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?
   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?

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, and ethno-cultural backgrounds in multiple instances. Notably, women or non-binary indi-

viduals 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, with the most common form of physical injury being 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 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 2SLGBTQ+ abusive acts.

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 that 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 reporting dissatisfaction.

Perceptions of IPV

Almost all participants believed IPV to be a significant issue in 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 interviews (8.5%) were conducted with rural, remote, or Northern participants.
- Victims/survivors identified as a range of gender identities, including: transgender, non-binary, genderfluid, genderqueer, Two-Spirit, and cisgender.
- Victims/survivors also identified 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 who experience IPV across the Prairie provinces.
- Service providers held roles in various fields, including: healthcare, Victim Services, shelters, counselling, and 2SLGBTQ+ supports.

Interviews with victims/survivors and service providers were analyzed using a thematic approach. The following are prominent themes that emerged from the analysis:

Nature of Abuse

Participants noted that 2SLGBTQ+ communities experienced the same types of physical, emotional/psychological, sexual, financial, and coercive abuse experienced by their heterosexual counterparts. However, additional forms of abuse were observed in 2SLGBTQ+ communities that were specific to the gender identity or sexual orientation of victims/survivors. 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.

Experiences Help-Seeking

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 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

2SLGBTQ+ 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 or sexual orientation. These barriers included stigma/shame on account of their gender identity or sexual orientation; fears of discrimination; and a lack of services specifically designed for 2SLGBTQ+ communities.

Impacts of Abuse

Experiences of IPV had several detrimental impacts on 2SLGBTQ+ victims/survivors. The most notable impact was found in the area of mental health, with many instances of anxiety, depression, and PTSD being reported as a result of violence and abuse. Participants also reported impacts on physical health, education and employment, relationships, finances, and housing.

Contextualizing IPV in 2SLGBTQ+ Communities

Direct violence in 2SLGBTQ+ relationships was viewed within the larger context of structural and cultural violence experienced by 2SLGBTQ+ communities in society. Participants noted that factors such as religious and cultural influences, family acceptance, and a history of abuse and trauma within 2SLGBTQ+ communities were inextricably linked to experiences of IPV—impacting why and how violence manifests in intimate relationships and limiting avenues for support.

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. Similar issues were noted outside of 2SLGBTQ+ communities, with many describing the challenges of drawing attention to the issue of 2SLGBTQ+ IPV, particularly in relation to heterosexual IPV.

Various myths and misconceptions surrounding 2SLGBTQ+ IPV were also discussed. This included the following false narratives:

- 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), in order 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, where most studies continue 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 violence and abuse, this body of knowledge is in its infancy and has yet to 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. Thus, 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 in order 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 physical, sexual, emotional/psychological, 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 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 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 "mutal" 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 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 be 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 their 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 inequalities 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 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 et al. (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 though 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 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, it's nature and help-seeking must be thoroughly understood. This under-developed 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 they treat.

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. <u>An environmental scan</u> 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.

An 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 were 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, asexual, and intersex 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. Similarly, 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, while 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).
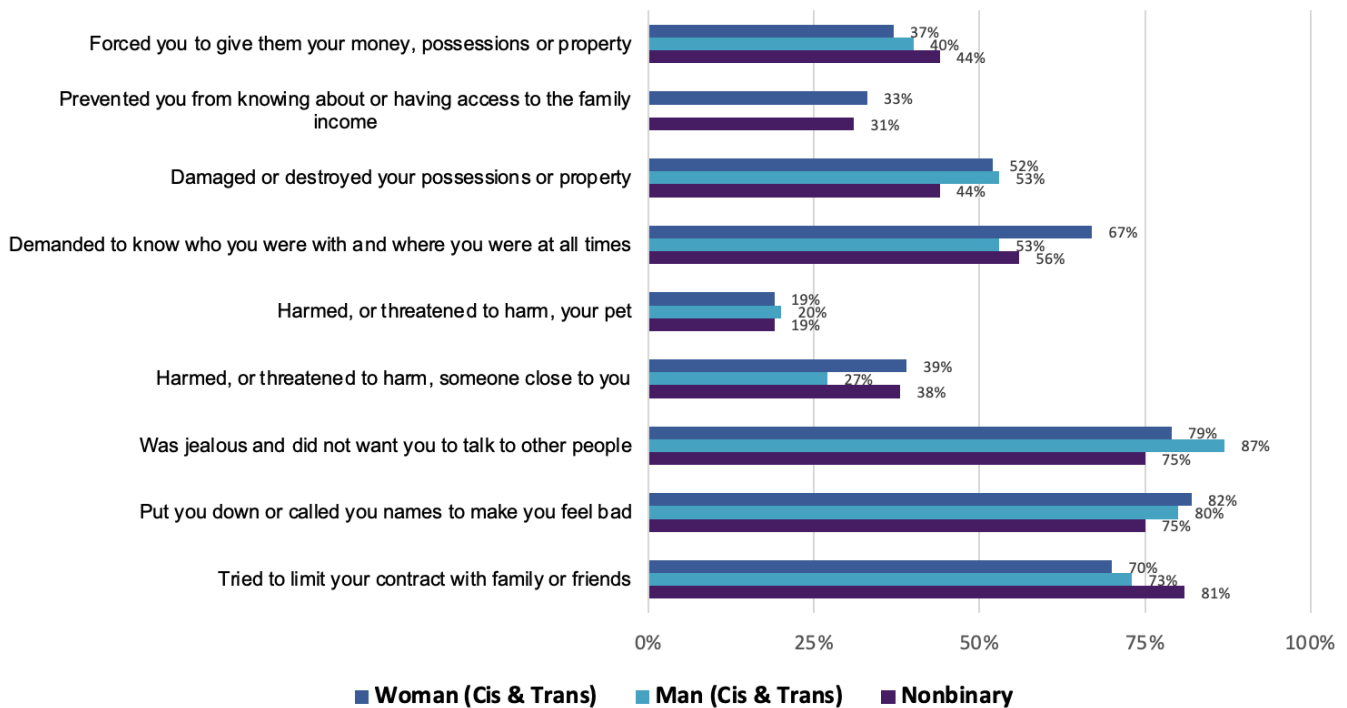
Experiences of IPV

Participants described experiences with emotional, physical, and 2SLGBTQ+ gender or 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

Forced you to give them your money, possessions or property — 37% / 40% / 44%

Prevented you from knowing about or having access to the family income — 33% / 31%

Damaged or destroyed your possessions or property — 52% / 53% / 44%

Demanded to know who you were with and where you were at all times — 67% / 53% / 56%

Harmed, or threatened to harm, your pet — 19% / 20% / 19%

Harmed, or threatened to harm, someone close to you — 39% / 27% / 38%

Was jealous and did not want you to talk to other people — 79% / 87% / 75%

Put you down or called you names to make you feel bad — 82% / 80% / 75%

Tried to limit your contract with family or friends — 70% / 73% / 81%

■ Woman (Cis & Trans)   ■ Man (Cis & Trans)   ■ Nonbinary

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 the 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

Category	Racialized	Indigenous	White
Forced you to give them your money, possessions or property	29%	31%	45%
Prevented you from knowing about or having access to the family income	21%	25%	32%
Damaged or destroyed your possessions or property	50%	75%	45%
Demanded to know who you were with and where you were at all times	64%	56%	64%
Harmed, or threatened to harm, your pet	7%	13%	25%
Harmed, or threatened to harm, someone close to you	43%	38%	36%
Was jealous and did not want you to talk to other people	86%	81%	77%
Put you down or called you names to make you feel bad	79%	88%	79%
Tried to limit your contract with family or friends	86%	75%	70%

■ Racialized ■ Indigenous ■ White

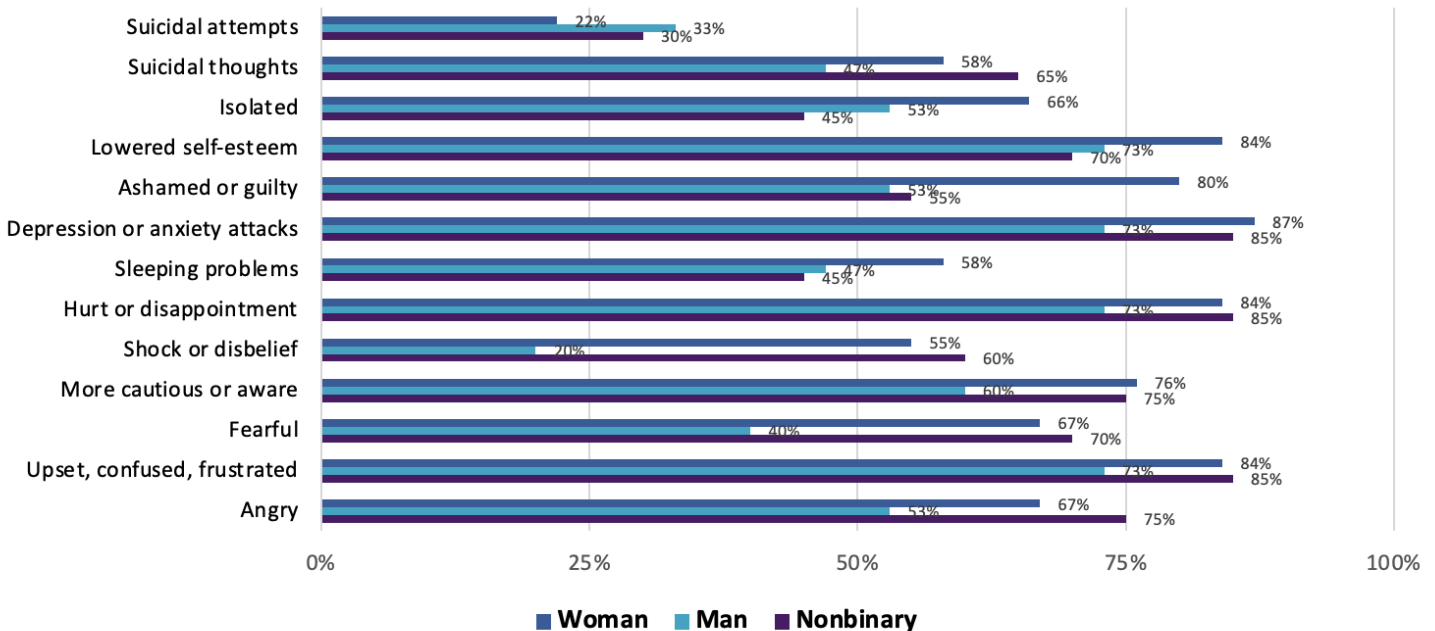Participants experienced a wide array of emotional injuries as a result of emotional abuse, with the most common being depression or anxiety attacks (85%). This was followed by hurt or disappointment (82%), feeling upset, confused, or frustrated (81%), lowered self-esteem (79%), being more cautious or 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

Category	Woman	Man	Nonbinary
Suicidal attempts	22%	30%	33%
Suicidal thoughts	58%	47%	65%
Isolated	66%	53%	45%
Lowered self-esteem	84%	73%	70%
Ashamed or guilty	80%	53%	55%
Depression or anxiety attacks	87%	73%	85%
Sleeping problems	58%	47%	45%
Hurt or disappointment	84%	73%	85%
Shock or disbelief	55%	20%	60%
More cautious or aware	76%	60%	75%
Fearful	67%	40%	70%
Upset, confused, frustrated	84%	73%	85%
Angry	67%	53%	75%

■ Woman ■ Man ■ Nonbinary
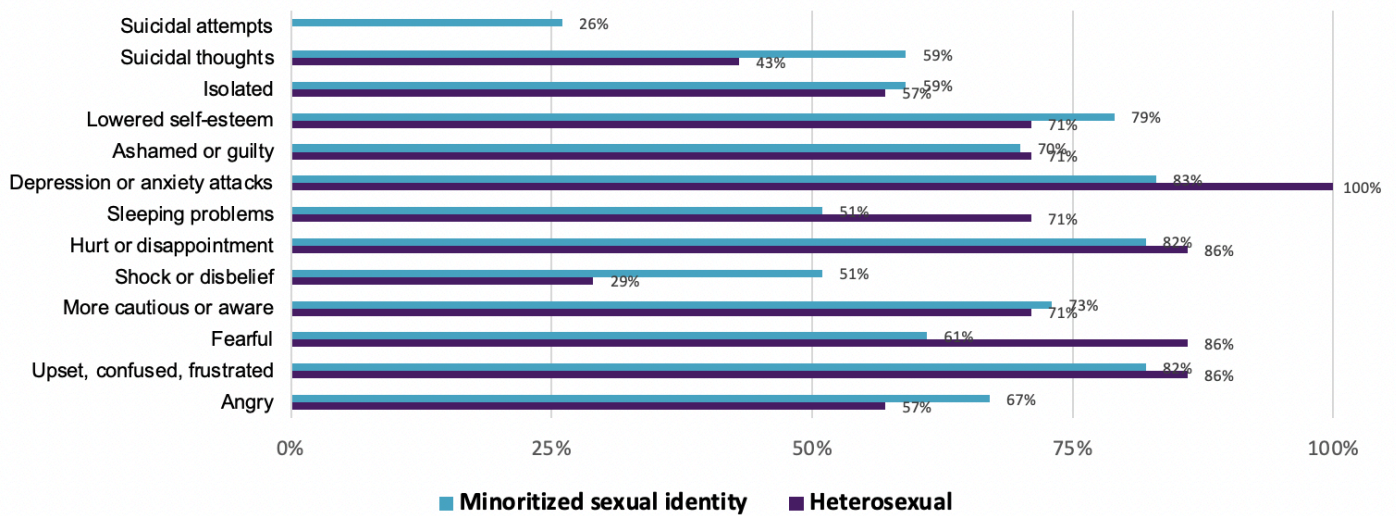
Transgender and non-binary individuals reported being impacted by various emotional injuries (including depression or anxiety attacks, sleeping problems, shock or disbelief, being more cautious or aware, fear, and anger) more than cisgender participants. However, transgender and non-binary individuals 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.
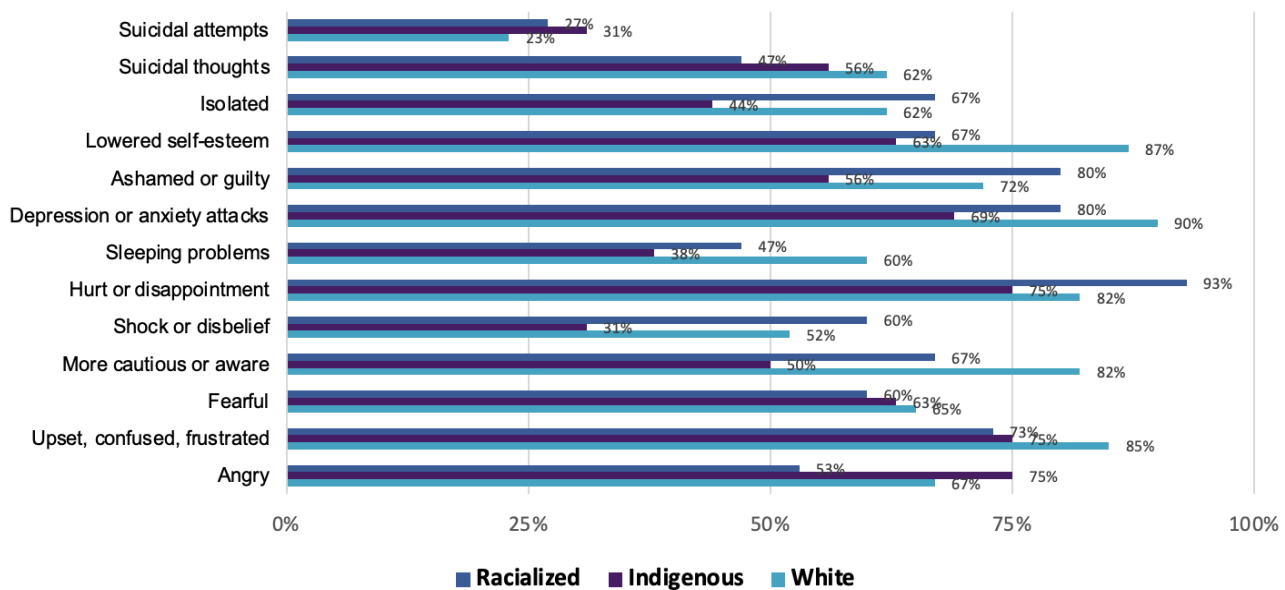
When assessing emotional injury by sexual identity, minoritized sexual identities reported greater impacts in the area of suicidality, while all heterosexual participants (100%) experienced depression or anxiety attacks.

Emotional injuries by sexual identity

	Minoritized sexual identity	Heterosexual
Suicidal attempts	26%	
Suicidal thoughts	59%	43%
Isolated	59%	57%
Lowered self-esteem	79%	71%
Ashamed or guilty	70%	71%
Depression or anxiety attacks	83%	100%
Sleeping problems	71%	51%
Hurt or disappointment	82%	86%
Shock or disbelief	51%	29%
More cautious or aware	71%	73%
Fearful	61%	86%
Upset, confused, frustrated	82%	86%
Angry	67%	57%

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

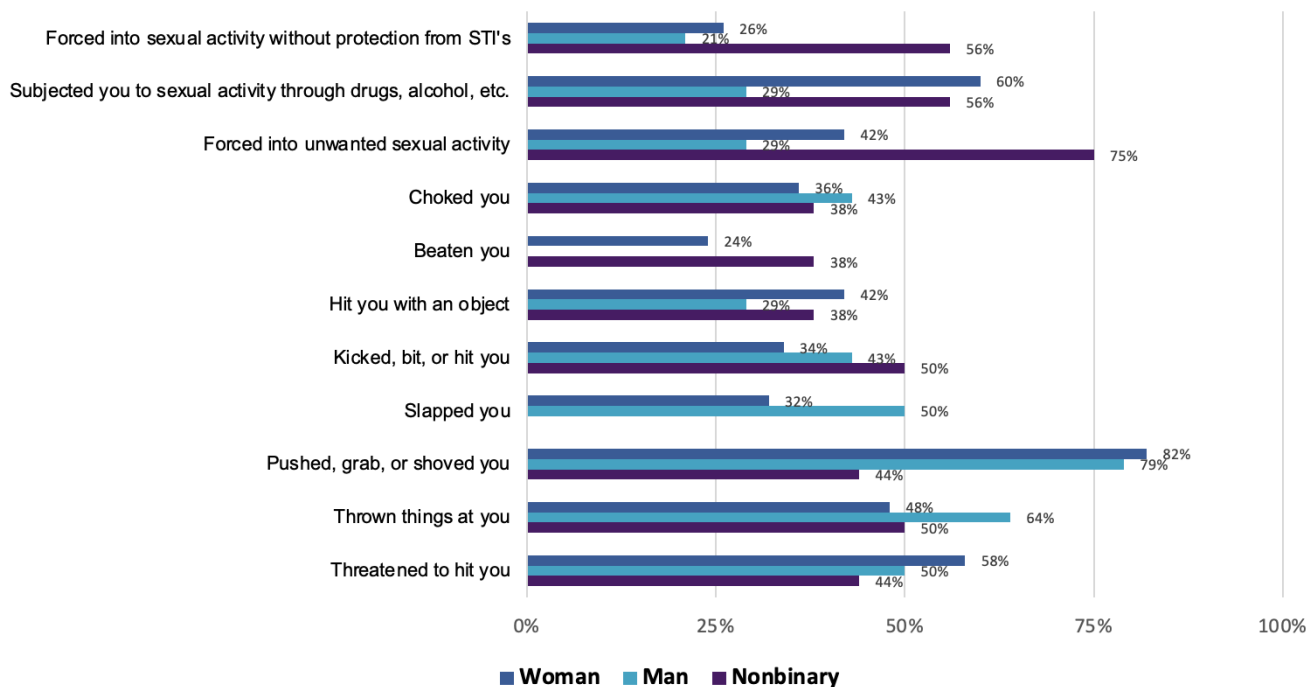|	Racialized	Indigenous	White
Suicidal attempts	23%	31%	27%
Suicidal thoughts	47%	56%	62%
Isolated	44%	62%	67%
Lowered self-esteem	63%	67%	87%
Ashamed or guilty	56%	72%	80%
Depression or anxiety attacks	69%	80%	90%
Sleeping problems	38%	47%	60%
Hurt or disappointment	93%	75%	82%
Shock or disbelief	31%	52%	60%
More cautious or aware	50%	67%	82%
Fearful	60%	63%	85%
Upset, confused, frustrated	73%	75%	85%
Angry	53%	75%	67%

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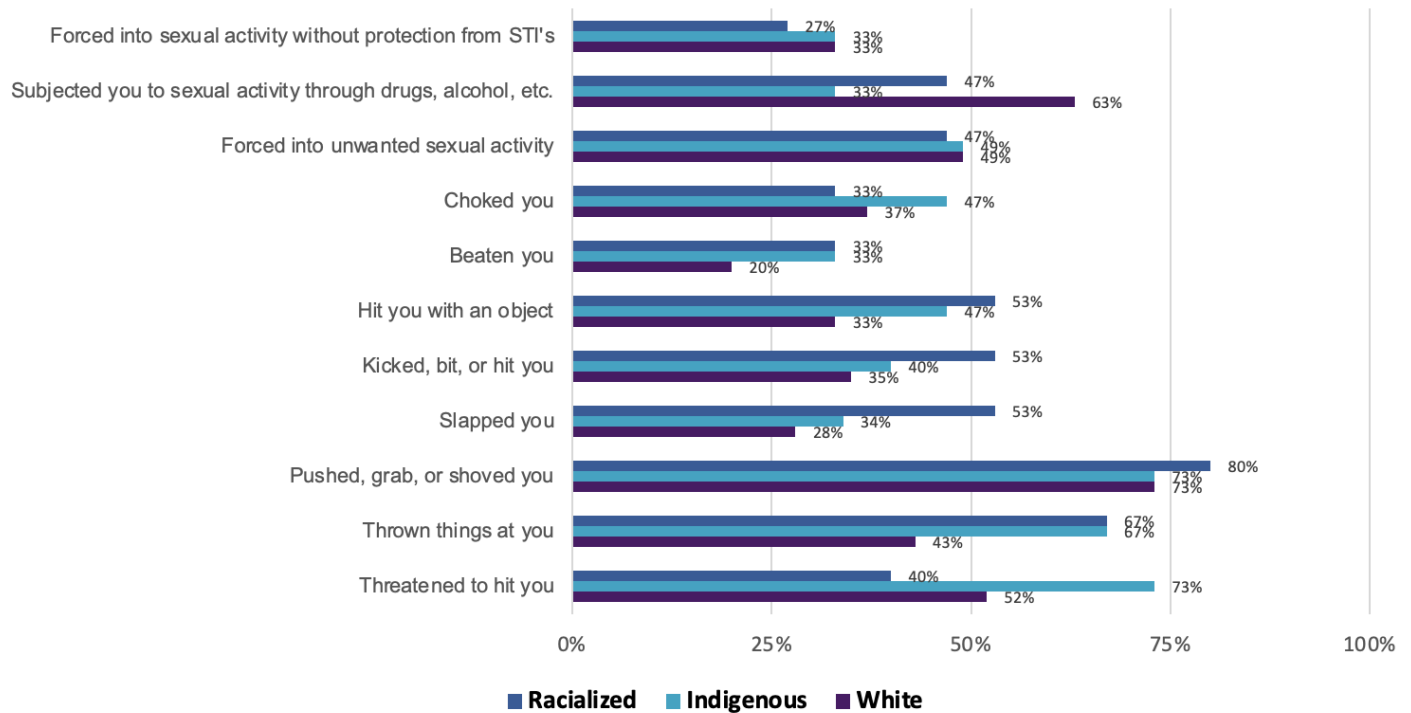
When assessing physically abusive acts by gender identity, non-binary individuals were significantly more likely to report sexual abuses than men or women. However, both women (82%) and men (79%) reported higher rates of being pushed, grabbed, or shoved, than non-binary individuals (44%).

Physical abuse by gender identity

	Woman	Man	Nonbinary
Forced into sexual activity without protection from STI's	26%	21%	56%
Subjected you to sexual activity through drugs, alcohol, etc.	60%	29%	56%
Forced into unwanted sexual activity	42%	29%	75%
Choked you	36%	43%	38%
Beaten you	24%		38%
Hit you with an object	42%	29%	38%
Kicked, bit, or hit you	34%	43%	50%
Slapped you	32%	50%	
Pushed, grab, or shoved you	82%	79%	44%
Thrown things at you	48%	64%	50%
Threatened to hit you	58%	50%	44%

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

Chart: Physical abuse by racialized identity (Racialized, Indigenous, White)

Category	Racialized	Indigenous	White
Forced into sexual activity without protection from STI's	27%	33%	33%
Subjected you to sexual activity through drugs, alcohol, etc.	47%	33%	63%
Forced into unwanted sexual activity	47%	49%	49%
Choked you	33%	47%	37%
Beaten you	33%	33%	20%
Hit you with an object	53%	47%	33%
Kicked, bit, or hit you	53%	40%	35%
Slapped you	53%	34%	28%
Pushed, grab, or shoved you	80%	73%	73%
Thrown things at you	67%	67%	43%
Threatened to hit you	40%	73%	52%

■ Racialized ■ Indigenous ■ White

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 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 "outed" (23%), not having their chosen name honored (20%), being told their gender was not real (17%), having 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
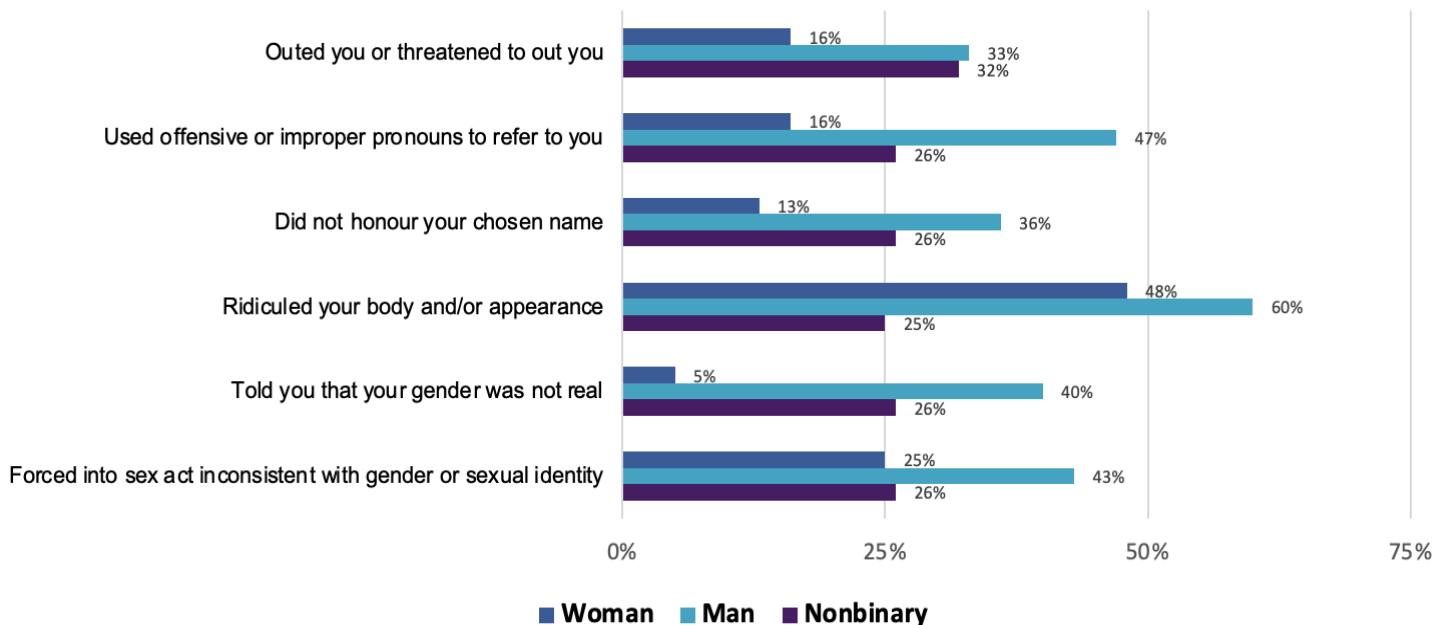
Ethno-cultural groups reported tactics of gender/sexuality-specific abuse to varying degrees. For instance, Indigenous participants (44%) were significantly more likely to report being forced into sex acts that were inconsistent with their gender or sexual identity, while White/European participants (49%) reported the highest percentage of ridicule for their body and/or appearance and racialized participants were most likely to be "outed" (43%).

### 2SLGBTQIA+ based abusive acts by racialized identity
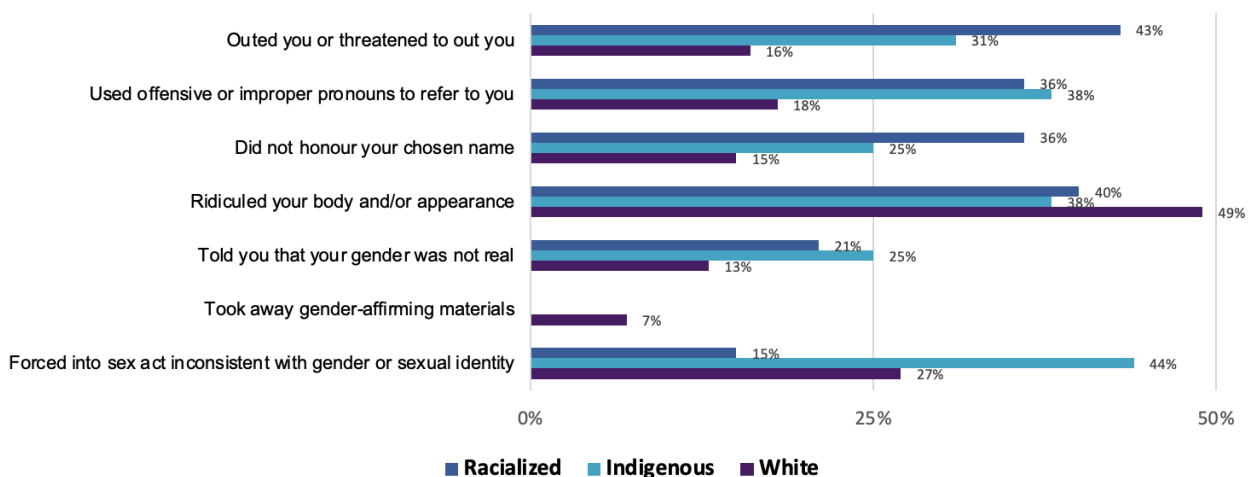
Alcohol and Substance Use

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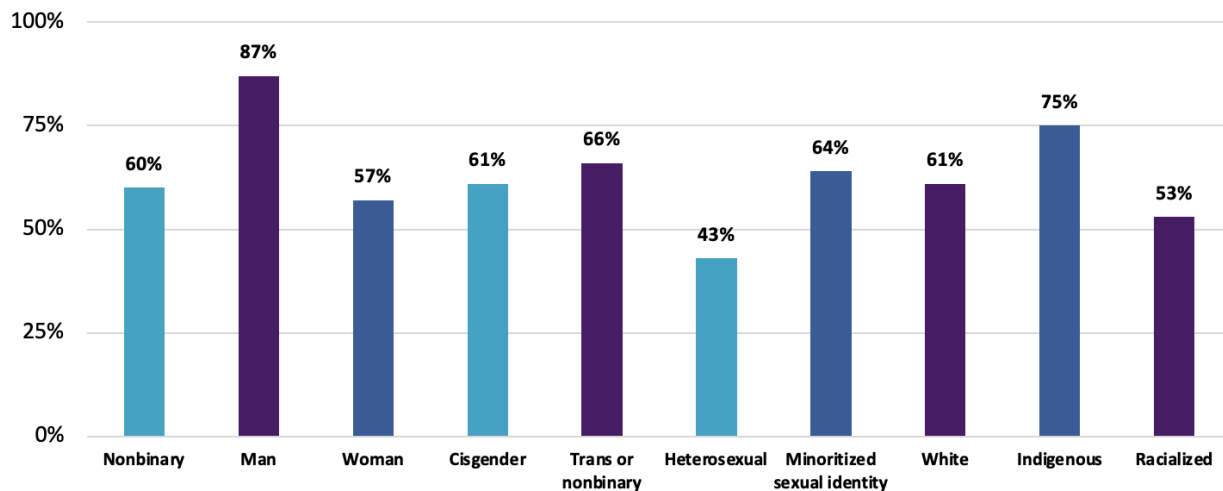
Half (50%) of participants reported fearing for their life at some point due the IPV experienced.

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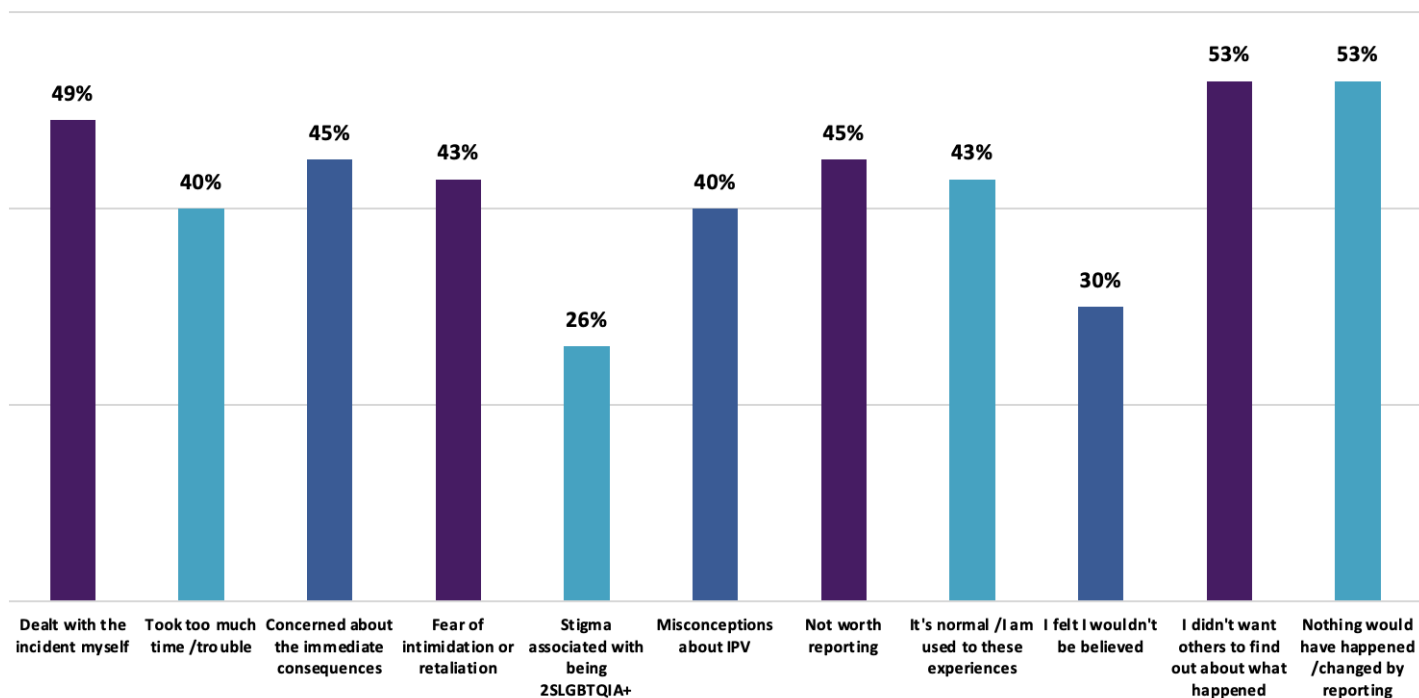
Reasons for not reporting varied considerably amongst gender identities and ethno-cultural backgrounds:

- 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)
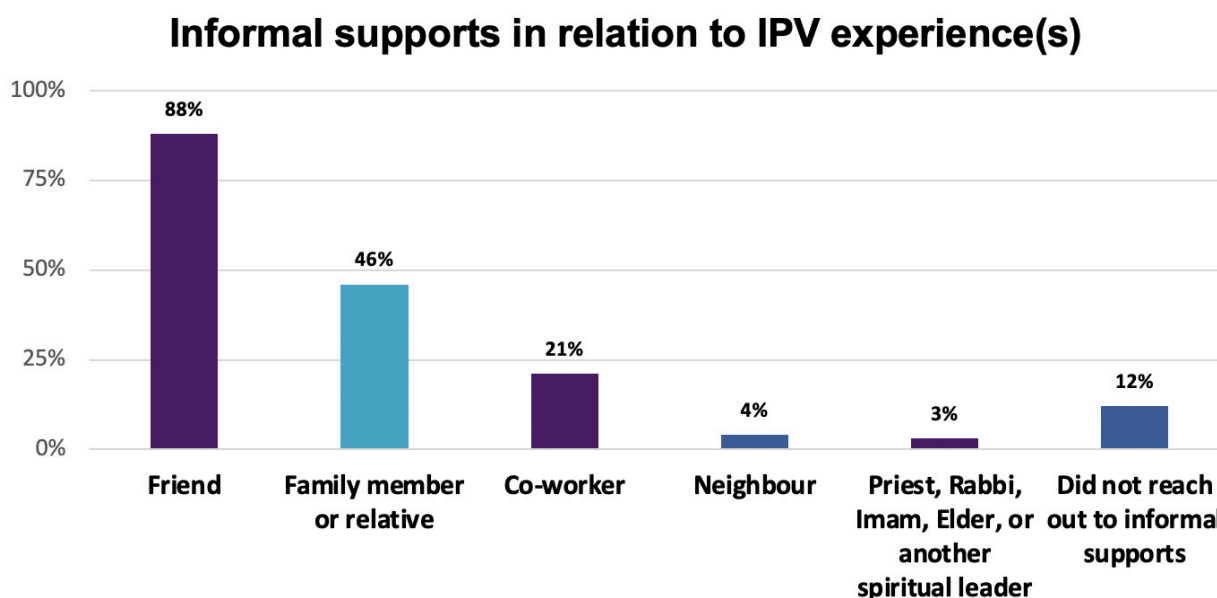
Transgender, non-binary, agender, and Two Spirit participants (97%) were more likely to rely on the support of friends than cisgender participants (84%). Conversely, cisgender participants (57%) were more likely to disclose the IPV to a family member or relative than transgender, non-binary, agender, 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 [$X2=(69,1)=4.33$, $p=.038$, 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%) [$X2=(72,2)=5.39$, $p=.068$, 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%) [X2=(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%) [X2=(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%) [X2=(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%) [X2=(47,2)=4.22, p=.121, Cramer's V = .30].
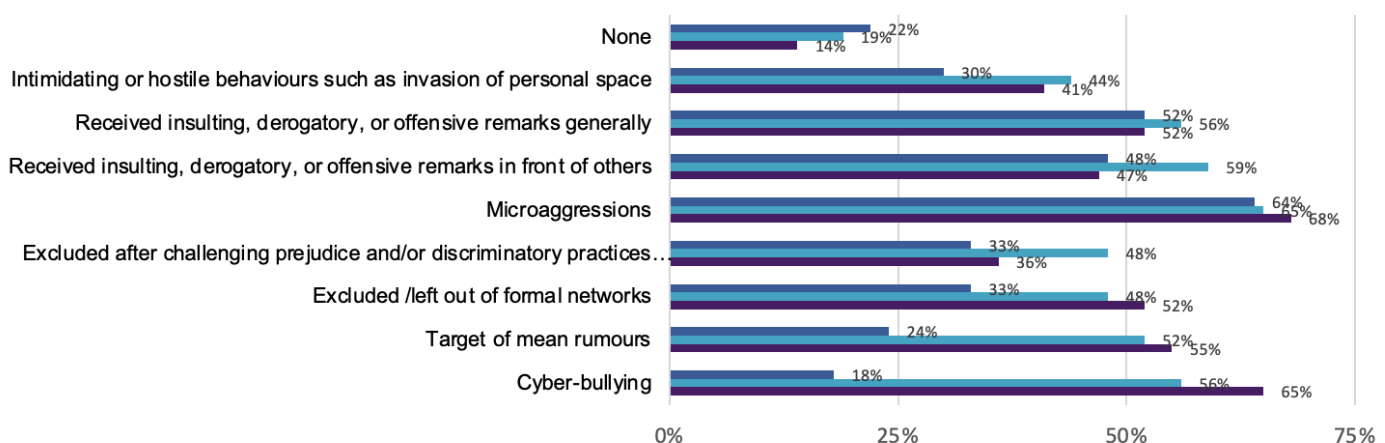
Perceptions of IPV in 2SLGBTQ+ Communities

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%) [X2=(71,1)=4.48, p=.034, Cramer's V = .25].
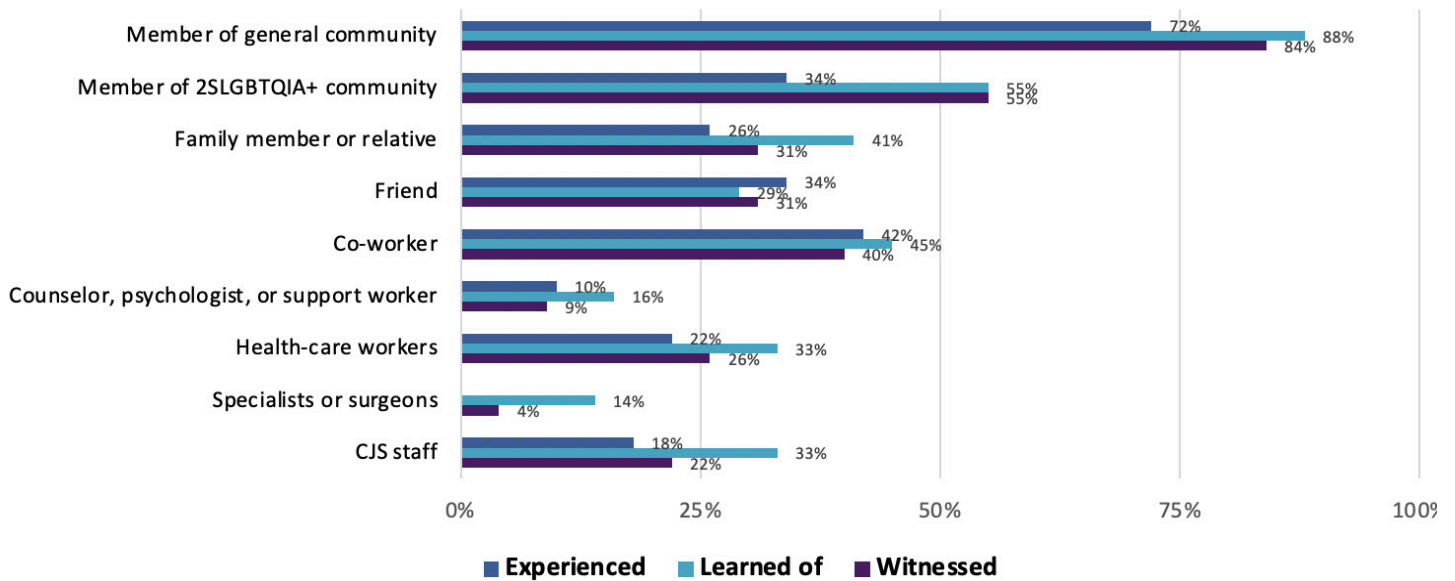
When asked: Within the last 10 years (2010-2020), have you witnessed, learned about, or personally experienced the following behaviours toward 2SGLBTQ+ victims/survivors of intimate partner violence (see chart below), participants primarily cited witnessing, learning about, and experiencing microaggressions.

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

Category	Values
None	14%, 19%, 22%
Intimidating or hostile behaviours such as invasion of personal space	30%, 41%, 44%
Received insulting, derogatory, or offensive remarks generally	52%, 52%, 56%
Received insulting, derogatory, or offensive remarks in front of others	47%, 48%, 59%
Microaggressions	64%, 65%, 68%
Excluded after challenging prejudice and/or discriminatory practices…	33%, 36%, 48%
Excluded /left out of formal networks	33%, 48%, 52%
Target of mean rumours	24%, 52%, 55%
Cyber-bullying	18%, 56%, 65%

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%) [X2=(54,1)=2.40, p=.122, 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%) [X2=(62,1)=6.01, p=.014, Cramer's V = .31] and experience the behaviour coming from members of 2SLGBTQ+ communities (45%) than cisgender participants (27%) [X2=(50,1)=1.80, p=.180, Cramer's V = .19].

Who perpetrated the behaviour?

Category	Experienced	Learned of	Witnessed
Member of general community	72%	88%	84%
Member of 2SLGBTQIA+ community	34%	55%	55%
Family member or relative	26%	41%	31%
Friend	34%	29%	31%
Co-worker	42%	45%	40%
Counselor, psychologist, or support worker	10%	16%	9%
Health-care workers	22%	33%	26%
Specialists or surgeons		14%	4%
CJS staff	18%	33%	22%

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 [X2=(72,2)=5.65, p=.059, 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%) [X2=(72,1)=4.63, p=.031, Cramer's V = .25]

Interview Findings Manitoba

Description of Participants

Victims/Survivors

In Manitoba, interviews were conducted with 14 individuals from 2SLGBTQ+ communities who experienced violence and abuse in their intimate relationships. This included 12 participants (85.7%) from urban centres and two participants (14.3%) from rural, remote, or Northern communities. At the time of interviews, participants ranged in age from 22 to 67 years old and identified as a diverse array of gender identities, including: transgender (28.6%), cisgender (21.4%), non-binary (14.3%), non-binary/Two-Spirit (14.3%), genderqueer (7.1%), genderqueer/non-binary (7.1%), and genderfluid (7.1%). Participants also identified as a diverse array of sexual orientations, including: queer (28.6%), pansexual (21.4%), bisexual (14.3%), asexual (7.1%), gay (7.1%), lesbian (7.1%), queer/lesbian (7.1%), and queer/bisexual (7.1%).

When asked about ethno-cultural identity, nine participants (78.6%) reported White/European descent, three participants (21.4%) reported "mixed" descent, and two participants (14.3%) reported Indigenous descent. Additionally, five participants (35.7%) had a physical disability, two (14.3%) had a mental disability, and two (14.3%) had both physical and mental disabilities.

Half of the participants interviewed (50%) had completed high school, with 6 participants (42.8%) having also completed some form of post-secondary education (such as a bachelor's or master's degree). Over half of the participants (57.1%) were employed full-time, while two (14.3%) were employed part-time, two (14.3%) were unemployed, and two (14.3%) were retired. Household income for participants ranged from under $20,000 to $80,000, resulting in an average income of approximately $43,000.

Service Providers

There were also two service providers that participated in interviews for the project, both of which resided in urban centres and worked in hospital settings (one as a nurse, and one as a social worker). Both service providers had been in their roles for nine years.

Nature of Abuse

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

Physical Abuse

Instances of physical abuse, such as pushing, hitting, grabbing, and forcible confinement, were described. At times, these acts resulted in physical injury.

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

She was trying to close all the doors – like she actually ended up having a forcible confinement charge because she wasn't opening any of the doors. She almost slammed my hands in the doors multiple times. (Survivor 11, MB)

Some participants also described instances of severe physical abuse, such as strangulation, which could be life-threatening.

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)

But then the next time she had relapsed, so was coming off of cocaine, and ended up trying, well, punched me in the face quite a few times and tried to strangle me. (Survivor 03, MB)

Emotional and Psychological Abuse

Several types of emotional and psychological abuse were described, such as name-calling, gaslighting, stonewalling, love bombing, threats, manipulation, belittling behaviors, and episodes of frightening episodes of anger.

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

I only generally experienced emotional and verbal abuse. Constant name-calling, being yelled at over minute things, like getting out of bed before her or eating breakfast without her. (Survivor 08, MB)

Sexual Abuse

Victims/survivors also described experiencing sexual abuse, such as sexual assault, sexual coercion, and rape.

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)

When I was still in BC there was an incident on Halloween. We went out to a bar and then we went home. He still wanted to stay up and I went to bed. Then the next morning there was evidence that he had sex with me while I was asleep, and that was a difficult thing for me to come to terms with. (Survivor 14, MB)

Financial Abuse

Financial abuse was also described by participants. Instances of financial abuse mainly centered around exploiting the financial resources of victims/survivors, such as forcing them to cover costs or controlling the use of their money or resources.

I was having to cover pretty much all of the cost, including using just like marijuana and like sort of street grade drugs like that to help her stay off of cocaine. (Survivor 03, MB)

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)

Coercive

Instances of coercive control were also noted, specifically in relation to acts of isolation or controlling behaviors.

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)

Gender/Sexuality-Specific Abuse

Additional forms of violence and abuse based on gender expression or sexual orientation were also noted. Namely, this included trying to shame or discredit the victim/survivor's gender identity or sexual orientation; controlling the victim/survivor's gender identity or sexual orientation; 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 like identify as like male and telling me "oh like I don't want to be with you 'cause you're like too feminine." And being genderfluid is obviously like, I don't know, it's like, you know, like it made me question so much [...] he was pushing me to identify as something I wasn't. (Survivor 02, MB)

Lots of power and control, obviously issues with, you know, dynamics of their relationship sometimes... Threatening to "out" someone. (Service Provider 01, MB)
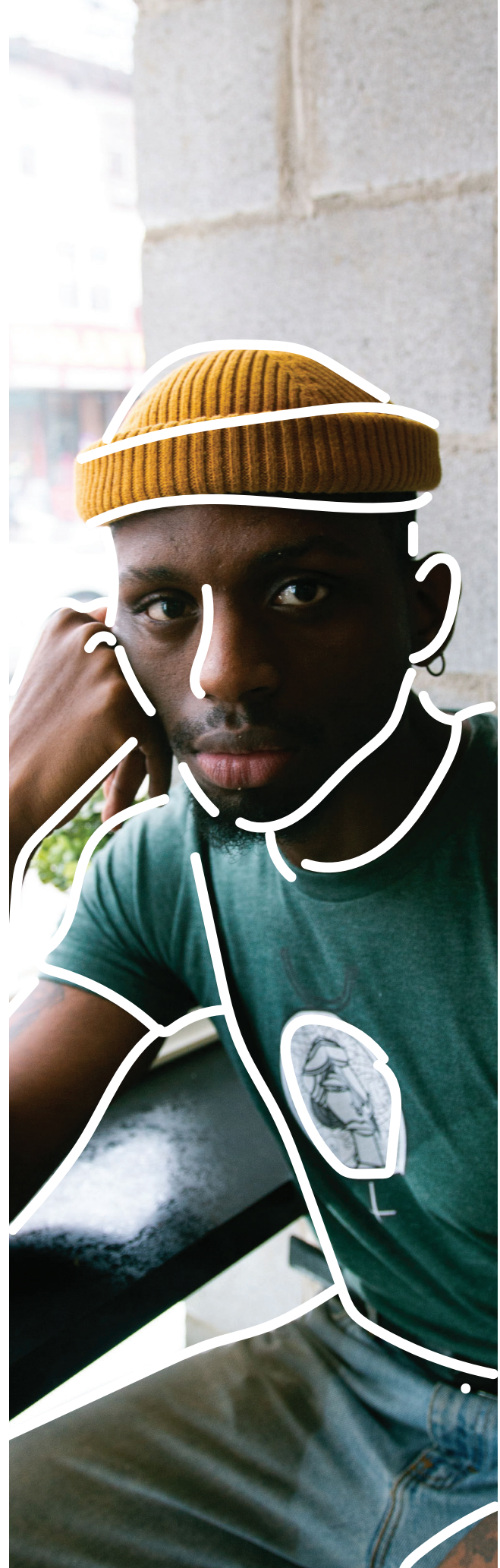
Experiences Help-Seeking

Victims/survivors sought a variety of formal and informal supports during their experiences with IPV. Experiences with formal supports, such as police, lawyers, and counsellors, were markedly negative in comparison to experiences with informal supports, such as family and friends. Negative experiences were mostly centred around encounters with police and the complicated history between law enforcement and 2SLGBTQ+ communities.

Formal Supports

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

- Police
- Lawyers
- Criminal court
- Victim Services
- Therapists/Counsellors
- Community Health Centres

When seeking formal supports, victims/survivors described negative attitudes towards police. This was largely rooted in the harassment, discrimination, and persecution experienced by 2SLGBTQ+ communities at the hands of law enforcement during the period in which diverse gender and sexual identities were criminalized. While these laws may no longer be in effect, participants described harmful police responses that persist to this day—including instances of misgendering, belittling, and poor conduct—that have contributed to a lingering distrust of police within 2SLGBTQ+ communities.

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)

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)

*To put it in the most polite way I can, **** them. Yes, they took my report and the original chief I had spoken to, he was wonderful. Other police officers, they kept misgendering me. (Survivor 07, MB)*

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)

Participants specifically noted that they felt police didn't take IPV seriously in 2SLGBTQ+ relationships:

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)

I don't know if the police have ever dealt with something with a trans couple, or a lesbian couple, or a gay couple, or a nonbinary couple, or a bi couple, you know, with a partner… the partner that's being abused is calling the police and saying, "well this person is abusing me, blah blah blah blah blah," and the police

will give you the same song and dance routine they gave since the 60's. (Survivor 05, MB)

I've had incidences with police when they've responded to my calls for reporting of violence that they didn't know how to approach the relationship, made references to the relationship as like a non-romantic sort of – not domestic – but sort of a roommate/friendship/your friend, that kind of thing. So, invalidating the relationship, and then also kind of, basically like being discouraged from reporting it, based on an intimate partner violence, that sort of thing, or not taking any reports of it because they didn't see the relationship as that – as an intimate relationship. (Survivor 10, MB)

However, participants did note 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)

Informal Supports

In contrast to the largely negative experiences with formal supports, many noted positive experiences with informal supports, such as friends and family. Participants found disclosing their experiences of violence and abuse to friends and family to be particularly helpful, finding safety and validation in these spaces.

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 did have one close friend that was helpful because she maintained a close relationship with me without judgment and kind of understanding the nuances of violence and never putting unrealistic expectations on me or our friendship, so that was helpful. (Survivor 10, 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)

While the majority experiences with informal supports were positive, a select few participants did not find these sources of support to be helpful, citing misguided attempts at support and feelings of judgement as their reasoning.

Family was not helpful. I think in some aspects they wanted to be, but they had preconceived notions, sort of how it was kind of like a dictated sort of help, like this is what I will offer you, this is what my expectations would be. It was not kind of, centered on my needs or understanding the scenario. (Survivor 10, MB)

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)

Barriers to Seeking Help

Participants noted several barriers that exist in relation 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" or a lack of 2SLGBTQ+ specific resources. Additional barriers included: negative views of police, accessibility (including waitlists and cost/affordability), the COVID-19 pandemic, and abuse-related issues (including fear of retaliation and isolation).

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
- Fears of being "outed" during the help-seeking process
- The small size of the 2SLGBTQ+ community in Manitoba
- Stigma/shame
- A lack of resources specific to 2SLGBTQ+ communities

These barriers were described in numerous instances:

So, my fear of how my identity would be perceived by… well, by Winnipeg 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 pro-cess of feeling like your identity is part of the problem. (Survivor 10, MB)

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)

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)

So, stigma. Being very marginalized. I would say there are a lot of factors that prevent people from probably even getting medical services if they are part of that community and specifically non-binary folks because of how they feel they might be treated in the emergency department. (Service Provider 01, 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)

Negative View of Police

As previously mentioned, victims/survivors detailed negative encounters with police, which have led to distrust

between 2SLGBTQ+ communities and law enforcement. Because of this, many stated they would avoid or resist utilizing police services in times of crisis.

> *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)*

> *I feel like police, lawyers are less likely to take us seriously because 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 so I'm not all that confident that those kinds of professionals take us seriously. (Survivor 04, MB)*

Accessibility

Participants also noted a range of reasons why they could not access the services they needed, including: long waitlists, the cost/expense of services, and a lack of transportation, technology, and housing.

> *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)*

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)*

Abuse-Related Challenges

Lastly, participants noted that the impacts of the abuse they endured prevented them from accessing necessary resources and services, including the fear of retaliation and isolation. One also noted that it was difficult to recognize the signs of abuse in their partnership due to their childhood experiences of abuse.

> *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)*

> *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)*

Impact on Victims/Survivors

Experiences of IPV had many and varied impacts on 2SLGBTQ+ victims/survivors in Manitoba. Both victims/survivors and service providers alike described the negative effects of violence and abuse on physical and mental health, education and employment, relationships, finances, housing, and spirituality.

Physical and Mental Health

Participants described a range of impacts related to health and wellbeing as a result of experiencing violence and abuse in an intimate relationship, including:

- Physical injury and the deterioration of physical health
- Self-harm
- Loss of identity/self-esteem
- Anxiety
- Depression
- Suicidal ideation
- Post-Traumatic Stress Disorder (PTSD)
- Fear

These impacts were described in numerous instances:

> *Obviously, 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. (Service Provider 01, MB)

I think that I've had a lot of psychological upheaval and emotional distress from it. Everything from self-harming behaviors to crisis stabilization, admissions, ongoing therapy for several years, both brief treatment and ongoing. (Survivor 10, MB)

I think it wears away at mental health, and they become very depressed and very anxious, really unable to cope. (Service Provider 02, MB)

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)

I was just scared of her. In fact, I didn't think I'd survive the relationship. (Survivor 05, MB)

Education/Employment

Participants also noted negative impacts on their education and employment, noting that their capacity to function at work or school was diminished due to the violence and abuse they experienced. Some even reported having to leaving their places of employment because of their abusive relationship.

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)

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

Relationships

Experiences with violence and abuse also had a notable impact on relationships with others, including friends, family, and other romantic partners. This included challenges with intimacy and even the loss of relationships with friends and family.

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)

I was having a lot of panic attacks and dealing with a lot of anxiety around my other relationships. And then it ultimately did impact my other relationships, so because we have mutual friends and the queer community is so small and so tight knit, when a relationship ends badly like that, people kind of choose a side. And so, I ended up losing my very closest friend and my roommate who's now friends with my ex. (Survivor 09, MB)

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

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)

It was challenging because I was kind of stuck with all of the bills. They basically just said "fine, well I'll leave but you have to pay for everything." We owned the home, so they wanted me to sell it and give them more than half of the money, and all that kind of things. So, it was challenging to kind of maintain the payments. I was paid basically minimum wage or not much more at my two jobs, and I was paying for university on my own, it was challenging for sure. (Survivor 12, MB)

When I left I was about 10K in debt from sort of everything, because we had signed the lease together, I was still responsible for like half that rent and she tried to force me to continue to add to that—I had offered to take over the full payments or have her take it over and she outright refused until I got Victim Services involved and had them help take me off the lease. (Survivor 03, MB)

Housing

Victims/survivors also noted that the violence and abuse they experienced impacted their ability to attain safe housing.

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)

They would send me messages, "oh I drove by your house and there was another car in the driveway, who's over?" Threatening that they were going to choose a roommate to move in with me because I was still in the same home that we had lived in together…so I decided to move and change my phone number, my email address – basically any way they could get in touch with me. (Survivor 12, MB)

Spirituality

Lastly, some noted a disconnect from their spiritual communities.

I just needed to do a lot of soul searching and you know, like I mean, started to search for some spiritual guidance and whatever, but you know. I'll have to mention this, I was Catholic, but I left the church, and I was a Christian a couple years ago, but uhm, I just don't believe in organized religion anymore. (Survivor 05, MB)

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

Contextualizing IPV in 2SLGBTQ+ Communities

Both victims/survivors and service providers acknowledged that direct violence in 2SLGBTQ+ relationships, such as IPV, exists within the larger context of structural and cultural violence against 2SLGBTQ+ communities in society. These multiple forms of violence intersect in order to influence dynamics within 2SLGBTQ+ relationships, as well as the ways in which 2SLGBTQ+ relationships (and any violence or abuse that occurs) are

viewed and treated by themselves and those around them.

Participants noted that the following factors were important to consider when contextualizing experiences of IPV in 2SLGBTQ+ communities:

- Religious and cultural influences
- Family acceptance
- Discrimination/racism
- Stigma/shame
- Power imbalances
- Increased risk of violence
- Past trauma
- Mental health challenges
- Substance use and addictions

Participants described these factors in numerous instances:

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 was going through dealing with my family not accepting me and my stepmother and her family not accepting me. So uhm, it was more or less a double whammy with the ex-partner when she was abusive. (Survivor 05, MB)

I think that made me vulnerable to remaining in the relationship, you know, just because of some of the stigma, and some of my own kind of internalized transphobia and external transphobia about coming out. (Survivor 10, MB)

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 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)

Definitely mental health—anxiety, depression—and definitely substance use and substance abuse [occur] in a lot of cases. (Service Provider 01, MB)

Perceptions of IPV in 2SLGBTQ+ Communities

Victims/survivors described the ways in which 2SLGBTQ+ IPV is viewed and treated by those within and outside of 2SLGBTQ+ communities. They noted that IPV in 2SLGBTQ+ communities is not taken seriously, normalized, underreported, and can even involve predatory aspects. Victims/survivors also noted several myths and misconceptions that exist in relation to 2SLGBTQ+ IPV, which impact the ways in which the issue is understood—such as the idea that IPV is a "straight person problem" or that women cannot be abusive.

IPV is not taken seriously

Participants described dismissive attitudes towards the issue of IPV within 2SLGBTQ+ communities, where the

issue was not taken seriously by community members or continued to be "swept under the rug."

> *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)*

> *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)*

Participants also described the challenges of 2SLGBTQ+ IPV not being taken seriously outside of 2SLGBTQ+ communities, particularly in relation to heterosexual IPV.

> *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)*

IPV is normalized

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)*

Predatory behaviors

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 praying 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)*

Abuse is underreported

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)*

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"
- Men cannot be abused, and conversely, that women are not abusive
- The idea that abuse in lesbian relationships is less harmful (including the characterization of lesbian violence as "mutual" or a "catfight")
- Abuse is uncommon in 2SLGBTQ+ communities
- The hypersexualization of queer communities, specifically bisexual and pansexual 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

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 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)*

> *"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)*

Saskatchewan

Description of Participants

Victims/Survivors

In Saskatchewan, interviews were conducted with 15 individuals from 2SLGBTQ+ communities who experienced violence and abuse in their intimate relationships. All participants identified as being from urban centers, although some described having previously lived in smaller communities. At the time of the interviews, ages ranged from 20 to 50 years old. Five participants (33.3%) identified as bisexual; four (26.6%) identified as gay; three (20%) identified as queer; two (13.3%) identified as lesbian; and one (6.6%) identified as pansexual. There were a variety of responses regarding gender identity. Only two (13.3%) participants explicitly described themselves as cisgender, with one (6.6%) identifying as a cisgender man and one (6.6%) identifying as a cisgender woman; four (26.6%) described themselves as female and one (6.6%) described themselves as male without specifying if they were cisgender or transgender; six (40%) identified as non-binary, genderfluid, or genderqueer; and two (13.3%) identified as Two-Spirit.

When asked about ethno-cultural identification, six participants (40%) described themselves as White/European; three (20%) described themselves as Black; three (20%) described themselves as Indigenous/Métis; and three (20%) described themselves as "mixed." Two (13.3%) reported being newcomers, while one (6.6%) reported being born in Canada but having lived abroad for a period of time.

All participants reported having completed high school, with nine (60%) having completed college programs or university degrees. At the time of the interviews, ten (66.6%) reported being employed with three (20%) being casual, three (20%) being part-time, three (20%) being full-time, and one (6.6%) being self-employed. Five (33.3%) reported being unemployed. When asked about average annual household income, two participants declined to answer while three reported being dependents who were unsure about their household average. Of the remainder, two (13.3%) reported an annual income of under $20,000. The average for those whose annual income was above that threshold was approximately $55,000.

Service Provider

Three service providers participated in individual interviews, all of which worked in urban areas. Service providers represented the following agencies/sectors: police-based Victim Services; 2SLGBTQ+ support services; and sexual assault services.

Nature of Abuse

Participants were asked to describe their experiences with abuse in as much detail as they were comfortable with. Types of abuse included: emotional and psychological abuse, physical abuse, sexual abuse, financial abuse, spiritual abuse, and gender/sexuality-specific abuse.

Emotional and Psychological Abuse

All participants reported having experienced emotional abuse in an intimate relationship, although some instead used the term psychological abuse. Types of emotional and psychological abuse included name-calling, put downs, and verbal intimidation through shouting or threatening. Many participants reported feeling that the emotional and psychological abuse they experienced was more damaging and long-lasting than any physical violence they may have experienced.

> *He would be really upset if I was hanging out with other people and wasn't talking to him the entire time. (Survivor 05, SK)*

> *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

Most participants reported having experienced physical violence in an intimate relationship. Types of physical violence included grabbing, slapping, punching, choking, and attempted murder, as well as acts of physical intimidation such as cornering the participant and/or destroying their property. Although instances of physical violence ranged from single incidents to ongoing patterns of behaviour, several participants noted that abuse appeared to escalate over time, with physical violence being seen as a culmination of other forms of maltreatment.

> *There would be times where it got to a point where things were just physically violent, and I didn't particularly know how to handle that. I figured that I could handle anything that was said to me, but I'm—obviously nobody likes being shoved around, and I figured that if I was, if I had the power to choose what kind of thing I was going to be subjected to, I'd rather be yelled at than struck. (Survivor 03, SK)*

> *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)*

Sexual Abuse

Some participants reported experiencing sexual abuse in an intimate relationship. Examples of sexual abuse include sexual coercion, molestation, and rape, as well as pressure to perform sex acts under circumstances the participant was not comfortable with, such as without a condom. In at least one instance, sexual abuse resulted in an unwanted pregnancy, and in another the abuse was not perpetrated by the abuser directly, but instead by a group of people whom the abuser allowed to assault their partner.

> *During sex he would choke me so hard that the blood vessels on my eyelids burst and I would have loads*

of little pinpricks. He never cared one second about my pleasure and how I was feeling. It was only about him. And I really at the time thought that I was more interested in the sexual part of it, but I realize now that I just knew that I had to do it. (Survivor 05, SK)

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)

To an extent, I think my friends really just couldn't comprehend that we had an open relationship, so they kind of blamed me like it was my fault in the second case […] I think the fact that the sexual violence in the second wasn't perpetrated by my partner but was perpetrated by them allowing a group of people to sexually abuse me, that was pretty I think specific to gay relationships. (Survivor 15, SK)

Financial Abuse

When experienced, financial abuse typically either took the form of (a) preventing the participant from accessing finances or (b) forcing the participant to be the sole provider for the household. Regardless of the form it took, the participant would have their capacity for financial independence limited.

In the first relationship, he controlled all the money, but I was a waitress so when I knew that things were getting really bad and I was scared—he and some others had beaten up one of our roommates really quite brutally and I was scared because of how much it was escalating, and so I started saving money. And I put $5 aside with each of my tips so that I could pay for a bus fare so he wouldn't see it and I figured, you know, that way he wouldn't notice it as much. (Survivor 04, SK)

I had to be the provider for the household, I had to pay the bills. I also supported a drug addiction for two people, and so, you know, I did work a lot. (Survivor 10, SK)

Spiritual Abuse

Only one participant described a form of abuse experienced in an intimate partner relationship as spiritual. This abuse took the form of their partner interfering with their ability to perform their spiritual practices.

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)

Gender/Sexuality-Specific Abuse

Participants were asked if they believed they had experienced any forms of abuse which were specific to their

gender and/or sexual identities. Several participants cited their bisexuality as the "reason" given for their partner's controlling behaviour.

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 feel like my sexual journey or identity was fairly fluid. I've always felt like I've connected more to some-one—like, I always joke with my friends that I'm soul-sexual, who I connect with on an energy level and I enjoy spending time with and I'm attracted to, it has nothing to do with their prescribed gender identity or how they display themselves, but more just how we connect. I think that was an underlying factor for a lot of the jealousy and mistrust that was in the relationship. (Survivor 14, SK)

One participant reported feeling that their abuser tried to control their gender expression to have it better align with their own preferences, despite the participant's genderfluidity.

It was like controlling behavior, because if I didn't look or sound or act in a certain way that was their gen-der 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)

Other participants reported feeling invalidated about their identity by their partner. In some cases, participants speculated that this was a form of projection and that their partner was insecure in their own identity.

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 definite-ly 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)

I always tried to support her, but it just started to make her madder. I think a lot of things started to make her madder. She started getting very impatient with me and didn't want to spend time with me and all

the rest of it, and things started to get hostile. She started getting very hostile with me, so I don't know if maybe her—I don't know. That's one thing we haven't been able to talk about and we don't talk at all anymore. I just know that once she admitted to me that she was starting to have more of a trans dialectic in her life that things started to go downhill. (Survivor 13, SK)

In at least one instance, a participant's abuser threatened to "out" them as a means of control.

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)

Experiences Help-Seeking

Participants sought a variety of formal and informal supports during their experiences with IPV.

Formal Supports

Sources of formal support included:

- Police
- Victim Services
- Criminal Court
- Therapists/Counsellors
- Family Doctors/Healthcare Workers

Participants reported generally expressing disappointment with the formal supports available to them, with attitudes towards the legal system being markedly negative. This was particularly the case with the police. While most participants described a willingness to approach and work with the police, they reported being met with disinterest and disdain, which they found discouraging.

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)

And then I was talking to a male officer at that point and I did not feel nearly as comfortable. Like, he wasn't mean or judging or anything like that, but he just didn't seem very serious and it was—it felt a lot more uncomfortable talking about, you know, my anatomy and experiences with this man who had touched me here or did things I didn't want him to do. Talking about all that really specific sexual stuff was not very comfortable with him. (Survivor 05, SK)

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)

*They just kind of had this attitude that they were like—"I can't believe we're wasting our time on a chick fight." Kind of that. You know when you just get those strong misogynistic overtones? And you're like… no, no, I'm pretty sure that's not just me. I know that's not just me. Yeah, so as I say, they performed their duty. They were s***** about it though. (Survivor 13, SK)*

While instances of overt homophobia were not described, some participants did report feeling wary or mistrustful of police due to fears of prejudice.

Culturally speaking, you can't really go to the police and tell that you have been assaulted by your gay friends, they might not really help you. Mostly they may ridicule you, so yeah. (Survivor 09, SK)

Experiences with Victim Services appeared to be more positive, although one participant noted feeling they did not make the most of their access.

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

I did get access to Victim Services. […] I had a couple of phone calls with the crisis counsellor and she was really nice to talk to but I just have a lot of trouble sticking with things like that. It wasn't unhelpful, I should have kept going. (Survivor 05, SK)

Participants who worked with therapists and counsellors generally described more positive experiences, 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—about, you know, not to get caught up in that, but the information was very relevant to whatever relationship. She's sensitive to the fact that that might not be something I would have picked out for myself, but she wanted me to know that it could be for any relationship. So yeah, the counsellors were good. (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)

However, one participant did express frustration with the inaccessibility of mental health care.

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)

Informal Supports

In contrast to the frustration felt by participants seeking formal sources of support, there was greater satisfaction with informal sources of support, namely friends and chosen family.

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)

Whenever I've told friends that have gone through similar experiences it has been way more beneficial. With one of my friends in particular it was just like, ah, yeah, and whenever I talked to her about trauma or something I had experience a reaction to, like being triggered and whatnot, she was just like, yeah, I know exactly what you have felt, and it was just a much more casual conversation. Just instantly knowing or not knowing, actually understanding. That was beneficial. (Survivor 11, 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)

With biological family, participants experienced hesitance and uncertainty with reporting, fearing judgement and misunderstanding, and feeling reluctant to be vulnerable with those they weren't confident could provide the support they needed.

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)

See, I remember whenever I told my mother, it was so clear that she had so many questions she wanted to ask me but knew was not appropriate to ask someone. And so she just kind of sat silently, and it was like, there is nothing I can say that will be right and there are so many things I could say that could be wrong, so I'm just going to sit in silence. We were going through my things to get rid of anything and everything that could remind me of those events, one of which was a hammock, and I was like I'd like to throw it away and she was like this is an expensive hammock and I was just like, do you really want to keep this hammock? 'Cause I was raped in it. To which she was just like, OK, I'm throwing it away now, but I don't know how to hold that and I don't know how to hold you. Like, I can't hold this, I don't know what I'm supposed to do, what I can do or should be. (Survivor 11, 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)

However, for those who did report their experiences to family, the experiences were generally positive.

And just went and gave my dad a hug and told him that I was sorry I just left. I was sorry that I disappointed him and I was sorry that I was doing drugs and I just told him, I said dad, I can't go back home anymore. Have you seen the bruise on my face? And my dad doesn't usually cry, but he cried and said it's OK, I love you, you're not going back there. (Survivor 10, SK)

I felt as supported as I could be and I ended up moving into my mom's basement. So, it's like OK, so things did change, and it was a really hard change, but it could have been a lot worse. (Survivor 13, SK)

Barriers to Seeking Help

Participants described a number of barriers which they believed impeded their ability to seek help when experiencing IPV, including:

- Confidentiality concerns
- Accessibility
- Lack of resources for men
- COVID-19
- Fear of potential consequences of reporting
- Feeling overwhelmed
- Fear of discrimination
- Shame
- Mistrust

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 CMA 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 Employee Assistance 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 the RCMP 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)

Accessibility was another common barrier. Specific accessibility issues included distance and affordability. Supports were described as being more readily accessible in urban areas such as Saskatoon and Regina, but less so in smaller communities.

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 [urban centre], 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)

From my experience, from my research, there's just so—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)

Male participants expressed feeling that even those resources which existed were not "for" them.

> *There was no shelter. I guess there was a shelter, but there was no men's shelter. (Survivor 10, SK)*

> *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)*

When asked if the COVID-19 pandemic presented a barrier to help-seeking, participants reported feeling negatively towards remote support services 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)*

In some cases, participants feared the potential consequences of help-seeking due to co-occurring issues. One participant who had been experiencing drug addiction at the time of their abuse feared reporting as they did not want to lose their job if the addiction was discovered.

> *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. I'm not proud of being an addict. I've been clean for going on four years now and I wasn't proud of that. But I was scared because that was the only thing that I had to show for all of the bullshit that happened in those five years. It was a great career and I had an education and I didn't want that taken away from me. So, I was scared to tell anybody. (Survivor 10, SK)*

Another expressed concern that by reporting their experiences of abuse, they would be exposing their partner to racism.

> *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. Not diluting racism down to conflict—I did not want people to be aggressive to him. I kinda just wanted it to just quietly end with me being able to leave (Survivor 11, SK)*

Many participants described feeling overwhelmed by their situation and struggling to either realize that they needed help or trust that receiving help was possible/preferable.

> *Honestly, I didn't—even when I first got out of the relationship, even like a year after, I had not considered seeking help because I just didn't realize how wrong that situation was. And it took a couple years to realize how awful it was and how much it was truly affecting my mental state and my relationships and things like that. (Survivor 05, SK)*

> *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)

Finally, the most common barrier to help-seeking was fear of discrimination due to their gender and/or sexual identity.

Not all healers or traditional people are fully accepting or understanding of Two-Spirit people or even just make welcoming spaces within their ceremony. And so, when I've gone to sort of pray about if I'm feeling that I need help or guidance, I've usually just done that on my own without saying it aloud to everybody, because I don't know how they're going to take that. Sometimes I haven't always been open about myself in a ceremonial space if I don't think it's going to be a safe space to do that. (Survivor 04, SK)

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)

Some participants experienced their fear of discrimination as a form of shame.

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)

I was extremely ashamed and embarrassed and scared not only to come forward and share with my coworkers, but you know, I'd be responding to calls for service and I would be going home and reliving the same thing, and because of that it kept me from feeling safe to come forward and ask for help for a very long period of time. (Survivor 14, SK)

Even for participants who did not describe their fears of discrimination as being a form of shame, there was concern that existing resources would not be understanding or accommodating of their identities. Many did not believe that existing supports were well educated on 2SLGBTQ+ issues. They expressed a desire for supports with meaningful experience working with 2SLGBTQ+ communities.

Either you get someone who really knows what they're talking about, which is great, you know they are out there and I think that a lot of agencies are trying to be more aware of gender and sexual diverse people, but histori-

cally, whenever I've tapped an agency for help with anything else, it feels like they either conflate the gay issue, ignore the gay issue, or they're really good. So yeah, my results are mixed. (Survivor 13, 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)

Impact on Victims/Survivors

Participants described a range of impacts due to the violence and abuse they experienced, including impacts on their physical and mental health, relationships, education/employment, finances, and housing.

Physical Impacts

Participants described a number of lasting physical effects of abuse, including:

- Sleep problems, such as insomnia and nightmares
- Disordered eating
- Lasting physical injury, such as scars and a permanently crooked nose
- The need for medication such as antidepressants
- Addiction flaring up as a consequence of self-medicating

Some participants also reported feeling inclined to self-harm as a consequence of abuse.

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)

In at least one instance, a participant reported struggling with physical contact in the wake of their abuse.

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)

Service providers also noted that sexual abuse could lead to long-term physical effects such as STIs and internal bleeding, as well as unwanted pregnancy.

Mental Impact

All participants described their mental health as being negatively impacted by their experiences with abuse. Negative effects include:

- Anxiety and panic attacks
- Depression
- Post-Traumatic Stress Disorder (PTSD)

- Fear
- Loss of identity and low self-esteem

Participants described feeling unsafe even once the relationship had ended, leading to an excess of caution.

I think I was very cautious for a while. (Survivor 02, SK)

I wasn't even able to sit in the front of the bus because people were behind me and that scared me, not knowing what people were doing behind me. (Survivor 04, SK)

There were so many times in the beginning in the summer of 2018 that, 'cause I worked a lot of nights, I'd be outside having a smoke and I would see a car and I would just run and hide around the corner. I thought it might be him. I would live in so much fear. I didn't leave the house when I was in Saskatoon 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 of their abuse had permanently changed them or would last "forever."

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

Several participants cited feeling that the effects on their mental health were more detrimental than any physical effect the abuse might have had.

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)

I would say to you that in my first relationship, when I was physically hit and beat and raped, those are physical things that I could heal from, and I had a scar from, and I could move on from. Mental abuse and the financial and emotional abuse have wormed their way so deep into my brain that sometimes it's hard to function as a human being and I would have preferred if that partner was physically violent, because at least I would have had the chance to recover for a rational life. (Survivor 15, SK)

Relationships

One of the most common impacts reported by participants was the isolation they experienced as a consequence of their abuse. Many participants described becoming alienated from their loved ones while in a relationship with their abusive partner.

My older sister is very protective of me and we're incredibly close. [...] when I was dating him she was like, do not call me while you're with him because I don't trust him. I don't like him. I don't like that you're spending all your time with him like, he's not a good guy. And I was just like, you're overreacting, you don't even know this person, da da da, but she's a registered psychologist. She saw quite a lot of signs that I did not. But yeah, so she was like, don't call me while you're with him, I don't want him overhearing our conversation. So, while I was dating him, we definitely didn't talk as much. (Survivor 02, 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. I didn't want to stay with people so it really affected my social life. (Survivor 07, SK)

I lost lots of friends because by then I had lost interest in everything. So all my friends—I really, I didn't use to make friends. I used to go to, you know, these social meetings, like parties, birthday parties, I used to go to them because—I was feeling like nothing had meaning anymore. You know, sometimes the hurt or maybe disappointment from someone you love can be so harsh on you. So at that time I was a loner. I lost my friends and it's because then I used to treat them harshly because I was feeling bitter. (Survivor 08, SK)

For some, the sense alienation extended beyond the end of the relationship itself, either due to difficulties maintaining connections with formerly shared social circles or due to friends and family "taking sides."

One thing that the 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 out-going, 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. Even with my family, it was really difficult. They wouldn't believe some of the stuff that they did to me until just recently when they kind of have gotten to know more about the situation. (Survivor 15, SK)

Others reported finding themselves feeling "closed off" both emotionally and physically in relationships formed after leaving their abusive partner.

Emotionally, it's left me very closed off. For two years I didn't date anybody. I didn't have sex. I didn't really associate other than at work and with some of my family. (Survivor 10, SK)

It was definitely difficult trying to grow closer to people and not question if they have ulterior motives or if they are trying to somehow get some form of benefit out of our relationship other than it being the mutual relationship between us. I had difficulties in trying to figure out how other people were trying to use me, even though obviously it never was a physical or sexual form of using me after that. But I still just kind of question people. I feel like a lot of my friendships after the relationship, they were all just like kind of short lived, whether for natural reasons or if something came up and I had a lot of trouble trying to figure out exactly what went wrong and if it was connected to how I was reacting because of trauma. (Survivor 11, SK)

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)

Education/Employment

Participants described their capacity to function at work or school as diminished due to the abuse they had experienced. The primary cause of this diminished capacity to work was distraction or loss of focus.

It affected my work relationships because there was danger around and it was impacting my behavior and my availability to go to work so… My clients started seeing that and then they didn't want to come be around that energy as much, and I had to pull some of them away as well because I knew it wasn't safe for them to be around. (Survivor 12, SK)

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, rather than distraction or loss of focus, participants instead described struggling with professional boundaries as a consequence of the mental impact of the 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.

Sometimes when I was beaten—I used to go and work, 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)

In at least one instance, a participant's abuser worked at the same location as them, complicating their ability to continue working there after their separation.

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)

Finances and Housing

Participants who found their ability to work or attend school impacted by their experiences of abuse frequently reported financial issues as well, most often caused by the impact ending the relationship had on their finances. These financial issues often led to concerns about housing, with some participants reporting having experienced homelessness for a time as a consequence abuse.

I got funding by going back to school, so that helped, because I was struggling finding work out there. I couldn't find work with all of the qualifications that I had. I went back to school and then Dad was working casual as a janitor and we went to the food bank and we were able to get by until we decided to go back to Saskatchewan. (Survivor 04, SK)

We used to share an apartment. […] At the time we started having issues, things became hard and everyone had to look for what they're gonna eat for themselves. Like individually, not like together. After some time I moved out so I became homeless for some time, for, let's say two weeks, and then I found a home. (Survivor 08, SK)

I actually almost became homeless the first time because I had to move out so quickly, and then I couldn't afford rent. And then the second one, 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)

Other Impacts

Some participants 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)

However, others reported having come to view their experiences as learning experiences or opportunities for self-improvement.

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)

I explained the situation to people and one of them, a family member, had put in perspective, saying maybe I was the toxic one. And I didn't really consider that perspective, and that really changed things for me and it allowed me to recognize my role in how things unfolded and where they had been and how I had to take accountability for that. (Survivor 06, SK)

I'm a stronger person now than I was 5-8 years ago. I'm not the same man that I was. I'm clean, I got my life together, and I'm happy now. (Survivor 10, SK)

Experiences Unique to 2SLGBTQ+ Communities

There were some issues which participants noted as being frequently co-occurring within 2SLGBTQ+ communities, namely:

- Addiction
- Mental health issues
- Previous experiences of abuse

Codependency was an additional recurring element.

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. And that can quickly lead to some unhealthy things happening. (Survivor 01, SK)

Things were said in such a way that—because this is the person that you are, you know that, you think that you're supposed to be close to them, and you're supposed to be able to trust them. They become an outlet for your personal life, maybe things that you don't tell your family or your other close friends or things like that. There was a lot of "I can't do anything about this relationship because who else am I gonna tell these things to?" (Survivor 03, SK)

Potential explanations provided for the frequency of codependent relationships is the general alienation 2SLGBTQ+ individuals experience from mainstream society combined with low self-esteem. It was observed by one service provider that even when relationships become unhealthy, many are unwilling to leave due to an intense desire for belonging.

They are able to understand what violence is, but it was challenging for them to separate themselves from their partner because their need for love and belonging was so strong. It's hard for them to make sense of it, right? (Service Provider 02, SK)

Another recurring element unique to 2SLGBTQ+ communities was the frequency with which abuse takes place while in heterosexual relationships or while identifying as heterosexual. Consequently, individuals may not directly seek supports which simultaneously address abuse and gender/sexual diversity, instead choosing to prioritize whatever feels most immediate to them.

The unique incidences of intimate partner violence happen when they all perceive themselves as heterosexual. By the time I see them they are at the stage where they are ready to explore their gender identities. So it is a lot much more later that they identified themselves as transgender, nonbinary, non-gender conforming, you know? So the population that I see, their experiences of intimate partner violence was perceived more when they were in a heterosexual relationship. Although they know that they had an inkling of feeling that they are different, but they are not ready to explore that part of themselves yet. (Service Provider 02, SK)

I didn't consider myself "out" back then. I thought of myself as bi, but I didn't really consider myself out, so I didn't really have any female relationships back then. And so when I decided to go back to counselling I went to [name of course], a course at [name of organization] and found a counsellor. She was really wonderful. We talked about my sexuality. She was sort of understanding of who I was. But at the time I hadn't asked specifically for a counsellor who would be sensitive to people from the gender and sexual diversity community. Like I hadn't—that wasn't a question I would have thought to ask. (Survivor 04, SK)

Some participants expressed frustration over the lack of mainstream understanding of non-normative relationships, such as relationships with large age gaps or polyamorous relationships.

The other thing is that people doesn'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. (Service Provider 02, 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)

Bisexuality and pansexuality in particular were noted as being highly stigmatized, even amongst other 2SLGBTQ+ individuals.

All of my queer friends who I told about this experience took it very seriously. But again, my experience was with a man, so that is going to impact or could impact how they perceive it and how they address it. I think that's-- obviously I don't know. I've read stuff and there's obviously a lot of internal stigma in the queer community at even just talking about being bisexual or not fitting in. Like, there's that, oh, well, you're not gay enough sort of thing. You're not queer enough. (Survivor 02, SK)

My uncle said that it was because I didn't have healthy relationships with men that I had been an abusive relationship. And so if I had a healthy relationship, then I wouldn't be saying that I was bi. (Survivor 04, SK)

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 going to come out as a lesbian later or whatever. (Survivor 05, SK)

Perceptions of IPV in 2SLGBTQ+ Communities

Victims/survivors and service providers alike 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.

There was speculation that it may not be talked about due to the pressure 2SLGBTQ+ communities feel to transcend stereotypes—in other words, they want to feel justified in their relationships, and so are reluctant to admit when something isn't working. They may also be reluctant to leave a partner simply because the dating pool is smaller, a factor which may also contribute to the tendency towards codependency.

When intimate partner violence is acknowledged, it may be stigmatized or not taken seriously. Abuse is often downplayed and the victim/survivor may even be blamed for the "part" they had to play in a relationship becoming abusive. People who are not 2SLGBTQ+ themselves may wish to avoid feeling responsible for providing help, and so instead choose not to recognize situations as being abusive.

When asked what myths they have encountered about intimate partner violence, participants identified the following:

- That abuse is something which only happens in heterosexual relationships

Alberta

Description of Participants
Victims/Survivors

In Alberta, interviews were conducted with 18 individuals from 2SLGBTQ+ communities who experienced violence and abuse in their intimate relationships. Most participants (89%) resided in urban areas, with the rest (11%) residing in rural, remote, or Northern communities. At the time of interviews, participants ranged in age from 19 to 39 years old. In total, nine participants (50%) identified as female, four (22%) identified as male, and six (33%) identified as "other" (e.g., genderfluid, non-binary, Two-Spirit, chose not to answer). Regarding sexual orientation, seven participants (39%) indicated that they were gay or lesbian, six (33%) indicated that they were bisexual, two (11%) indicated that they were pansexual, and three (17%) indicated "other".

When asked about ethno-cultural identification, 11 participants (61%) identified as White/European. Additionally, five (28%) identified as newcomers to Canada, and 13 (72%) identified as having a disability or chronic health condition.

Thirteen participants (72%) had completed at least some post-secondary education (e.g., university). Half of the participants (50%) were employed full-time, whereas six (33%) were not employed. The average household income was $45,211 and the median income was $30,000 (n = 17).

Service Provider

There were eight service providers that participated in the interviews. Service providers held a range of roles in shelters, counselling, clinical, and court systems. However, the majority of service providers (62.5%) were from a victim services organization. Half of individuals (50%) had been in their current position for 3 or more years.

Nature of Abuse

The types of abuse that were identified include emotional and psychological abuse, physical abuse, sexual abuse, financial abuse, religious/spiritual abuse, coercive control, and gender/sexuality-specific abuse. Other forms of abuse included stalking, drug-related abuse, and abuse directed at others (i.e., children).

Emotional and Psychological Abuse

Every participant in this study referred to the notion that they experienced emotional abuse to some degree. It manifested in vastly different subtypes as observed throughout the interviews, including: gaslighting, manipulation, guilting, threats, stonewalling, and verbally abusive behavior.

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)

Withholding affection if something is wrong and then long, emotionally charged outbursts; just like, angry, angry outbursts which made me feel, like, unsafe a lot of the time. (Survivor 14, AB)

We see a ton of emotional abuse. (Service Provider 01, AB)

Physical Abuse

Physical abuse included punching, hitting, pushing, throwing items, kicking, and restraining victim/survivor's physical mobility.

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)

Going down to the last argument that we had, what happened was we're fighting and arguing. And then it got really heated, and then I got shoved. And I was trying to push her off of me in defense. (Survivor 16, AB)

Instances of severe forms of physical abuse, such as the use of weapons and strangulation also occurred.

Ya, 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)

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)

Sexual Abuse

Sexual abuse occurred readily as a form of IPV. A lack of consent was primarily identified within the context of sexual abuse, with the most severe manifestations of this violence being through acts of rape.

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

However, when I do speak – especially with transwomen, who identify as people who have experienced abuse – they do, they have advised me and my colleagues in the past of… sexual violence… Not to say that that doesn't happen for everyone that I've spoken to, but that is kinda the pattern or trajectory of what

I've seen in disclosures of people I've spoken with. (Service Provider 08, AB)

Sex was used as a tool in such a way that they could control the relationship.

Like she uses sex as a weapon a lot too, like, she withheld it if I didn't do something the right way and she would withhold it. (Survivor 06, AB)

Though all sexual abuse is inappropriate and damaging, one participant described a very severe form of sexual abuse in which the victim/survivor was 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

Though five participants indicated that financial abuse was occurring within their abusive relationship, one participant (Survivor 08) was significantly impacted by this abuse. Depriving victims/survivors of financial freedom, using the victim/survivor's financial assets, and hiding the victim/survivor's cards were all identified as forms of financial abuse.

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

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 and Spiritual Abuse

One participant identified experiencing religious abuse in such a way that the perpetrator used religion as a means for shaming them and suggesting how they should present themselves. Another participant identified experiencing spiritual abuse where spiritualism was used to manipulate and terrify the victim/survivor.

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)

So spiritually she was very, 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 but she had. So spiritually even she manipulated me in a really big way. (Survivor 08, AB)

Coercive Control

A type of abuse described by participants was coercive control or the use of fear as a tactic to control victims/survivors. Isolation was specifically cited as a form of this abuse, which aims to have the victim/survivor de-

pend entirely on the perpetrator to lessen the chances of them leaving the relationship.

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. I also don't drive so it was – I was completely like alone. (Survivor 08, AB)

Well I think in our work we see quite a lot of um, coercion and control being used against members of the 2SLGBTQ+ community and so one of the examples that comes to mind would be having control over somebody else's experiences and dictating if and when they can share those experiences with loved ones or people within their network. (Service Provider 05, AB)

Gender/Sexuality-Specific Abuse

Other participants described abuse specific to their 2SLGBTQ+ identities—specifically in regard to threatening to "out" their partner or withholding medications for mental health or the medical transition process.

A lot of the times when she wasn't happy with what I did, she would threaten by saying that she would out me to my parents. (Survivor 16, AB)

But 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)

But I think where we see it more commonly is control of finances controlling access to medication, particularly for the [transgender] clients. (Service Provider 03, AB)

Other Forms of Abuse

Participants also identified stalking and privacy intrusions as a form of abuse, particularly when attempting to leave the relationship; the forced use of substances; and involving children in abuse.

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)

I think the other thing that we see for people with children is the withholding of rights to children in people who haven't been married. So, people who perhaps have been common law and had the children together through whichever ways they do that, but the gestational parent, if there is a gestational parent, yeah, at least threatens to take away rights of the other parent or, sort of, holds the kids over the other person's head. (Service Provider 02, AB)

Experiences Help-Seeking

In this section, experiences help-seeking are discussed in relation to help-seeking patterns, and both formal and informal sources of support. Participants identified a multitude of supports among both categories, with varying responses and outcomes deriving from each.

Help-Seeking Patterns

During this study, service providers were asked to describe the patterns of 2SLGBTQ+ members who experience IPV and seek supports, with certain patterns or generalized observations being captured. 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 support from formal sources.

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)

Three service providers identified that 2SLGBTQ+ community members are not accessing supports as readily as heterosexual individuals. For example, one stated that they believe that 2SLGBTQ+ community members are accessing supports later in their experiences of IPV than heterosexual individuals and the other revealed that they are receiving far less clients from these communities than expected. Two 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 results 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

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 Calgary or the supports to get up to Calgary, then it's a big struggle. (Service Provider 07, AB)

Two also identified that the way through which 2SLGBTQ+ victims/survivors access supports is different than the heterosexual community, such that most of the referrals are self-completed or there is a lack of using the police as a formal form of support.

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 hospital for those clients. They typically call themselves. (Service Provider 02, AB)

I think when they've come to us there's been no other informal support, or informal supports have just really broken down. 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)

Formal Supports

Formal sources of support included any type of profession or institution/organization that provided support to victims/survivors, including:

- Police/RCMP
- Court systems
- Doctors and healthcare professionals
- Therapy/counselling
- Women's shelters
- Suicide hotlines

When utilizing police and RCMP as supports, whether forcefully or willingly, there appears to be some positive and negative responses which altered outcomes for the victims/survivors. One participant described their experience as traumatizing, while others described the negative experiences they had with the police—particularly identifying themes in which police or RCMP had misconceptions around who could perpetrate abuse and what this looked like within 2SLGBTQ+ communities.

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)

I felt like they were kind of like oh these lesbians got into it, a fist fight, and now we're wasting our time here when we could be dealing with real things. Like it was very, like they didn't really even think it was that big of a deal. They, I don't think see it as intimate partner violence. I think they just thought it was a disagreement and a physical altercation between two people. Like it wasn't treated as if there were any indications of it being a long-term abusive situation. (Survivor 07, AB)

Doctors or healthcare professionals appeared to provide both positive and negative support to 2SLGBTQ+ victims/survivors of IPV. For one participant, healthcare professionals allowed for the victim/survivor to learn more about their neurodiversity which provided some clarity on what resources they needed specifically. However, others shared negative experiences including the doctors' lack of awareness and education regarding different sexual orientations and gender identities and dismissing abuse due to it being a same-sex relationship. Unfortunately, the doctor also broke patient confidentiality by telling the perpetrator what the victim/survivor was telling them. This resulted in additional IPV occurrences.

> *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 participants engaged with the legal court systems and also experienced both positive and negative responses. For some, a lack of understanding about legal matters made the process very difficult to follow and some experienced rushed legal appointments rather than having time to discuss.

> *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)*

> *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)*

Additionally, it appears that legal court systems had some positive and negative engagements in terms of utilizing appropriate gender pronouns.

> *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)*

> *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)*

Overall, all six participants had varying responses when accessing therapy-related supports. One participant mentioned that there is a lack of relatability or awareness when utilizing therapists or counsellors who are not a part of 2SLGBTQ+ communities or neurodiverse, even if the therapists were respectful and kind. This is further supported by another participant who accessed 2SLGBTQ+ specific counselling supports due to increased

comfort in disclosing their story, suggesting positive experiences.

I had a therapist, who was, like a really good therapist, like, I really enjoyed meeting with her. But like, I don't know, their sexual orientation, I never asked, but they were like a white woman. So, like, I felt like they were like, do that, like, listen, like, offering advice and stuff like that, but like, I didn't really feel like we were like, actually connected. Because, I don't know, again, it was just like, there's no way that she could see the world the way I see it, you know, like, so, she was really good and really professional. I can't remember how many sessions we have, but it was actually quite a bit. Like, it was almost a year session. And they were like, they were good. They were helpful. (Survivor 18, AB)

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)

Another participant experienced unhelpful and disrespectful experiences with their therapist in such a way that their sexual orientation was dismissed. It appears that this therapist had a lack of understanding of IPV and how to engage appropriately with 2SLGBTQ+ clients.

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)

Two participants accessed women's shelters with themes involving discomfort, relatability, exclusion, and a lack of support. For example, one participant mentions a positive experience of feeling heard and validated by another woman and a negative experience of not fully understanding their situation with little help in the shelter.

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)

I think having a case like mine, where I wasn't sure what happened in the first place, but also like, a different situation where I don't know, where I was just very [uncomfortable]. Like, I didn't have student loans or anything, but I wasn't struggling with money. And I was able to take care of myself, and also had a vehicle and supportive friends. Yeah, kind of just, like, a lot. I think a lot of the women who go there too, like they experience a lot of drug abuse and like, physical abuse as well, but which mine was kind of like it, but it wasn't as bad. (Survivor 16, AB)

Another describes that the perceptions of staff within the women's shelter about the participant's sexual orientation affected the support they received. Additionally, staff dismissed the participant and offered little support when they noticed the participant's ability to be self-reliant.

The first shelter I was at I truly feel like that there was some issues because they knew that I was, 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)

I was very like proactive about doing some of the things to advocate for myself and when I did that it was

almost like the shelter was like oh, well you're really good then and we don't need to help you, and they didn't. They totally backed off and really took a step away and literally just left me to my own devices and then I stayed there. (Survivor 08, AB)

One participant utilized the suicide hotline but rather for their ex-partner in a moment where 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

Supports such as friends, family, and coworkers are all deemed informal sources of support and can often be points of conversation that are beneficial. However, depending on these supports' perceptions of IPV, and particularly within the context of 2SLGBTQ+ communities, can be detrimental. Again, participants described varying responses with this type of support.

When utilizing friends as support, two participants identified that they felt that their friends wanted to help, but that they did not really know how to help, and therefore the experience was not overly helpful.

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. So I guess, like, kind of safe and respected. But I knew that that I was also kind of making them feel uncomfortable and putting them in a position that was kind of difficult. (Survivor 16, AB)

One participant described very positive experiences when opening up to their friends even with the reoccurrence of another abusive relationship.

Like, the first time it happened, I only told two friends. The second time it happened, I opened up a little more to more friends. But the stigma of like, you know, I presented this, like, happy relationship and we seemed happy. And to have friends be like 'there's no way, like, she's too nice' or stuff like that, like, I think that embarrassment and that stigma really held me back. But I definitely... 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)

Two others described the negative experiences of disclosing to mutual friends of the perpetrator and the victim/survivor.

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. Ya 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)

I found that my supports were more, they weren't as firm as I would've liked them to be, like they sided very much with like well you know like that's just how she is and that's just who she is, or you just have to adapt your expectations a little bit, and like, you can't expect them to stay home all the time and that sort

of attitude towards it. So I felt very disregarded, kind of, I guess. (Survivor 07, AB)

One participant identified that being in a non-heterosexual relationship caused misconceptions and biases toward the abusive relationship which hindered attaining support. Rather than discussing the abuse, they blamed the nature of the relationship and focused on sexual orientation and gender.

I didn't feel safe because I knew that they were going to attack the nature of the relationship and kind of blame me, so I wasn't respected and I wasn't really safe cause like, even telling me wow it's kind of your fault you should've known better hurts, and then I'm not safe, so. (Survivor 17, AB)

For participants that did utilize family as supports, they seemed to be positive for the most part.

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)

I did talk to my mom, probably one of my biggest supports, but you know, I never told my mom everything. Yeah it was just hard to share that, there was a big shame there. (Survivor 15, AB)

Another describes how their mother made them feel safe, but not overly supported, particularly following the end of the abusive relationship.

Some of it was helpful, some of it wasn't very helpful. She was helpful in helping me leave him, but not as helpful in the support, I don't think she really understood what I was going through afterwards. (Survivor 09, AB)

Interestingly, co-workers appeared to be a source of support for two participants. For one, it was intentional, but they did mention that the support was limited as they wanted to maintain professionalism. For another, the support was serendipitous. The participant recalls going into their first day of work and stating that they cannot work for another two weeks due to their partner attempting suicide, which was met with kindness and support.

I think the only thing that was difficult was just having to keep it to a few close coworkers who are also friends. And not telling anyone else just because of the situation, like professionalism. Not having people talk about it if word did get out. (Survivor 16, AB)

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 and literally I rented a place. (Survivor 08, AB)

Service providers also discussed the role of informal supports in the lives of victims/survivors experiencing IPV, identifying that informal sources of support fill the gaps of support not fulfilled 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)

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)

Some service providers indicated that victims/survivors of IPV will often turn to their informal sources of support prior to accessing formal sources of support.

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.'…But I do think they have a great impact, I do, yeah absolutely. (Service Provider 07, 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 hair dresser, or even, for instance, a teacher or professor that they have that they've built a relationship with over time – those are definitely the informal supports that people are going to be reaching out to. (Service Provider 08, AB)

Informal sources of support specific to the 2SLGBTQ+ communities were identified as positive outlets to attaining the support victims/survivors need.

[Name of group] here in town is very active and has a number of support groups, a number of different resources connected to it – so I think that sense of community is there in that they can reach out to a number of people before they have to use the more formal supports. (Service Provider 01, AB)

I think this could be again, a reflection of the major schism that has happened between a couple different groups in town. There's actually a club here that is known as [name of club] and does plays and artistic things, and they've been great at advocating. (Service Provider 06, AB)

Barriers to Seeking Help

Some of the barriers identified by participants to seeking or accessing supports (whether informal or formal) included

financial barriers; fear of judgment, shame; and stigma; mental health challenges, living rurally, and barriers specific to 2SLGBTQ+ communities. Therapy and counselling can be rather costly, and this was identified by three participants, suggesting that this resource will not be used anymore once it is no longer covered/free.

Financial Barriers

Having the money to afford services or resources can really hinder victims/survivors from accessing the supports they need—which can impact other issues such as housing.

> *I'm very lucky to have insurance that can cover the therapy but if, when it runs out, I'll probably not be able to go anymore which is fine because I feel like I'm doing a whole lot better now. But I know other people don't have this resource so they're probably just, like, living with the trauma every day and that's unfortunate. (Survivor 14, AB)*

> *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)*

> *If they have low income, they have no, it's really hard to find housing. It's really hard to find private rental housing that's affordable for somebody who has a strictly Alberta Works income, right? And if there's no, if there's no specific housing for them, they end up a lot of times going back or ending up homeless. (Service Provider 04, AB)*

Fear of Stigma, Shame, or Judgement

Fear of judgment from others, along with stigma or shame, can act as emotional barriers to seeking support.

> *I was thinking also, like, the judgement, that like, 'you shouldn't have gotten yourself into that', like, 'you should have left earlier' or, like, 'you can figure it out on your own', like, 'you could just leave them.' (Survivor 10, AB)*

> *I also was afraid of, like, the stigma around, like, sexual violence and, like, especially, even now that's a factor in why I continue not to report it, is that, like, I don't want that to be a part of my reputation. (Survivor 13, 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 Factors

Marginalized populations experience increased challenges in finding appropriate supports for IPV, which is captured well 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)*

In addition to the challenges that 2SLGBTQ+ communities already experience, being a newcomer or refugee, person with disabilities, or member of a visible minority group may further impact experiences—whether due to differences in culture/policy, discrimination, or language barriers.

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)

I think when you have, if there's a language barrier and then how 2SLGBTQ+ folks might have been treated in their home countries and how that might be the same or different here added to all of the pieces around immigration and immigrant status and all of those pieces, and then you add being queer in some form to that and it can be really complex. (Service Provider 02, AB)

I think people with disabilities are often seen as invisible and that's definitely true in the 2SLGBTQ+ communities as well. And so, when you have to come out as disabled and come out as 2SLGBTQ+ as well, like… I think, I can't imagine being [transgender] for example and disabled in a way that causes you to have to, you know, be involved with more medical folks and the amount of trauma that can exist there. And then also being involved in intimate partner violence and how difficult that would be, like, sort of, you know, all of the coming-outs, right? Which are difficult and can be traumatic as it is. (Service Provider 02, AB)

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)

That's another specific population that has unique needs and that would be the Indigenous population. Especially the rural Indigenous population versus urban. (Service Provider 07, AB)

Mental Health

Lack of energy and mental health reasons were also identified as some reasons for not accessing social supports, such that they acted as inhibitory factors in their daily functioning.

Just general like functional issues, like just not really having the energy to deal with all of that. (Survivor 05, AB)

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)

Living Rurally

Living rurally may pose unique challenges to 2SLGBTQ+ victims/survivors as these areas further lack the specialized resources and services to support them.

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 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 is 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. (Service Provider 05, AB)

Barriers Specific to 2SLGBTQ+ Communities

Barriers specific to 2SLGBTQ+ communities were noted, including:

- A lack of services specific to 2SLGBTQ+ communities, including long-term services, crisis services, and shelters
- The absence of 2SLGBTQ+ service providers, as well as professional competency regarding 2SLGBTQ+ populations
- A lack of informal supports for 2SLGBTQ+ communities
- Internalized homophobia/transphobia
- Discomfort disclosing gender identity/sexual orientation, or the fear of being "outed"
- The position of perpetrators in 2SLGBTQ+ communities

These barriers were described in multiple instances:

I think some of it is that they don't know who can help them and who would accept them. I think that's a huge barrier. (Service Provider 02, AB)

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've worked in, sort of, the human services field for many, many years, like, 25 maybe now and I would say that family violence is the, has the least number of 2SLGBTQ+ folks that I have ever seen… Yeah, staff people and yeah, management and stuff. It's shocking to me actually. (Service Provider 02, 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, I think that's what I had mentioned earlier right, like the response of police officers, or first responders, or people working as healthcare professionals in a hospital setting, we all play a part in being a gap and a barrier for individuals if we are not able to recognize the experiences and the unique needs. (Service Provider 08, AB)

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 we have seen that the idea of being outed or, by one partner using that as kind of leverage against another partner, say if their family or friends don't know but they are in this relationship, we find that more prevalent amongst gay men that we've dealt with then about, then amongst our lesbian community. (Service Provider 04, AB)

But one of the things to consider and I mentioned it before is that there's no 2SLGBTQ+ specific shelter and the number of beds that are available to say, male-identified folks, are very limited in the province of

Alberta, and many shelters will not accept people of the community in hopes of keeping current residents safe. (Service Provider 05, AB)

Other Barriers

Participants described a myriad of other barriers, including involvement with crime, faith or religious beliefs, generational differences, and not thinking abuse is severe enough.

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

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

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, like, any, like physical stuff… (Survivor 18, 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 just in general, reaching out for support has not been their knee-jerk reaction. (Service Provider 05, AB)

Impact on Victims/Survivors

The impacts of abuse on victims/survivors varied drastically, not only by type, but by severity, length, and cascading effects. Many impacts directly affected mental and physical health, relationships, education or employment, and finances. However, factors related to housing, spirituality, safety, reputation, and parenting roles were also identified. Nevertheless, some positive impacts were also observed, described at the end of this section.

Mental and Physical Health

Mental health impacts appeared to be the most prevalent of all impacts discussed. These impacts ranged from developing anxiety and depression, to changing their behaviours due to fear, to substance use and post-traumatic stress disorder (PTSD). Victims/survivors also revealed the short-term and long-lasting physical impacts resulting from the abuse that they experienced. Those that had pre-existing medical conditions or disabilities expressed that the abuse that they experienced catalyzed their conditions such that they progressed faster than normal.

Participants discussed these impacts on various occasions:

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

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 think it impacted self-esteem and like trust. So, it's definitely had like a burden emotionally. (Survivor 04, AB)

A lot of the time too I think we see that intersection with addiction because that's one of the ways that people try to cope with their experiences when they don't feel like the social support that they need is available to them or curated in a way where they feel like they can show up and be safe in those spaces. (Service Provider 05, 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)

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)

Relationships

IPV can significantly impact victim/survivor's ability to maintain or engage in other relationships due to the adverse events that occurred within their abusive relationship, leading to difficulty trusting and feeling safe with others. Additionally, others external to the abusive relationship may gossip or continuously ask questions which impedes in the ability to maintain healthy relationships.

Well it definitely shaped my entire outlook on relationships from that point forward. I definitely struggled feeling safe in relationships and close to people even if they're, it was like I always was worried about their words matching their actions. So even if their words did match their actions and they were loving and caring for me I didn't really feel safe in any of those relationships and probably ended up costing some that could've ended up being really good for me just by my own self-sabotage at that point. (Survivor 07, AB)

Right, social impact was hard at the time. Came with some shame. People asking, people gossiping, so all that sort of sideways lateral violence going on. (Survivor 15, AB)

It was really hard for me to be sexual with anyone for a long time. (Survivor 09, AB)

Education and Employment

The abuse that some victims/survivors experienced impacted their ability to complete their scholastic endeavors or work in their respective areas of employment as they were preoccupied with stressful events.

I guess it was tricky with school. So that kind of the whole thing that happened because of that incident, it's affected like my schooling. (Survivor 16, AB)

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)

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)

Finances

Due to the abuse that victims/survivors experienced, one expressed their inability to maintain or seek employment. Others revealed the financial and labour-related implications of being in the abusive relationship.

She would take my bank card or she would set up my account or she would get my information, so, and then with my credit card she would, like they were in my name but she maxed them out and she was the one who opened them in the first place. (Survivor 08, AB)

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 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)

Folks with kids, it's usually more financial. 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)

Other Impacts

Participants noted other impacts, particularly in relation to spirituality, housing, personal safety, and their reputation and identity. Impacts on parenting roles and children witnessing IPV were also discussed.

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)

I lost my home. (Survivor 07, AB)

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)

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)

Positive Impacts

Despite all the adverse impacts that the victims/survivors listed, certain positive outcomes arose, particularly in relation to growth and healing—essentially perceiving the abusive relationship as an educative experience.

Like spiritually it really helped me, you know impacted me in some ways but then helped me in others, 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)

Contextualizing IPV in 2SLGBTQ+ Communities

It is important to contextualize why or how IPV occurs within 2SLGBTQ+ communities to better understand its occurrence and derivation.

Broader Context of Marginalization/Homophobia

Due to negative attitudes observed among many members of society toward 2SLGBTQ+ communities, experiences of IPV may be further layered. In other words, in addition to being abused by their intimate partner, 2SLGBTQ+ victims/survivors of IPV are further "abused" by society through marginalization and homophobia. Taking this into context reveals further insights of IPV within these communities.

[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)

It can be... especially small towns where it's hard if you have finally had the courage to tell those you love who you really are, it doesn't mean the whole community is going to support that and it's not something that can be hidden in a small community very easily. (Service Provider 04, AB)

One of the things too is we see a lot of internal violence within the community, right? Like a lot of people have a lot of feelings about there being a sort of like, broad, sweeping term to describe like, you know, millions of people and their identities and their experiences, because they're all so different within that and so it's interesting to hear some of the like, internal stereotyping that goes on within the community, and I think the impact that that has on the larger community when you don't feel even apart of the community itself at that time. (Service Provider 05, AB)

History of Abuse/Trauma

IPV within not only 2SLGBTQ+ communities, but also globally, may be further propagated due to violence experienced earlier in life. As a result, victims/survivors of IPV may grow accustomed to abuse early in life and

minimize the violence they are experiencing in their abusive romantic relationships. This may be further observed in 2SLGBTQ+ communities due to the early adversity that this population often experiences from their family and society.

> *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)*

> *We actually just completed a group for LGBTQ Two-Spirited individuals, not an IPV group, but a group for individuals who experience childhood abuse and have been diagnosed with a mental health issue. And you know, often we hear about the confusion that they had as children, and then as teens, and then getting in relationships as a teen, so that complex of the developmental process, the age that they're in, and not understanding what they're going through or who they are - or maybe understanding who they are but not knowing how to come forward with who they are – and then having the complex of being in intimate partner violence, right. So I think a lot of times we don't recognize the youth that are experiencing IPV and the challenges, the unique challenges, that they're having just growing up and just the developmental stages that they're approaching, too. (Service Provider 07, AB)*

Alcohol and Substance Use

Challenges with substance addiction were described by several service providers in relation to mental health concerns and help-seeking patterns, where substance use may serve as a coping strategy.

> *I think too, it's really important to be aware of that overlap with the 2SLGBTQ community and mental health concern 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 think it adds just another layer of shame, another layer of... why is the word escaping me now? Another layer of people judging you, of judgment. So now, not only are you part of the 2SLGBTQ+ community but now you're also an addict just on top of that. And now, you know, you have a disease and you know, and you have this disease not only because you're a part of that community but because you're also an addict and it adds that other layer of shame and judgement, and fear almost. And I hate to say that in this day and age but it's there. (Service Provider 04, AB)*

Sexual Health

Sexual health was brought up as a co-occurring issue, associated with the complexities of mental health and challenges that 2SLGBTQ+ members experience.

> *We've seen more STDs amongst our clientele, amongst that community, as well and ranging from AIDS/ HIV to hepatitis to herpes, like, we've seen the whole gamut. It is a little bit more prevalent there. (Service Provider 04, AB)*

Police and Gender

One service provider described the preconceptions that police may have in regard to IPV such that in male and female sex relationships, the male is often the perpetrator and the female is the victim, however, this is blurred

in same-sex relationships and often times both parties are labelled as perpetrators.

I think that what we see especially those who identify – well, as gay or lesbian, is that the – I think the po-lice's judgement is that when it's a male-female dyad, they often see the female as being the survivor and the male as being the perpetrator, and often we know that's the case. But when it comes to a relationship in which there's the same genders, they – I see a tendency just to assume that they're both perpetrators. (Service Provider 07, AB)

Length of IPV Duration

Another service provider suggested that due to the smaller nature of the 2SLGBTQ+ communities, many vic-tims/survivors will often remain in their abusive relationship longer than those in heterosexual relationships.

I would say that typically they stay within the IPV relationship longer than intimate roles that are outside of their community because they have a smaller community. (Service Provider 07, AB)

One service provider describes how a lack of medical care serves as a co-occurring issue for victims/survivors within 2SLGBTQ+ communities as they lack the support that they require. Additionally, this same service pro-vider describes eating disorders as another co-occurring issue, reflecting physical impacts.

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 Calgary or the supports to get up to Calgary, then it's a big struggle. (Service Provider 07, AB)

The one that comes up for me right away is disordered eating… Especially those that are transitioning or – and that would also include self-harm – but those that are in that queer and questioning or moving through, or coming out, and couple that with IPV and the control around food, the control around the physical, the control around the medication. (Service Provider 07, AB)

Family Acceptance

Specific to 2SLGBTQ+ communities, the deterioration of family relationships due to family members learning about the victim/survivor's sexuality or gender identity compounds the negativity in their lives, effectively strip-ping them away from a source of social support.

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. Makes it so much worse, right. (Service Provider 06, AB)

Perceptions of IPV in 2SLGBTQ+ Communities

Members of 2SLGBTQ+ communities already face pre-existing inequities, discrimination, and inequalities due to perceptions of 2SLGBTQ+ members both inside and outside of communities. Within 2SLGBTQ+ communi-ties, three participants minimized the abuse they were experiencing to prevent negative perceptions about the community.

I feel as if though when ideas, or like, when concepts like that come out, then it gives anti-LGBTQ peo-ple a, like 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 and, 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)

Six participants made comparisons between non-heterosexual and heterosexual relationships, describing differences in how IPV is perceived and supported in 2SLGBTQ+ communities (n=6).

I've had a lot of people like because it was like a female partner and we were both like in their eyes like two women that was like, typically didn't believe me, because like how do you get raped by a woman. Like, like obviously saying it out loud it sounds ridiculous but that's genuinely how people think. (Survivor 18, AB)

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)

Due to the nature of the relationships within the context of 2SLGBTQ+ communities, some participants indicated that there is less recognition of IPV (n=4).

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)

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)

Three other participants described the intersection of trauma/internal conflict and 2SLGBTQ+ communities and the implications of this on the health of the relationship and the occurrence of abuse. Due to the unresolved trauma and internal conflict that 2SLGBTQ+ members experienced, it may impose toxicity and challenges within present relationships.

Growing up in an environment with such a strict understanding of the binary of, like, gender and sex, when you don't fit into that binary, makes it, makes people really vulnerable I think to abuse. (Survivor 13, AB)

There's a lot of relationships in the gay community which are just two people trauma bonding with one another because they're, like I said, they bring in a lot of different types of trauma uniquely because they were from Alberta and being gay, and they kind of, like, relate to each other like that. But it's also very toxic. (Survivor 14, AB)

Two participants suggested that emotional abuse and inconsistent relationships may be more common in 2SLGBTQ+ communities anyway and because of this, IPV is normalized.

I don't know about violence, but I think there are definitely – there could be a lot of emotional abuse. (Survivor 16, AB)

People will separate and get back together and separate and get back together and nothing changes. And I know there's some of that, of course, in heterosexual relationships as well but I feel like it's almost expected in lesbian relationships. (Survivor 07, AB)

Myths and Misconceptions

Myths and misconceptions can be particularly detrimental to 2SLGBTQ+ members as it imposes harmful beliefs about their relationships and triggers adverse behaviours. These included:

- Appearance (particularly in relation to who is viewed as the victim and who is viewed as the perpetrator)
- Harmful beliefs about gender identities and IPV
- Gender role normalization
- Lesbian stereotypes (specifically the idea that lesbian couples move in together too quickly)
- Questioning abuse, or assuming that they cannot be victims of IPV

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 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)

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)

It can be detrimental because people who have a good fit together might delay merging their lives based on that or, it might have the opposite effect. It might be that like people assume that they have to move in together right away because of that. (Survivor 07, AB)

Yeah it definitely lessens, it, I think it messes, at least in my head, for me it's like am I really a victim? Can this really be happening to me? And then overall, I think it leads to a lot of doubt and shame, and implications like that. (Survivor 17, AB)

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 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 2SLGTBQ+ 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 – <u>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"</u>:

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 <u>the need for more 2SLGBTQ+ services that are open to people of all identities</u>:

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 – <u>specifically, the need for more shelters for transgender and non-binary individuals, and men</u>:

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 <u>current issues with respect to equitable resources for 2SLGBTQ+ individuals who also have a disability:</u>

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 <u>increasing access and expanding resources to support 2SLGBTQ+ individuals living in rural communities:</u>

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 OUTSaskatoon, 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 inacceptable. 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 <u>raising awareness through collaboration and building partnerships with local queer organizations and community members</u>:

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 10, 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 <u>different avenues or methods for 2SLGBTQ+ victims/survivors of IPV to seek help through the system,</u> 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 2SLTGBTQ+ 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 <u>many of the aforementioned objectives could not be accomplished without adequate funds.</u> 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 '0ur 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 and 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 survey demonstrate the prevalence of certain forms of abuse in 2SLGBTQ+ communities, such as put downs and name calling, pushing, grabbing, or shoving, and ridicule directed towards one's body or appearance. It also revealed the help-seeking patterns (or lack thereof) of victims/survivors in 2SLGBTQ+ communities, including high rates of IPV disclosure to counsellors, psychologists, or support workers. However, results from the online survey underscore 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.

As reported in the interviews, 2SLGBTQ+ experiences of IPV indicate 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 difficult to overcome. Others noted severe and life-threatening acts of physical violence, such as strangulation, along with varying types of sexual abuse, financial abuse, spiritual abuse, and coercive control. However, participants noted additional, unique forms of abuse specific to gender identity and sexual orientation. This type of abuse, which included acts such as threatening to "out" victims/survivors publicly as a form of emotional extortion and attempting to control or diminish victims/survivors gender identity or sexual orientation, was an important facet of abuse that differentiated 2SLGBTQ+ experiences from their heterosexual counterparts.

Negative impacts were noted in several areas for 2SLGBTQ+ victims/survivors as a result of the violence and abuse they experienced. Mental and physical health impacts were prominent, with many recounting struggles with depression, anxiety, PTSD, fear, self-harm, and bodily injuries. Participants also discussed financial challenges, both during their relationship (which was often linked to experiences of financial abuse), and after the dissolution of the relationship. Relatedly, many reported experiencing diminished capacity to perform in the areas of education and employment as a result of abuse. 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 experiences, service providers noted that 2SLGBTQ+ communities sought help much later in relationships than their heterosexual counterparts (specifically after crisis events, such as severe physical violence). This is likely because 2SLGBTQ+ victims/survivors do not engage with formal supports in the same manner as heterosexual victims/survivors—which was often attributable to previous negative experiences with such supports. Negative experiences largely centred around police, with the traumatic history between police and 2SLGBTQ+ communities impacting trust between groups to this day. While experiences with informal supports were much more positive, factors such as not being "out" and family acceptance could hinder access to such supports.

Assessing barriers to help-seeking in 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 report facing additional challenges in the help-seeking process relating to their gender identity or sexual orientation. These included

the fear of how their gender identities 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 further impediments in the help-seeking process for these communities.

2SLGBTQ+ IPV was uniquely situated within the larger context of violence and abuse experienced by these populations in society. Factors specifically impacting 2SLGBTQ+ communities, such as religious and cultural influences, family acceptance, stigma, discrimination, and substance abuse and mental health, impacted dynamics within 2SLGBTQ+ relationships, and also the ways in which the relationship (and any violence or abuse that ensued) was perceived and treated by others.

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.

Several recommendations were made in order to improve the response to 2SLGBTQ+ victims/survivors of IPV, which 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

Making positive improvements in various sectors was noted as an essential step towards more effectively serving these communities.

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 <u>check all terms that currently apply to you .</u>
   a. Agender
   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. <u>Please check all terms that apply to you .</u>
   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)? _____

Experiences of Intimate Partner Violence

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]:
    a. Tries to limit your contact with family or friends
    b. Puts your down or calls you names to make you feel bad
    c. Is jealous and doesn't want you to talk to other people
    d. Harms, or threatens to harm, someone close you
    e. Harms, or threatens to harm, your pets
    f. Demands to know who you are with and where you are at all times
    g. Damages or destroys your possessions or property
    h. Prevents you from knowing about or having access to the family income, even if you ask
    i. 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]:
    a. Threatened to hit you with their fist or anything else that could have hurt you
    b. Thrown anything at you that could have hurt you
    c. Pushed, grabbed, or shoved you in a way that could have hurt you
    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?
    k. If so, what _____
    l. Force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way
    m. 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
    n. 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]:
    a. Tries to limit your contact with family or friends
    b. Puts your down or calls you names to make you feel bad
    c. Is jealous and doesn't want you to talk to other people
    d. Harms, or threatens to harm, someone close you
    e. Harms, or threatens to harm, your pets
    f. Demands to know who you are with and where you are at all times
    g. Damages or destroys your possessions or property
    h. Prevents you from knowing about or having access to the family income, even if you ask
    i. 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]:
   a. Threatened to hit you with their fist or anything else that could have hurt you
   b. Thrown anything at you that could have hurt you
   c. Pushed, grabbed, or shoved you in a way that could have hurt you
   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?
   k. If so, what _____
   l. Force you into any unwanted sexual activity, by threatening you, holding you down, or hurting you in some way
   m. 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
   n. 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

Victim/Survivor - Interview Guide

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. 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?
    a. If yes, describe your experience.
    b. 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?
    a. 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?
    a. If yes, why?
    b. 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?
    a. If so where? From whom?
    b. 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 2SLGBTQ+ community who experience IPV? (e.g., addictions, physical/mental health)

4. How do these co-occurring issues impact experiences of IPV in the 2SLGBTQ+ community?

5. When do members of the 2SGLTBQ+ community seek help? What do you think prompts them to seek help? *Probes: informal supports; formal/professional supports*

6. Where do members of the 2SLGBTQ+ 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 2SLGBTQ+ community who experience IPV from coming forward for assistance and/or disclosing abuse?

8.   Overall, what are the needs of members of the 2SLGBTQ+ community who seek help for IPV?

9.   Are there specific populations of the 2SLGBTQ+ 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 2SLGBTQ+ 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.