



Examining the Nature & Context

of Intimate Partner Violence in 2SLGBTQ+ Communities

Final Report

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Executive Summary

Purpose

This project was developed in partnership with the RESOLVE network and community partners Rainbow Resource Centre, OUT Saskatoon, and Sagesse. The purpose of this project is to examine the nature and context of intimate partner violence (IPV) in 2SLGBTQ+ communities, as well as experiences help-seeking. Our research addressed the following questions:

1. How is IPV experienced by members of 2SLGBTQ+ communities?
2. What are the perceptions of IPV within 2SLGBTQ+ communities?
3. What are the help-seeking experiences of 2SLGBTQ+ persons?
4. What intervention services and support programs are available to 2SLGBTQ+ victims/survivors of IPV?
5. What are the recommendations for addressing 2SLGBTQ+ victims/survivors of IPV and for improving the service response for 2SLGBTQ+ victims/survivors?

Online Survey Findings

Description of Participants

Overall, 73 2SLGBTQ+ victims/survivors participated in the online survey. Participants primarily identified as women (cisgender or transgender), followed by non-binary, men (cisgender or transgender), Two Spirit, and agender. Participants also identified as a range of sexual orientations including bisexual, queer, pansexual, lesbian, gay, asexual, Two Spirit, and heterosexual. The majority of participants cited White/European ancestry, and many noted being impacted by one or more disabilities, mental health issues, or chronic health conditions.

Experiences of IPV

The most commonly cited forms of emotional abuse were put downs and name-calling, while the most commonly cited emotional injuries were depression or anxiety attacks. Results varied amongst gender identities, sexual orientations, ethno-cultural backgrounds, and abilities in multiple instances. Notably, women or non-binary individuals reported being impacted by more types of emotional injuries than men. Additionally, the most commonly cited forms of physical abuse were pushing, grabbing, or shoving, while the most common form of physical injury was bruising. Results varied once again amongst participants groups, with those with disabilities, mental health issues, or chronic health conditions experiencing particularly high rates of physical injury. Abusive acts specific to gender identity and/or sexual orientation were also noted, with the most common being ridicule pertaining to body or appearance. Men noted the most significant impacts in all forms of gender/sexuality-specific abuse.

Help-Seeing Experiences

Almost half of participants stated that they did not report their experiences of IPV. Women and cisgender participants were the most common participant groups to state they never reported incidents of IPV, with the most common reasons being not wanting others to find out about what happened and not believing anything would happen or change by reporting the incident. Those that did report their experiences were most likely to report to a counsellor, psychologist, or support worker. Most participants indicated being dissatisfied with the extent to which the incident was resolved, with *all* racialized participants, in particular, reporting dissatisfaction.

Perceptions of IPV

Almost all participants believed IPV to be a significant issue within 2SLGBTQ+ communities, with three-

quarters of participants stating they knew other community members who had also experienced IPV.

Interview Findings

Description of Participants

Victim/Survivor Interviews

Interviews were conducted with 47 victims/survivors from 2SLGBTQ+ communities who experienced IPV across the Prairie provinces. Four (8.5%) of the victims/survivors interviewed were from rural, remote, or Northern areas. Victims/survivors identified as a range of gender identities, including transgender, non-binary, genderfluid, genderqueer, Two-Spirit, and cisgender, as well as a range of sexual orientations, including pansexual, queer, lesbian, gay, bisexual, and asexual.

Service Provider Interviews

Interviews were conducted with 13 service providers working with members of 2SLGBTQ+ communities experiencing IPV across the Prairie provinces. Service providers held roles in various fields including clinical settings (hospitals, healthcare centres), the legal system (Victim Services), and community organizations (shelters, 2SLGBTQ+ support services, etc.).

Nature of Abuse

Victims/survivors and service providers noted that 2SLGBTQ+ communities experienced the same types of emotional or psychological abuse, physical abuse, sexual abuse, financial abuse, religious or spiritual abuse, and coercive control experienced by heterosexual counterparts. However, additional forms of abuse were experienced in 2SLGBTQ+ communities that were specific to gender identity and/or sexual orientation. Prominent examples included threatening to “out” victims/survivors publicly if they left the relationship and withholding medications from transgender victims/survivors in the process of medically transitioning.

Help-Seeking Patterns and Experiences

Service providers spoke to the help-seeking patterns of 2SLGBTQ+ victims/survivors and noted that these populations were most likely to seek help after a crisis event (i.e., after experiencing severe abuse or grave danger). Overall, victim/survivor experiences with formal supports varied, with police encounters, in particular, being markedly negative. Although many victims/survivors described more positive experiences with informal supports, some noted that these supports were not helpful or available to them (due to not being “out” to their family or friends or issues related to family acceptance).

Barriers to Seeking Help

Victims/survivors and service providers identified many barriers to seeking help that are commonly cited in instances of heterosexual IPV, including a lack of accessible, affordable services; the COVID-19 pandemic; and living rurally. However, participants noted that 2SLGBTQ+ communities also faced additional barriers specific to their gender identity and/or sexual orientation such as stigma or shame on account of their gender identity and/or sexual orientation; fears of discrimination; and a lack of services specifically designed for 2SLGBTQ+ communities.

Impacts of Abuse

Experiences of IPV had many negative impacts on 2SLGBTQ+ victims/survivors. The most notable impact was found in the area of mental and physical health, with many instances of anxiety, depression, PTSD, self-harm, and physical injury being reported. Impacts on education and employment, relationships, finances, housing, and children and parenting were also described.

Contextualizing IPV in 2SLGBTQ+ Communities

Contextual factors were important to consider when assessing 2SLGBTQ+ IPV. Victims/survivors and service providers noted that assessing the unique factors impacting these communities, such as mental health and substance abuse challenges, religious and cultural influences, family acceptance, and a history of abuse and trauma, were important in understanding the realities of 2SLGBTQ+ communities and their experiences of violence and abuse.

Perceptions of IPV in 2SLGBTQ+ Communities

Victims/survivors noted many instances of IPV being minimized or not taken seriously within 2SLGBTQ+ communities, with some even stating that the issue has become normalized. The challenges of drawing attention to the issue were also detailed—particularly in comparison to heterosexual IPV.

Myths and Misconceptions

Victims/Survivors also discussed various myths and misconceptions surrounding 2SLGBTQ+ IPV, including the following:

- IPV predominantly occurs in heterosexual relationships
- Men cannot be abused, and conversely, that women cannot be abusive
- Violence in lesbian relationships is less harmful (including the characterization of lesbian violence as “mutual” or a “catfight”) or the idea that violence between two men is “just guys being guys”
- Masculine presenting partners are always the abusers in relationships

Recommendations

Participants had several recommendations for improving the response toward IPV in 2SLGBTQ+ communities, which were grouped into the following categories:

- Establishing safe and inclusive spaces for 2SLGBTQ+ communities
- Representative 2SLGBTQ+ services and supports
- Expanding and developing existing resources and services
- Increased education and awareness
- Improving police, criminal justice, and court system responses
- Increased funding



Introduction

Purpose

Few studies provide a clear picture of the complexities of IPV in 2SLGBTQ+ communities, making it difficult to develop appropriate service provision responses to meet the needs of these populations. The purpose of this research is to examine the nature and context of IPV within 2SLGBTQ+ communities across the Prairie provinces (Manitoba, Saskatchewan, and Alberta) to gain a comprehensive understanding of the issue and possible barriers or challenges that exist in relation to help-seeking. The findings of this research will be used to inform and improve service provision responses to IPV in 2SLGBTQ+ communities; develop strategies for intervention and prevention of 2SLGBTQ+ IPV; and develop recommendations for future research in this area.

Significance

Throughout history, 2SLGBTQ+ communities have been marginalized, discriminated against, and even denied basic human rights. Because of these prejudicial attitudes, insufficient attention and resources have been dedicated to examining issues impacting these populations. This is evidenced by the body of literature pertaining to IPV, with most studies continuing to focus solely on the experiences of women in heterosexual relationships. While research in the last few decades has slowly begun to address the information gap between heterosexual and 2SLGBTQ+ experiences of IPV, this body of knowledge is in its infancy and has yet to address or represent the diverse experiences of all 2SLGBTQ+ communities. This research will help address this critical gap in IPV literature by examining 2SLGBTQ+ IPV and its accompanying nuances.

Examining the issue is all the more important when noting that 2SLGBTQ+ communities experience unique forms of violence and abuse in intimate relationships and distinct barriers to services when seeking help. Therefore, traditional responses to the issue, as used in instances of heterosexual IPV, may not be effective for these communities. Gaining a thorough understanding of 2SLGBTQ+ IPV is crucial to inform prevention, intervention, and service delivery models that fit the needs of these specific populations.

Lastly, the study can also act as a model for other jurisdictions in Canada seeking to conduct similar research. This is particularly important when noting that other jurisdictions, such as Ontario, Quebec, and British Columbia, are home to the largest 2SLGBTQ+ populations in the country. Greater research across jurisdictions could not only help gain insight into the local needs of these populations, but also contribute to a more comprehensive understanding of the issue across Canada.

Background

IPV is both a prevalent and growing issue in Canada. Data from Canadian government agencies show that rates of IPV have been steadily increasing in recent years. For instance, police-reported rates of IPV saw a 2% increase from 2017 to 2018, rising from 96,000 to 99,000 incidents (Conroy et al., 2019). Rates rose again in 2019, when 107,000 police-reported incidents were recorded (Public Safety Canada, 2021). In 2020, The emergence of the COVID-19 pandemic precipitated yet another rise, with surging rates of IPV being labelled “a pandemic within a pandemic” (Evans et al., 2020). While many forms of violent crime decreased during this time, domestic disturbances saw a 12% increase across 17 police services in Canada (Statistics Canada, 2020). The issue of IPV is particularly prevalent in the Prairie provinces, which are home to some of the highest rates of IPV in Canada (Conroy et al., 2019).

Most research on IPV has focused on the experiences of women in heterosexual relationships, with considerably fewer studies examining the experiences of those in 2SLGBTQ+ communities. For instance, while 14,200 original research studies on the subject of IPV were published between 1999 and 2013, only 400

(3%) of these studies addressed IPV in 2SLGBTQ+ relationships (Edwards et al., 2015). Despite this information gap, available data indicates that IPV in 2SLGBTQ+ communities is indeed a prevalent issue, with approximately 22,323 police-reported incidents of same-sex IPV occurring in Canada between 2009 and 2017 (Ibrahim, 2019). Some scholars even suggest that rates of 2SLGBTQ+ IPV are on par, or higher than, that of heterosexual IPV, with Murray & Mobley (2009) finding abusive dynamics in approximately one-quarter to one-half of same-sex relationships.

Experiences of IPV in 2SLGBTQ+ communities are both similar and unique to heterosexual experiences of IPV. For instance, 2SLGBTQ+ and heterosexual victims/survivors can experience the same forms of emotional or psychological, physical, sexual, financial, and coercive abuse in their intimate relationships. Additionally, scholars have identified common precursors for IPV that occur in both 2SLGBTQ+ and heterosexual relationships including: a power imbalance, dependency, extreme jealousy, past victimization or abuse, substance use, and personality disorders (Balsam, 2001; Hiebert-Murphy et al., 2011; Renzetti, 1992; Ristock, 2002; Turell & Herrmann, 2008). However, 2SLGBTQ+ IPV is distinct in that individuals can experience additional, unique forms of abuse on account of their gender identity and/or sexual orientation. Lorenzetti and colleagues (2014) identified these unique forms of abuse, which include: shaming a partner for their sexual orientation; inflicting fear in partners on account of 2SLGBTQ+ hatred and discrimination; controlling a partner's sexual or gender identity; and threatening to "out" a partner or expose their gender identity or sexual orientation publicly.

Research also suggests that abuse can vary *within* 2SLGBTQ+ communities, depending on the gender identity and/or sexual orientation of the victim/survivor. For instance, acts of spiritual abuse, such as forbidding participation in spiritual ceremonies, destroying spiritual items, and criticizing spiritual beliefs have been documented amongst Two-Spirit communities (2 Spirited People of the First Nations, n.d.). Transgender individuals can also experience emotionally abusive tactics designed to exacerbate gender dysphoria including belittling one's pronouns or chosen name (Guadalupe-Diaz & Anthony, 2017). Additionally, harmful narratives can impact rates of violence in gay and lesbian communities, with hegemonic masculinity, internalized homophobia, and HIV/AIDS impacting gay men, and notions of IPV as "mutual" or a "catfight" impacting lesbian women (Badenes-Ribera et al., 2019; Merrill & Wolfe, 2000; Ristock, 2002, pg. 3). Lastly, bisexual women are often subjected to emotional abuse rooted in bi-phobic narratives by both 2SLGBTQ+ and heterosexual intimate partners (Turell et al., 2018).

Intersectional factors, such as gender, race, age, socioeconomic status, and disability, can further compound experiences of abuse and impact rates of IPV amongst 2SLGBTQ+ communities. For instance, gender largely impacts rates of IPV in bisexual communities, with bisexual women being at higher risk of experiencing IPV than bisexual men (Head, 2020). Racial disparities have also led to increased rates of violence for people of color in transgender communities (Guadalupe-Diaz & West, 2020). Additionally, factors such as socioeconomic status, age, and race, can impact rates of violence amongst gay men; while socioeconomic status, race, and gender presentation can impact rates of violence amongst lesbian women (Stephenson & Finneran, 2017; West, 2002; Harden et al., 2020).

These unique forms of abuse are inextricably linked to the stigma, discrimination, and minority stress that 2SLGBTQ+ communities continually face. Stigma can impact experiences of IPV in 2SLGBTQ+ communities in several ways. For instance, those who experience stigma early in life are at a greater risk for experiencing IPV later in life, seeing as experiences with stigmatization can lead to a greater need to feel loved and accepted by intimate partners (Lorenzetti et al., 2014). Additionally, the stigma experienced by 2SLGBTQ+ communities, combined with the stigma associated with IPV, can create a "double closet" for 2SLGBTQ+ victims/survivors, whereby they do not feel comfortable sharing their gender identity, sexual orientation, or experiences with abuse (Dickerson-Amaya & Coston, 2019).

Minority stress refers to stress stemming from experiences of stigma and discrimination, such as prejudice-related life events, expectations of rejection or negative experiences, and stressors related to identity concealment or internalized homophobia (McConnell et al., 2018). Individuals in 2SLGBTQ+ communities who face intersecting inequities can also experience *multiple* minority stress when faced with stressors relating to

gender, race, class, or disability (McConnell et al., 2018). Minority stress can cause individuals to conceal their gender identity or sexual orientation, which abusers can exploit to maintain power and control in relationships (Carvalho et al., 2011). In such cases, the fear of being “outed” can make it difficult for victims/survivors to leave an abusive relationship (Carvalho et al., 2011).

Those impacted by IPV may seek help through formal or informal supports. Research shows that 2SLGBTQ+ victims/survivors are more likely to seek help through informal supports, such as friends and family (Edwards et al., 2015). This is largely because significant barriers exist for 2SLGBTQ+ communities in accessing formal supports, such as shelters, police, and the court systems. For instance, 2SLGBTQ+ IPV shelters are rare in many regions, and traditional shelters, which cater mostly to heterosexual women, are often plagued with binary understandings of violence that can re-traumatize 2SLGBTQ+ victims/survivors (Ard & Makadon, 2011). Transgender victims/survivors, in particular, face challenges in accessing shelters, with many reporting experiences of discrimination and harassment by shelter staff (Apsani, 2018). Ford and colleagues (2013) found that service providers had low overall levels of training regarding 2SLGBTQ+ IPV and that few organizations assessed gender or sexual orientation at intake or tailored programs to the unique needs of 2SLGBTQ+ populations.

The justice system also presents barriers to 2SLGBTQ+ communities—particularly through police and the court systems. 2SLGBTQ+ help-seeking with police is complicated by the fact that 2SLGBTQ+ identities were once criminalized due to their sexual activity and refusal to follow gender norms (Parry & O’Neal, 2015). Although these laws have changed, discriminatory attitudes amongst law enforcement have led to inappropriate and inadequate responses to instances of IPV, with some 2SLGBTQ+ victims/survivors experiencing mocking and blaming from police (Parry & O’Neal, 2015). The anticipated negative response from law enforcement can lead victims/survivors to minimize abuse or avoid reporting their victimization (Parry & O’Neal, 2015). Similar experiences of discrimination and harassment have also been reported in the court systems, with one survey of 2SLGBTQ+ respondents finding that 19% reported hearing negative comments about their own, or another person’s, gender identity (Woods, 2019). Transgender individuals can face specific forms of insensitivities, with judges and legal personnel refusing to use proper pronouns or using derogatory terms such as “it” (Goodmark, 2013).

IPV prevention and services have historically been focused on, and tailored to the needs of, heterosexual women (Ford et al., 2013). However, it is no longer accepted that these traditional prevention and treatment methods are applicable to the specific needs of 2SLGBTQ+ communities. A growing body of research is beginning to uncover the unique facets of abuse within this population, and the specific barriers to services that they face. Intersectional analyses are also beginning to examine how multiple marginalization can pose additional challenges and barriers. In order to effectively prevent and address the issue of 2SLGBTQ+ IPV, its nature and help-seeking patterns must be thoroughly understood. This underdeveloped area of inquiry is being addressed through research that seeks to inform effective treatment of the issue and is tailored to the needs and experiences of victims/survivors.

Methodology

Research Questions

This study was a tri-provincial project developed in partnership with the RESOLVE network (in Manitoba, Saskatchewan, and Alberta) and community partners Rainbow Resource Centre (Manitoba), OUT Saskatoon (Saskatchewan), and Sagesse (Alberta). The research addressed the following questions across the Prairie provinces:

1. How is IPV experienced by members of 2SLGBTQ+ communities?
 - a. What is the nature of the violence/abuse experienced by 2SLGBTQ+ persons in their intimate

- partner relationships and the context of violent/abusive episodes?
 - b. What are the differences between 2SLGBTQ+ persons who seek services for IPV across the Prairie provinces in terms of demographics, geographic location, and the nature of the reported violence?
 - c. How do 2SLGBTQ+ persons describe the impact of being a victim of IPV?
2. What are the perceptions of IPV within 2SLGBTQ+ communities?
 3. What are the help-seeking experiences of 2SLGBTQ+ persons?
 - a. When do 2SLGBTQ+ persons seek help?
 - b. What sources of help do 2SLGBTQ+ persons seek?
 - c. What are the barriers and/or gaps that 2SLGBTQ+ persons experience in terms of seeking help?
 4. What intervention services and support programs are available to 2SLGBTQ+ victims/survivors of IPV?
 5. What are the recommendations for addressing 2SLGBTQ+ victims/survivors of IPV and for improving the service response for 2SLGBTQ+ victims/survivors?

Methods

Four sources of data were utilized for this project:

1. [An online survey](#) was administered to 2SLGBTQ+ victims/survivors of IPV across the Prairie provinces, with 73 participants completing the survey in total (including 26 participants in Manitoba, 18 participants in Saskatchewan, and 29 participants in Alberta). The survey collected quantitative and qualitative data for the project, and included questions pertaining to demographic information, experiences of IPV, help-seeking experiences, and perceptions of IPV within 2SLGBTQ+ communities (see Appendix A for survey questionnaire).
2. [Interviews with 2SLGBTQ+ victims/survivors of IPV](#) were conducted across the Prairie provinces. There were 47 interviews completed in total, with 14 completed in Manitoba, 15 completed in Saskatchewan, and 18 completed in Alberta (see Appendix B for interview guide).
3. [Interviews with service providers](#) were also conducted across the Prairie provinces. There were 13 interviews completed in total, with two completed in Manitoba, three completed in Saskatchewan, and eight completed in Alberta (see Appendix C for interview guide).
4. [An environmental scan](#) was conducted to gather available services and supports for 2SLGBTQ+ victims/survivors throughout the help-seeking process including: crisis support lines, criminal justice services, shelters/housing, counselling/support, parenting/children, and 2SLGBTQ+ specific services. Agencies listed in the environmental scan are accompanied by a short description and contact information. The research team consulted with community partners and conducted an extensive online search to identify agencies for the document.

Participants and Procedures

Ethics applications for the study were submitted at each provincial academic lead's university, including the University of Manitoba Psychology/Sociology Research Ethics Board, the University of Saskatchewan Behavioural Research Ethics Board, and the University of Calgary Conjoint Health Research Ethics Board. The ethics application was first submitted at the University of Manitoba, where it received approval on July 10, 2020. The approval certificate was then sent to academic leads in Saskatchewan and Alberta for submission at their research boards, where they received approval on November 18, 2020, and February 1, 2021, respectively. Several amendments were made to the original ethics applications during the course of the project, including changes to the survivor survey and survivor interview guide.

The online survivor survey was administered via Qualtrics, which gathered both quantitative and qualitative data for the project. Most questions in the survey were multiple choice or select-all-that-apply questions, along with several open-ended text entry questions that provided participants the opportunity to type their responses [note: seeing as participants were able to select more than one option for select-all-that-apply questions, totals can exceed 100%]. Data from the multiple choice and select-all-that-apply questions was analyzed using quantitative analysis software SPSS, while open-ended responses were coded using qualitative analysis software Dedoose.

Next, interviews with 2SLGBTQ+ victims/survivors of IPV and service providers were conducted. This study utilized purposive sampling to recruit interview participants. Both victim/survivor participants and service provider participants were primarily recruited through social media advertisements, newspaper advertisements, emails to organizations, the RESOLVE email list, and community partners who helped advertise the study. Agencies working directly with 2SLGBTQ+ individuals were identified through the environmental scan and were contacted by Research Coordinators in each province regarding participation in the study.

Criteria for study participants included the following:

2SLGBTQ+ Victims/Survivors of IPV:

- 18 years of age, or older
- Resides in Manitoba, Canada
- Identifies as a member of the 2SLGBTQ+ community
- Experienced IPV in an intimate relationship within the last 10 years (2011-2021); and
- Currently in a safe situation, free from violence

Service Providers:

- 18 years of age, or older
- Resides in Manitoba, Canada
- Work (or have worked) with victims/survivors of IPV in 2SLGBTQ+ communities; and
- Employed as a service provider during the last 10 years (2011-2021)

A total of 47 victim/survivor interviews, and 13 service provider interviews, were completed in Manitoba, Saskatchewan, and Alberta. A breakdown of interviews by province is provided below:

Manitoba	
Population Group	Number of Interviews
Victims/Survivors	14
Service Providers	2

Saskatchewan	
Population Group	Number of Interviews
Victims/Survivors	15
Service Providers	3

Alberta	
Population Group	Number of Interviews
Victims/Survivors	18
Service Providers	8

Written or verbal consent was obtained from all participants and stored on the secure RESOLVE drive. 2SLGBTQ+ victim/survivor participants received a \$40 honorarium for their time and participation in the

interviews. Service providers did not receive honorariums for their participation, as the interviews took place during the course of their workday.

Interviews were conducted using semi-structured interview guides, which have been included as Appendices B (survivor interview guide) and Appendices C (service provider interview guide). Interviews were held via telephone or Zoom, and audio recorded on a digital recording device. Once interviews were recorded, they were later transcribed verbatim and uploaded to Dedoose (qualitative analysis software) for analysis. Research Assistants conducted qualitative coding of the data in Dedoose in all provinces, with Research Coordinators in Manitoba, Saskatchewan, and Alberta overseeing the process. The data analysis teams in each province met weekly for four weeks to identify themes in the data, refine codes, and ensure that coding was congruent across provinces. The data from all centres was then amalgamated, and a thematic analysis was conducted to identify major themes, which are discussed in the Findings section of the report.

Limitations

There are several limitations to this study. First, the participants in this study were self-selected, meaning that they chose to partake in the interview process. The narratives expressed in these interviews, therefore, may not be representative of the diverse array of experiences regarding IPV in 2SLGBTQ+ communities. Relatedly, our small sample size did not allow for equal representation of all members of 2SLGBTQ+ communities. For instance, there is considerably less representation from Two-Spirit and asexual participants than other gender identities or sexual orientations (see *Findings* for full description of participants). Seeing as experiences of IPV can differ greatly, particularly between different facets of 2SLGBTQ+ communities, the results may not be generalizable to the experiences of all community members who have been victimized.

Further, participant recruitment proved to be challenging, particularly in Manitoba and Saskatchewan. Many avenues for recruitment were exhausted in these areas including: emails to organizations, social media advertisements, newspaper advertisements, contacting community agencies for assistance (by phone and email), and requesting that community partners send out study information. These challenges were particularly salient for service provider recruitment, with anecdotal responses suggesting that service providers were overwhelmed and overworked from service provision during the COVID-19 pandemic. While the project set an original goal of interviewing five to eight service providers per province, Manitoba and Saskatchewan were not able to reach this goal, and completed two and three interviews with service providers, respectively.

Lastly, the COVID-19 pandemic continued to present challenges to the research process. Along with the aforementioned impact on recruitment, the virus also impacted the interview process with participants. Before the pandemic, interviews were to be conducted in person, with telephone interviews being reserved for rural, remote, or Northern participants. However, after the pandemic, all interviews were conducted via telephone or Zoom due to concerns surrounding the continued spread of the virus.



Online Survey Findings

Description of Participants

Overall, 73 2SLGBTQ+ victims/survivors participated in the online survey. Of the participants, 35% resided in Manitoba, 25% resided in Saskatchewan, and 40% resided in Alberta. However, participant experiences with IPV took place in provinces across Canada, including Alberta (40%), Manitoba (34%), Saskatchewan (22%), Ontario (7%), and British Columbia (3%).

Almost two-thirds (62%) of participants identified as women (cisgender or transgender), followed by non-binary (22%), men (cisgender or transgender) (16%), Two Spirit (6%), and agender (4%). Participants identified as a range of sexual orientations, with 90% selecting a sexual minoritized identity. Of these participants, almost half (46%) identified as bisexual, followed by queer (27%), pansexual (20%), lesbian (13%), gay (10%), asexual (9%), and Two Spirit (6%). The remaining 10% of participants identified as heterosexual.

Regarding ethno-cultural identity, the majority of participants (70%) cited White/European descent (with no additional racialized identity). Other participants reported Indigenous descent (including First Nations, Metis, and Inuit) (16%) or other racialized identities (14%).

Many participants reported living with a disability, mental health issue, and/or chronic health condition, with 40% being affected by one of these issues and 34% being affected by two of these issues (25% stated that they were not affected). Of those who did experience one or more of these issues, 68% cited mental health issues, followed by cognitive disabilities (28%), chronic health conditions (13%), physical disabilities (10%), and sensory disabilities (7%).

The majority of participants were born in Canada (89%), with the remaining (11%) being Canadian citizens or permanent residents of Canada. Most respondents (85%) reported living in an urban community or large city of over 100,000, while 3% lived in a suburb near a large city, 6% in a small city or town under 100,000, and 7% in a rural community. The average age of participants was 31.6 years old (SD = 10.4) with a median age of 28 and ranging between 18 and 66.

During the time period between 2015 and 2020, most participants (80%) indicated being in one abusive relationship. Another 15% reported being in two, 3% indicated being in three, and another 3% being in four or more. Of these relationships, 19% were current spouses or partners [note: given that participants were asked to report on multiple experiences of IPV, results will total over 100%].

In total, participants identified 94 perpetrators of IPV. The gender identity of IPV perpetrators were: cisgender men (68%), cisgender women (40%), and transgender or non-binary individuals (17%). Nearly three-quarters (75%) of IPV perpetrators were from a sexual minoritized identity, while 52% identified as heterosexual (according to survey participants).

Experiences of IPV

Participants described experiences with emotional, physical, and gender/sexuality-specific abuse, along with their accompanying injuries.

Emotional Abuse and Injury

Participants experienced a wide array of emotionally abusive tactics, with the most common being put downs and name-calling (80%). Other tactics included jealousy and not wanting them to talk to other people (79%), limiting contact with one’s family or friends (73%), demanding to know who they were with and where they were at all times (63%), damaged or destroyed property or possessions (51%), being forced to give money, possessions, or property (40%), harming, or threatening to harm someone close to them (37%), preventing them from knowing about or having access to family income (29%), and harming or threatening to harm a pet (20%).

When assessing emotional abuse by gender identity, women (67%) were most likely to cite abusive partners demanding to know who they were with and where they were at all times, while men (87%) and non-binary individuals (81%) were more likely to cite jealousy and limiting contact with friends or family, respectively.

Emotional abuse by gender identity



When examining emotional abuse amongst ethno-cultural backgrounds, White/European participants were most likely to report being forced to give perpetrators their money, possessions, or property (45%) and harm or threats to harm pets (25%), while Indigenous participants were most likely to report destruction or damage to possessions or property (75%) and name-calling or put downs (88%). Racialized participants were more likely to report harm or threats to harm someone close to them (43%), jealousy (86%), and limiting contact with family and friends (86%).

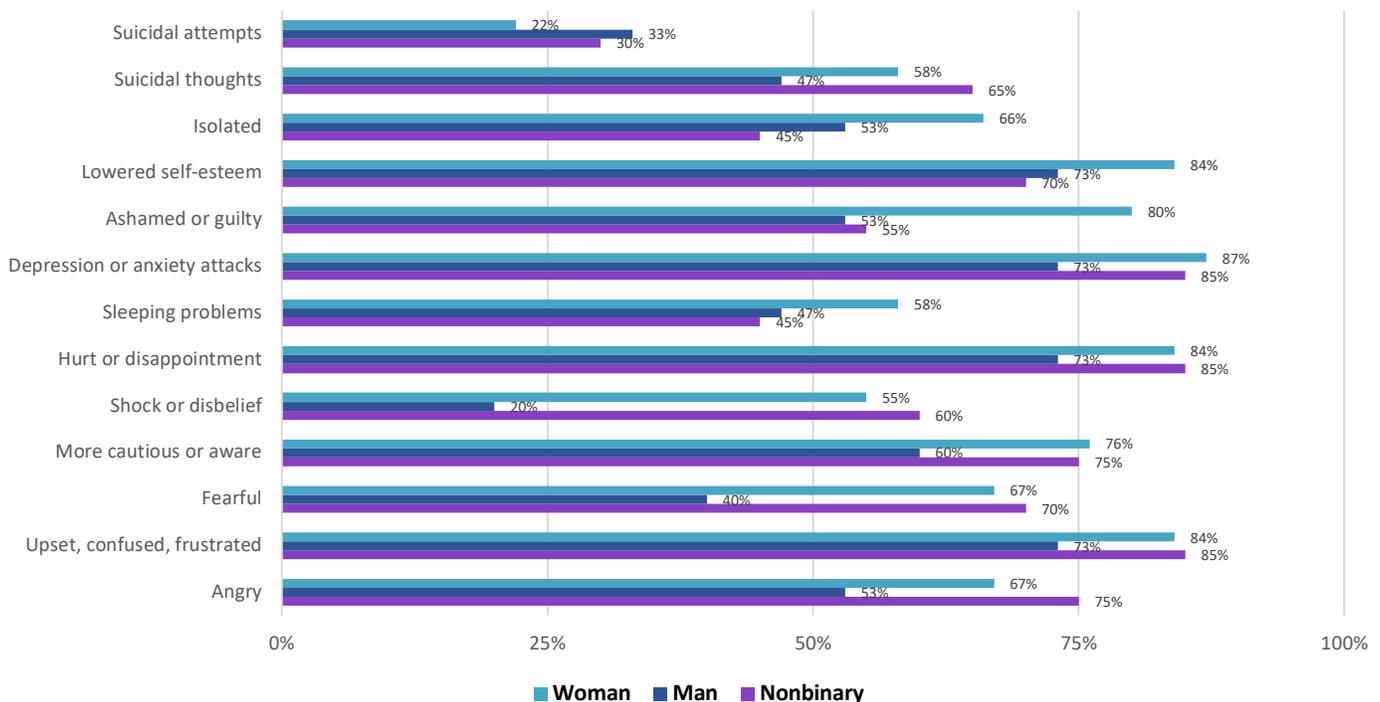
Emotional abuse by racialized identity



Participants experienced a wide array of emotional injuries as a result of emotional abuse, with the most common being depression or anxiety attacks (85%). This was followed by hurt or disappointment (82%), feeling upset, confused, or frustrated (81%), lowered self-esteem (79%), being more cautious or aware (74%), shame or guilt (70%), anger (66%), fear (64%), isolation (59%), suicidal thoughts (58%), sleeping problems (54%), shock or disbelief (50%), and suicidal attempts (25%).

When assessing emotional injuries by gender identity, women or non-binary individuals reported being impacted more than men in all categories except suicidal attempts.

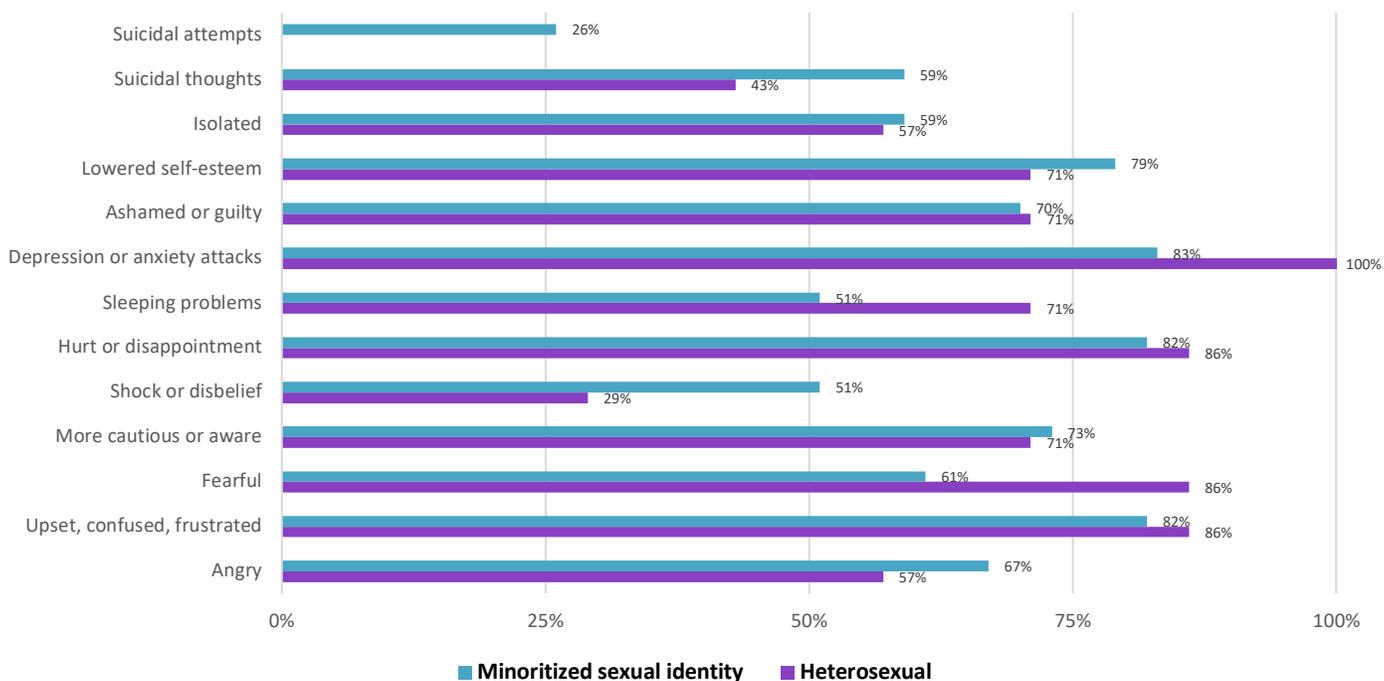
Emotional injuries by gender identity



Transgender and non-binary individuals reported being impacted by various emotional injuries (including depression or anxiety attacks, sleeping problems, shock or disbelief, being more cautious or aware, fear, and anger) more than cisgender participants. However, transgender and non-binary individuals experienced disproportionately high impacts in the area of suicidality, with 69% of transgender or non-binary individuals experiencing suicidal thoughts in comparison to 51% of cisgender participants, and 40% of transgender or non-binary individuals attempting suicide in comparison to 16% of cisgender participants. Conversely, more cisgender participants reported lowered self-esteem, shame or guilt, hurt or disappointment, and feeling upset, confused, or frustrated than transgender or non-binary participants.

When assessing emotional injury by sexual identity, minoritized sexual identities reported greater impacts in the area of suicidality, while all heterosexual participants (100%) experienced depression or anxiety attacks.

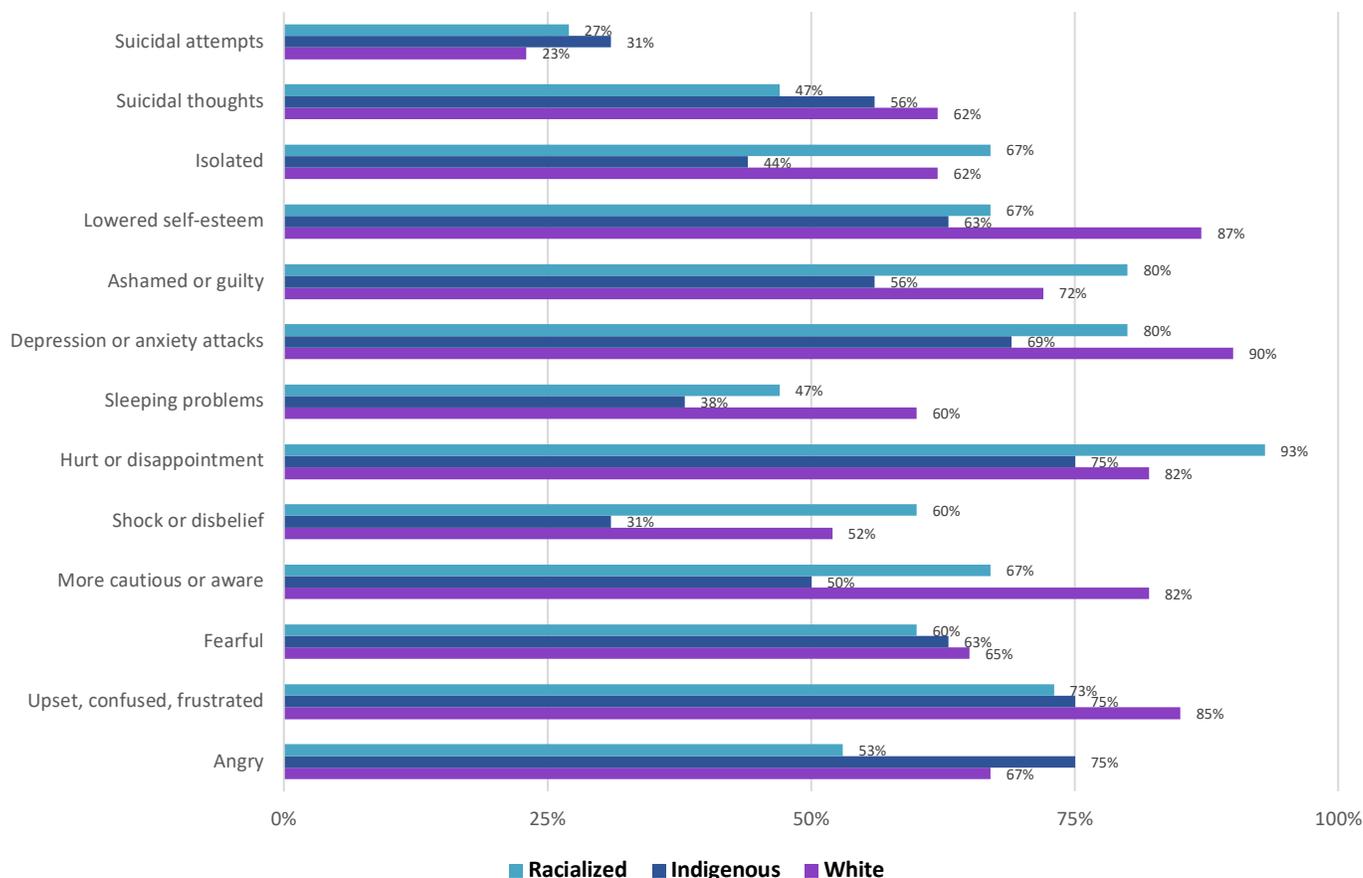
Emotional injuries by sexual identity



A significant number of racialized participants (93%) noted being hurt or disappointed by their experiences with IPV, while Indigenous participants (31%) noted the most suicidal attempts. White/European participants also noted significant impacts in the areas of self-esteem (87%), being upset, confused, or frustrated (85%), and being more cautious or aware (82%) than other groups.



Emotional injuries by racialized identity

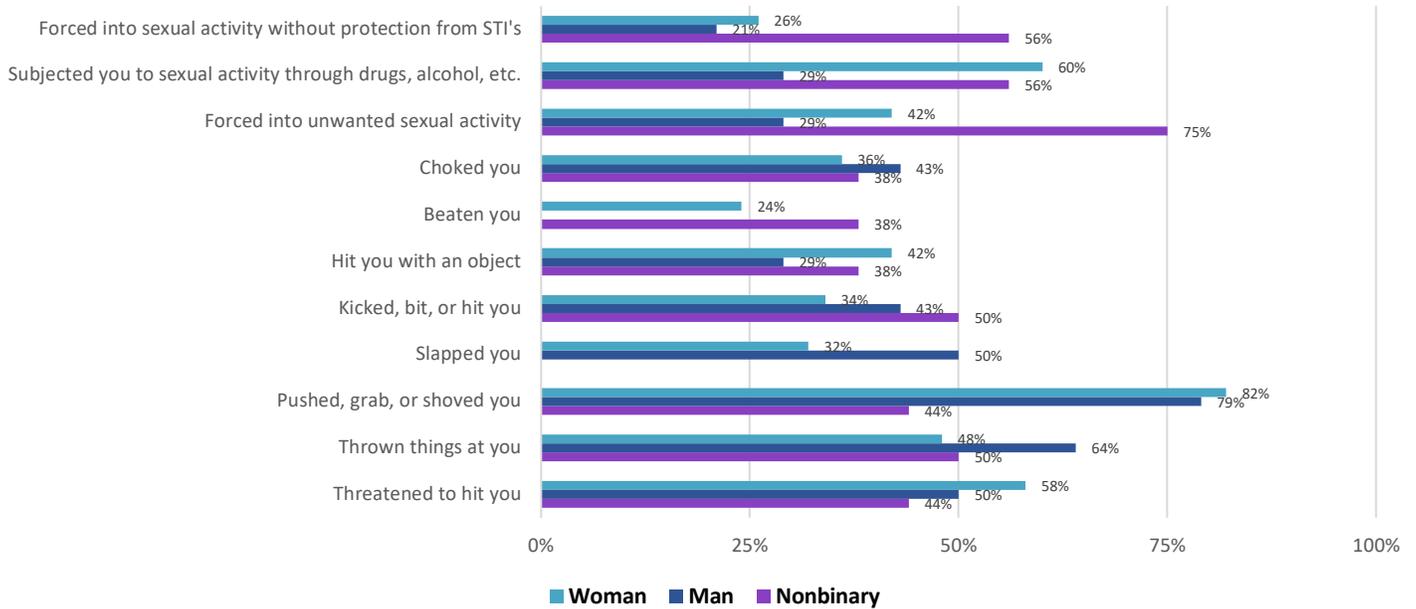


Physical Abuse and Injury

Participants experienced a wide array of physically abusive acts, with the most common being pushing, grabbing, or shoving (74%). Additional tactics included threatening to hit victims/survivors (54%), being subjected to sexual activity through drugs or alcohol (54%), throwing things at victims/survivors (52%), being forced into unwanted sexual activity (47%), being kicked, bit, or hit (40%), being hit with an object (40%), being choked (38%), being slapped (33%), being forced into sexual activity without protection (32%), being beaten (25%), being threatened with a gun or a knife (15%), and using or threatening to use another type of weapon (7%).

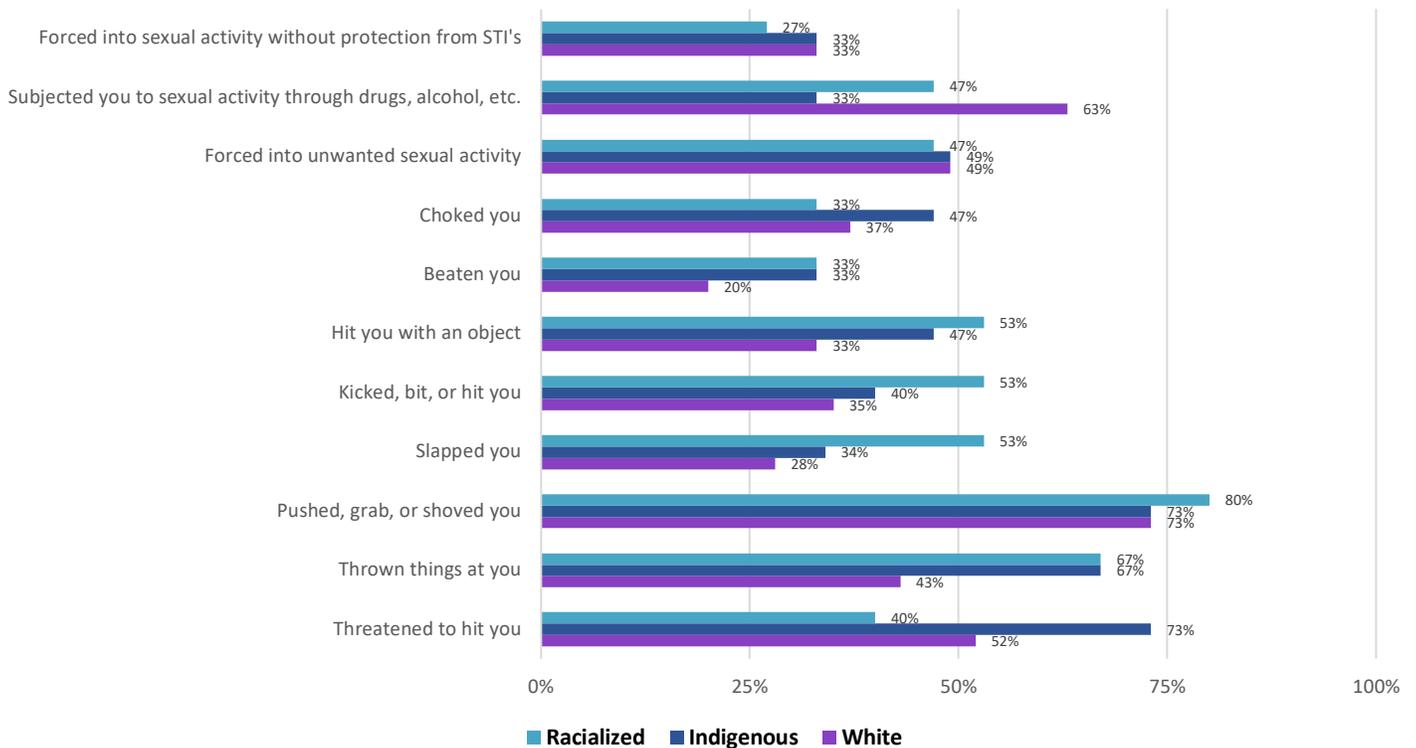
When assessing physically abusive acts by gender identity, non-binary individuals were significantly more likely to report sexual abuses than men or women. However, both women (82%) and men (79%) reported higher rates of being pushed, grabbed, or shoved, than non-binary individuals (44%).

Physical abuse by gender identity



When examining ethno-cultural backgrounds, rates of sexual abuses (with the exception of being subjected to sexual activity through drugs or alcohol) between White/European and Indigenous participants were on par. Indigenous participants also reported the highest rates of choking (47%), while racialized participants reported the highest rates of being hit with objects, or being kicked, bit, hit, or slapped (53%).

Physical abuse by racialized identity



Overall, 59% of participants reported receiving physical injuries due to IPV. The vast majority (90%) of those

who experienced physical injuries reported bruising as a result of physical abuse. Additionally, 45% reported cuts and scratches, 20% reported internal injuries, 6% reported fractured or broken bones, and 16% reported “other” injuries.

When assessing physical injury by gender identity, men reported the highest rates of physical injury, bruising, and cuts, scratches, or burns (with 100% of men experiencing bruising, in particular). Women followed with the second highest rates of physical injury and bruising (with 91% of women experiencing bruising), while nonbinary individuals reported higher rates of cuts, scratches, or burns than women. Women were the only group that reported experiencing internal injuries, while 38% of nonbinary individuals and 9% of women reported “other” types of physical injury.

When assessing physical injury by ethno-cultural background, all groups reported similar rates of bruising, with 91% of White/European, 90% of racialized, and 89% of Indigenous participants citing the injury. However, racialized participants experienced the highest rates of physical injury (71%) and cuts, scratches, and burns (60%), followed by Indigenous participants and White/European participants. White/European participants also reported internal injuries (25%) and “other” forms of injury (13%)

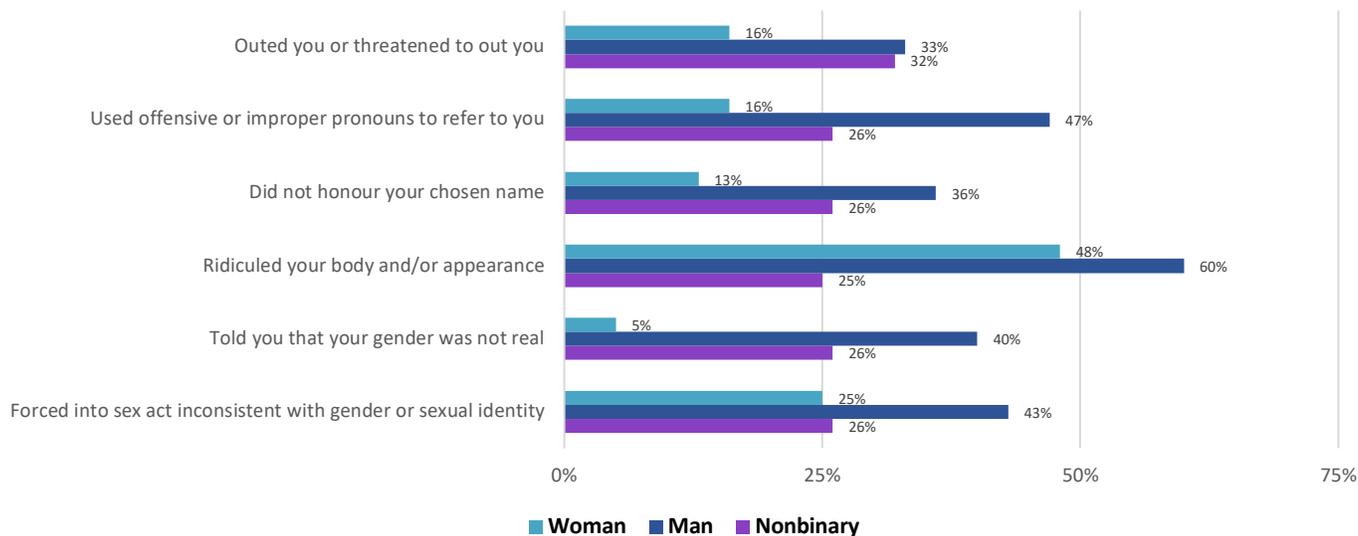
Participants with disabilities, mental health issues, and/or chronic health conditions reported high rates of physical injury—particularly in relation to those who did not experience these conditions. Those with two disabilities, mental health issues and/or chronic health conditions reported the highest rate of physical injury at 70%—a rate 11% higher than the overall rate and 25% higher than those without disabilities. Those with mental health issues reported similarly high rates of physical injury at 66%, followed by those with one disability, mental health issue and/or chronic health condition at 57%.

Gender/Sexuality-Specific Abuse

Participants were also asked about abusive acts specific to their gender identity and/or sexual orientation. Almost half of participants (46%) reported being ridiculed for their body and/or appearance. Participants also cited being forced into a sex act that was inconsistent with their gender or sexual identity (28%), the use of offensive or improper pronouns (24%), being “outed” or threatened to be “having” (23%), not having their chosen name honored (20%), being told their gender was not real (17%), had their gender-affirming materials taken away (8%), and “other” forms of abuse (15%).

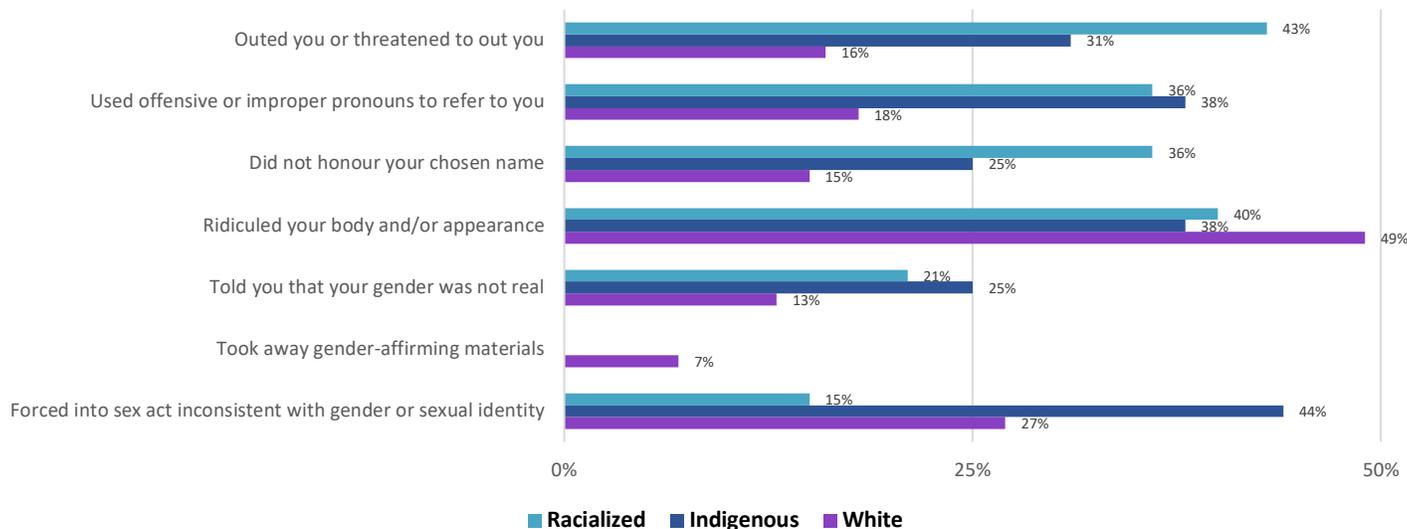
Men reported the highest rates of abuse for each of these acts.

2SLGBTQIA+ based abusive acts by gender identity



Ethno-cultural groups reported tactics of gender/sexuality-specific abuse to varying degrees. For instance, Indigenous participants (44%) were significantly more likely to report being forced into sex acts that were inconsistent with their gender or sexual identity, while White/European participants (49%) reported the highest percentage of ridicule for their body and/or appearance. Racialized participants were also most likely to be “outed” (43%).

2SLGBTQIA+ based abusive acts by racialized identity

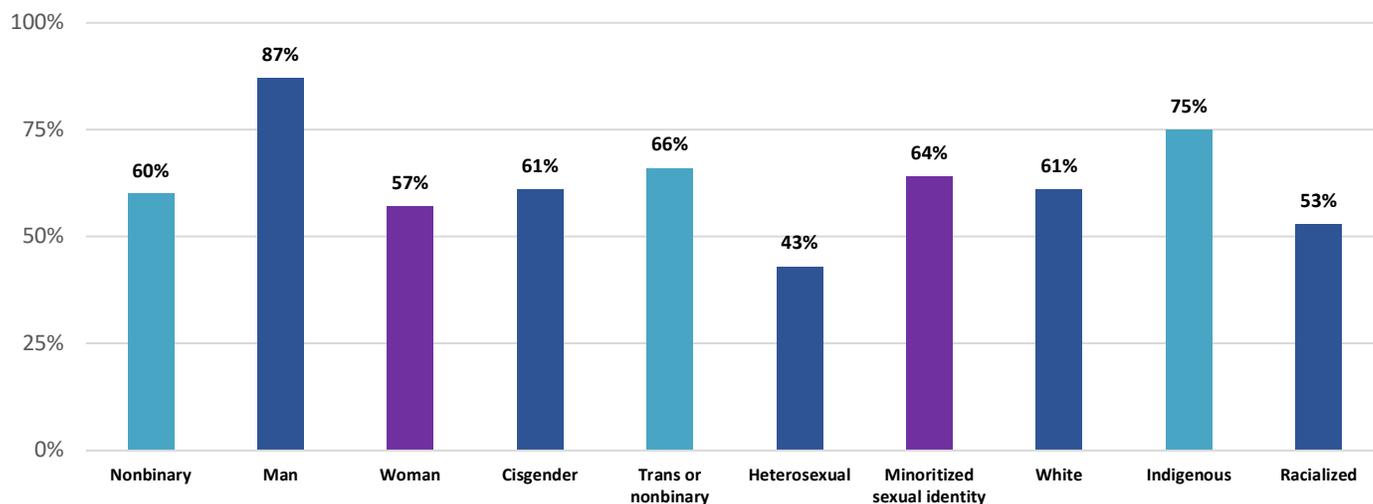


Alcohol and Substance Use

Alcohol was used in 71% of all incidents of IPV and reported by 57% of all participants. Illicit drugs were used in 38% of all incidents of IPV and reported by 31% of all participants. Taken together, 37% of participants indicated that either alcohol or illicit drugs were used at the time of the IPV, while another 25% reported that *both* alcohol and illicit drugs were consumed. Over a third (38%) of participants indicated that neither alcohol nor illicit drugs were used at the time IPV occurred.

Men were most likely to report substance use by their current or ex-partner, followed by Indigenous participants.

Substance use by current or ex-partner



Half (50%) of participants reported fearing for their life at some point due the IPV experienced.

Help-Seeking Experiences

Those who reported acts of IPV described their experiences with formal supports, while those that did not report acts of IPV described why they did not seek help. The utilization of informal supports was also discussed.

Reporting

Approximately 54% of participants stated that they reported at least one incident of IPV between 2015 and 2020. Of those who reported their experiences of IPV, the majority (72%) reported their experiences to a counsellor, psychologist, or support worker. Others reported to police (50%), healthcare workers (36%), mental health support workers (30%), crisis centres or crisis lines (28%), Victim Services (24%), lawyers (22%), social service agencies (14%), shelters or transition houses (10%), and 2SLGBTQ+ serving agencies (10%).

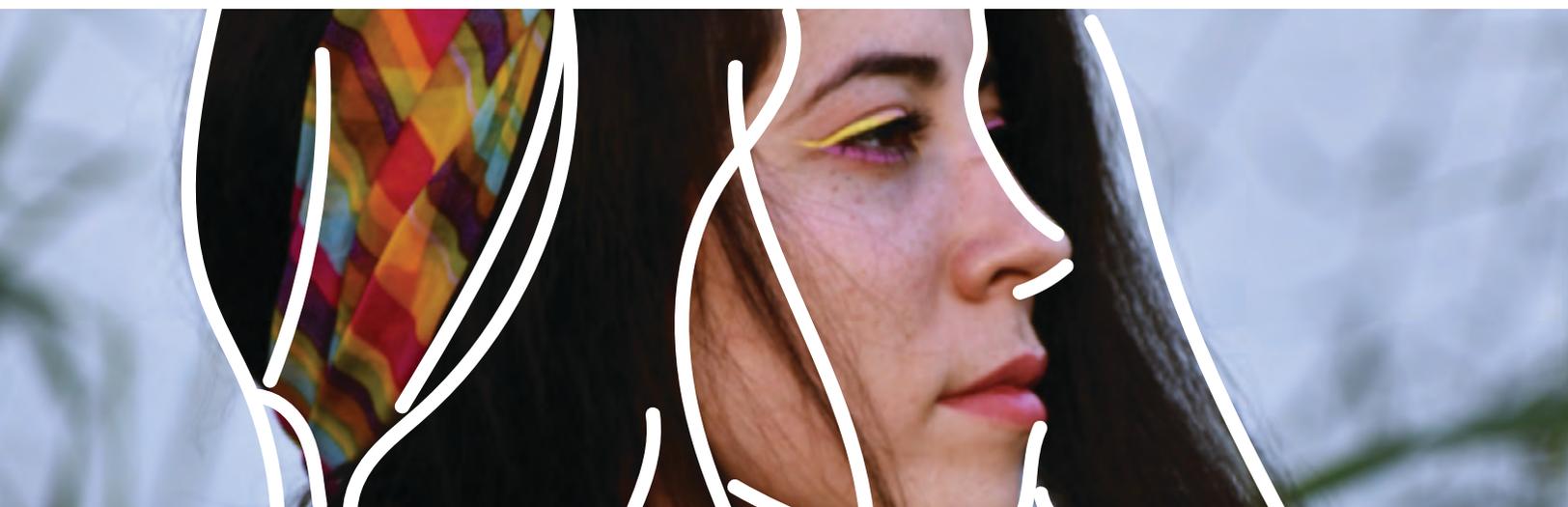
Racialized (88%) and White/European participants (75%) were more likely to report IPV to a counsellor, psychologist, or support worker than Indigenous participants (50%). A similar pattern was observed with reporting to a health-care worker (i.e., doctor or nurse), which 44% of White/European participants and 38% of racialized participants reported to. However, almost no Indigenous participants indicated reporting the IPV to health care workers (i.e., there were too few cases to report).

Cisgender respondents were more likely to report the incident of IPV to the police (56%) than transgender, non-binary, agender, or Two Spirit participants (41%).

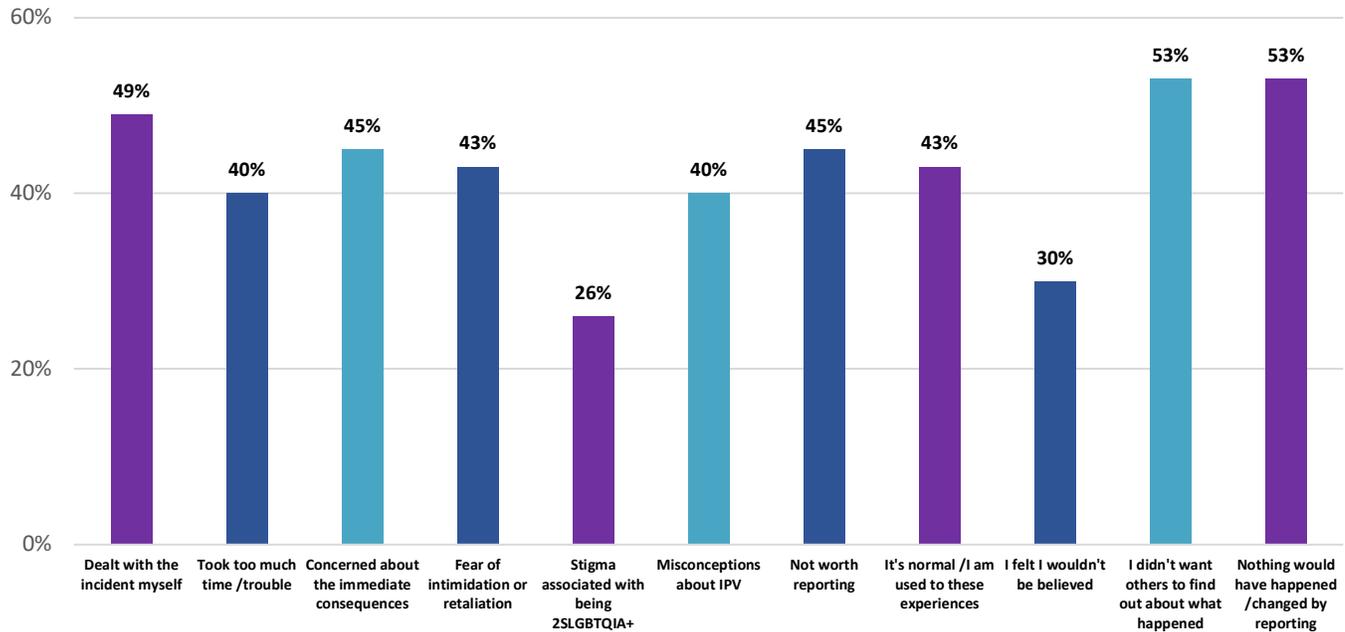
Among participants who reported at least one incident of IPV, most (58%) indicated, overall, being dissatisfied with the extent to which the incident(s) was resolved or is in the process of being resolved (40% were very dissatisfied and 18% were somewhat satisfied), while 42% were satisfied (18% were very satisfied and 24% were somewhat satisfied). All racialized participants (100%) indicated being dissatisfied with the reporting process, as well as 57% of Indigenous participants (compared to 48% of White/European participants).

Almost half (46%) of participants indicated that they never reported any incidents of IPV between 2015 and 2020. Women (54%) were the most common participant group to state that they never reported incidents of IPV, followed by cisgender participants (53%), minoritized sexual identities (48%), White/European participants (48%), racialized participants (47%), heterosexual participants (43%), Indigenous participants (40%), men (40%), and transgender or non-binary participants (38%).

Participants noted a variety of reasons for not reporting incidents of IPV, with not wanting others to find out about what happened (53%), and not believing anything would happen or change by reporting the incident (53%), being most commonly cited.



Reasons for not reporting IPV

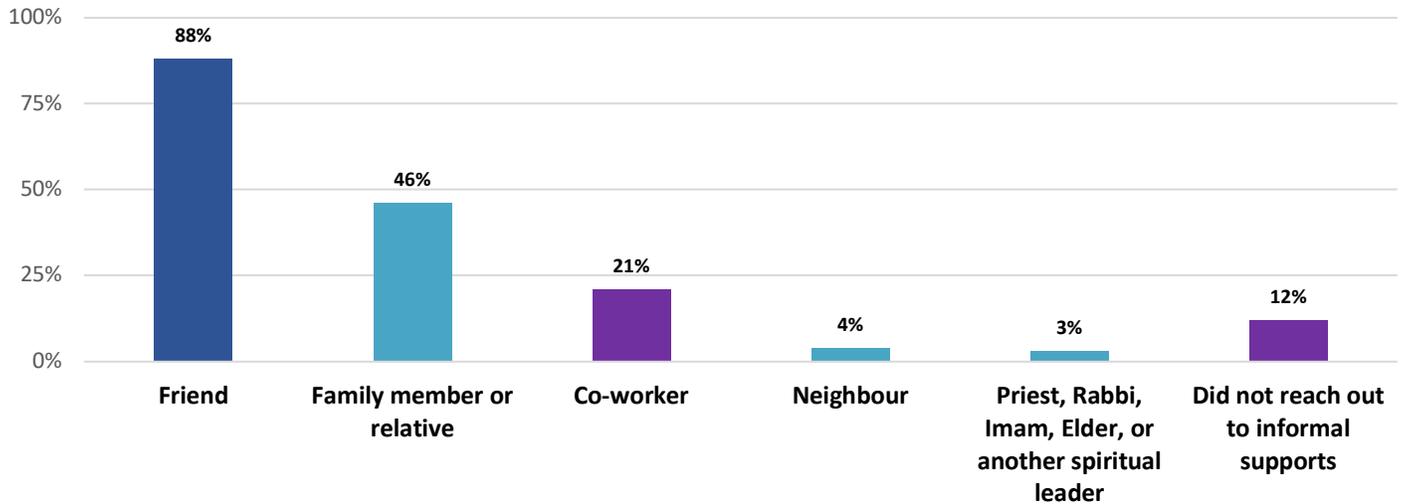


Reasons for not reporting varied considerably amongst gender identities and ethno-cultural backgrounds:

- Non-binary or agender individuals (86%) were much more likely to state that they dealt with the incident themselves than men (43%) or women (42%).
- Racialized participants (71%) were more likely to deal with the incident themselves in comparison to White/European (47%) or Indigenous (38%) participants.
- Transgender, non-binary, agender, or Two Spirit participants (62%) were more likely to cite that reporting the incident took too much time or trouble compared to cisgender participants (32%).
- No transgender, non-binary, agender, or Two Spirit participants (0%) cited misconceptions surrounding IPV as a reason for not reporting—however, 56% of cisgender participants selected this option.
- Men (71%) were more likely to cite that the incident was not worth reporting compared to non-binary or agender participants (57%) or women (36%).
- Transgender, non-binary, agender, or Two Spirit participants (54%) were more likely to report that these experiences were normal in comparison to cisgender participants (38%).
- Non-binary or agender participants (71%) were most likely to state they didn't want others to find out about what happened compared to women (52%) or men (43%).
- Racialized participants (71%) were most likely to state they didn't want others to find out about what happened compared to Indigenous (63%) or White/European (47%) participants.
- Transgender, non-binary, agender, or Two Spirit participants (62%) were more likely to believe that nothing would have happened or changed by reporting the incident compared to cisgender participants (50%).

Participants utilized a number of informal supports, with most (88%) citing the help of friends.

Informal supports in relation to IPV experience(s)



Transgender, non-binary, agender, and Two Spirit participants (97%) were more likely to rely on the support of friends than cisgender participants (84%). Conversely, cisgender participants (57%) were more likely to disclose the IPV to a family member or relative than transgender, non-binary, agender, and Two Spirit participants (29%).

Over three-quarters (78%) of participants indicated that they had previously experienced physical or psychological trauma such as bullying and/or a hate crime (while 22% indicated that they had not). Those who reported living in an urban community or large city over 100,000 were more likely to indicate that they had experienced such trauma (83%) compared to 55% of respondents living in smaller communities [$X^2=(69,1)=4.33$, $p=.038$, Cramer's $V = .25$]. The majority (58%) of those who had experienced this trauma indicated that their previous experiences had an impact on IPV help-seeking, while 42% reported that it did not.

Over half of the participants (60%) indicated that they were aware of the support services for IPV available to them, while 40% answered that they were not. Participants currently living in Saskatchewan were most likely to be aware of support services (61%) than those from Manitoba (36%) and Alberta (28%) [$X^2=(72,2)=5.39$, $p=.068$, Cramer's $V = .27$].

Half (50%) of participants indicated that they felt comfortable accessing support services for IPV, followed by 44% who indicated that they were not comfortable and 6% who indicated that there are no support services in their community. Women were more likely to report feeling comfortable accessing support services for IPV (62%) than non-binary or agender participants (50%) and men (27%) [$X^2=(64,2)=4.12$, $p=.128$, Cramer's $V = .25$]. Further, cisgender participants (60%) were more likely to report feeling comfortable than transgender, non-binary, agender, or Two Spirit participants (41%) [$X^2=(64,1)=2.01$, $p=.156$, Cramer's $V = .18$]. Respondents from Alberta were also more likely to report feeling comfortable accessing support services for IPV (69%) than those from Manitoba (50%) or Saskatchewan (31%) [$X^2=(64,2)=5.87$, $p=.053$, Cramer's $V = .30$].

Participants who did not live in urban communities (15%) were less likely to agree that agencies in their community were equipped to serve members of 2SLGBTQ+ communities that experience IPV than those who do live in larger cities over 100,000 (43%) [$X^2=(47,2)=4.22$, $p=.121$, Cramer's $V = .30$].

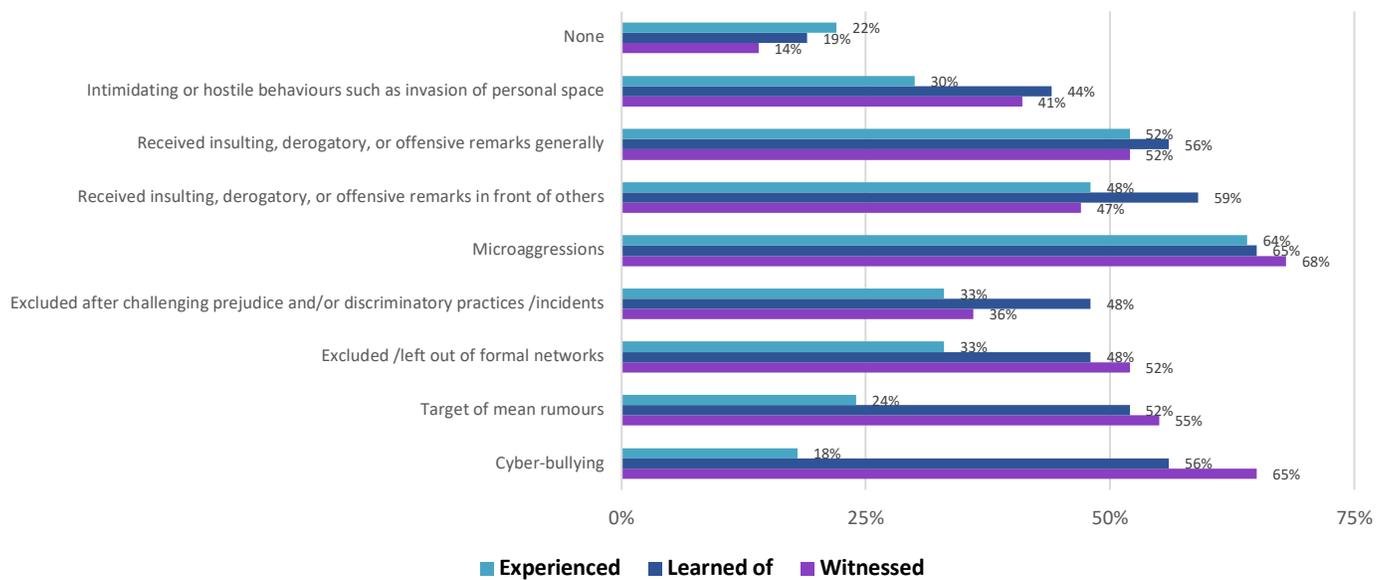
Perceptions of IPV in 2SLGBTQ+ Communities

Lastly, participants shared their perceptions of IPV within 2SLGBTQ+ communities. Participants overwhelmingly agreed that IPV was an issue in 2SLGBTQ+ communities, with only 5% disagreeing with the statement: *IPV is a widespread problem in 2SLGBTQIA+ communities*. Half of participants (50%) somewhat agreed, while 45% strongly agreed.

Speaking to the ubiquity of the problem, 49% of participants thought that IPV happened “very often” in 2SLGBTQ+ communities, while 31% said “occasionally to never” and 20% “didn’t know.” Additionally, almost three-quarters of participants (72%) indicated that they currently knew someone from a 2SLGBTQ+ community (not including themselves) that was a victim/survivor of IPV, while 28% answered that they did not. Participants living in urban communities (77%) were more likely to answer yes than those who lived in smaller or rural communities (46%) [$X^2=(71,1)=4.48, p=.034, \text{Cramer's } V = .25$].

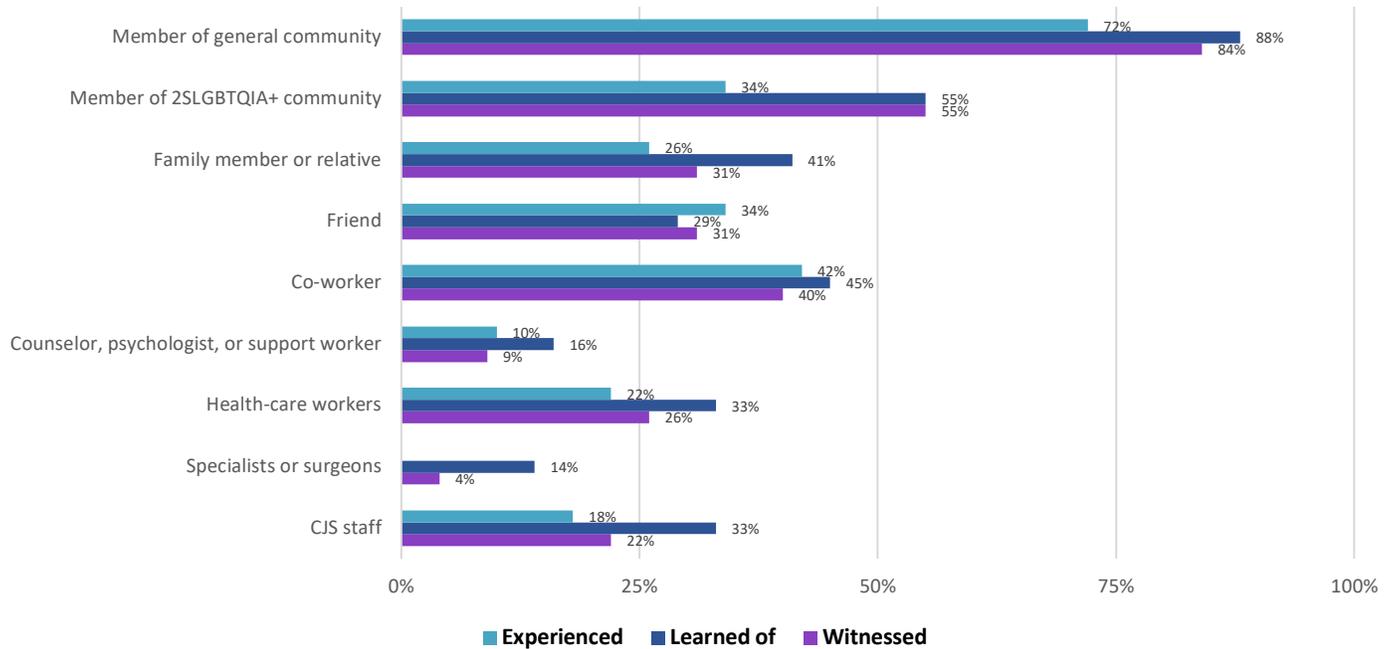
When asked: *Within the last 10 years (2010-2020), have you witnessed, learned about, or personally experienced the following behaviours toward 2SGLBTQ+ victims/survivors of intimate partner violence (see chart below)*, participants primarily cited witnessing, learning about, and experiencing microaggressions.

Witnessed, learned about, or experienced between 2015-2020 due to gender/sexual identity



When asked who perpetrated such behaviors, members of the general community were most commonly cited. However, transgender, non-binary, agender, or Two Spirit participants were more likely to witness behaviors coming from members of 2SLGBTQ+ communities (68%) than cisgender participants (47%) [$X^2=(54,1)=2.40, p=.122, \text{Cramer's } V = .21$]. Transgender, non-binary, agender, or Two Spirit participants were also more likely to learn of the behaviour coming from members of 2SLGBTQ+ communities (77%) than cisgender participants (45%) [$X^2=(62,1)=6.01, p=.014, \text{Cramer's } V = .31$] and experience the behaviour coming from members of 2SLGBTQ+ communities (45%) than cisgender participants (27%) [$X^2=(50,1)=1.80, p=.180, \text{Cramer's } V = .19$].

Who perpetrated the behaviour?



Lastly, when asked if they had ever been abusive toward a partner/spouse or ex-partner/spouse, 69% answered “no” while 31% answered “yes.” Half of Indigenous and racialized participants (50%) answered yes compared to 22% of White/European participants [$X^2=(72,2)=5.65, p=.059, \text{Cramer's } V = .28$]. Those who indicated being in two or more abusive relationships between 2015 and 2020 were more likely to report being abusive in the same time period (53%) [$X^2=(72,1)=4.63, p=.031, \text{Cramer's } V = .25$]



Interview Findings

Survivors

Description of Participants

Interviews were conducted with 47 victims/survivors of IPV across Manitoba, Saskatchewan, and Alberta. Most participants resided in urban areas (43 participants or 91.5%), with the remaining (four participants or 8.5%) residing in rural, remote or Northern communities. At the time of interviews, participants ranged in age from 19 to 67 years old.

Participants identified as a diverse array of gender identities, including cisgender (five participants or 10.6%), transgender (four participants or 8.5%), and non-binary, genderfluid, genderqueer, Two Spirit, or “other” (21 participants or 44.7%). There were also 12 participants (25.5%) that identified as female and five (10.6%) that identified as male without specifying if they were cisgender or transgender. Participants also identified as a diverse array of sexual orientations, including gay or lesbian (15 participants or 31.9%), bisexual (13 participants or 27.6%), queer (seven participants or 14.9%), pansexual (six participants or 12.7%), asexual (one participant or 2.1%), queer/lesbian (one participant or 2.1%), queer/bisexual (one participant or 2.1%), and “other” (three participants or 6.4%).

When asked about ethno-cultural identification, 26 participants (55.3%) cited White/European descent, eight (17%) cited Indigenous/Metis descent, seven (14.9%) cited “mixed” descent, three (6.3%) cited Black descent and two (4.2%) cited Asian descent. One participant (2.1%) did not have information pertaining to their ethno-cultural identification. Seven participants (14.9%) stated they were newcomers to Canada, while 22 participants (46.8%) had a mental or physical disability or chronic health condition.

Overall, 32 participants (68%) had completed obtained some form of post-secondary education (such as a bachelor’s or master’s degree) or technical education (such as a trade school). At the time of interviews, 20 participants (42.5%) were employed full-time, six (12.7%) were employed part-time, five (10.6%) were casually employed, and one (2.1%) was self-employed. Two participants (4.2%) were retired, while 13 (27.6%) were unemployed. The average household income for participants was approximately \$43,000 in Manitoba, \$55,000 in Saskatchewan, and \$45,211 in Alberta.

Nature of Abuse

Victims/survivors described a range of violent and abusive tactics in their intimate relationships including emotional or psychological abuse, physical abuse, sexual abuse, financial abuse, religious or spiritual abuse, coercive control, and gender/sexuality-specific abuse. Many described instances of severe abuse, such as strangulation, and experienced several types of abuse simultaneously.

Emotional or Psychological Abuse

Several types of emotional or psychological abuse were described, such as name-calling and put downs, gaslighting, stonewalling, love bombing, threats, manipulation, belittling behaviors, verbal intimidation, and frightening episodes of anger. Some victims/survivors reported feeling that the emotional or psychological abuse was more damaging and long-lasting than any physical violence they experienced.

Name-calling, uhm, stonewalling, lots of gaslighting. (Survivor 09, MB)

On the emotional side, it was just like a lot of like gaslighting and a lot of, I guess like complimenting, complimenting once and then putting down in like five other ways. So, it was very like build you up, break you down kind of dynamic. (Survivor 05, AB)

I would argue that the physical abuse, while horrific, the psychosocial aspects of it is what caused me the most damage long-term because I feel like I lost my identity and my soul and I would argue that that is probably the piece of—I guess the result or the experience of the abuse that was the hardest to overcome when I left was trying to figure out who I am and finding my confidence and my independence and my life back, because so much of that was forced to stay in a box so that I wouldn't aggravate an argument. (Survivor 14, SK)

Physical Abuse

Instances of physical abuse, such as pushing, hitting, grabbing, slapping, punching, throwing items, forcible confinement, and the destruction of property were described. Although physical violence ranged from single incidents to ongoing patterns of behavior, several participants noted that abuse appeared to escalate over time. At times, acts of physical abuse also resulted in physical injury.

It started to move towards physical abuse – like pushing, shoving, hitting, choking – things like that. (Survivor 12, MB)

He pushed me inside the bedroom. He closed it. And he said, I'm not letting you leave. And I just thought to myself, this is where I die. This is it, this is it, this is it. (Survivor 10, SK)

The last straw for me to be like I have to get out of here for my own personal safety was an episode of violent outbursts in which she punched me in the face. (Survivor 07, AB)

Some participants described instances of severe physical abuse, such as strangulation and the use of dangerous weapons.

*I go to bed and then I wake up to him strangling me, screaming f*** you, over and over again in my face. (Survivor 01, MB)*

He came at me with a knife, then I got his arm, like caught in the door and got the knife dropped and was able to open the door and grab him and call his parents. (Survivor 15, AB)

Sexual Abuse

Some victims/survivors reported experiencing sexual abuse in their intimate relationships. Examples of sexual abuse include sexual coercion, molestation, pressure to perform sex acts under uncomfortable circumstances (such as without a condom) and using sex as a “tool” to control the relationship. In one instance, sexual abuse resulted in an unwanted pregnancy.

The sexual assault wound up becoming a daily thing, multiple times a day. I think in his mind he was trying to correct me, quote on quote. (Survivor 07, MB)

He coerced me into having sex. He raped me quite a few times. (Survivor 09, AB)

As a result of that abuse through that person I wound up getting sexually assaulted, which led to an unwanted pregnancy. And it was very horrific for my body. I tried to terminate it myself. I tried to terminate it medically and it wasn't getting terminated. And yes, it ended up being stillborn and it was very traumatic. (Survivor 12, SK)

Though all sexual abuse is inappropriate and damaging, one victim/survivor described a very severe instance in which they were physically tied and raped.

It was the one occasion, him and a friend of his, they drugged me and they tied me up and they viciously beat me and raped me and that was a pretty horrifying experience. (Survivor 12, AB)

Financial Abuse

Financial abuse was also described. When experienced, financial abuse typically took the form of preventing victims/survivors from accessing finances, controlling how victims/survivors spent their money, or forcing victims/survivors to be the sole provider for the household. Regardless of the form it took, victims/survivors would have their capacity for financial independence limited.

...She would hide my bank card... (Survivor 08, AB)

Financially, very controlling of what I spent my money on. I was an honours and a master's student for the couple of years that we lived together, and I was pretty much working full-time at two jobs, and they would kind of control what I could spend my money on – even though they earned more money and had a full-time job. (Survivor 12, MB)

She ended up opening up two separate credit card accounts in my name and immediately maxed them out. I was expected, as well as required, to pay the house bills, pay the utilities, pay the rent, pay the coin laundry for the place that we were living in. It was my responsibility to make sure that there was appropriate food. (Survivor 08, AB)

Religious or Spiritual Abuse

Religious or spiritual abuse manifested in a variety of ways, including using religion as a means for shaming victims/survivors, using spiritualism to manipulate and terrify victims/survivors, and impeding the ability to perform spiritual practices.

He got me involved in a church and just basically God held me to all these standards, and I wasn't religious at the time. (Survivor 09, AB)

She claimed to be very spiritual. She believes in like the moon and stars and, and tarot cards and, and spiritualism in that sense. And she manipulated me as well into believing that she could see things that she shouldn't be able to see or she could know things that she shouldn't be able to know, like a conversation that I would've had with my friend about the struggles that we were experiencing as a couple. She would look at me and she would quote me from my conversation that she wasn't a part of to me and say why did you say that, so and so. And I would literally be like I, you weren't there how do you know that? She's like I just know things. And it was literally because I didn't know at the time but she was going into my texts and reading through my texts (laughter). But she used spirituality to manipulate me into believing that she had powers or that she had knowledge that she as a normal human being shouldn't have. (Survivor 08, AB)

For spiritual, the way it really impacted me was that I wasn't allowed to practice my culture or my ceremonies in a safe place. And when I would go to lodge, because I go to lodges for my spirituality, whenever I would visit there, they would stalk me or they would harass me and they would try and get other people to gang up on me and hurt me. And they actually used spiritual incantations or spiritual hexes and things like that on me. As we say, bad medicine. They would put things on you to kind of like curse you. And then they also physically would attack me at night. So that was going on in my spiritual places or places where I practiced my spirituality. And whenever I practiced it at home, they would not be OK with it. They would get upset and they would punish me, and as a result they eventually tried to get the police involved and make me homeless for doing those things. They also convinced—using their manipulation tactics, they convinced the leaders of those spiritual circles to no longer trust me or let me get access to the ceremonies. So, I've lost spiritual services as a result. And

fellowship, I would say companionship, 'cause I had lodge sisters and lodge brothers, and they started to turn against me and then I lost my spiritual community from that. (Survivor 12, SK)

Coercive Control

Instances of coercive control or the use of fear as a tactic to control victims/survivors was also noted. Isolation was specifically used in order to have victims/survivors depend entirely on perpetrators and lessen the chances of them leaving the relationship.

So, in a lot of ways, the isolation really separated me from my friends. I had a group of friends since elementary school, and it sort of pushed me away from all of them over time. It started off with him saying that they had said something they didn't say, or just starting little fights with people and trying to turn me against them, and then also being really controlling about where I was going, what I was wearing, who I was hanging out with. (Survivor 12, MB)

I wouldn't even speak to my family at all – and my family was always really tight-knit with me when I was young. But I guess when you're in relationships like that, they never want you to be around your family. (Survivor 11, MB)

She would make it appear that I was being rude or disrespectful or have other negative interactions with my friends and alienate me further by coercing me to move up north which she was from, so her family was also there, in and around there and so she basically coerced me to move up north... so she manipulated me into feeling like that that was the only choice I had to make her happy. So, I moved up north but I had no friends I had no family. I had nobody up there. The shelters are significantly different up there, there's no transportation, so it was literally very alienating. (Survivor 08, AB)

Gender/Sexuality-Specific Abuse

Abusive acts based on gender expression and/or sexual orientation were also noted. This included trying to shame or discredit victims/survivors for their gender expression and/or sexual orientation, attempting to control victim/survivor's gender identity and/or sexual orientation, attempting to elicit confusion about the victim/survivor's 2SLGBTQ+ identity, and threatening to “out” victims/survivors publicly.

Deadnaming and like just sending texts constantly on how, you know, I'm trans so like calling me a girl. (Survivor 03, MB)

One of the last things she said was “oh well, you know, you're not like a real man.” (Survivor 08, MB)

He was pushing me to transition to male because I guess he was gay. So, he was texting like other people that he was gay and not telling me but he's very much like pushing me to identify as male and telling me “oh I don't want to be with you 'cause you're too feminine.” And being genderfluid is obviously like, I don't know, like it made me question so much [...] he was pushing me to identify as something I wasn't. (Survivor 02, MB)

It was like controlling behavior, because if I didn't look or sound or act in a certain way that was their gender that they wanted, then I would be punished for it or bullied for or made fun of it or told it was gross or stupid or dumb or weird or shut up, you don't talk to me like that, don't look at me like that, don't wear that that, get away from me. (Survivor 12, SK)

There was definitely jealousy of women that came up. Because my previous partner before him [...] was a woman and he was very much like—I think at first he was only jealous about guys and then he was just jealous about everybody and it was like oh, you're gonna sleep with this girl that we work with because you're bisexual. I don't know if that was him pulling

the stereotype of bisexuality and promiscuity or if he was just so jealous that he just saw everybody as somebody I was going to sleep with. (Survivor 02, SK)

I think it definitely affected the way in which I was manipulated in lot of things, like with my self-identity. They projected a lot onto me about their identity and their internal struggle and attempted to and definitely kind of did in some ways put that on me and cause a lot of conflict within my own identity because of these things, which affected both the way that I was treated and then the way that I in turn viewed myself in general, my identity as a human being, but also my identity and being queer. (Survivor 11, SK)

There was this whole thing where I wasn't allowed to leave the relationship because there was the threat of, "don't go telling anybody or I'm gonna tell them that you're gay" or whatever, and I was not out to my parents or any of my close friends at the time and I didn't really know how to handle that. There was this anxiety of, "people are going to find things out about me, but not from me." And that's going to be out of my control, and then the only way I have control of whether or not things get said or not is if I stay around this person so that I can be there to make sure that they don't go ahead and say anything. (Survivor 03, SK)

Other Forms of Abuse

Participants also identified stalking and privacy intrusions as a form of abuse, particularly when attempting to leave the relationship, and substance use coercion.

She placed those trackers and spyware on my devices. (Survivor 08, AB)

She was a heavy pot smoker and she coerced me to smoke pot with her in the home because she said I should not make her do it alone. (Survivor 08, AB)

Experiences Help-Seeking

Victims/survivors sought a variety of formal and informal supports during their experiences with IPV. Experiences with formal supports, such as police or RCMP, were markedly negative in comparison to experiences with informal supports, such as family and friends.

Formal Supports

Victims/survivors noted that they sought a variety of formal supports after experiencing violence or abuse in their intimate relationships, including:

- Police or RCMP
- Victim Services
- Criminal court
- Lawyers
- Therapists or counsellors
- Family doctors, healthcare workers, or community health centres
- Women's shelters
- Suicide hotlines

When seeking formal supports, victims/survivors described negative experiences with police or RCMP. These negative experiences were largely rooted in the past criminalization of 2SLGBTQ+ identities and subsequent harm that occurred at the hands of law enforcement officials. While these laws may no longer be in effect, victims/survivors noted that harmful law enforcement practices persist to this day and have contributed to a lingering distrust of police or RCMP within 2SLGBTQ+ communities.

It's seen as more a run of the mill experience to be queer and be abused and often police are the ones who are helping with that historically. (Survivor 04, MB)

I am 100% resistant to police, like I think a lot of queer people are very much in like an ACAP or defund space, which is certainly true for me. (Survivor 09, MB)

Victims/survivors specifically noted that they felt police or RCMP didn't take IPV seriously in 2SLGBTQ+ relationships and reported their concerns being met with disinterest or disdain.

I do not think like a police officer, like if you were to report it will take it seriously. (Survivor 17, AB)

I can't recall the police making any homophobic rants or anything like that directly to me. Just felt more like pushed aside or that it wasn't a priority for them. (Survivor 04, SK)

I think specifically when we've had instances with police, they kind of just brushed it off because we were two women. (Survivor 11, MB)

Victims/survivors also noted ineffective and harmful responses from police or RCMP towards 2SLGBTQ+ communities, including discrimination, misgendering, belittling, and poor conduct.

The only time I felt like there was discrimination was from some of the police officers. (Survivor 13, MB)

The officers I've spoken to were less than helpful, for one, and they would misgender me a lot.. and they would almost belittle me for having stayed in the relationship as long as I had and for just like a lot of little minor things it's like, not good. And they would always be very unhelpful. (Survivor 01, MB)

Yeah, they were always very dehumanizing. Very traumatic. And to this day, I'm scared... it was like six police officers that showed up. And like, it was like a really horrible situation. Like, they were kind of like laughing at me. And they were like, oh, like we were expecting something different. Like he thought you were gonna be more challenging, like we thought we were gonna have to like handcuff you but you seem very calm so we won't have to. they were saying stuff like that to me which made me just feel disgusting. (Survivor 18, AB)

Well with the police they treated me at times so bad that I was told that I should report them for their conduct. (Survivor 13, MB)

One participant even reported experiencing abuse from the police themselves when seeking help for the IPV they were experiencing.

I'll just say this right off the top. Police have never been helpful to me in my entire life. I have done everything I can to get the police to help me. They have never intervened in any of my abuse situations. Ever, ever, ever, ever. I in fact have been abused by the police while I try to get help from the police for my abuse. (Survivor 12, SK)

However, victims/survivors noted much more positive experiences with Victim Services, stating they found the service to be very helpful.

Victim Services, they were wonderful. They were absolutely wonderful with giving me additional resources with how to handle all of this 'cause I've been through a lot of abuse before, but I've never been in a place where I could report it. (Survivor 07, MB)

They've been nothing short of wonderful and helpful and empathetic and understanding, and my Victim Services caseworker, she gives me resources to try and reach out to—whether or not these resources actually reach back out to me is another story (laughs). They've all been wonderful at Victim Services in my experience. (Survivor 01, MB)

Victim Services was really wonderful. (Survivor 04, SK)

Participants who worked with therapists and counsellors described both positive and negative experiences. Those who described positive experiences reported feeling accepted and respected by those they were speaking with.

I decided to go back to counselling and basically asked for a counsellor who would be sensitive to the gender sexual community, and she was really good. She found a book on relationships and even though it was written about heterosexual relationships she explained it really well. (Survivor 04, SK)

It was helpful in the sense that it really installed some things in me that I didn't know. It really taught me a lot of myself. I lacked in my self-esteem, you know. At that time my self-esteem had really gone down and it taught me a lot of things and it taught me to stand up for myself. He told me, you know, you only have yourself, so it's either you stand up for yourself or not. And so, the best thing you can do is just be there for yourself, because no one else will. And he taught me a lot of things that I really found helpful. (Survivor 07, SK)

I think it was very helpful. It was nice to be validated by somebody that wasn't biased by a relationship with me. It was a professional who dealt with these kinds of things on a regular basis. (Survivor 14, MB)

Those who reported negative experiences stated that they were not comfortable disclosing their abuse and described poor conduct by therapists or counsellors.

But I have access to some counselling supports so there was free supports at the, at the, one of the centers for queer folks here, and I went to talk to them about that because I, it felt hard for me to go and talk to somebody about it because I was you know 38 and they were 18, so it was like a huge, 20 year difference... so it was very hard, very stigmatized ... so anyway I went there because I didn't feel comfortable in talking to some of the other support I had used. (Survivor 15, AB)

I tried to tell her about the situation, and then she just kind of brushed it off and said, "oh well that's common." And then I later tried to disclose my sexual identity to her and she just told me I was just wrong and confused cause I'd just gotten out of this relationship, so. And then I saw her for like three sessions and then she put me on medication and told me I was fine after. (Survivor 09, AB)

Victims/survivors also expressed certain frustrations surrounding mental health care, noting that these services were limited.

I reached out to like mental health support at university privately, which was—it was better but the problem was that it's so expensive I couldn't keep it up regularly. And also they like things that were offered from benefits like the government and the university wanted it to be fixed in one sitting, whereas I had like long-term rape trauma and I'd like that to be investigated with someone I could trust not somebody who's trying to get through the door. So many times I worked even with the therapist they paid and then she just disappeared and that was pretty traumatic since we were like halfway into our treatment. (Survivor 15, SK)

The other support with [name of organization], yeah it was okay. They provided a little bit of crisis management, but in terms in in depth work and therapy and real help and understanding and how to leave, those kinds of things, then I would say no. It was very kind of limited. (Survivor 10, MB)

Victims/survivors who utilized doctors or healthcare professionals reported both positive and negative experiences when help-seeking. Positive experiences enabled victims/survivors to learn more about previously undiagnosed conditions, while negative experiences were centred around a lack of awareness and education of 2SLGBTQ+ IPV by doctors. Unfortunately, in one instance, a doctor also broke patient confidentiality which resulted in IPV to occur within the relationship.

I was able to meet with a psychologist and a psychiatrist every day. And that is actually where I discovered that I was neurodiverse. (Survivor 18, AB)

[The doctor was] like you guys are equal and I said no we're not actually though like, there's a severe bully and victim issue... Like there's a big problem and she refused to acknowledge it because we're both female. (Survivor 08, AB)

She looked at me, she's like you're fine. I don't understand what the big deal is and then she actually broke my confidence, and she told my partner that I was telling her that there was problems and she confronted my partner and literally my partner came home and like, like mentally and verbally assaulted me for going to my doctor about the problems we were having at home. (Survivor 08, AB)

A handful of victims/survivors engaged with the legal system. Some noted positive experiences, including the proper use of pronouns and an amicable court process.

So, the people that I dealt with, both in the courthouse and the, we just accessed like free legal advice it was done pretty amicably on our part. So, we had discussed about like this is what's happening, and this is why it's happening and, and it was pretty straight forward... So that was all done really respectfully and very amicably, and I felt really well supported by everybody that was involved in that process. (Survivor 07, AB)

Misrepresentation of her pronouns was not really an issue and the judge did use she/her pronouns and then as far as like, being misdiagnosed or misgendered that, it-it didn't, any other aspect it didn't seem to be really an issue. (Survivor 08, AB)

However, others found the court process burdensome and felt that the court staff did not respect their pronouns.

I found the court system quite onerous to get the, a restraining order and then the process because here I am, I feel, I shared what happened to me but then they're able to write a response to what I wrote... supposed to be a one-way restraining order, not mutual, and I just didn't understand because I didn't have money for a lawyer and didn't wanna you know keep telling my story. (Survivor 15, AB)

I think they might have been indifferent. And I also think they didn't look at the papers properly. Because on the sheet there, it said, who charged me so Jane - in real life, they have like, she has a more gender-neutral name, it really could be interpreted as male or female. I think they didn't even pick up on that. (Survivor 16, AB)

Victims/survivors also reported accessing women's shelters. While one participant noted a generally positive experiences with these services, another noted barriers due to their sexual orientation.

I think they were good for the most part, it was just like general support, just like how do you feel right now? Are you feeling okay, like, do you need emergency counselling? I think they had like these little care packages that they gave me, which was nice, but I didn't really need it. But it was thoughtful. I would say like, it was good to be heard, because I think that was probably the first time where someone actually asked like, 'so what actually happened?' (Survivor 16, AB)

The first shelter I was at I truly feel like that there was some issues because they knew that I was gay and I didn't hide that fact like I didn't try to say that it wasn't like that, didn't try to hide that fact at all. So, they kind of were like oh well, you know, we're really sorry about that but we can't really like, can't help you. (Survivor 08, AB)

One participant utilized the suicide hotline for their ex-partner in a moment when this person was threatening suicide, with positive outcomes.

But I found the suicide hotline was very helpful. I found that they were able to get us out of that situation and give a plan for them, my partner. (Survivor 15, AB)

Informal Supports

In contrast to negative experiences with formal supports, greater satisfaction was found with informal supports, such as friends and family. Many victims/survivors who utilized these supports regarded them as helpful.

I did talk to my mom and my friends about things and even before I realized it was abuse, they would tell me, and I would brush it off as nothing. They were helpful in having me realize that I was not in a good relationship. They were fairly positive even if I was in denial in the beginning. But I did feel safe and respected and listened to even when I refused to see what was happening. (Survivor 08, MB)

I found it very helpful, like obscenely helpful, very validating, and started making me actually realize how bad things actually were. (Survivor 01, MB)

Yes, it really helped me because she's the first person that I explained to everything that was going on with me and she told me no, this is just not normal to me. I thought it was normal that I got to be treated that way and she told me, you know, you're being treated in an unfair way and this is not how it should be? So yeah, I think it really helped me. It really, actually it somehow opened my eyes. (Survivor 07, SK)

Yeah, so the informal supports were really my mechanism for survival, 100%. I had a close—I would consider her family, although we're not blood related. Someone who's been in my life for a long time that I met since living in Saskatchewan. She was the first person to notice the change and she said it was my spirit, my behavior. She asked me if everything was OK because she noticed I wasn't the same person I was and was worried and concerned for me in my relationship and that was really the first indicator for me that perhaps something was wrong. (Survivor 14, SK)

I'm glad I opened up more because I realized that my friends are actually really, really good people who were like 'no, this is not ok' and 'we need you to get out'. (Survivor 01, AB)

With my family members though, they actually said to me let's create a safe word and I will give you money on loan, interest free. You know, even if you get to the point that you can't ever pay back, I don't really care. I'd like to see you safe and I'd like to see your daughter safe instead to know you're still in that situation because you financially can't do it. I'll help you. (Survivor 08, AB)

Interestingly, co-workers appeared to be a source of informal support for participants as well, which participants also cited as helpful.

I'd say that was probably the most helpful because – I guess people that actually care about you, like certain co-workers that I had were very genuine people at certain points. I knew that they wanted my best interests. Certain people were also older than me and they had life experience and had been through things like me, so they were able to see from a different point of view as well. (Survivor 11, MB)

So, I went in, and I was like, I just really want to be real with you guys, I think I might need to take like a couple of weeks before I actually fully commit to starting this job (chuckles) and they were like well come stay at our house and we'll help you get off your feet (chuckles). We'll help you do whatever you need to do to be able to be okay with it. So, they actually allowed me and my daughter to go there as a safe haven and stay at their place while I got on my feet and then I was able to rent a place. (Survivor 08, AB)

However, some did not find informal sources of support to be helpful, citing misguided attempts at support and

feelings of judgement as their reasoning.

For the people who hadn't experienced it, I felt that there was a lot of judgement – it was sort of like “why didn't you leave sooner” and just not really a lot of understanding or empathy, more just blaming the victim. (Survivor 12, MB)

When I reported to my friend, they said that they knew and they understood that something was wrong but they said they're really sorry but there's nothing they can do. I don't know how to help. I should go to the police. So it was, it felt, in a way very ineffective, or unhelpful. (Survivor 08, AB)

So I think there was like, they [friends] were able to offer support, but I could tell that they were also kind of overwhelmed with what was happening. And a little bit like, unsure of how to support me besides being there to listen. So I think there was a bit of, I can't think of the word, but just like not really knowing what to do, and also talking to other friends behind my back to try and figure something out. (Survivor 16, AB)

Victims/survivors also discussed the challenges of being vulnerable with informal supports, including fears of how those close to them would react.

It took a long time to open up about that with my mom. [...] It's almost easier to talk about with somebody that I don't know or that I don't know very well. (Survivor 05, SK)

I didn't know whether or not I wanted to divulge information about myself because I wasn't sure how my family was going to react, not only to the, you know, my being not straight, but the abuse that came with me choosing intimacy with somebody who wasn't a man. And I wasn't ready to deal with those kinds of problems all at once, and I did have this fear that they were going to be more angry about the fact that it was an abusive relationship with a woman rather than the fact that it wasn't healthy, that it was violent and that it was hurting me. (Survivor 03, SK)

Barriers to Seeking Help

Participants noted several barriers to help-seeking when experiencing IPV in 2SLGBTQ+ relationships. Notably, help-seeking was hindered by barriers specific to 2SLGBTQ+ communities (such as the fear of being “outed”), accessibility, the COVID-19 pandemic, confidentiality concerns, abuse-related challenges, and other barriers such as involvement with crime or substance use.

Barriers Specific to 2SLGBTQ+ Communities

Participants identified barriers specific to their membership in 2SLGBTQ+ communities, including:

- Fears of how their gender identity would be perceived by service providers or discomfort disclosing their gender identity
- Fears of discrimination
- Not being “out” to friends or family
- The small size of 2SLGBTQ+ communities
- A lack of resources specific to 2SLGBTQ+ communities (including long-term services, crisis services, shelters, and resources designed specifically for men)
- The absence of 2SLGBTQ+ service providers and professional competency regarding 2SLGBTQ+ populations
- Internalized homophobia/transphobia

These barriers were described in numerous instances:

So, my fear of how my identity would be perceived by... well, by police, was definitely a big one—how would I be treated, and that kind of thing.... and now that I identify as non-binary,

there's a lot of fear and powerlessness in terms of accessing, and will you be understood, and that kind of thing. So, I think that was sort of how it was impacted. You end up kind of being a bit avoidant, for fear of not being treated appropriately or respected appropriately or being misunderstood or having to go through the process of feeling like your identity is part of the problem. (Survivor 10, MB)

You know you can't really go and report to the police that you have been beaten. Maybe, you know, they cannot—they really don't support the gay community, so I think where we are really discriminated. (Survivor 09, SK)

I also couldn't call my family because I wasn't "out" to them. (Survivor 16, Alberta)

I think also being in queer relationships and stuff, even just how well the [2SLGBTQ+] community knows each other. So, most of the folks that I hang out with are like the people that I know, that she also knows, trying to keep the drama out those pieces and trying to keep it a secret really, you kind of just have no one to turn to, 'cause you don't know who's gonna believe you or who's gonna side with her. (Survivor 03, MB)

Just to access some programs. 'Cause sometimes for a trans person, or a lesbian, or a gay person, or a bi person, or a non-binary person, if we've been in an abusive relationship, there's not much out there for us. (Survivor 05, MB)

There are no shelters for gay men. It's only for women. I looked up and there's just no support for anything to do with male-presenting and men, which is really horrible. (Survivor 15, SK)

Trying to find a counsellor that had experience with some people in queer relationships was challenging as well, especially adding in the aspects of law enforcement. Trying to find counselling services with people, not because they weren't accepting, but with experience in that area, right? Because I feel like the relationship and the dynamics of the relationships are different than in a heteronormative relationship. Some aspects are the same, but some are very different, and trying to find someone that openly had that experience or knew how to help navigate those things was quite challenging and eventually just gave up. (Survivor 14, SK)

I think that level of like how society might perceive it, including other gay friends, or some gay friends, has an impact on like my willingness to talk about it and seek support. So, I suppose homophobia or like, slash shaming in general, has played a role in my willingness to seek support. (Survivor 04, Alberta)

Some victims/survivors also discussed how feelings of stigma and shame hindered their help-seeking abilities. One victim/survivor noted that feelings of stigma and shame could be *compounded* due to both membership in 2SLGBTQ+ communities and experiences with IPV.

Not only shame because it was sexualized violence, but an added layer because it was an intimate partner, and then an added layer on top of that because they're a part of the LGBTQ community and all of the myths and biases and judgments that come with those identities or that are assigned to those identities. (Survivor 03, SK)

Accessibility

Participants also noted a range of reasons why the services they needed were inaccessible to them, including:

- Affordability or financial challenges
- Long waitlists
- A lack of transportation (specifically for those in rural areas)
- A lack of technology

- A lack of safe, affordable housing
- Inadequate mental health services

These challenges were described in numerous instances:

So, when it comes to actual affordable, accessible assistance, there's not a lot there and what is there, there's a massive waitlist. (Survivor 01, MB)

I used to – well, I still just bus, but like I definitely was... I was in a total opposite side of the city than any of my family, and I also couldn't get away if I really wanted to – unless I was to walk – but I couldn't really walk anywhere. (Survivor 11, MB)

I used to have a really crappy phone in general that didn't really work. So, it was hard to contact anyone in general. (Survivor 11, MB)

Through EIA Disability, which is what I was on, they weren't gonna help me get out of the situation. 'Cause at that point when we broke things off and the abuse is real, real bad we were living in an apartment together and you know the system only helps people move twice. Apparently before they're like "oh no you gotta figure it out on your own." So, I couldn't—I couldn't leave through help of them. (Survivor 07, MB)

From my experience, from my research, there's just—there's no access to free proper mental health counselling. There's a few things to do with, like if, say, your partner has benefits from the government, you can get three sessions, and if it's really traumatic abuse, and they consider traumatic physical violence, you can get up to six, but they're trying to cut you off. I like to know that at the start of a session. When you're trying to deal with such traumatic stuff, it's impossible to get proper help. So, unless you come from an extremely wealthy family, or you have an extremely wealthy partner, you cannot get help properly. (Survivor 15, SK)

But like, I don't make enough money to pay for therapy, like on my own. So like, that's the thing is like, I can get these handouts, every, like, few months, and like, get a session here or there. But like, it's not anything like consistent. That'll actually, like I don't want to say it's not gonna make a difference. But like, in reality, it's really not gonna make a difference. Because it's not consistent, right. (Survivor 18, AB)

One participant noted how several accessibility issues could converge to make accessing services extremely difficult, such as affordability, transportation, and rural living.

I wouldn't say that I'm not someone who wasn't able to advocate and navigate systems. I feel like I'm very good at that. But that wasn't really something that I could access, and then because of the costs associated to it, not to mention travel—I mean at the time I was living 650 kilometers away from [name of city], so to go to counselling and also at the time, pre-Covid, getting phone-in virtual counselling sessions wasn't the same with respect to accessibility and normalcy that it is now, so trying to find someone and then going getting there and the costs associated to all of that were pretty limiting across the board. (Survivor 14, SK)

COVID-19

The COVID-19 pandemic also presented challenges to seeking help, particularly due to isolation and the disruption of services.

Well, the pandemic shut down a lot, and the pandemic as well made it so that my ex and I we had no choice but to be within close quarters of one another, 'cause we couldn't go out, I couldn't go out, and like actually get time away from him to actually process things. All the

abuse was just a constant like over and over and over again without a break for me to actually get a breath in. (Survivor 01, MB)

That isolation definitely I would say like increased a lot of the things, 'cause then we're like even more, just surrounded by each other. So, like COVID definitely had an impact. (Survivor 06, MB)

And like COVID was definitely a factor as well 'cause I'd been on a list for PTSD specific therapy since before COVID, but then COVID shut it down for, you know, three or four months and then it took me ages to be able to connect with someone. I might need it now, but it took so bloody long. (Survivor 07, MB)

Some participants reported feeling negatively towards remote support services offered during the pandemic, such as phone counselling.

Well, I'll say that with COVID I wasn't ever quite sure where to get help, like online or something. I'm a person where if I'm gonna be like divulging my entire heart and soul and trauma to you I'd rather be in person, not over—it just feels so fake and I just hate that, so I wasn't really interested and I think maybe that's part of why I stopped doing that counselling, 'cause it was over the phone and it's just. Like. I'm, you know, baring my soul to you, you're just on my phone. I'm not a huge fan of that, so that kind of affected it. (Survivor 05, SK)

I was able to access a counsellor, but it was over the phone, which was helpful, but it just wasn't the same. (Survivor 14, SK)

Confidentiality Concerns

Specific confidentiality concerns included living in a small community where support staff were people known to them; working at a support organization themselves and not feeling comfortable making use of available resources; and fearing that they may face consequences at work should their employer learn about their situation.

When you're from a small town, there's always, like, you know, my mom knows a lot of the counsellors and all this stuff. Even the Victim Services counsellor in town is one of my mom's close friends. So that kind of stuff does cross your mind when you're in a small place. It's like, should I talk about this? Because I don't want—it's supposed to be confidential, but that doesn't always get followed in. (Survivor 05, SK)

I couldn't go to [name of organization] because I worked there. I couldn't go to certain organizations like that that I worked at. I wanted to still be respected without losing my integrity, so I had to keep things quiet in that way, and so I didn't know other resources outside of my places of work, 'cause I have obviously had multiple jobs. (Survivor 12, SK)

I could use like the [name of program] at work, but anything you use through that—if there's any like—it's a challenge. I wouldn't use it because I didn't want [name of organization] to know what was going on in my personal life because I didn't want it impacting my professional life, if that makes sense at all. I never wanted to navigate any of those pieces, or even attempt to gain support through those elements, because. I just couldn't. I just didn't want to risk them knowing that there were challenges at home and also didn't want it to be documented somewhere that could potentially be used against me, whether it be professionally or even with the ongoing separation that I was experiencing with my ex. (Survivor 14, SK)



Abuse-Related Challenges

Victims/survivors noted that the impacts of the abuse they endured prevented them from accessing necessary resources and services, including isolation, not thinking the abuse is severe enough, and not understanding how seriously they were impacted by the abuse. This often resulted in participants struggling to realize that they needed help or trust that receiving help was possible.

Definitely isolation from family, but also isolation from my community, as in the LGBT community, because of that shame, fear, holding secrets, like not wanting to out people in the community as violent, but it isolated me from the community resources that I needed like, just people like me. (Survivor 10, MB)

That's why it was like, also, like, another reason why I didn't think I needed help or support was because he never like, hit me or, like, he never like called me names. Like, there wasn't any name calling. Or any physical stuff... (Survivor 18, AB)

During the time in which I was being abused, I did not talk to anyone, and I did not fully comprehend all that was happening to me. I did not realize quite how great of a scale it was because. I was being so heavily mentally manipulated and taken advantage of that I also believe that if I did try to talk about the dots that I had connected in my head I was convinced that no one else would be able to understand what I said or be able to do anything about it if they did believe me. (Survivor 11, SK)

One victim/survivor also noted that it was difficult to recognize the signs of abuse in their partnership due to their childhood experiences of abuse.

I think the thing that more impacted my ability to recognize then report the abuse was my own experiences of abuse growing up, just that like, that lack of self-trust, the way that even though my body like knew that something was wrong, I didn't have a way to articulate that or trust that. (Survivor 09, MB)

Other Barriers

Participants also described other barriers, including involvement with crime or substance use, fears of exposing partners to discrimination or racism, and a negative view of police.

We sold drugs at the time, so we didn't really want to go to the cops. (Survivor 12, AB)

Yes, I could call the cops, but I mean, there was fear, right, because I was using crystal meth and I was scared going to jail. I was scared of losing my license and I worked so hard to get that license. (Survivor 10, SK)

I also did not want to hurt the person that I was with and affect their experience because on several different occasions while we were dating people were very openly racist to him and I did not want people to inflict more conflict onto him. (Survivor 11, SK)

A lot of people want to go to the cops, because we want to get help, but we know cops don't help people like us, not the way that they're supposed to. And these are like Indige-queer and you know, white queer people and trans people, just everyone under the entire alphabet, we just don't feel like the police are a viable option for us because of disrespect and the history between our community and the police. Sure, surface level and with some individuals, things have changed, but with the system as a whole, no, not really. (Survivor 01, MB)

Impact on Victims/Survivors

Experiences of IPV had many and varied impacts on 2SLGBTQ+ victims/survivors. The negative effects of violence and abuse on physical and mental health, education and employment, relationships, finances, housing, spirituality, reputation, and children were described. Some also noted “positive” outcomes as a result of their experiences, such as personal growth.

Physical and Mental Health

Victims/survivors described a range of impacts related to health and wellbeing, including:

- Physical injury and the deterioration of physical health (including lasting or long-term physical injuries)
- Insomnia, sleeping problems, and nightmares
- Flare up periods of pre-existing medical conditions or addictions
- Self-harm
- Disordered eating
- Loss of identity/self-esteem
- Anxiety
- Depression
- Suicidal ideation
- Post-Traumatic Stress Disorder (PTSD)
- Fear (including feeling unsafe or being overly cautious)

These impacts were described in numerous instances:

I started to lose my hair. I actually have a picture from when I was right in the great big, huge mess of everything and then after I left about 6 months later. And I can literally tell you it doesn't look like the same human. My eyes are sunken, they're black, they're not okay, and then I have like big patches of hair that are gone. (Survivor 08, AB)

I didn't sleep a whole lot. For like, a year, two years after I had sleeping problems. (Survivor 16, AB)

I would hit myself. I would self-harm. I cut a lot. I burned myself with a cigarette. Not a lot, but I did it. More so when I was in the abuse then when I was out of it, but there were a couple of times I would hit myself, like punch myself in the face. (Survivor 10, SK)

It was very difficult for me for a very long time for anyone to touch my—I did not even go to the dentist for like two years, because I could not have people touching my skin. So that took a lot. Even now I will sometimes have panic attacks if my skin is touched or something brushes a part of my body in a certain way. (Survivor 11, SK)

I was left with bad anxiety and self-esteem issues and more. (Survivor 08, MB)

I do have clinical depression and one of the warning signs for me that I am in a very bad situation that I need to get out of is when I start being constantly passively and, you know, start becoming actively suicidal and.. you know, at the time I was having chats with a counsellor at [name of community health centre], umm.. and so that kind of helped manage me to a certain level. (Survivor 01, MB)

It really affected like my mental health a lot and I did end up getting PTSD from that. (Survivor 05, AB)

I would live in so much fear. I didn't leave the house when I was in [name of city] other than to go to work, so I didn't see anybody 'cause I was scared to see him. (Survivor 10, SK)

For some, there was a sense that the mental impacts were the most damaging impacts of abuse—so much so that that victims/survivors felt permanently changed or that they would be dealing with these impacts for the rest of their lives.

As far as mentally, mentally was probably the most damaging of it all. There were times when I actually went to her and I looked at her and I said I actually think that I'm going crazy and I think I'm going to have to sign myself into the psych ward. I literally feel like I'm losing my mind. (Survivor 08, AB)

I feel like it's going to be something that I will have to endure or experience forever. (Survivor 14, SK)

Education/Employment

Victims/survivors also noted negative impacts on their education and employment, noting that their capacity to function at work or school was diminished due to the abuse they experienced.

I'd argue that it's possible that my grades were lowered because I was experiencing more anxiety in the relationship and anxiety significantly impacts my grades. (Survivor 04, MB)

My work was kind of affected by like my capacity being so drained, and like my- especially like my emotional and mental capacity was so drained that it actually- it was- it was impacting like how I could show up with work. (Survivor 06, MB)

It was really difficult to continue performing my duties on a professional level, being in a very small community where my significant other was still living. So, on a professional level, it was hard for me to work. I didn't want to work. I was ashamed and embarrassed and that, you know, lead into the quality of the work that I was doing. (Survivor 14, SK)

In some cases, participants described struggling with professional boundaries as a consequence of abuse.

I got counselling again, 'cause clients were sharing some of their experiences and I found that I was becoming too emotionally involved. I wasn't able to separate my own experiences with what they were sharing about. (Survivor 04, SK)

There were also times where physical abuse meant participants were physically unable to attend work or school.

So sometimes when I was beaten, I did not really go to work. Sometimes this was a full week, so I did not have a stable financial—I was not stable financially. (Survivor 09, SK)

There was an instance where we got into a fight. He took my glasses and he broke them. I can't see without my glasses so I had to call into work and was unable to go to work 'cause I couldn't see anything. (Survivor 10, SK)

Some even reported having to leave their places of employment, or losing their job, because of their abusive relationship.

I've left and had to leave jobs because of the violence that I've endured. (Survivor 10, MB)

He told me that I had to find a new job when we broke up. I brought that to my supervisor because of course they knew that we were getting—we had disclosed it and stuff. I was like, he wants me to find a new job 'cause he doesn't want to work with me. (Survivor 04, SK)

She had caused me to lose my job. She came into my job threatening suicide right at my job. I was a barber and she came into the shop and she was like... I am just going to like end my life right now, right here. (Survivor 08, AB)

Relationships

Experiences with violence and abuse also had a notable impact on relationships with friends, family, and subsequent romantic partners, including the loss of relationships, feeling withdrawn from others, and challenges with intimacy.

I've lost relationships – both friends and family. (Survivor 10, MB)

I lost lots of friends because by then I had lost interest in everything. (Survivor 08, SK)

At the time I became withdrawn. I really, I didn't want to socialize with people, I wanted to stay alone and I just wanted to soak in my pain and I didn't want really to associate with anyone. I just wanted to stay by myself. I just wanted to drown, just to get into my sorrows and cry myself out alone. (Survivor 07, SK)

So, with my current partner I wasn't able to be intimate with them in the same way as I usually would be with a partner, and it was really sporadic for a long time. But I felt like something I couldn't, I didn't have much control over. (Survivor 04, MB)

It affected my ability to have relationships with other people. I don't have the term in my head right but there is a term for it, and it means that you become asexual from trauma. I've experienced that in a big way. That was a huge change for me. (Survivor 12, SK)

Some victims/survivors experienced the deterioration of relationships within their social circles after individuals “sided” with abusers or did not believe their claims of abuse.

One thing that affected my relationships with people was when we broke up. I finally broke up with him, which I'm really happy I did, but in the community, the music community at the school that we were in, everybody stayed friends with him. (Survivor 05, SK)

While it was happening, it was really difficult because my partner both seemed very charismatic and outgoing, and outwardly, people really liked them, so people didn't really believe me that it was happening. And then when I did tell them, they said it was my fault. So there was a lot of victim blaming and shaming, and a lot of my friends just wouldn't be friends with me anymore. And over time, I would say I lost most of them because they just really couldn't be supportive. They just didn't believe me. (Survivor 15, SK)

After I'd broken up with him, I had mutual friends asking me why we broke up, and I ended up being completely honest and telling everything and they told me that that couldn't be true. Yeah, and then anybody else I ever told, told me that couldn't be true because they knew this person and thought that he was well like a great person. (Survivor 09, AB)

Finances

Financial challenges were also noted, with many victims/survivors stating that they were forced to shoulder greater financial burdens both during the relationship with their abusive partner, and after the dissolution of the relationship.

I always had to pay for everything despite trying to save up for school. (Survivor 08, MB)

The person was financially abusing me, so they would cut off my card sometimes and I would be like trapped in the middle of the city and not even be able to get back to where I live. And then when we split up, I had finally gotten to a good place with my job and they stole about \$100,000 for me, and that pretty much ended the relationship. It was pretty difficult to work out the end of that one, but then the divorce or split cost about 75,000, so I'm still kind of paying that off not six years later. (Survivor 15, SK)

When I left that relationship, we owned a home together and I opted to make that move, so I just packed some of my things and I took my cat and I bolted kind of. Ended up losing everything I had invested into the home and, and just didn't really deal with that. I just had myself taken off from the mortgage and never really received anything back from that so it was kind of like starting from the ground up all over again which was really crappy. (Survivor 07, AB)

Housing

Victims/survivors also noted that they had become precariously housed or homeless due to the violence and abuse they experienced.

I have been precariously housed because of the violence. I've had to sleep at my office. I've had to sleep at workplaces because of lack of safety. (Survivor 10, MB)

I actually almost became homeless the first time because I had to move out so quickly, and then I couldn't afford rent. (Survivor 15, SK)

I became homeless for some time, for, let's say two weeks, and then I found a home. (Survivor 08, SK)

I lost my home. (Survivor 07, AB)

Other Impacts

Participants noted other impacts, particularly in relation to religion or spirituality, reputation, and children.

Spiritually I just became pretty disconnected from like my spiritual community. (Survivor 06, MB)

Yeah, leaving that relationship kind of ruined me. I have a terrible reputation after that thanks to him. This was in a small town. (Survivor 09, AB)

So when my kid came first and I wasn't able to protect her from some of the things she experienced, felt, or saw, or the-the trauma that ensued and still carried on a year later, like it she's still going through stuff that is-is trauma-based or trauma-orientated. This doesn't come from a loving, stable home, it comes from the trauma that she experienced. (Survivor 08, AB)

Some participants also reported feeling they had been negatively changed by their experiences with an abusive partner, being forced to become manipulative or violent themselves as a defense mechanism.

It's almost like to beat a manipulator, you have to be better than them at their own game. Yeah, and I know that you don't necessarily have to do that, but it was—you become desperate, and you start looking for other options. You just find out the options that you're left with are sort of just as, if not more, evil than the ones that are already being put on you. (Survivor 03, SK)

There were a lot of instances too where defending myself meant I kind of had to be the abuser back and I think that's something that was really difficult 'cause that's not who I was. I kinda had to play the game a little bit and so I was kind of psychologically abusive, I was emotionally abusive. I did hit him a couple of times. I guess defending myself is maybe a better word, I don't know. (Survivor 10, SK)

Positive Impacts

Despite all the adverse impacts that victims/survivors described, certain positive outcomes arose—particularly in relation to growth, healing, and viewing their experiences with abuse as learning experiences or opportunities for self-improvement.

Like spiritually it really helped me, you know, impacted me in some ways but then helped me in other ways, right?... Spiritually, it, they helped me connect with the creator and with like the ability to be forgiving. So even when I'm going through those traumatic moments or those images or the memories pop up, right, those happen but I'm able to be thankful, like, in prayer, in ceremony for things that happen that become learning opportunities. (Survivor 15, AB)

I think having to mature that quickly, when I was young, I think I'm very grateful for that. And I'm a lot more aware of people's actions and their behaviors and reading their behaviors and any red flags. And also like, because I've been single for so long, I know what like, I know who I am, and I don't need to change who I am for someone else to like me, or like I know that are very set on certain things. (Survivor 16, AB)

The way that I frame it now after several years of processing it is, I'm grateful that it happened because I learned a lot about what a healthy relationship looks like and how you can kind of tell that from the beginning. (Survivor 02, SK)

Contextualizing IPV in 2SLGBTQ+ Communities

Victims/survivors discussed the importance of contextual factors when examining 2SLGBTQ+ IPV, noting that these unique factors were important to consider in understanding the realities of 2SLGBTQ+ communities and subsequent experiences of violence and abuse.

The following factors were discussed when contextualizing experiences of 2SLGBTQ+ IPV:

- The prevalence of substance use, addictions, and mental health challenges
- Codependency and trauma bonding
- Unique power dynamics in relationships
- Previous experiences of abuse
- Bisexual and pansexual stigma
- The prevalence of non-normative relationships
- Religious and cultural influences
- Family acceptance
- Increased risk of violence

These factors were described in numerous instances:

And it's very easy to fall into a relationship that is too unhealthy or codependent. Something I noted is, because it can be hard to find a partner, when you do find a partner, you might become very dependent on them. (Survivor 01, SK)

I think this is part of why gender diverse and queer folks have a hard time naming intimate partner violence is because there isn't that explicit power struggle between a man and a woman. Like we, it's harder to know where the power imbalances lie, I guess. (Survivor 09, MB)

I think there's a lot of invalidation that comes from being bisexual or pansexual and not just, you know, a lesbian or a gay man or something like that. It's almost like if a woman in an abusive relationship with this man, but she's bisexual, it's almost like invalid with some people. Even in the queer community, you know there's bisexuals, and people just don't understand that you can like multiple genders or you're not just confused, you're not going to come out as a lesbian later or whatever. (Survivor 05, SK)

Sometimes we have open relationships and so therefore these things happen when there's a threesome happening, and that doesn't mean that we don't deserve fair treatment because we had a threesome or we have decided to have a polygamous or open relationship. It's not normal for society and society doesn't understand that. We consider it disgusting, and it's a moral choice, and therefore if we get hurt or raped or abused, it's our own fault for having such a strange, bizarre relationship. (Survivor 15, SK)

I mean, yeah, I like come from like a really conservative, Christian background and you know, like in their eyes being gay is a sin and so like oh if you're in a violent relationship that's like you deserved it 'cause like you're "sinning." (Survivor 02, MB)

I think we know that people who are gender-diverse or have different sexual orientation – other than heterosexual – are more at risk for being in abusive situations or just even random acts of violence. (Survivor 12, MB)

Perceptions of IPV in 2SLGBTQ+ Communities

Survivors expressed a belief that intimate partner violence is overwhelmingly a problem for 2SLGBTQ+ communities. However, it is a problem that is rarely talked about or directly acknowledged. Some speculated that the issue may not be talked about due to the pressure 2SLGBTQ+ communities feel to transcend stereotypes and portray communities in a positive light.

I feel as if though when ideas, or like, when concepts like that come out, then it gives anti-LGBTQ people a leg to stand on. Like they suffer x amount of abuse in these communities therefore these relationships aren't healthy, so I think, sometimes in the community they try and minimize the amount of abuse that goes on so it just looks like were welcoming, friendly, happy, loving community, and then put the spotlight on like heterosexual female and male domestic abuse, but I think that has a lot of social implications to it, but I feel as if though, yeah, I would agree that some LGBTQ people also would minimize experiences of abuse in order for like collective reasons. (Survivor 17, AB)

I think a lot of times trans folks don't want to report it as, you know, because then it just kind of keeps with that stereotype that a lot of trans folks are trying to fight against that you know, they're like violent or dangerous, the same reasons why you know a lot of people are uncomfortable with having gender neutral bathrooms. (Survivor 09, AB)

We spend so much of our energy trying to convince the general public who isn't necessarily part of our community that we aren't here to cause distress for anyone and so I feel that it's part of our instinct as a community to say "oh no, there's not abuse here because we're good

people, remember, we deserve rights” and then the general public tends not to pay that much attention to us unless they’re trying to take away said rights. (Survivor 04, MB)

When intimate partner violence is acknowledged, it may not be taken seriously. Victim/survivors noted that abuse is often downplayed, met with dismissive attitudes, or continued to be “swept under the rug”. In such instances, victims/survivors may even be blamed for the “part” they had to play in the abusive relationship.

On the whole, I feel it is very much brushed under the rug. (Survivor 01, MB)

Some members in the community just wanna sweep it under the rug. 'Cause most of them are friends with the person that's abusing the other person and they just go, “well, it's not really any of my business.” (Survivor 05, MB)

I don't think that it's even remotely close to being acknowledged as what it should be within the peers of the LGBT, and that goes for male or female relationships. (Survivor 08, AB)

The pervasive nature of IPV in 2SLGBTQ+ communities even led some to believe that the issue has become normalized.

All the forms of abuse and neglect and general toxicity have been extremely normalized. And like a lot of it will be passed off as being catty or being sassy and it's like no, that ain't either of those things. (Survivor 01, MB)

I think it's actually quite rampant and it's as much, or it's just equally as silent as in heterosexual relationships. (Survivor 10, MB)

Several participants discussed predatory behaviors in 2SLGBTQ+ communities, whereby older community members will enter into relationships with much younger individuals. These relationships were noted as having unhealthy power dynamics that could facilitate violence and abuse.

I find a lot of younger queer folks are getting into relationships with far older queer folks and experiencing power imbalances and violence. (Survivor 08, MB)

The amount of victims I know, the normalized, you know, grown people going after barely legal or not even legal, you know, other queers, you know, just so many people that go out and hurt others. (Survivor 07, MB)

One of the common things is much older members of the community prying on like the baby queers or whatever. Like 18-year-olds and 19-year-olds, anyone that's, you know, new to the community, and these older members, who should know better, but they're too busy being committed to being an unfavorable person, will go and enter into a “relationship” with these much younger people because of the power/control dynamic. (Survivor 01, MB)

The under-reported nature of IPV was also discussed, with many noting that the issue is more pervasive than statistics may reveal.

It happens too often, it gets underreported. (Survivor 05, MB)

I think in all communities violence against women and gender-diverse people is a huge issue. The statistics are something like one in four women have experienced abuse, but that's only the abuse that's reported. And a lot of people would never speak about it and never go to the police because they may feel that they aren't supported, or they don't have enough evidence, or just the stigma and shame around it. I think for people who are already marginalized because of diverse gender identity and sexual orientation, they're probably even less likely to access resources like counselling or report it to the police or things like that, because they may think that they're not believed, they're not going to be validated... I think it is a bigger problem within the community than statistics are going to show. (Survivor 12, MB)

Comparisons were also made between IPV in heterosexual and 2SLGBTQ+ relationships, noting that IPV is often not taken as seriously when it occurs in 2SLGBTQ+ communities.

You know it's very black and white for heterosexual couples. There's gender-based violence issues within that. For our community, I just feel like it's never taken as seriously. It's never seen as a crime. And I can't put my finger on it, I don't know why, it's probably just homophobia, transphobia, things like that. (Survivor 10, MB)

I believe that being in a LGBTQ relationship made it a little more difficult for people to kind of take it seriously, right? Like to take the gravity of what happened seriously instead of just saying like obviously these behaviours are going to go on in a deviant relationship. (Survivor 17, AB)

It's very easily defined when a man hits a woman that's so, like, 'that's abuse', everyone sees it as abuse. But when a girl hits a girl, it's not the same. Like people view it as, like, you know, a woman can't do the same kind of damage as a man can, but they can, emotionally and physically. (Survivor 01, AB)

Myths and Misconceptions

Participants outlined the following myths and misconceptions, which are harmful to understandings of IPV in 2SLGBTQ+ communities:

- IPV is a “straight person problem” or only happens in heterosexual relationships
- Men cannot be abused, and conversely, that women are not abusive
- Abuse in gay relationships is just “guys being guys” and abuse in lesbian relationships is less harmful (including the characterization of lesbian violence as “mutual” or a “catfight” and other lesbian stereotypes)
- Stereotypes surrounding appearance (i.e., masculine or masculine presenting partners are always the abusers)
- Abuse is uncommon in 2SLGBTQ+ communities, or conversely, that abuse is normal in 2SLGBTQ+ communities
- The hypersexualization of queer communities, specifically bisexual, pansexual and gay individuals
- Victim-blaming narratives, including notions that victims/survivors are responsible for the abuse they experience or that victims/survivors do not seek help or want to leave the relationship
- If couples seem happy together, the relationship cannot be abusive

These myths/misconceptions were described in numerous instances:

I have noticed that there are a lot of individuals who are under the guise that intimate partner abuse is a straight person problem, like a cis straight person problem. (Survivor 01, MB)

The myth persists that men can't experience abuse. (Survivor 04, MB)

I think there's the myth that violence isn't as common, or doesn't happen in the same way, or isn't as damaging when it's in lesbian relationships or AFAB abusers. (Survivor 14, MB)

I think also the same for women. If there's like, one more, more butch and one more feminine, I think that'd be taken seriously. (Survivor 16, AB)

I would say that I'm quite a big individual, I'm 5'9", 5'10", you know, I'm 200 and I think 30 pounds, so I'm a, I'm a pretty good-sized individual. I can't necessarily be pushed around easily. I have taken kick boxing, I worked out a lot, I, in my prime, would have said and 100 percent thought it's never going to happen to me. But in every single one of my relationships, I have been sexually assaulted. And in this last relationship, I was also abused and assaulted

in many other ways. So, I feel like one of the biggest misconceptions that I personally can say that I've had is that it won't happen to me. (Survivor 08, AB)

I think there are also myths about sexual-based violence in the community because there's this myth that queer people are just sluts and wanted all the time – especially people with bi or pansexual identities. I feel like that creates a situation that perpetuates rape culture. (Survivor 14, MB)

I mean I suppose like gay men always want to have sex might be one. And, it's harder for people to understand like men in general experiencing sexual violence because like you're strong enough to defend yourself and don't, wouldn't you just enjoy sexual experience in general, and just be happy it happened. (Survivor 04, AB)

"You're asking for it" or whatever. "Maybe if you stopped being so this, stop being so that" and yeah, that's in regard to gender expression, gender identity, and queerness. Like, I overheard, 'cause I can occasionally have particularly good hearing, you know, "if I wasn't such a freak, it wouldn't have happened" or "if I was, you know, bi or queer you know, not monosexual, that, you know, well wouldn't have happened." (Survivor 07, MB)

Service Providers

Description of Participants

Interviews were conducted with 13 service providers across Manitoba, Saskatchewan, and Alberta. Service providers primarily worked in urban areas and held a range of roles in clinical settings (hospitals, healthcare centres, etc.), the legal system (Victim Services), and community organizations (shelters, 2SLGBTQ+ support services, etc.).

Nature of Abuse

Service providers observed emotional or psychological abuse, physical abuse, sexual abuse, financial abuse, religious or spiritual abuse and coercive control amongst the 2SLGBTQ+ communities they served.

The most common type in the sense that I see most often in my work would be that emotional or spiritual or behavioral abuse. (Service Provider 05, AB)

There's definitely the physical abuse. (Service Provider 04, AB)

I've certainly seen more than I wish of sexual violence. (Service Provider 02, MB)

Well I think in our work we see quite a lot of um, coercion and control being used against members of the 2SLGBTQ+ community. (Service Provider 05, AB)

An increase in severe forms of physical abuse was noted.

An increase in strangulation amongst this community when it comes to perpetrators and the way in which they're controlling the relationship. So, the physicality of the violence is increasing. (Service Provider 07, AB)

Service providers also noted the prevalence of gender/sexuality-specific abuse, describing instances of abusers withholding medications from transgender victims/survivors who are medically transitioning, as well as threats to "out" victims/survivors.

Withholding or taking medications away, especially for mental health issues or those who are transitioning. We've seen that happen quite a bit. (Service Provider 01, AB)

Yeah, so controlling access to medication, controlling access to medical care. So, you know, making people feel shameful about some of the medical care that they need in order to be themselves. (Service Provider 03, AB)

Lots of power and control, obviously issues with, you know, dynamics of their relationship sometimes... threatening to “out” someone. (Service Provider 01, MB)

Help-Seeking Patterns

Service providers were asked to describe the patterns of 2SLGBTQ+ communities who experience IPV and seek supports. In general, service providers identified that crises (i.e., experiencing severe physical abuse and grave danger, or moments in which the IPV affected others) were points in time at which 2SLGBTQ+ victims/survivors were most likely to seek help from formal supports.

I think when it comes to help-seeking behaviours, what I have encountered as a service provider and what I've seen in other colleagues upon consulting is that definitely one of the reasons can be crisis driven. So, for instance, there has been a significant event – that can be a verbal situation, that can be a physical situation – I have seen people give us a call when they are in significant emotional distress, are wanting to make changes at that exact moment, so wanting to sign up for programs because these types of situations have occurred. (Service Provider 08, AB)

We normally don't see people here until it's full-on crisis mode. Normally when they reach out to us, like, there is imminent danger or they're being, or they're with police officers, or like they're with an agency telling them that they can't go home. (Service Provider 04, AB)

It's when it hits that breaking point of either it's impacting my kids, or it's impacting other areas of my life, or I really am afraid for my life or I can't get it out of my mind now, where I'm really not comfortable, that's when we're seeing people coming forward needing help... (Service Provider 06, AB)

Some service providers identified that those in 2SLGBTQ+ communities are not accessing supports as readily as heterosexual individuals. For example, one stated that they believe 2SLGBTQ+ communities are accessing supports later in their experiences of IPV, while another revealed that they are receiving far less clients from these communities than expected. Others suggested that poor knowledge in regard to 2SLGBTQ+ communities (e.g., medical needs for individuals who are transitioning) or a lack of medical care has resulted in decreased access to supports.



My experience anyways is that they are seeking help far later than some of the heteronormative counterparts. So, in a particular circumstance that comes to mind, it got to the point where one individual was charged with attempted murder before they actually came forward and admitted there was violence. (Service Provider 01, AB)

Yeah, I mean not from us typically. We do get a few, don't get me wrong, but based on what the research would suggest about the numbers of people living with intimate partner violence or experiencing intimate partner violence, we're not seeing anywhere near those numbers contact us for sure. (Service Provider 02, AB)

Well, the gaps again would be the medical issue, the medical field, I mean not having any. We're the third largest city in the province as I've mentioned, and we don't have the medical care down here. So, if you don't have the medical care, the individuals who are needing the support, say again transitioning, if they don't have the financial means to get up to [name of city] or the supports to get up to [name of city], then it's a big struggle. (Service Provider 07, AB)

Two service providers noted that 2SLGBTQ+ communities rarely utilized police as a formal source of support, and that most referrals are self-completed.

I would say our 2SLGBTQ+ folks, very rarely we have someone else call on their behalf. It does happen but not very often, significantly less than other client groups. So, we're not typically hearing from police or hospitals for those clients. They typically call themselves. (Service Provider 02, AB)

We don't see them going to the police, we don't see them going down that justice route at all – that's not our experience here to this date, which I think is fairly typical from what I've read as well. (Service Provider 06, AB)

Service providers also discussed the role of informal supports in 2SLGBTQ+ communities, stating that victims/survivors will often turn to their informal sources of support prior to accessing formal sources of support.

There aren't a lot of formal supports available to everybody in the 2SLGBTQ+ communities. And so, I think the vast majority of people attempt for informal supports first. (Service Provider 02, AB)

I would say even before they contact the service provider, they're actually having this conversation with friends, if they have trusted family members – maybe a trusted family member – maybe a trusted colleague whomever it may be or even you know, for instance, a hairdresser, or even, for instance, a teacher or professor that they have that they've built a relationship with over time. (Service Provider 08, AB)

The informal supports are the catalysts, but I don't know if the person can recognize them as being the catalyst until they go to a professional. So, I would actually say that the informal probably has more impact on them... or, because of the relationship, like 'oh, my mom always said that but I just thought she was being my mom.' (Service Provider 07, AB)

Overall, service providers identified informal supports as positive outlets for victims/survivors, noting that these supports can be helpful and fill gaps of support not addressed by service providers.

I'm always pleased when I see that someone has reached out within their informal support first because I think that's sort of your more natural supports, because we come in, and though we can do an awful lot for you, we are typically an acute situation and we are there because something escalated to the point of now you need us involved, but when someone has the strength or the capacity and the knowledge of where to reach out informally, we often

can see it get resolved before it escalates to the level where we have to be involved. (Service Provider 01, AB)

Barriers to Seeking Help

Several barriers that prevent victims/survivors from accessing services or supports were identified by service providers, such as barriers specific to 2SLGBTQ+ communities, intersectional identities and multiple marginalization, living rurally, mental health challenges, and other barriers relating to religion, finances, age, and family influences.

Barriers Specific to 2SLGBTQ+ Communities

Service providers identified a range of barriers specific to 2SLGBTQ+ communities, including:

- A lack of services for 2SLGBTQ+ communities (long-term services, crisis services, medical services, and IPV services/shelters)
- A lack of 2SLGBTQ+ service providers and professional competency regarding 2SLGBTQ+ communities
- Fears about disclosing gender identity or being “outed” in the help-seeking process
- Perpetrator position in 2SLGBTQ+ communities (i.e., as a community leader, prominent figure, etc.)
- Internalized homophobia, transphobia, etc.
- Shame and stigma

These barriers were described in multiple instances:

There might be specific services for 2SLGBTQ+ communities but those services don't typically transfer to helping to deal with trauma or intimate partner violence or, and they don't, they're not, sort of, longer-term, even to the six-month mark. (Service Provider 02, AB)

I mentioned challenges in just shelter space and again you have an individual from the transgender population who identifies as female, or identifies as male, but has to be put into a [male or female] shelter. (Service Provider 07, AB)

I could just say one professional competency, right? If we're not having those conversations as organizations, if we're not training people to those things, if we are not ensuring that it is part of our professional development as an organization, that can be a gap and a barrier. (Service Provider 08, AB)

I don't think in an obvious way that coming to the emergency room would 'out' you, right? Like, we talk about patient privacy, and we talk about keeping people's information private – all of that. But I think sometimes what we don't see is the tiny little stuff that can happen under that, right? So, whether it's – like I described with the guy coming in dressed as a woman, he gets put in the waiting room. We don't have a private place where we put people when they are feeling embarrassed, right? So, they get put in the waiting room. What if his neighbour or his cousin is sitting in the waiting room and he is dressed as a woman? (Service Provider 02, MB)

For instance, is the partner a prominent member of the community that they are afraid of what other people might think or say, maybe depending on the status of affluence that person has. (Service Provider 08, AB)

I think there's still a lot of shame and guilt regarding individuals from the community being able to come through and talk about their experience in a supportive environment. (Service Provider 07, AB)

Intersectional Identities and Multiple Marginalization

Service providers noted that in addition to the barriers that 2SLGBTQ+ communities already experience, being a newcomer or refugee, person with disabilities, or member of a visible minority group can create *additional* barriers to seeking help. These barriers include fears of discrimination, language barriers, and differences in culture and law/policy from one's country of origin.

I think what I would do is just really highlight that particularly for refugees and newcomers, a large reason why they may not be coming forward is because they do not know what their protections are under the law or they do not recognize that it is IPV. (Service Provider 03, AB)

Immigrants and newcomers also... have, you know, a large need for service, I think with those folks there's just some different challenges, whether it be access to culturally appropriate services, language barriers, even education in those communities of what services exist, if they're new to a community or new to Manitoba. (Service Provider 01, MB)

Folks with disabilities might not have the capacity to always disclose, especially if their partner is also their caregiver. (Service Provider 01, MB)

With visible minorities it does just add another layer to what they're already dealing with. So, if say they're part of the Indigenous community, well on top of what could be some racism and all that kind of stuff that still does exist in the world, now there's just another, another thing to add onto it. So, now not only are you Indigenous but you're gay. So, now, you know, if you're going to keep adding on, to lay those comorbidities can be, just add more stress to the situation. (Service Provider 04, AB)

The various and intersecting challenges facing multiple marginalized identities were captured by the following service provider:

The more things you have going on, the more vulnerabilities you have, the more likelihood there is for you to be abused within our society. So, if you're a 2SLGBTQ+ and you have a disability, and you're living low income, and you're living in a rural area, you just don't have access to services. (Service Provider 06, AB)

Living Rurally

The lack of services and supports for those in rural areas was also identified as a barrier—with service providers noting the specific challenges of seeking services specific to 2SLGBTQ+ communities in these areas.

Those living in rural areas, absolutely have unique needs in the sense of just lack of resources, lack of understanding, lack of support, lack of you know, lack of just their mental health not [being] supported. (Service Provider 07, AB)

I think even just to sort of touch on one more in rural areas, like there's not enough support for folks who live in those rural communities as it stands, and so then I think to want to access something so specific as a service for 2SLGBTQ+ folks is just like, it can be really intimidating. I think especially if your community is really small, and you haven't come out in your community yet, and so then like, you go to access a support where you know somebody that works there, but they don't know that you're lesbian, or that you're gay, and then you're not even outing yourself but just by you stepping foot in the building you kind of are, right? (Service Provider 05, AB)

People flown in from northern communities, people who drive in from rural communities, people who come from close-knit, small places. Yeah, like 100%. I mean, the resources are like non-existent, and they experience shame and guilt there on a different level. And then there's problems with being able to access certain resources. [...] The rural shelters are extremely picky about – they would never take someone who identifies as a woman – they would only take females, from my experience. (Service Provider 02, MB)

Mental Health Challenges

Lack of energy and mental health challenges were also identified as a barrier to accessing supports, seeing as these inhibited the daily functioning of victims/survivors.

Sometimes whatever the mental health issue is, stops people from being able to seek help which, and often perpetrators of violence or abuse will use somebody's mental health to further perpetrate more abuse. (Service Provider 02, AB)

I do agree that you know mental health or substitutes can definitely affect someone from seeking help or I would say that even for – if for instance, someone is struggling with their mental health, when I think about for instance, Maslow's Hierarchy of Needs, they may want to focus on the mental health aspect rather than the domestic violence aspect or the IPV aspect that they are experiencing. (Service Provider 08, AB)

Other Barriers

Service providers also noted barriers stemming from religion, finances, age, and family influences.

If your lifestyle choices don't align with that faith and their [religious] beliefs then you're sort of excluded from receiving supports from an organization that functions in that way. (Service Provider 05, AB)

Financially not having the supports to be able to say leave a relationship. (Service Provider 07, AB)

I think we see this a lot, but the younger generation is more open to talking about the things that they're facing or struggling with and reaching out for help or support through more like formalized organizations that are specific to the 2SLGBTQ+ community versus like the older generation. (Service Provider 05, AB)

The affect it will have or what their family will think – the effect on their family or what they think their family might have. (Service Provider 07, AB)

Impact on Victims/Survivors

Service providers noted impacts on mental and physical health, employment, finances and housing, children and parenting roles, behavior, and spiritual practices amongst victims/survivors.

Mental and Physical Health

Service providers noted the following mental and physical health impacts amongst 2SLGBTQ+ victims/survivors of IPV:

- Physical injury (including severe injuries)
- Sexually transmitted infections
- Pregnancy
- Anxiety
- Depression

- Emotional distress leading to the deterioration of physical health

These impacts were noted on various occasions:

We see physical effects too, in those who identify as men and are in same sex relationships. We tend to see a little bit higher degree of physical injury I think, but obviously, and in any of that population, we see a lot of sexual and physical abuse, strangulation.. (Service Provider 01, MB)

STIs, pregnancy perhaps? (Service Provider 03, SK)

So we find that people are coming in, they're having anxiety, depression, maybe they've just been recently diagnosed with ADHD. (Service Provider 07, AB)

I think that the mental health impact is quite specific for people who are part of the 2SLGBTQ+ community. (Service Provider 08, AB)

I think emotionally is huge and that also goes into the [physical] because by the time you get so stressed about all of that kind of stuff, even just from the emotional side, it starts to affect you physically... (Service Provider 04, AB)

Employment

Service providers also noted impacts on employment for victims/survivors. These impacts specifically related to challenges maintaining employment or missing out on employment opportunities.

I've had cases where two women who had lived in a same sex relationship – long-term lesbian relationship – and it had very much broken down, and it was very emotionally and psychologically violent, and causing great breaks mental health wise. The one partner who was sort of the victim of the violence in the relationship could no longer work, and couldn't go to work, and was really stressed and lost her job. (Service Provider 02, MB)

What we've seen would be employment and a lot of that stems from, when you're emotionally drained, how do you get up and go to work everyday? When you don't know who to trust or who's gonna accept you and your partner is telling you that nobody accepts you for who you are, only them, it's hard to hold down a job. (Service Provider 04, AB)

They don't have the support systems in their life because they're even more private because of identifying in the 2SLGBTQ+, I guess parameters, that they may find it's too difficult to even talk to their employer about what's going on or things like that. So we find that they may actually be missing out on employment opportunities... (Service Provider 06, AB)

Finances and Housing

Impacts on finances and housing for victims/survivors were also noted, particularly in relation to financial enmeshment with abusive partners and a lack of safe shelters or housing.

We see lots of, sort of, financial enmeshment as you would expect to see in partners who have been together for an extended period of time, where one partner has more power because they either bring in more money or they have more money, or their names are on the properties or whatever those things might be. (Service Provider 02, AB)

You know, I see one big issue being safe housing and shelter. We have no... Well we have one- actually we don't have a men's shelter, we have a men's resource center and people can get put up at a hotel, but that's a limited stay. So after that, there's really no second

stage housing, and then even for folks who identify as non-binary, there's not really any safe space for them. (Service Provider 01, MB)

Children and Parenting Roles

Service providers also noted the impact of violence on children or the ability of victims/survivors to parent under difficult circumstances.

Sometimes it's the children of the people that are involved in the community too, that are feeling it. (Service Provider 01, AB)

I've certainly had many examples of the violence happening in the household is between two parents, or two stepparents – whatever you want to call them – and it needs to involve Child and Family Services because the violence that is happening is affecting the safety of their children. (Service Provider 02, MB)

Starting with parenting just because that stands out to me the most. I think that it's tricky for people that are experiencing violence to try and continue parenting if the children are not of both parents, like if the children were brought in from a previous relationship I think that it's quite challenging for them to try and continue parenting because the kids are not necessarily recognized as theirs by our system in the way that we sort of deem who can be a guardian of children and who can't. (Service Provider 05, AB)

Other Impacts

Service providers also noted impacts on victim/survivor's behaviors, which may be modified to ensure their own safety, as well as the ability to perform religious or spiritual practices.

I'd say behaviorally I think that people tend to code-switch, quite a bit. So based off of the environments they find themselves in or the people that they are around they will either totally change the way that they act outwardly, or they will be very conscious about keeping certain aspects of their identity hidden just as a way of protecting themselves I think, or to have sort of control over their safety. (Service Provider 05, AB)

I just, like I'm particularly looking at the spirituality one because I think that, again, just being in a city that is, has very strong religious ties to large religious organizations, your ability to look at spirituality or even to stay in the religion and participate and be connected to that religion is a struggle when you're in the IPV relationship, too. (Service Provider 07, AB)

Contextualizing IPV in 2SLGBTQ+ Communities

Service providers also noted the importance of contextual factors when examining IPV in 2SLGBTQ+ communities. Assessing the unique factors that surround 2SLGBTQ+ identities—on societal, interpersonal, and individual levels—is essential to understanding realities of violence and abuse in these communities.

Service providers identified the following contextual factors:

- The prevalence of substance use, addictions, and mental health challenges
- HIV/AIDS and sexually transmitted infections
- Marginalization and discrimination
- Previous experiences of abuse and trauma
- Family acceptance
- The prevalence of non-normative relationships

I think too, it's really important to be aware of that overlap with the 2SLGBTQ community and mental health concerns and substance dependence concerns, because I think there's a lot of

people who won't seek help, because they think that they're not going to be taken seriously, or because they don't have the capacity to go during those hours or whatever, right? (Service Provider 03, AB)

I have a lot of people who come in with HIV who are assaulted again and again. I have a lot of people who come in with different STIs or some kind of communicable disease – that would be a category I would probably say I see a lot of. (Service Provider 02, MB)

[Name of city] has a strong religious undertone, so you know, I think that's a struggle as well right. There's not maybe the appreciation – and we're rural, too, right – so we have the farmers and the ranchers, and you know, that population. I mean, I mean, what was it – a year and a half ago we had the Pride colours spray-painted at different crosswalks and you know that night they were vandalized, right. Like that very night, so. (Service Provider 07, AB)

I think if I were to go back to one of the answers that I had to one of the earlier questions when I was talking about people that may not realize or people that might kind of downplay their experiences, I think for so, and when we're looking at like cycles to cycle that pattern of violence. I think a lot of these, a lot of the people that we encounter, have had long histories of domestic violence, from parental, from community, from all of that until I think whether or not mental health or whether or not substance dependence arose before or after, that's part of the reason why I can't really unpack all that they're all not linked together. (Service Provider 03, AB)

Certainly, for those that we know there's often a breakdown in family systems that may have been a main source of support as well, particularly if someone is identifying as trans and maybe transitioning, or thinking about transitioning, where there may be rejections of the family, then that doesn't help, it makes it worse. (Service Provider 06, AB)

The other thing is that people don't realize that the gender diverse community is really diverse in terms of relationships. Our current general relationship is monogamous. But the queer relationship expands beyond monogamy, so there are a lot of non-monogamous people. People who are polyamorous, people who are polygamous. Very, very many different definitions of relationship out there. The thing is that sometimes, especially for parents who are non-monogamous and polyamorous, they do have healthy relationships in one aspect, one context, with one person. But the other relationship could show signs and symptoms of intimate partner violence. (SK Service Provider 02)

Improving Our Response to 2SLGBTQ+ Victims/Survivors of IPV

During the interviews, victims/survivors and service providers were asked for recommendations for ways to improve the response to, and services for, members of 2SLGBTQ+ communities who experience IPV. Participants from both groups offered a range of suggestions relating to establishing safe and inclusive spaces for 2SLGBTQ+ communities, representative 2SLGBTQ+ services and supports, expanding existing resources and services, addressing barriers for marginalized communities, increasing education and awareness, improving police and justice system responses to IPV, and increasing funding.

Establishing Safe and Inclusive Spaces for 2SLGBTQ+ Communities

One of the most frequent recommendations made by participants was to ensure that safe and inclusive spaces

and supports exist for members of 2SLGBTQ+ communities who experience IPV.

I think having signage or cues inside the resource centres show that it's a safe space for 2SLGBTQ peoples. (Survivor 14, MB)

I would have preferred to know that I could call a 2SLGBTQ shelter and just immediately know that they're going to get it, that I'm immediately going to be safe, that I don't have to explain who I am, or my identity or things like that. (Survivor 10, MB)

They need to know that the agency or the organization or the building that they're entering is a safe space for them to exist in. Because spaces are not always safe for them to exist in. And they need to know that they can be honest, and I think none of those things are fully realized yet. (Service Provider 03, SK)

As part of establishing safe and inclusive spaces for 2SLGBTQ+ individuals experiencing IPV, participants also noted the importance of anti-discriminatory and affirmative care. This includes:

- Asking for/proper use of pronouns
- Inclusive language
- Listening to victims/survivors
- Allyship and advocacy
- Sensitivity to unique circumstances
- Culturally sensitive practices
- Understanding queer identity and queer relationships

From my experience they need to be gender affirmed for sure, so using proper pronouns. They need to be validated in their trauma just like everyone else. They need to come—to know that they can be themselves and that they won't receive any sort of biased treatment. (Service Provider 03, SK)

I think our 2SLGBTQ+ folks also need to know that even though the system is pretty white and cis and heteronormative, that they need to be heard, and they're the unique pieces of being 2SLGBTQ+. They need listened to and understood. (Service Provider 02, SK).

I can honestly say that it feels very validating for somebody that went through trauma and that went through domestic abuse to turn around and say, there are people in my corner, I'm not alone; and the fact that I get to share my story and make others feel that they're not alone or to know that there's a network of people that have gone through it so I know I'm not alone. (Survivor 08, AB)



Representative 2SLGBTQ+ Services and Supports

Similar to recommendations related to establishing safe and inclusive spaces for 2SLGBTQ+ individuals experiencing IPV, participants also advocated for representative 2SLGBTQ+ services and supports. Participants noted the importance of having queer representation in service provision and agencies – [specifically suggesting the need for more service providers who identify as 2SLGBTQ+ or as queer, as well as having more queer-run spaces:](#)

I also think for some of these facilities, where you will find people who come from our community, people will understand your needs better. That will be better, that will work better. (Survivor 07, SK)

I think that the biggest thing for anyone who interacts with any member of the community is to have an opportunity to discuss their questions, concerns, fears, or misunderstandings with a member of the community themselves. (Survivor 07, AB)

I think the only time I felt properly seen and understood was when I specifically spent six months and found a gay queer therapist. The other therapists, they do not understand what they're talking about to you, and only someone who is queer will get that. (Survivor 15, SK)

But I just think, something like that a community resource for adults to be able to go to, or even if it was just like a city bought home that's run by LGBT volunteers. So that if you go there and you're LGBT you feel safe and welcomed by your own peer group. (Survivor 08, AB)

I always feel more comfortable going to queer spaces because I know they're more accepting and inclusive, and I just feel more cared for by queer folks. So, just more awareness and more services. Even if there was like a queer specific text line or number, that would be cool. (Survivor 10, AB)

Participants made several other recommendations related to increasing representation in service provision and supports for 2SLGBTQ+ individuals who experience IPV. These suggestions included:

- Avoiding tokenization of 2SLGBTQ+ staff
- Humanizing support workers
- Hiring more diverse staff and experiences (i.e., 2SLGBTQ+, staff with disabilities, etc.)
- Sharing pronouns
- Promoting equitable services and practice
- Involving 2SLGBTQ+ community members in decision-making
- Making services more approachable and open to everyone

A particular recommendation that emerged from participants' responses was the need to involve 2SLGBTQ+ individuals in the decision-making process and response to IPV. In doing so, participants asserted that services and supports would better reflect the needs and experiences of 2SLGBTQ+ individuals who have experienced IPV:

I think also when it comes to agencies, having more people who are in these communities in leadership roles. Not just on the sidelines, but also in the decision-making process, in the boards, hired on, because then we bring our experiences and insights that other people probably overlook because you don't know until you've been through it, right? (Survivor 09, AB)

Talking to 2SLGBTQ+ folks who have experienced violence to see what they want. Does it make sense for organizations like mine to provide service?... Does it make more sense for us to do the work that we do with everybody including 2SLGBTQ+ folks without it having to be specific? Do 2SLGBTQ+ folks want their own organizations that are specific to them? (Service Provider 02, SK)

Expanding and Developing Existing Resources and Services

In addition to establishing safe, inclusive, and representative spaces and supports, participants also stressed the need to expand and develop existing resources and services for members of the 2SLGBTQ+ communities who experience IPV.

Some of the main suggestions included:

- Improving education and screening
- Counselling and mental health services
- Increasing accessibility (such as anonymous or confidential resources, online supports)
- Greater community liaisons/collaboration between agencies
- More 2SLGBTQ+ peer support programs
- Prioritizing long-term outcomes over short-term solutions
- Providing specialized services for diverse populations (i.e., transgender or non-binary individuals, disabled individuals, newcomer individuals, men, etc.)

I think education for healthcare providers both in an acute setting, but even primary care and in the community, to be screening for IPV at all – even you know – health visits, education and awareness that it exists, and sometimes the risk is even greater in those populations. Education on how to provide gender sensitive care. (Service Provider 01, MB)

I think maybe if the centres that provide counselling had more staff on site just for a walk-in, that might be helpful, because if somebody is in crisis and they need to call in or go into a centre to talk to a counsellor, a lot of the time there's a waitlist and there just enough resources or staff to help. And I think in those crisis moments, you're not planning ahead. So, having someone just to help walk-ins at every location would be very helpful. (Survivor 12, MB)

I think that there just needs to be more resources, I guess. Like, again, my ex-girlfriend who struggles with her mental health, she had previously been in a relationship where her girlfriend had hit her and stuff and she never accessed any resources. She never sought out any formal services, and I don't know if that's because she was like, there's nothing there for me, or if it was... (Survivor 02, SK)

I think that there should be both mental health help... I think that there should be a place to go for the youth like, there's [name of community health centre]. I truly think that for adults within the community, there should be a safe place or like a shelter that is specifically geared LGBT... (Survivor 08, AB)

There's support groups for women, and now there's support groups for men, but there's no support groups for people in the LBGT community that have been abused by their partner. (Survivor 05, MB)

People need help with housing, with income, with understanding the systems that can help them because that can be a very, very confusing place (Service Provider 02, SK)

Participants also described the need for more accessible resources – specifically in terms of providing online services or other resources that allow for anonymity, confidentiality, and can protect 2SLGBTQ+ individuals from threats of harm or being “outed”:

Access to resources that don't out people or don't include the risk of being outed within, like, community groups... (Survivor 13, AB)

Even if there was a resource that was more anonymous where it's not as much of a threat of your partner knowing about you going somewhere. Maybe having a resource where they can say that they're going – you can have a doctor's appointment, but really, you're meeting up with someone to talk about your situation. Maybe something like that. (Survivor 11, MB)

I think online resources or being able to like talk to someone online about it and see what options are going forward would be helpful, so more online options, I guess. almost like how suicide hotlines, there's like live chat ones and online chat ones as opposed to ones that are just through phone. (Survivor 17, AB)

Overall, one of the most discussed recommendations in relation to expanding and developing resources was the need for more 2SLGBTQ+ services that are open to people of all identities:

Having support be available to everyone and not dictated by gender, because I was afraid to disclose my gender-queer available identity because supports were available to women. I wanted to access them, so I hid my identity because I am AFAB [assigned female at birth]. So, I capitalized on that to be able to access the supports. But it should be more queer and open to people of all identities. (Survivor 14, MB)

Including more men in information about intimate partner violence and making it like sort of, making it less of a feminized experience. Uhm, because lots of men do experience abuse and trans men are included in that. (Survivor 04, MB)

This was most evident in discussions surrounding the need for more inclusive or non-gendered shelters – specifically, the need for more shelters for transgender and non-binary individuals, and men:

It would have been great to have like a nongendered shelter system. (Survivor 10, MB)

I think probably the biggest thing would just be to have a men's shelter – I mean queer friendly or not – both would be great. As there is, there's no men's shelter. No place that I know of anyways. (Survivor 10, SK)

There really needs to be more beds for men. There needs to be more beds for men with children. I think that will prevent a lot of CFS involvement. (Survivor 09, AB)

I see one big issue being safe housing and shelter. We don't have a men's shelter. We have a Men's Resource Centre and people can get put up at a hotel, but that's a limited stay. After that, there's really no second stage housing, and then even for folks who identify as non-binary, there's not really any safe space for them. (Service Provider 01, MB)

Address Barriers for Marginalized Communities

Participants asserted that 2SLGBTQ+ individuals who are marginalized or experience multiple intersections of vulnerability (i.e., race, disability, newcomer status, rural isolation) are at an even greater risk of increased IPV and/or not having equitable access to resources and services. The need to address specific issues for disabled individuals, newcomer populations, and 2SLGBTQ+ individuals living in rural communities were specifically underscored.

Service providers and victims/survivors both pointed to current issues with respect to equitable resources for 2SLGBTQ+ individuals who also have a disability:

My stance as a service provider though are those spaces – although they may identify as organizations that are serving 2SLGBTQ+ communities – are our spaces truly equitable? Are they accessible for members of the community, or are there are unknown barriers to our environments that make it difficult? So, for instance, just thinking about accessibility – if

somebody has a disability. Thinking about, for instance, if someone has a lower income, is the office that you have situated in a place that is going to be convenient for the participant to join programming? Or is there any accommodations that the organizations can make to ensure that that space is equitable for an individual? (Service Provider 08, SK)

I think there needs to be more resources for disabilities. Probably my number one takeaway actually is, what do you do when you don't fit in one box? Because for me, I didn't get any funding, and I wasn't just genderfluid, I wasn't just sexually diverse, I wasn't just disabled, I was all of them. (Survivor 12, SK)

With respect to newcomer populations, participants noted the need for outreach supports to cultural organizations, with a [particular focus on addressing biases and language barriers](#):

Because we work so closely with newcomers and with refugees, we know that most people will seek help first from the community of origin. The community of origin is going to have deeply embedded kind of biases and assumptions about the 2SLGBTQ community, so that can be kind of a barrier there. So, doing a lot of outreach specifically to cultural organizations and community health partners to try and change some of those dynamics – at least on the service provider side of things. Which is also where the language is going to exist for people who have language barriers. (Service Provider 13, SK)

For rural and remote communities, participants emphasized challenges related to accessibility, providing recommendations about [increasing access and expanding resources to support 2SLGBTQ+ individuals living in rural communities](#):

I think also including more supports for rural communities, specifically more well-known supports for domestic violence – which is kind of a challenge in rural communities because there is some, but they're really underground and hard to access and often you have to access them through the police. But if you're afraid of the police, or you're a person of color and don't want to contact the police, it's very limiting in how you'd be able to access these. Also, it's really hard if you are in a smaller community, they group resources together for the town... (Survivor 09, AB)

A few more resources and people that understand the community and know, more information out there, because it's because rural locations aren't best focused on as compared to larger cities, it's harder for people to deal with (Survivor 06, AB)

And having them accessible to a larger area regionally, geographically, because the further you are away from a place like [name of organization], the harder it is to access some of those resources. They do so much to support, but if you're not in the city, it can be really limiting with what's available. (Survivor 14, SK)

Increased Education and Awareness

Throughout the interviews, participants also discussed the need to address gaps in knowledge and awareness of IPV in 2SLGBTQ+ communities. Some of the recommendations that participants made in terms of increasing education and awareness of IPV in 2SLGBTQ+ communities included:

- Addressing preconceived biases
- Specialized training on 2SLGBTQ+ issues and inclusivity
- More public awareness campaigns/education
- Greater public outreach and listening to victim/survivor feedback on how to improve services
- Creating more effective and meaningful training and workshops for service providers (including training on trauma informed care)

I think we need some understanding about the binary understanding we have about intimate partner relationships, and we need to look at other ways of understanding violence in

relationships in general and then how we've chosen as a sector to respond to that crisis. (Service Provider 02, SK)

I think there's different dynamics that counsellors need to be aware of and perhaps if somebody in the community knew that person had that education and awareness, they might feel a little bit safer seeking out that specific type of care, knowing that that individual is educated. Because I think there's a lot of fear sometimes to seek out care if they don't feel like that provider is educated and they're going to have to educate that provider – whether it be health care, counselling, using the correct pronouns or the dynamics of their same-sex relationship or something like that. (Service Provider 01, MB)

I think we need to be open to the criticism of where we aren't doing things. I know sometimes something from the 1970s is going to pop out of my mouth, and it's unacceptable. I think we need to be very comfortable as service providers and helpers to be able to – I don't want to say call each other out – but to educate. And to help that along. (Service Provider 06, SK)

Sometimes it's just like, 'Oh, this is a mandatory training, or I have to do this, so I don't actually know what's going through.' But I know like, even when you do those workshops, that if someone is listening, then maybe someone will pick it up and internalize it and process it. So, hopefully like more meaningful workshops... Or maybe make it more real – just like real cases, like this is what happened and role playing what could you have done in that situation. Instead of delivering information and statistics... (Survivor 16, AB)

Participants also noted the importance of [raising awareness through collaboration and building partnerships with local queer organizations and community members](#):

When we respond to intimate partner violence it should not be a sole mission. We can't be the only ones who are wanting to do it, we need to partner with other organizations, we need to partner with community members – which is why I talk a lot about the response of informal support and it is why it is something that could be used as a focal point at our agency. (Service Provider 08, SK)

We want to actually tell the community that we have active work in advocating for and brainstorming ways to prevent IPV or to manage IPV in relationships. The more the LGBTQ community know that [names of organizations] are actively engaged, it gives the message that the LGBTQ community matters. (Service Provider 02, SK)

I think that if we can quit it with the “us and them” stuff and work together. I really think that if we had more involvement with [name of organization], for example... [name of organization] has lots of educational opportunities that I think the staff here has attended, but I don't think my volunteers have. It's been on my list to get ally training for everybody here and I haven't gotten there yet. (Service Provider 01, SK)

Overall, participants highlighted the [significance of education on healthy relationships](#). This was evident in their discussions on [reducing the stigma and myths surrounding queer relationships](#), as well as their suggestions to [start educating children on healthy relationships, consent, and abuse in early years](#):

I think people need to talk about it more maybe. They need to realize that it is just as prevalent in the gay community as it is in the straight community. (Survivor 14, AB)

Maybe we need to teach everybody what healthy relationships are. Like, you don't have to put up with it and there is help. (Service Provider 01, SK)

I think education is a big one, and maybe reducing some of that stigma. Just because you're a man and just because you're in a relationship with another man doesn't mean that abuse doesn't exist. And same thing with men who are in heterosexual relationships where the female is the abuser, right? Like just because you're a guy, doesn't mean you just have to

tough it out. And just because you're a gay man, doesn't mean that this just comes with the territory, because it doesn't. (Service Provider 01, SK)

The biggest one I can think of is just education around gender and sexuality and consent in the school system. (Survivor 13, AB)

We need to teach kids about abuse if we have any hope of keeping them from being abused. (Survivor 02, AB)

Improve Police, Criminal Justice, and Court System Responses

One of the largest issues discussed throughout the interviews was challenges related to 2SLGBTQ+ individuals' experiences navigating the criminal justice and court system, [particularly in terms of feeling safe and respected in their encounters with the police, other criminal justice personnel, and the criminal and family court systems.](#)

Participants noted several challenges and recommendations in the [area of improving police responses to members of the 2SLGBTQ+ communities who experience IPV.](#) Some of the suggestions included:

- Validating 2SLGBTQ+ relationships and taking IPV within 2SLGBTQ+ relationships seriously
- Respecting 2SLGBTQ+ individuals' identities and/or pronouns
- Holding police accountable for not adequately responding to incidents of IPV against 2SLGBTQ+ individuals
- Having social workers and/or other service providers trained specifically in IPV respond alongside police officers as a liaison
- Committing to in-depth and long-term training

Having police understand the validity of our relationships is important, that it is an intimate partner, or it is domestic related and should be treated the same way. It's zero-tolerance and those kinds of things, instead of trying to explain it away or avoid paperwork or whatever it is. Or for them to be confused, as if this can't happen to people within our community... I know that like training – we all say training all the time. That would need to be pretty in-depth training, and ongoing. It would be a big commitment. (Survivor 10, MB)

Think if it's, for example, a lesbian relationship, they need to dispatch a female officer because two male officers were very intimidating. I was not taken seriously by police at all. And I do think the police could benefit with, well, having a social worker present or someone trained in domestic violence present as well because then, you know, you can actually analyze the situation properly rather than telling somebody who's sitting there bleeding, begging for help, to go lock yourself in the bedroom and just stay there for an undefined amount of time. (Survivor 01, AB)

...There has to be, some sort of way to enforce that the service members are actually respecting the community members and not belittling them and not misgendering and not being afraid to be like "hey, so I'm not sure, like what are your pronouns? How shall I refer to you?" Because clearly, they weren't looking at the notes of 'refer to this individual as they/them or he/him.' (Survivor 01, MB)

Definitely like having more training for police and stuff like that. If I had a sense that, you know, police might even just listen to both sides or be aware of the complexities that come in with trans people and the legal system, and that sort of stuff, I wouldn't have been quite as manipulated in her saying that she was just going to call the cops and that wouldn't have been as much a threat as that as was. (Survivor 03, MB)

...I know that Calgary police are doing pretty good work in trying to have Diversity Liaison Officers—like having dedicated people for the community. But for somebody who greatly

mistrusts the police, government agencies, or medical agencies knowing that that's there isn't going to be enough to kind of help go there. So, I think there needs to be more thought put into the part of agencies on how they can have like, volunteers that accompany them, or training in de-escalation tactics for crisis moments, like all of that kind of stuff. (Service Provider 03, SK)

Other participants described a need for [different avenues or methods for 2SLGBTQ+ victims/survivors of IPV to seek help through the system](#), asserting that legal charges can place them at an increased risk of harm:

There has to be ways to do things without filing a legal charge, because that's so dangerous, especially if the person who's abusing you is in a high position of power – which they usually are because they see control. There has to be better ways to do things for victims. (Survivor 03, AB)

Finally, one of the last main recommendations in terms of improving court system responses to 2SLGBTQ+ individuals experiencing IPV is to diversify the legal actors involved within the system – [specifically, having more 2SLGBTQ+ and/or people of colour in the position of judges or lawyers](#):

I don't know, just trying to diversify the judges sitting up there ruling because they're all old white men and women, and I really felt that as an Indigenous person and as a queer person that they thought I was disgusting, and they made it very clear that I was disgusting for not being able to have a nanny...so that was pretty traumatizing. So, seeing diversity on the Council – maybe some queer judges and lawyers, and maybe some people of colour sitting on the bench who can have a little bit of a more understanding of how it feels to be in the system and to be treated like garbage at every step of the way. (Survivor 15, SK)

Increased Funding

Lastly, participants noted that [many of the aforementioned objectives could not be accomplished without adequate funds](#). The need to fund 2SLGBTQ+ organizations, and initiatives designed to improve service provision to 2SLGBTQ+ communities, was discussed.

If I could say anything, it's just that yeah, these services need more money, because they can't handle what they're doing already, and they're trying to provide more for the communities and they're responsible for all of these services. More money, that's all. (Survivor 02, SK)

And I mean, there's a lot of things that come down at the end of the day to funding. Because I think there's a lot of like, even on the government level, like awareness that peer support is really important that education is really important. But at the end of the day the funding is not going there. (Service Provider 13, SK)

I don't think our funders have an understanding about 2SLGBTQ+ folks and sadly non-profits are driven by the funding that we're given and, you know, we do what we're told to do with the money that we're given for the most part. (Service Provider 02, SK)

And that's what I hear. Like I have some regular meetings with the directors from the shelters over the years, and you know they'll say 'our funding is so low,' 'Instead of having this amount of staff, we have this amount of staff,' and 'of the staff that we have, we can only have 1 who is trained at the social worker level, and then we have 10 that are trained at the crisis worker level, and we can't possibly do the work we need to do that way,' right? Never mind add something super complex like how do you work with someone who has got a cognitive disability and who dresses as a woman when he goes out on the street and gets assaulted? Like, that's hard. So, to me it's a political issue. It has to be something that gets more funds. It has to be something that gets more attention. (Service Provider 02, MB)

I just, I truly wish that this study turns into a really big awareness whether it be for our government or private funders or whoever it is can look and say, you know, you can't just lump them in with everybody else and hope for the best. Like, there are specific things that they need and there are specific barriers that the current programs put up for the community that need to be addressed, taken down or targeted differently. (Service Provider 04, SK)

The need for financial programs for individuals in 2SLGBTQ+ communities experiencing IPV was also described:

Another thing is money. Money really drains when you're in domestic violence and there's lots of funding for people that are husband and wife with little kids and they have family law issues, but there's not a lot of money in gender diverse or sexually diverse couples or for polyamorous, pansexual or LGBTQIA blah blah blah anything queer. So, if there could be associations or agencies for money that can be provided for—like people could apply, obviously, given their situation, to get access to funding or whatever needs to happen. (Survivor 12, SK)

Yeah, so I think that we look at women, we look at men, and what their needs are. So we go 'ok, women, survivors of domestic violence, sexual violence, grief and loss' or we go 'men, IPV, sexual violence' or whatever, but we're not going 'what's this community getting?' we need funding for this community. We need to recognize their uniqueness and then what are the services that they identify, that they need, within their own community, so – and how does that look different? Like, IPV within this community is very different than women. A woman can get more resources, or has more access to things, than a person from this community. (Service Provider 07, SK)



Summary & Conclusion

The findings of this study present a snapshot of 2SLGBTQ+ experiences of IPV across the Prairie provinces. The results, which are summarized below, are an important contribution to the understanding of IPV in 2SLGBTQ+ communities.

Findings from the online survivor survey demonstrate the prevalence of certain forms of abuse in 2SLGBTQ+ communities including emotional or psychological abuse, such as put downs and name calling; physical abuse, such as pushing, grabbing, or shoving; and gender/sexuality-specific abuse, such as ridicule directed towards one's body or appearance. These findings also revealed the help-seeking patterns of 2SLGBTQ+ victims/survivors (or lack thereof), including high rates of disclosure to counsellors, psychologists, or support workers. The online survey results underscored the importance of intersectionality, seeing as experiences of IPV and help-seeking behaviors varied greatly at times, depending on gender identity, sexual orientation, ethno-cultural background, and ability of victims/survivors.

Interviews with 2SLGBTQ+ victims/survivors indicated that several types of violence and abuse are prevalent in intimate relationships (often simultaneously). One of the most common forms of abuse was emotional and psychological abuse, with some participants stating that this form of abuse was the most impactful and difficult to overcome. Severe and life-threatening acts of physical violence, such as strangulation, were also noted, along with varying types of sexual abuse, financial abuse, religious or spiritual abuse, and coercive control. However, in addition to these forms of abuse, both victims/survivors and service providers described unique forms of abuse specific to gender identity and/or sexual orientation, such as threatening to "out" victims/survivors. This type of abuse differentiated 2SLGBTQ+ experiences from their heterosexual counterparts.

Both victims/survivors and service providers detailed the negative impacts of IPV in 2SLGBTQ+ communities. Impacts to mental and physical health were prominent, with many citing the occurrence of depression, anxiety, PTSD, self-harm, and physical injury. Financial challenges, both during and after the dissolution of the relationship, and detrimental impacts on education, employment, and relationships were further described. Impacts on housing were also noted, with many stating that the aforementioned challenges with finances and employment made finding safe housing all the more difficult.

When assessing help-seeking patterns, service providers noted that 2SLGBTQ+ communities were most likely to seek help from formal supports after crisis events, and often sought help much later in relationships than their heterosexual counterparts. 2SLGBTQ+ victims/survivors were also *more* likely to complete self-referrals for these supports and *less* likely to utilize assistance from police or RCMP. This is likely attributable to negative experiences with police or RCMP, as detailed by victims/survivors, which were largely attributed to the traumatic history between police and 2SLGBTQ+ communities and poor conduct that has continued to this day. While experiences with informal supports, such as friends and family, were much more positive for victims/survivors, factors such as not being "out" and family acceptance could hinder access to such supports.

Assessing barriers to help-seeking for 2SLGBTQ+ communities revealed yet another important differentiation between 2SLGBTQ+ and heterosexual experiences of IPV. While both groups describe facing barriers such as cost/affordability, rural living, and the COVID-19 pandemic, 2SLGBTQ+ victims/survivors reported facing additional challenges in the help-seeking process relating to their gender identity and/or sexual orientation. This included the fear of how their gender identity would be perceived by service providers, a lack of 2SLGBTQ+ service providers and professional competency regarding 2SLGBTQ+ populations, and a lack of services designed specifically for 2SLGBTQ+ populations. These added yet another layer of complexity in the help-seeking process for these communities.

The importance of understanding the context in which 2SLGBTQ+ IPV occurs, on the societal, interpersonal,

and individual level, was also discussed by victims/survivors and service providers. Contextual factors impacting 2SLGBTQ+ communities, such as mental health or substance use challenges, co-dependency, trauma bonding, religious and cultural influences, or family acceptance, were noted as important to consider in understanding IPV in 2SLGBTQ+ communities.

Victims/survivors shared the ways in which IPV was viewed in 2SLGBTQ+ communities. Many remarked that IPV was generally minimized and normalized by community members. They also noted many harmful myths and misconceptions surrounding 2SLGBTQ+ IPV which impacted the ways in which the issue is understood. Prominent myths and misconceptions included the idea that IPV predominantly occurs in heterosexual relationships, that men cannot be abused, that women cannot be abusive, and that violence in lesbian relationships is less harmful.

Victims/survivors and service providers made several recommendations to improve the response toward IPV in 2SLGBTQ+ communities. Making positive improvements in various sectors was noted as an essential step in more effectively serving these communities. These recommendations included:

- Establishing safe and inclusive spaces for 2SLGBTQ+ communities
- Representative 2SLGBTQ+ services and supports
- Expanding and developing existing resources and services
- Increased education and awareness
- Improving police, criminal justice, and court system responses
- Increased funding

The results of this study suggest that 2SLGBTQ+ victims/survivors face unique and additional forms of abuse in their intimate relationships, as well as unique and additional barriers when accessing services and supports. In instances of IPV, 2SLGBTQ+ populations are forced to confront both the shame and stigma associated with experiencing IPV *as well as* the shame and stigma that accompanies 2SLGBTQ+ identities. It is clear that the approach and treatment of IPV must be adapted to fit the unique needs of these communities, including intersectional considerations to account for different experiences across gender identities, sexual orientations, ethno-cultural backgrounds, and abilities. These findings are important in terms of raising awareness and education on the issue and informing and developing services for 2SLGBTQ+ populations. The study is also an important contribution to literature on IPV and gender and sexuality studies.

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Appendix A

Victim/Survivor Survey

Examining the Nature & Context of Intimate Partner Violence in 2SLGBTQ+ Communities

This consent form, which you can download for your records and reference, is only part of the process of informed consent. It should give you the basic idea of what the research is about and what your participation will involve. If you would like more detail about something mentioned here, or information not included here, you should feel free to ask the principal investigator, Dr. Kendra Nixon by phone (204-474-9292) or email (kendra.nixon@umanitoba.ca).

Please take the time to read this carefully and to understand any accompanying information.

The purpose of this survey is to garner an understanding of intimate partner violence (IPV) within 2SLGBTQ+ communities. The information will be used to learn how to improve service provision responses toward survivors of intimate partner violence.

If you agree to participate in this survey, you will be asked to complete questions involving basic demographic information; experiences of intimate partner violence; help-seeking behaviours; barriers to accessing supports; and perceptions of intimate partner violence within the 2SLGBTQ+ communities. The survey should take about 20-30 minutes to complete. At the end of the survey, you will be asked if you want to participate in a follow-up interview.

Please note that you can withdraw your consent to participate at any time prior to completion by exiting the survey.

While there is no risk to you in participating in this survey, some of the survey content regarding experiences of intimate partner violence may cause distress. A list of resources you can access for help with any distress connected to these experiences is available here (Crisis Services Canada 1-833-456-4566 OR the Missing and Murdered Indigenous Women, Girls and Two-Spirit People Support Line 1-844-413-6649).

No names will be collected at any point while you are completing the survey, meaning your answers are completely anonymous. When we report on the results from this survey, no results will be individually identifiable. For quantitative questions, like the multiple choice or select-all-that-apply questions, only summarized group data will be reported. In the cases of open-ended, text-entry questions where we ask for written responses, we will ensure that any responses are anonymized (meaning any potentially identifying information will be removed) prior to reporting. All data will be electronically stored for 5 years after study completion (January 2026 on a password protected computer owned by the lead researcher. After this time, the data will be destroyed. No identifying information will be stored so that the researchers will not know you personally participated in the study. Because this is a study covering the Prairie Provinces (Manitoba, Saskatchewan, and Alberta), survey data will be shared with members of the research team at the University of Manitoba, University of Saskatchewan, and University of Calgary. The University of Saskatchewan and University of Calgary will also ensure they have received institutional Research Ethics Board approval before they can begin the study in their respective provinces. Study data will be securely stored on the Qualtrics server which is housed in Canada. Aggregated results will be disseminated through a final report that will be posted on the RESOLVE website (www.umanitoba.ca/resolve) by December 2021 as well as disseminated through conference proceedings, peer-reviewed publications, and presentations.

You are free to withdraw from the study at any time until you complete the survey. **Once you submit your responses, we will not be able to withdraw your responses because the survey is anonymous and there is no way to determine which responses are yours.**

You can exit the survey at any time by closing your web browser or clicking on the “Exit” button at the bottom of each page of the survey.

While completing the survey, you may decline to answer any questions you prefer to skip without any consequence. You are free to not answer any question you choose not to answer by selecting the “choose not to answer” option listed under each question.

Your ongoing participation in this survey should be as informed as your initial consent. This means that if any new questions or concerns come up during your participation, you should feel free to ask for clarification of new information. You may do this by contacting the lead researcher (information listed above).

By clicking on the survey link, you are indicating that you are satisfied that you understand the information regarding participation in the survey and that you agree to participate in it. In no way does this waive your legal rights nor release the researchers, sponsors, or involved institutions from their legal and professional responsibilities.

The University of Manitoba may look at your survey records to see that the research is being done in a safe and proper way. But again, your participation is anonymous and no one will be able to identify you.

This survey has been approved by the Psychology/Sociology Research Ethics Board at the University of Manitoba [*insert protocol # here*]. **If you have any concerns or complaints about this project you may contact any of the above-named persons or the Human Ethics Coordinator at 204-474-7122, or by e-mail at humanethics@umanitoba.ca.** You can download and print a copy of this consent form for your records and reference.

Principal Investigator: Dr. Kendra Nixon, RESOLVE, University of Manitoba
(204) 474-9292, kendra.nixon@umanitoba.ca

For this survey, we use the language “intimate partner violence” to describe violence perpetrated against one’s intimate partner or spouse (or ex-partner or ex-spouse). Other commonly used terms include domestic violence, partner violence, or spousal violence. Forms of violence can include physical, sexual, emotional, psychological, economic/financial, and spiritual.

Throughout this survey, we will be referring to the “2SGLBTQ+ community”. The acronym is used to refer to persons who identify as 2S=Two-spirit, G=Gay, L=Lesbian, B=Bisexual, T=Transgender, Q=Queer & Questioning, and “+” (other ways/identities that individuals may identify within the spectrum of gender and sexual identities). Although we refer to “the 2SGLBTQ+ community”, we understand this includes a number of communities, each with their own unique or particular realities or issues.

Demographic Information

1. Here is a list of terms to describe gender. Please check all terms that currently apply to you¹.
 - a. Agender

¹ Gender refers to your own internal feeling of what your gender is and may not match what your birth certificate says or what other people assume your gender is. If you are unsure of what a term means, feel free to look it up in the glossary here: <https://pflag.org/gloassary>. We acknowledge that identity is complex and definitions vary over time and between people. If you feel one of these terms fits you but our definition does not match what it means to you, you can check it anyway or use the “another option” to specify further.

- b. Man
 - c. Non-binary
 - d. Trans
 - e. Two Spirit
 - f. Woman
 - g. Another gender or additional gender identity (please specify):
 - h. Choose not to answer
2. Here is a list of terms to describe sexuality or sexual orientation. Please check all terms that apply to you².
- a. Asexual
 - b. Bisexual
 - c. Gay
 - d. Heterosexual (straight)
 - e. Lesbian
 - f. Pansexual
 - g. Queer
 - h. Questioning/Unsure
 - i. Two Spirit
 - j. Another or an additional sexuality/sexual orientation (please specify)
 - k. Choose not to answer
3. What is your race/ethnicity? [check all that apply]
- a. Biracial/multiracial (i.e., parents or ancestors from different racialized backgrounds)
 - b. Black
 - c. East Asian (e.g., Chinese, Japanese, Korean, etc.)
 - d. Indigenous (e.g., First Nations, Inuit, and Métis)
 - e. Middle Eastern or Arab (e.g., West Asian, North African, etc.)
 - f. Hispanic, Latino/a/x, or Latin American (e.g., Caribbean, Central American, South American, etc.)
 - g. Pacific Islanders (non-white)
 - h. South Asian (e.g., Indian, Pakistani, Sri Lankan, Bengali, etc.)
 - i. Southeast Asian (e.g., Cambodian, Filipino, Laotian, Malaysian, Thai, Vietnamese, etc.)
 - j. White (including “White Canadian,” “Jewish,” Western European, Eastern European)
 - k. Another race/ethnicity (please specify):
 - l. Choose not to answer
4. Would you say you live: [check all that apply]
- a. In an urban community /large city (>100,000)
 - b. In a suburb near a large city
 - c. In a small city or town (<100,000)
 - d. In a rural (non-northern) community
 - e. In a rural northern community
 - f. Other (please specify)
 - g. Choose not to answer
5. What is your age (in years)? _____

² If you are unsure of what these terms mean, please feel free to look it up in the glossary here: <https://pflag.org/glossary>. We acknowledge that identity is complex and definitions vary over time and between people. If you feel one of these terms fits you but our definition does not match what it means to you, you can check it anyway or use the “another option” to specify further.

Experiences of Intimate Partner Violence³

6. Please indicate whether or not each statement describes your **current spouse/partner** in the past 10 years (2010-2020) [No, Yes, Choose not to answer]:
- Tries to limit your contact with family or friends
 - Puts you down or calls you names to make you feel bad
 - Is jealous and doesn't want you to talk to other people
 - Harms, or threatens to harm, someone close to you
 - Harms, or threatens to harm, your pets
 - Demands to know who you are with and where you are at all times
 - Damages or destroys your possessions or property
 - Prevents you from knowing about or having access to the family income, even if you ask
 - Forces you to give them your money, possessions or property
7. During the past 10 years (2010-2020) has your **current spouse/partner** done any of the following to you [No, Yes, Choose not to answer]:
- Threatened to hit you with their fist or anything else that could have hurt you
 - Thrown anything at you that could have hurt you
 - Pushed, grabbed, or shoved you in a way that could have hurt you
 - Slapped you
 - Kicked you, bit you, or hit you with their fist
 - Hit you with something that could have hurt you
 - Beaten you
 - Choked you
 - Used or threatened to use a gun or knife on you
 - Used or threatened to use a weapon, other than a gun or knife?
If so, what _____
 - Force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way
 - Subjected you to a sexual activity to which you were not able to consent because you were drugged, intoxicated, manipulated, or forced in ways other than physically
 - Forced you to have sexual activity without protection from sexually transmitted infections (e.g., sex without a condom)
8. Please indicate whether or not each statement describes your **ex-spouse or ex-partner** in the past 10 years (2010-2020) [No, Yes, Choose not to answer]:
- Tries to limit your contact with family or friends
 - Puts you down or calls you names to make you feel bad
 - Is jealous and doesn't want you to talk to other people
 - Harms, or threatens to harm, someone close to you
 - Harms, or threatens to harm, your pets
 - Demands to know who you are with and where you are at all times
 - Damages or destroys your possessions or property
 - Prevents you from knowing about or having access to the family income, even if you ask
 - Forces you to give them your money, possessions or property
9. During the past 10 years (2010-2020) has your **ex-spouse or ex-partner** do any of the following [No, Yes, Choose not to answer]:
- Threatened to hit you with their fist or anything else that could have hurt you
 - Thrown anything at you that could have hurt you
 - Pushed, grabbed, or shoved you in a way that could have hurt you

³ Questions for this section were adapted from the 2019 General Social Survey: Canadians' Safety.

- d. Slapped you
 - e. Kicked you, bit you, or hit you with their fist
 - f. Hit you with something that could have hurt you
 - g. Beaten you
 - h. Choked you
 - i. Used or threatened to use a gun or knife on you
 - j. Used or threatened to use a weapon, other than a gun or knife?
If so, what _____
 - k. Force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way
 - l. Subjected you to a sexual activity to which you were not able to consent because you were drugged, intoxicated, manipulated, or forced in ways other than physically
 - m. Forced you to have sexual activity without protection from sexually transmitted infections (e.g., sex without a condom)
10. Individuals who identify with 2SGLBTQ+ communities, can experience specific forms of violence/abuse by their intimate partners or former partners. During the past 10 years (2010-2020) has your current and/or former (spouse/partner) done any of the following [No, Yes, Choose not to answer]:
- a. Outed you or threatened to out you (i.e., reveal your sexuality or gender identity to others)
 - b. Used offensive/improper pronouns to refer to you
 - c. Didn't honor your chosen name
 - d. Ridiculed your body and/or appearance
 - e. Told you that you are not a "real" man or woman
 - f. Took away gender affirming materials (i.e., padding, binders, etc.)
 - g. Forced you into a sex act inconsistent with your gender identity and/or sexual orientation
 - h. Other (please specify)
11. Are there other forms of violence and abuse that your partner/spouse or ex-partner/spouse used against you? [open-ended question]
12. During the past 10 years (2010-2020), did you ever fear that your life was in danger because of your spouse/partner's violent or threatening behaviour?
- a. Yes
 - b. No
 - c. Choose not to answer
13. During any of these incidents was your partner/spouse or ex-partner/spouse drinking?
- a. Yes
 - b. No
 - c. Does not drink
 - d. Choose not to answer
14. During any of these incidents was your current spouse/partner or ex-partner/spouse using illicit drugs?
- a. Yes
 - b. No
 - c. Does not drink
 - d. Choose not to answer
15. During any of the incidents were you ever physically injured in any way?
- a. Yes
 - b. No
 - c. Choose not to answer
16. What were your injuries? [check all that apply]

- a. Bruises
- b. Cuts, scratches, burns or other types of injuries like these
- c. Fractures or broken bones
- d. Internal injuries
- e. Other (please specify)
- f. Choose not to answer

17. How have these experiences affected you emotionally? [check all that apply]

- a. These experiences have not affected me emotionally
- b. Angry
- c. Upset, confused, frustrated
- d. Fearful
- e. More cautious or aware
- f. Shock or disbelief
- g. Hurt or disappointment
- h. Sleeping problems
- i. Depression or anxiety attacks
- j. Ashamed or guilty
- k. Lowered self esteem
- l. Isolated
- m. Suicidal thoughts
- n. Suicidal attempts
- o. Other (please specify)
- p. Choose not to answer

18. Is there anything you would like to add regarding your experience(s) of intimate partner violence?
[open-ended question]

Experiences Seeking Help

19. Did you **report** or **disclose** the incident/any of the incidents to a professional? (Can check “yes” and “no” if there are multiple incidents with different reporting outcomes)

- a. Yes
- b. No
- c. Choose not to answer

20. [If “Yes” to reporting] Who did you report the incident(s) to? [check all that apply]

- a. 2SGLTBQ+ serving agency
- b. Counsellor, psychologist, or support worker
- c. Crisis centre or crisis line
- d. Shelter or transition house
- e. Social service agency
- f. Victim services
- g. Health care worker (doctor, nurse)
- h. Police
- i. Lawyer
- j. Other (please specify)
- k. Choose not to answer

21. [If “Yes” to reporting] Overall, were you satisfied with the extent to which the incident(s) was/were resolved (or is in the process of being dealt with)?

- a. Very satisfied
- b. Somewhat satisfied

- c. Somewhat dissatisfied
- d. Very dissatisfied
- e. Choose not to answer

22. [If “no” to reporting] Why did you not report or disclose the incident(s)? [check all that apply]

- a. Spouse/partner prevented me
- b. Dealt with the incident myself
- c. Took too much time/trouble
- d. Concerned about the immediate consequences
- e. Fear of intimidation/retaliation
- f. Fear for my children
- g. Stigma associated with being a member of the 2SLGBTQ+ community
- h. Misconceptions around intimate partner violence
- i. Not worth reporting
- j. It’s normal/I am used to these experiences
- k. I felt I wouldn’t be believed
- l. I didn’t want others to find out about what happened
- m. Nothing would have happened/changed by reporting
- n. I received unsatisfactory service in the past
- o. Did not know who to report to or the procedure
- p. Other (please specify)
- q. Choose not to answer

23. Prior experiences of physical or psychological trauma, such as bullying and hate crimes, may make 2SGLBTQ+ individuals who experience intimate partner violence less likely to seek help. In the past, have you experienced other forms of physical or psychological trauma, such as bullying and hate crime?

- a. Yes
- b. No
- c. I don’t know
- d. Choose not to answer

24. [If “no” to reporting] What was the biggest barrier in accessing support services? [open-ended question]

25. Other than formal supports, did you ever talk to any of the following about (this incident/these incidents)? Select all that apply.

- a. Friend
- b. A family member or relative
- c. Co-worker
- d. Neighbour
- e. Priest, Rabbi, Imam, Elder or another spiritual advisor
- f. I did not reach out to informal supports
- g. Other (please specify)
- h. Choose not to answer

26. Are you aware of support services for intimate partner violence available to you?

- a. Yes
- b. No
- c. Choose not to answer

27. Do you feel comfortable accessing support services for intimate partner violence?

- a. Yes
- b. No
- c. There are no support agencies in my community

- d. Choose not to answer
28. Do you think that agencies in your community are equipped to serve members of the 2SGLBTQ+ community that experience IPV?
- a. Yes
 - b. No
 - c. There are no support agencies in my community
 - d. Choose not to answer
29. Do you have any suggestions for improving the service response for 2SGLBTQ+ survivors/victims of intimate partner violence? [open-ended question]

Perceptions of Intimate Partner Violence

30. Do you currently know someone from a 2SLTBQ+ community, not including yourself, who is a victim/survivor of intimate partner violence?
- a. Yes
 - b. No
 - c. Choose not to answer
31. Please rate your agreement with the following statement: *intimate partner violence is a widespread problem in the 2SLGBTQ+ community.*
- a. Strongly disagree
 - b. Disagree
 - c. Agree
 - d. Strongly agree
 - e. Don't know
 - f. Choose not to answer
32. From what you know, how often does intimate partner violence occur in the 2SLGBTQ+ community?
- a. Never
 - b. Rarely
 - c. Occasionally
 - d. Very often
 - e. Don't know
 - f. Choose not to answer
33. How is intimate partner violence perceived in the 2SLGBTQ+ community? [open-ended question]
34. Within the last 10 years (2010-2020), have you witnessed, learned about, or personally experienced the following behaviours toward 2SGLBTQ+ survivors/victims of intimate partner violence ["No", "Yes, Personally experienced" and "Yes, witnessed or learned about", "Choose not to answer"]
- a. Been a victim of cyber-bullying within the 2SLGBTQ+ community
 - b. Been the target of mean rumours
 - c. Been excluded/left out of formal networks (e.g., committees, groups, collaborations, etc.)
 - d. Been excluded after challenging prejudice and/or discriminatory practices/incident(s)
 - e. Experienced microaggressions (i.e., a statement, action, or incident that is subtle or indirect, but interpreted as discriminatory or prejudicial; e.g., speak in a condescending or patronizing manner)
 - f. Received insulting, derogatory, or offensive remarks/language in front of others
 - g. Heard insulting, derogatory, or offensive remarks/language generally being made
 - h. Experienced intimidating or hostile behaviours, such as invasion of personal space/blocking space

35. [If “Yes” to any of the previous] Who was perpetrating these behaviours? Select all that apply.
- a. Members of the general community
 - b. Members of the 2SLGBQ+ community
 - c. A family member or relative
 - d. Friend
 - e. Co-worker
 - f. Neighbour
 - g. Counsellor, psychologist, or support worker
 - h. Health care workers (doctors, nurses)
 - i. Specialists and surgeons
 - j. Criminal justice system staff (police, Crown Prosecutors, defence council, judges, victim services)
 - k. Other (please specify)
 - l. Choose not to answer

36. Is there anything you would like to add about perceptions of intimate partner violence in the 2SLGBTQ+ community? [open-ended question]

This marks the end of the survey. Thank you for your participation!

Please note that your responses will be anonymous. If you have any questions about the study or how your information will be used please contact the principal investigator, Dr. Kendra Nixon by phone (204-474-9292) or email (kendra.nixon@umanitoba.ca).

Study results will be available December 2021 and can be accessed on the RESOLVE website (www.umanitoba.ca/resolve).

If you are experiencing distress as a result of participation in the survey, consider connecting with a community support [Klinic Crisis Line 1-204-786-8686 or Manitoba Suicide Line 1-877-435-7170]

We are also conducting follow-up interviews with 2SGLBTQ+ survivors/victims of intimate partner violence. These one-time interviews will be conducted in-person or over the telephone. We will conduct these interviews during the late summer and fall of 2020. These interviews will take approximately 1 - 2 hours to complete and will build upon the survey questions by asking more specifically about the nature and context of intimate partner violence in the 2SLGBTQ+ community, and help-seeking behaviour. You will receive \$40 honorarium for participating. If you choose to participate in the follow-up interview, your responses will not be connected to your survey responses so the researchers will not know how you responded in the survey. More information about the study, including informed consent procedures will be shared with you prior to beginning the interview.

37. Would you be interested in participating in a follow-up interview?
- a. Yes
 - b. No

[If “Yes” to being interested in participating in a follow-up interview] Please click on the following link to provide your contact information (phone or email)]. Your contact information will be safety stored on the Qualtrics server (located in Canada) and in a password protected computer and will only be available to the researchers or research assistants in your province.

Appendix B

Interview Guide - Victim/Survivor

Date _____

Interview Code _____

Type of interview (telephone or video conference) _____

I. Background/Demographics:

1. Can you please tell me the year you were born? _____
2. What city/town do you reside in? _____
3. What is your gender? _____
 - Prompts: agender, man, woman, non-binary, trans, Two Spirit, another gender or additional gender identity.
4. What is your sexuality or sexual orientation? _____
 - Prompts: asexual, bisexual, gay, heterosexual (straight), lesbian, pansexual, queer, questioning/unsure, Two Spirit, another or an additional sexuality/sexual orientation.
5. Are you currently employed?
 - a) No _____
 - b) Yes, full time _____
 - c) Yes, part time _____
 - d) Yes, casual _____
6. What is the highest grade/level of education you have completed? _____
7. What is your total annual household income (approximate)? _____
8. Do you identify as having a disability and/or chronic health condition?
 - a. _____ Yes _____ No
 - b. If yes, please specify _____
9. With which ethno-cultural or racial group do you most identify? _____
 - a) Are you a newcomer or recent immigrant (came to Canada within the last five years)? _____
Yes _____ No
10. a) What is the relationship status with your abusive partner/ex-partner?

Married	_____	Separated/Divorced	_____
Common-law	_____	Single	_____
Dating	_____	Widowed	_____
Other (specify)	_____		

II. Experiences of Intimate Partner Violence

In this next section, we will ask you to discuss your experiences of intimate partner violence. When recounting your experiences of violence/abuse, please do not use any names of current or former partners.

11. In whatever detail you are most comfortable with, can you please describe the nature of the violence/abuse you experienced.
12. Experiencing violence/abuse from an intimate partner can have profound impacts. How has your partner's/ex-partner's violence impacted you?
 - *Probes: Emotionally/psychologically, physically/medically, spiritually, financially, employment/school, relationships with others*
13. Do you believe that your identification as a diverse gender identity and/or sexual orientation has impacted your experiences of intimate partner violence? *Probes: forms of IPV specific to 2SLGBTQ+ communities (i.e., threats of being outed, misuse of pronouns, not honoring chosen name, etc.).*
 - a) If yes, please describe how.

III. Experiences Seeking Help

Many victim/survivors (but not all) seek help for the violence perpetrated against them. We'd like to ask you some questions about your experiences of seeking help.

14. Have you ever reported your experiences of intimate partner violence to an informal support (i.e., friends, family, religious leader, etc.)?
 - a) If yes, describe your experience.
 - If yes, did you find the assistance helpful? Unhelpful? Why or why not?
 - Both positive and negative experiences?
 - Did you feel safe/respected during these encounters?
 - b) If no, what prevented you from telling anyone about the violence or seeking help?
15. Have you ever reported your experiences of intimate partner violence to a formal support agency (i.e., police, victim services, legal service, shelter, etc.)?
 - a) If yes, describe your experience.
 - If yes, did you find the assistance helpful? Unhelpful? Why or why not?
 - Both positive and negative experiences?
 - Did you feel safe/respected during these encounters?
 - Was the agency/organization equipped to support victims/survivors from 2SLGBTQ+ communities?
 - b) If no, what prevented you from telling anyone about the violence or seeking help?
16. Seeking help can be difficult for victims/survivors who identify with a 2SLGBTQ+ community.
 - a) Did your gender identity and/or sexual orientation impact your help-seeking or disclosing your experiences of abuse?
 - b) Did anything else make it difficult to disclose or seek help?
 - c) What challenges did you face?

Probes:

- *Fear of stigma, shame?*
- *Isolation (including geographic)*
- *Access to technology (i.e., poor/unreliable/unavailable internet connection, cellular service)*
- *Transportation barriers (i.e., lack of transportation, expensive)*
- *Fear of losing your privacy, confidentiality?*
- *Fear of racism/discrimination?*
- *Fear of retaliation?*

- *Fear of financial insecurity/lack of housing?*
- *Fear of losing immigration status?*
- *Religious or faith-based considerations*
- *COVID-19 pandemic*
- *Other challenges?*

17. Have you ever been involved with the criminal and/or family court systems because of the intimate partner violence that you've experienced?
- If yes, describe your experience.
 - Was the court sensitive to matters specific to 2SLGBTQ+ communities (i.e., honoring chosen name, correct use of pronouns, etc.)?
18. Did you experience intimate partner violence during the COVID-19 pandemic?
- If yes, what issues/challenges did this present in terms of your ability to seek help?
19. Do you have any suggestions or recommendations for ways in which services for members of 2SLGBTQ+ communities who experience intimate partner violence could be improved?

IV. Perceptions of Intimate Partner Violence

20. Do you perceive intimate partner violence to be a significant problem within 2SLGBTQ+ communities?
- If yes, why?
 - If no, why not?
21. Do you feel that the issue of intimate partner violence in 2SLGBTQ+ communities is taken seriously?
Probes: by professionals, by the broader community, by other members of 2SLGBTQ+ communities?
22. Have you encountered any myths/misconceptions surrounding intimate partner violence in 2SLGBTQ+ communities?
- If so where? From whom?
 - In your opinion, what are the impacts of these myths/misconceptions?
23. Is there anything else you'd like to tell me about your experiences of intimate partner violence? Is there anything else you think we should know?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. This can be a difficult topic to talk about and your responses are very valuable in helping us to understand experiences of intimate partner violence in 2SLGBTQ+ communities.

Appendix C

Interview Guide - Service Providers

Interviewer: _____ Date: _____ Case ID/Interview # _____

Location of participant: _____

Type of interview (telephone or in-person): _____

I. Background/Demographic Information

Type of organization (e.g., police, shelter, resource centre): _____

Occupation of participant: _____

Years in current position: _____

Throughout this interview, we will be referring to the “2SGLBTQ+ community”. The acronym is used to refer to persons who identify as 2S=Two-spirit, G=Gay, L=Lesbian, B=Bisexual, T=Transgender, Q=Queer & Questioning, and “+” (other ways/identities that individuals may identify within the spectrum of gender and sexual identities). Although we refer to “the 2SGLBTQ+ community”, we understand this includes a number of communities, each with their own unique or particular realities or issues.

II. Perceptions of IPV and Services

1. In your experience of working with members of the 2SGLBTQ+ community who experience IPV:
 - a) What is the nature/type of abuse that these individuals report experiencing?
 - b) What is the context of these experiences?
 - c) 2SGLBTQ+ includes many different groups/populations (i.e., gay, bisexual, trans). What may be the unique realities experienced by these particular populations?
2. What is the impact of IPV on members of the 2SGLBTQ+ community?
Probes: Physically? Emotionally? Spiritually? Behavioural? Parenting? Employment/School?
3. What types of co-occurring issues do you see among members of the 2SGLBTQ+ community who experience IPV? (e.g., addictions, physical/mental health)
4. How do these co-occurring issues impact experiences of IPV in the 2SGLBTQ+ community?
5. When do members of the 2SGLBTQ+ community seek help? What do you think prompts them to seek help?
Probes: informal supports; formal/professional supports
6. Where do members of the 2SGLBTQ+ community seek help?
 - a) What would be a “typical” individual’s journey when they are experiencing IPV? (What happens? Do they call for help? Who do they call? What are the steps of the process from start to finish?)
 - b) Where do you refer members of the 2SGLBTQ+ community who seek help?

7. What kinds of things prevent members of the 2SGLBTQ+ community who experience IPV from coming forward for assistance and/or disclosing abuse?
8. Overall, what are the needs of members of the 2SGLBTQ+ community who seek help for IPV?
9. Are there specific populations of the 2SGLBTQ+ community that have unique needs (i.e., newcomer/immigrant, visible minority, those with a disability, low income, those living in rural areas)?
10. What services exist for members of the 2SGLBTQ+ community who experience violence?
11. Do the existing services meet the needs of the 2SGLBTQ+ community?
12. What are the gaps/barriers/challenges in existing services?
13. How can we improve our response to members of the 2SGLBTQ+ community who experience IPV?
How can services be improved?
14. Is there anything else you'd like to share or think is important for us to know about 2SLGBTQ+ communities' experience of IPV and/or help-seeking?

Thank you for taking the time for this interview and for sharing your thoughts and experiences. Your responses are very valuable in helping us to understand the experiences of IPV in the 2SGLBTQ+ community.