) reported feeling concerned for their gender non-conforming friend, partner, or child. When asked to explain, one respondent reported, "I worry for my trans friends. I've seen the trouble they have with health care professionals." One queer woman participant documented, "During SARS I was somewhat concerned that if my partner were to become sick she would face discrimination based on her gender presentation in a health care setting."

LGBTQ people and households may face specific risks during or after events because of non-traditional family structures and heteronormatively constructed notions of what a "family" should look like. One respondent reported, "it would add to the stress of the emergency should aid workers presume that family means pairing boy/girl" while others expressed concerns about having to legitimize their same sex relationship to aid or emergency workers: "I wouldn't want to exert energy qualifying or clarifying my relationship status" one respondent stated. Another was concerned that "if I had to access services, there would be perceived barriers and anxiety about being legitimately partnered, or legitimately a household."

Some respondents expressed concern about experiencing discrimination during or after a disaster event if the need arose to provide care for and/or make decisions on behalf of non-biological chosen family members or same sex partners. One respondent reported having "concerns about whether I would be granted permission to visit, see, care for, and make decisions on behalf of my same-sex partner, whom I am not married to." Another person explained:

> I have experienced discrimination in other cities at hospitals where I try to visit members of my 'family of choice.' Once when my best friend was dying of an AIDS-related illness, I was denied access to him while he was in hospital (despite being his primary at-home care giver) and once when my female partner was hospitalized after being in a serious car accident I was not deemed to be a member of her family.

Respondents who reported being less concerned about discrimination personally or with respect to their partner/friend/child also reported that they found safety and security in friend networks and strong LGBTQ community ties. The loss of these networks may put some LGBTQ people at risk during emergencies and disasters. As this person explained: "My friend's circle is LGBTQ" and "[M]ost of my support comes from my friends and community…if I were alone I would be somewhat concerned about feeling isolated from my friends and community."

Relying on traditional emergency service delivery systems for safety, security, and protection may increase vulnerability for some LGBTQ people. Ninety two percent of respondents believe LGBTQ groups or organizations would be the most safe and welcoming to them in a disaster. Asked for the reason why they may or may not feel comfortable accessing emergency services in the wake of a disaster or emergency event, one respondent explained "the LGBTQ community does not trust many emergency agencies b/c there is an assumption that the agencies don't have sensitivities or awareness of LGBT needs and realities." One trans-identified respondent reported, "I have a fear that if I ever need an ambulance and they discover I'm not cisgender, they'll mistreat me or neglect me while I'm unconscious or otherwise unable to help myself.".

Past negative experiences with the Police Services also influenced respondents: "I do not trust the police not to single out queers for harsher treatment. During the G20 they isolated queers in detention and treated us much worse than most other people." A genderqueer individual reported having a "profound distrust of police" because of "their historical treatment of LGBTQ people," reflecting back on a time when they called for help and were "harassed by police."

Some respondents expressed concerns regarding safety in public spaces including emergency sheltering type of arrangements. A trans man responded, "I'm pretty sure my trans body would be a target in public spaces that were organized by gender. Toilets and showers specifically." These findings indicate the need for safety and security measures especially in public emergency shelter and housing accommodations.

Practical Needs and Concerns of LGBTQ People and Households.

Specific issues emerged from this study as especially noteworthy for the practice of DEM. These include emergency sheltering needs, a requirement for education and training to aid workers, emergency managers, and first responders, and the need to prioritize the recovery of LGBTQ specific services following a disaster or emergency event.

Contemplating the location, organization, and management of an emergency shelter the majority of respondents reported that being housed with a family of choice, having safety and security measures in place, having access to privacy, and having access to gender neutral shelter facilities were important considerations. Other potentially beneficial provisions, qualities, and services regarding emergency shelter were accessing medication, and being housed with other LGBTQ people. Sixty percent of trans-identified respondents (N=5) reported requiring access to hormone replacement therapy (HRT) and needing "access to needles, syringes, prescriptions."

Almost half (45%) of survey participants suggested that through education and training emergency managers, first responders, and aid workers may gain the knowledge and

awareness to better identify the specific needs of LGBTQ people and households and further support their capacities." One transman even reported:

> Don't lump all trans people together and deal with us in a uniform fashion. I'm at a point in transition that I can safely be put in binary segregated spaces, other trans folks cannot. Offer me choices, don't assume what will work best for me.

Seventy four percent of respondents (N=65) reported feeling concerned about losing LGBTQ specific support services during a disaster or emergency. When asked to explain, respondents highlighted that the LGBTQ community is a "primary support system" and that "it is crucial to LGBTQ communities to have a *safe* space." Others suggested the "loss of community space" would be concerning and that "it would also be nice to know there's an identifiable network to turn to should any issues manifest." Potential funding costs were also identified as a risk factor. One participant observed that, "It is more likely for an LGBT space to lose city funding before many other spaces," while another cautioned, "I don't think they are prioritized and/or funded as necessary social services, and therefore could be cut."

Capacities

Eighty percent of respondents (N = 43) reported the capacity of the broader LGBTQ community to organize and mobilize during past crises has played an important factor in LGBTQ resilience. One respondent reported, "The queer community has a pretty amazing history of self-organizing, looking out for each other, advocating, creating safe places for health care," while another participant suggested, "…we respond to crises very well. We mobilize quickly and we support each other." This person observed that the community has had to respond to violence "targeting the community - be it police/governmental violence or neglect, disease, crisis - with aplomb, " adding:

> "Our community has a rich history of having to fight for basic human rights and having to do so at the community level. I believe we've responded well, but could always use more institutional support and recognition, especially financially and in the mainstream media."

Similarly, another resident noted:

> "[W]ithout the queerxyz community, HIV and AIDS would have been a lot worse than they were. Education, outreach, homecare and hospices, free condoms and needle exchanges were all community initiatives from the get-go. The mainstream media/public called it a gay disease, what choice did we have?"

Queer organizing and mobilizing during past crises that affected LGBTQ communities, such as HIV/AIDS, demonstrates the broader LGBTQ community's resilience and capacity to respond to crisis with minimal support from mainstream services.

Discussion and Recommendations

Specific vulnerability factors exist for LGBTQ people in disaster and emergency contexts. Discrimination based on non-heteronormative gender presentations and non-traditional family structures, isolation from LGBTQ community and friend networks and dependence on mainstream emergency services for safety and security may place certain LGBTQ people and households at risk. The study supports the International Federation of Red Cross and Red Crescent Societies *World Disasters Report 2007 - Focus on Discrimination* that highlights that disasters do not cause discrimination but exacerbate it and that discrimination in emergency settings can be life threatening.

The vulnerability factors faced by urban LGBTQ people in disasters and emergencies suggest that risk reduction initiatives must be implemented to support the specific needs of these communities during and in the aftermath of a disaster or mass emergency. Needs include educating and training emergency workers and emergency managers, ensuring the recovery of LGBTQ support services, and developing policies and practices for emergency sheltering and accommodation, as discussed below.

Emergency Managers (EM's) may wish to develop inclusive policies and design guidelines for practice that support the particular needs of LGBTQ people, considering specifically the inclusion of trans-identified and gender-variant individuals and non-traditional family units as they pertain to emergency sheltering and housing situations. Emergency sheltering and housing plans should include arrangements for increased safety and privacy, and a space for "all gendered/gender neutral" toilet and shower facilities. Additionally Individuals should be afforded the right to be housed with their family of choice. "Enforced family separation has been clearly linked to delayed disaster recovery and undermines resilience by depriving a community of the strengths and resources of all residents" (Enarson & Walsh, 2007, p. 16).

Educating emergency management professionals about anti-oppression, heterosexist behaviour, and discrimination may create safer spaces and the perception of safer spaces for members of these communities in disaster and emergency contexts. EM's should consider using inclusive terminology and labels, such as "partner," and avoid language that may be discriminatory. Plan for safe and visibly 'queer friendly' spaces by displaying rainbow stickers or other identifiers that ensure a welcoming place. Revise sex designation categories on intake forms to make them inclusive of a range of identities or remove this category completely. Ensure confidentiality and recognize that some LGBTQ people may not have documentation that matches their identity/gender presentation.

The re-establishment of LGBTQ support services and community networks are also paramount in supporting the resilience of these communities in times of crisis. These pre-established networks may be useful in relating emergency preparedness information and for catering to the specific needs of members of these communities during a disaster or emergency. Murphy, Falkiner, McBean, Dolan, and Kovacs (2005) report that communities that provide for the needs of all their members and that have

the basic health and safety services in place are better positioned to prepare for and respond to any crisis or disaster.

While certain vulnerability factors may place LGBTQ people and households at risk, specific capacities have also been demonstrated by LGBTQ individuals, households, and organizations and function to contribute to the broader LGBTQ community's resilience. Conclusions raised by other research with sexual minorities emphasize the contributions these communities can make during disasters and emergencies should their resources and capacities be used by emergency managers to strengthen risk reduction (Gaillard, 2011; Balgos, Gaillard & Sanz, 2012).

Emergency management communities would benefit from working closely with LGBTQ groups to develop these capacities. "Individuals and communities challenged by limitations and barriers may bring critically important resources to a crisis and hence, are "key planning partners for emergency managers" (Enarson & Walsh, 2007, p. 21). Incorporating LGBTQ community members and leaders in emergency management decision making processes and considering them to be key stakeholders at DEM planning tables may help to remove barriers and may also create opportunities for positive change, further contributing to an equitable emergency management framework.

LGBTQ communities have demonstrated resilience during and in the aftermath of past crises, such as the AIDS epidemic, when mainstream services failed to support them. These findings echo those raised by others who have examined marginalized populations in the wake and aftermath of disasters. Eads (2002) reported that many of the members of LGBT communities impacted by the September 11th attacks on the World Trade Centre turned to LGBTQ organizations rather than more mainstream groups for health, social, and other service needs because the needs were not adequately met by mainstream organizations. Allocating funding for the recovery of LGBTQ support services may function to support the broader queer community and is a key stepping stone in supporting the resilience of LGBTQ people and households in disaster and emergency contexts.

The recommendations above may help to support LGBTQ people in Canadian disasters and emergencies. In order to develop a more accurate knowledge base regarding gender and sexually diverse people in DEM, future research is needed to further understand: the intersecting disaster vulnerabilities that arise due to sexual orientation/gender identity as it relates to other social, political, and cultural factors such as race, age, income, and disability; and on the positive effects of disasters within these communities and the implications these may have for social change toward increased community wide resilience.

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