Examining the Nature & Context

of Intimate Partner Violence in 2SLGBTQ+ Communities

LITERATURE REVIEW

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Executive Summary

This literature review provides an extensive overview of the nature and context of intimate partner violence (IPV) in Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse communities (2SLGBTQ+). The review begins by briefly examining IPV in Canada, with a particular emphasis on the Prairie provinces. Next, experiences of IPV within 2SLGBTQ+ communities are discussed in detail. The following sections examine the experiences of 2SLGBTQ+ victims/survivors in rural, remote, and Northern areas, as well as the experiences of 2SLGBTQ+ sex workers. Lastly, the responses of service providers towards IPV in 2SLGBTQ+ communities are discussed, including how different providers are ill-equipped to serve victims/survivors.
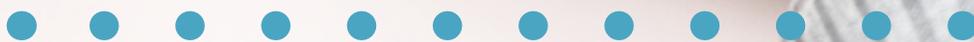
Table of Contents

Introduction

The issue of intimate partner violence (IPV) knows no bounds. It can impact anyone, at any time, regardless of gender, race, age, country of origin, socioeconomic status, gender expression, or sexual orientation. However, while anyone can experience IPV, certain groups are impacted by the issue differently - through distinct forms of abuse and violence of greater frequency and severity. These differences are particularly salient for those who identify as Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse gender identities and sexual orientations (2SLGBTQ+). Unfortunately, members of these communities face heightened rates of IPV and specific forms of abuse, as well as ineffective (and potentially harmful) system responses.

Although IPV within 2SLGBTQ+ communities has been recognized as a serious problem, the nature of the issue remains poorly understood (Donovan & Hester, 2014; Messinger, 2017; Ristock, 2002). This is largely because various forms of discrimination and oppression have embroiled 2SLGBTQ+ communities in a continual fight for legitimacy (including the fight for equal rights), making it difficult to address other issues, such as IPV (Baker et al., 2015). Further, most of the research pertaining to IPV has focused on the experiences of women in heterosexual relationships, thus neglecting the experiences of 2SLGBTQ+ communities (Garcia & McManimon, 2011; Goodhand, 2017; Ristock, 2002). However, despite these challenges, a growing body of literature on the subject is emerging.

This literature review seeks to provide an overview of existing research relating to both the nature and context of IPV within 2SLGBTQ+ communities, as well as barriers to accessing help or services. The review also aims to encourage a diverse perspective by highlighting the different ways in which racialized, disabled, newcomer, and low-income community members experience IPV.

Theoretical Framework

This review utilizes a framework of intersectionality to discuss experiences of IPV in 2SLGBTQ+ communities. Intersectionality describes how social categories such as gender, race, class, and ability create overlapping and interlocking systems of oppression and discrimination (Crenshaw, 1991). The framework thus helps us understand the multiple ways in which individuals, groups, and social issues experience marginalization. Intersectionality aids the review by exploring how the unique circumstances of gender identity and sexual orientation in 2SLGBTQ+ communities contribute to oppression and violence. Additionally, the framework also allows us to explore how other aspects of 2SLGBTQ+ identities, such as gender, race, class, and ability, further impact experiences with IPV.

A framework of intersectionality is particularly important when noting that most of the existing research relating to 2SLGBTQ+ experiences with IPV focuses on those who are White and/or identify as lesbian. This reinforces the notion that these perspectives, in particular, are of greater importance (Nixon & Humphreys, 2010; Ristock, 2002; Robinson, 2002; Simpson & Helfrich, 2014). Such narrowed focus has excluded those who live with intersecting inequalities, or multiple forms of oppression and discrimination. The exclusion of these experiences minimizes how factors such as racism, colonialism, ableism, and classism, can impact IPV (Brownridge, 2009; Hooks, 1989/2015; Messinger, 2017; Nixon & Humphreys, 2010; Ristock, 2002; Ristock et al., 2019; Simpson & Helfrich, 2014).

An in-depth exploration of diverse perspectives is required, especially when noting that individuals within marginalized groups are at greater risk of experiencing violence (Hiebert-Murphy et al., 2011; Robinson, 2002; Simpson & Helfrich, 2014; Woulfe & Goodman, 2018). Additionally, as discussed at a later point in the literature review, intersectionality poses important considerations for access to IPV services and supports. Thus, those experiencing overlapping and interlocking systems of oppression may not only experience heightened violence, but additional barriers when attempting to seek help.

Key Terms

Throughout the document, the acronym 2SLGBTQ+ is used, which refers to Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, asexual, and other diverse gender identities and sexual orientations. We acknowledge that this is not an exhaustive representation of communities that are diverse in their gender identity, gender expression, and sexual orientation, and that there is currently debate on how to best represent all community members (Depelteu & Giroux, 2015). We also acknowledge that the definitions used in the review may not reflect individual understandings of the terms, as we are utilizing academic jargon (Depelteu & Giroux, 2015). Furthermore, when describing those who have experienced IPV, the term victim/survivor is used to be inclusive of the different ways in which individuals view their experiences with violence. When referring to those who enact IPV, the terms perpetrator or abuser are utilized.
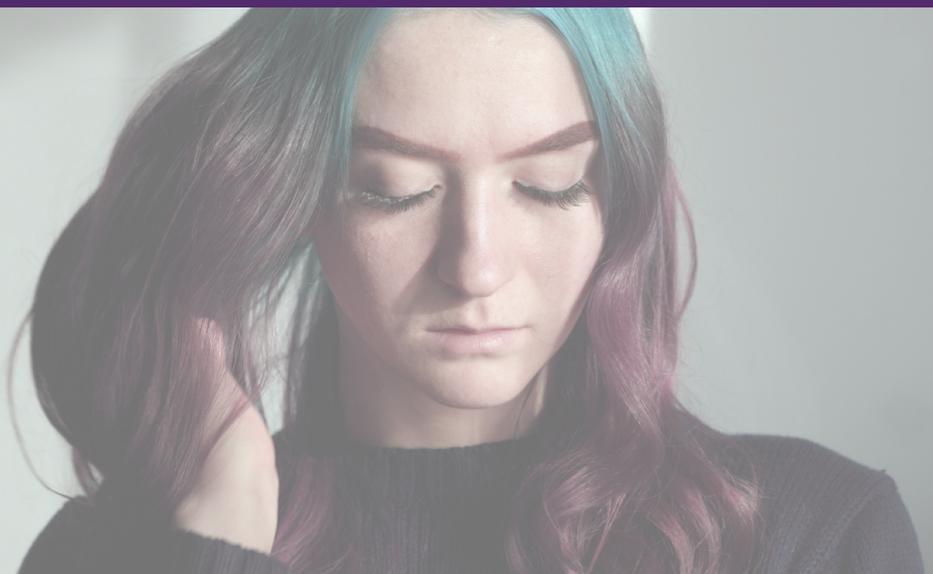
IPV in Canada: Facts and Figures

IPV refers to harmful behaviours perpetrated by one current or former partner over another, in an effort to exert power and control (World Health Organization, 2012). This includes acts of physical abuse, such as hitting, kicking, and beating; sexual abuse, such as sexual coercion and rape; and emotional or psychological abuse, such as insults, humiliation, and threats of harm (World Health Organization, 2012). Additionally, acts of "coercive control" have also been recognized as an important facet of IPV. Coercive control utilizes various means to hurt, humiliate, intimidate, exploit, and isolate victims (Stark, 2007). Ultimately, coercive control seeks to undermine the physical and psychological integrity of victims while implementing a state of subordination in the relationship (Stark, 2007).

Data collected by Canadian government agencies—including Statistics Canada and Public Safety Canada—reveals that rates of IPV in the country are not only alarmingly high, but steadily increasing. From 2017 to 2018, police-reported cases of IPV jumped from 96,000 to 99,000—marking a 2% increase (Conroy et al., 2019). This number increased again in 2019, when 107,000 police-reported incidents of IPV were recorded (Public Safety Canada, 2021). According to Conroy and colleagues (2019) these numbers account for a staggering one-third of all police-reported violent crime in Canada. However, while these statistics are indeed shocking, they do not truly reflect the pervasive nature of the problem. This is because an estimated seven out of 10 incidents of IPV are never reported to the police—meaning that IPV is a much larger problem than these statistics reveal (Burczycka & Conroy, 2018).

The issue has particular significance in the Canadian Prairies, where rates of IPV are consistently high in comparison to other provinces (Burczycka & Conroy, 2018; Sinha, 2013). In 2018, Saskatchewan recorded the highest rates of IPV of all the provinces, with 655 victims/survivors per 100,000 people (Conroy et al., 2019). Manitoba and Alberta followed with 592 victims/survivors, and 400 victims/survivors, per 100,000 people, respectively (Conroy et al., 2019). Moreover, higher rates of violence have been recorded within certain geographic regions of the Prairie provinces. In 2019, rates of violence against young women and girls were highest in the Northern areas of Saskatchewan, with a staggering 13,886 victims/survivors per 100,000 people, and Manitoba, with 9,025 victims/survivors per 100,000 people (Rotenberg, 2019). At these rates, violence is five to six times higher in the Northern regions of the Prairies than their southern counterparts (Rotenberg, 2019). These findings are consistent with previous examinations concerning the geographical distribution of IPV in Canada, finding that violence in rural, remote, and Northern areas of the country remains particularly high (Conroy et al., 2019). The disproportionate amount of IPV in rural, remote, and Northern areas—

which is discussed in greater detail at a later point in the literature review—is largely attributed to the unique dynamics and stressors of rural living (Northcott, 2011).

In some cases, IPV can result in domestic homicide—a term that refers to the killing of a current or former intimate partner (Canadian Domestic Homicide Prevention Initiative, n.d). Between 2010 and 2018, there were approximately 662 victims of domestic homicide in Canada—an average of 70 per year (Canadian Domestic Homicide Prevention Initiative, n.d.). As with cases of IPV, the Prairie provinces also record the highest rates of domestic homicide. Manitoba and Saskatchewan, in particular, recorded the highest provincial death rates at 3.59 and 3.09 victims per year, respectively (Canadian Domestic Homicide Prevention Initiative, n.d.). While there are many factors contributing to cases of domestic homicide, research indicates that risk is highest when victims/survivors are attempting to leave the relationship (Dawson et al., 2018). This is largely because perpetrators may escalate violence during the post-separation period in an attempt to reassert power and control over their former partner (Johnson & Hotton, 2003).

Experiences of IPV in 2SLGBTQ+ Communities

As indicated by the aforementioned data, IPV is a pervasive and dangerous issue in Canada—and 2SLGBTQ+ communities are not exempt from its impact. For instance, between 2009 and 2017, there were approximately 22,323 police-reported incidents of same-sex IPV in the country (Ibrahim, 2019). However, according to Murray and Mobley (2009), that number may indeed be much higher, with research suggesting that IPV may actually be present in one-quarter to one-half of same-sex partnerships. Unfortunately, discrimination, stigma, and failure to recognize IPV in 2SLGBTQ+ relationships have hindered data collection on the issue, making its true prevalence difficult to discern. However, some studies estimate that 2SLGBTQ+ IPV is on par with heterosexual IPV, while others state that it is indeed much higher (Lorenzetti, 2014).

Experiences of IPV in 2SLGBTQ+ relationships share some common elements with heterosexual experiences of IPV. For instance, scholars have identified precursors for IPV in 2SLGBTQ+ relationships—including a power imbalance, dependency, extreme jealousy, past victimization or abuse, substance abuse, internalized homophobia, and personality disorders—some of which also occur in heterosexual relationships (Balsam, 2001; Hiebert-Murphy et al., 2011; Renzetti, 1992; Ristock, 2002; Turell & Herrmann, 2008). These precursors to violence also lead to the physical, sexual, emotional, and psychological abuse that is experienced in both 2SLGBTQ+ and heterosexual communities. However, despite these commonalities, there are several important factors that differentiate 2SLGBTQ+ experiences of IPV from that of their heterosexual counterparts.

In 2SLGBTQ+ relationships, individuals can experience additional forms of abuse based on their gender identity or sexual orientation. According to Lorenzetti and colleagues (2014), these forms of abuse include shaming partners for their sexual orientation; inflicting fear in partners on account of 2SLGBTQ+ hatred and discrimination; controlling a partner's sexual or gender identity; and exposing a partner's gender identity or sexual orientation publicly. For example, an abuser may try to degrade or undermine their 2SLGBTQ+ partner by telling them that they insufficiently embody their 2SLGBTQ+ identity, or by threatening to "out" their partner publicly if they try to leave the relationship. These unique forms of violence and abuse are both a direct manifestation and manipulation of heteronormative social structures which oppress 2SLGBTQ+ individuals in their everyday lives and interpersonal relationships.

Stigma, Minority, Stress, and IPV

In heteronormative societies, 2SLGBTQ+ communities face unique forms of oppression that can result in stigma and minority stress amongst community members. Unfortunately, the detrimental impacts of stigma and minority stress can profoundly impact 2SLGBTQ+ relationships and even increase the likelihood of violence. Therefore, before assessing the unique experiences of 2SLGBTQ+ IPV, it is important to consider how these factors influence violence, and how they may fuel abuse specific to gender identity and sexual orientation.

Societies around the world remain dominated by heteronormativity, which refers to the normalization of heterosexuality through social structures, practices, and institutions (Javaid, 2018; Sinclair, 2017). Heteronormative social structures maintain their dominance by subordinating other sexualities, as well as targeting, marginalizing, and erasing individuals who do not adhere to heteronormative norms (Javaid, 2018; Sinclair, 2017). While there are many ways in which heteronormative systems can police 2SLGBTQ+ identities (who reject heteronormative standards), one of the most common and effective ways is through stigma.

Stigma generally refers to negative attitudes towards individuals or groups based on distinguishing characteristics (Caddell, 2020). Stigma can take many forms including labelling, stereotyping, separation, status loss, and discrimination (Link & Phelan, 2001). 2SLGBTQ+ communities have been stigmatized in numerous ways ranging from negative stereotypes regarding gender expression or sexual orientation, to overt violence and discrimination such as hate crimes and legal subordination. Rampant negativity towards 2SLGBTQ+ communities has also resulted in homophobia, biphobia, and transphobia, which refer to negative attitudes, beliefs, or actions towards homosexual, bisexual, and transgender individuals, respectively (Planned Parenthood, n.d.).

Stigma impacts 2SLGBTQ+ experiences of IPV in various ways. First, those who experience stigma and harassment early in life are at greater risk for experiencing IPV later in life (Lorenzetti et al., 2014; Melendez & Pinto, 2007). Melendez and Pinto (2007) explain that 2SLGBTQ+ stigmatization can lead to a greater need to feel loved and accepted by intimate partners, which can thus increase exposure to unsafe and violent behaviours. Additionally, social stigma experienced by 2SLGBTQ+ communities, combined with stigma associated with IPV, can prevent individuals from publicly sharing both their sexual orientation and their experiences with abuse (Baker et al., 2015). According to Dickerson-Amaya and Coston (2019), this creates a "double closet" whereby 2SLGBTQ+ victims/survivors of IPV may feel "the need to keep secret not only their sexual orientation or intimate relationships but also the abuse and trauma they are experiencing" (p. 2). This phenomenon can have detrimental consequences on mental health, with Dickerson-Amaya and Coston (2019) noting increased self-injury, feelings of isolation, and feelings of depression and suicidality from those impacted.

Stigma can also lead to identity development issues within 2SLGBTQ+ communities, such as internalized homophobia, biphobia, or transphobia. The internalization of negative beliefs has many consequences, including the loss of relationships, employment issues, and self-loathing (Balsam & Szymanski, 2005; Edwards & Sylaska, 2016; Messinger, 2017; Meyer, 2003). However, these issues have also been correlated with both IPV victimization and perpetration - seeing as victims/survivors with negative feelings about themselves may believe that they deserve to be abused, while perpetrators may project their negative feelings through violence (Badenes-Ribera et al., 2019).

Community members can also experience a phenomenon called minority stress, which refers to the added stress that individuals from marginalized communities face as a result of their positionality in society (Balsam, 2001; Balsam & Szymanski, 2005; Edwards & Sylaska, 2016; Messinger 2017; Meyer, 2003). Minority stress can result in negative physical and mental health impacts including depression, anxiety, and substance abuse (Lehavot & Simoni, 2011). Further, 2SLGBTQ+ community members who face intersecting inequalities may experience multiple minority stress, when faced with additional stressors due to gender, race, class, or ability (Balsam et al., 2011; McConnell et al., 2018; Ramirez & Galupo, 2019).

Direct connections have been identified between minority stress and experiences of IPV. This is largely because minority stress can lead to the concealment of one's sexuality in attempt to avoid discrimination and stigma. Several studies document the manner in which abusers exploit their partner's concealed status to maintain power and control in relationships (Carvalho et al., 2011; Messinger, 2017; Walters, 2011). Thus, the fear and stress of being "outed" by perpetrators of IPV can make leaving an abusive relationship difficult for victims/survivors (Bermea et al., 2018; Bostwick & Hequembourg, 2014; Turell et al., 2018). For those who do leave or seek help, the concealment of sexuality can further limit support for victims/survivors and enhance feelings of entrapment (Carvalho et al., 2011; Finneran & Stephenson, 2013).

Stigma and minority stress are distinctive features of IPV in 2SLGBTQ+ communities. While these factors play an important role in contributing to overall rates of 2SLGBTQ+ IPV, they can also influence the specific ways in which violence is experienced by different community members. The following sections profile the unique experiences of Two-Spirit, transgender, non-binary, bisexual, gay, lesbian, intersex, and asexual individuals.

Experiences of Indigenous & Two-Spirit Peoples

Indigenous communities have a spectrum of sexual and gender identities (Hunt, 2016; Simpson, 2017). The term Two-Spirit is used to describe individuals who possess a combination of feminine, masculine, third, and fourth gender attributes. The term may also be used to describe identities that western culture would characterize as lesbian, gay, bisexual, and transgender (Hunt, 2016; University of Toronto & Centre for Addiction and Mental Health, n.d.; Wilson, 1996). However, it is important to note that while Two-Spirit people may identify within 2SLGBTQ+ communities, they are not mutually exclusive (Hunt, 2016; Wilson, 1996). For instance, each Indigenous community may have

different terms, teachings, and understandings of sexuality and gender expression (Simpson, 2017). Two-Spirit individuals may also use Indigenous terms to describe their identity, such as "winkt" (Lakota) or "nàdleehé" (Dinéh) (University of Toronto & Centre for Addiction and Mental Health, n.d.).

The nature and position of Two-Spirit people in Indigenous communities changed drastically with the advent of colonization in Canada. Ma-Nee Chacby (2016), a Two-Spirit Elder, states that "Two-Spirit people were once loved and respected within our communities" but "they are no longer understood or valued the same way" (p. 65). Traditionally, Two-Spirit people were responsible for fire-keeping, looking after children, healing others, and leading ceremonies in Indigenous communities (Chacby, 2016). However, colonization, institutionalized racism, and Indian Residential Schools (IRS) completely reshaped Indigenous notions of identity, gender, and sexuality, and replaced them with "a colonial gender binary" and strict gender roles (Simpson, 2017, p. 123). Consequently, the worth of Indigenous women was dismissed and those who did not identify with heteronormative norms were oppressed (Green, 2017). These dynamics are still at play today, particularly in the Prairie provinces which are home to the largest Indigenous populations in Canada.

Increasing attention has been paid to the damaging impacts of colonization on Indigenous communities, especially through the concept of intergenerational trauma (Bingham et al., 2019; LaRocque, 1996; Simpson, 2017; Starblanket, 2017; Woolford, 2015). Intergenerational trauma is unresolved trauma that ripples from generation-to-generation, which can lead to substance use, mental health issues, and increased violence. Such trauma provides a possible explanation for the high rates of violence currently experienced by Indigenous communities (Brownridge et al., 2016; Darnell, 2018). While research relating to the relationship between intergenerational trauma and IPV remains relatively scarce, Hoffart and Jones (2018) found that IRS created gender role confusion and loss of family connections that could attribute to higher rates of gender-based violence.

Research pertaining to experiences of IPV amongst individuals who identify as Two-Spirit is even further behind in comparison to heterosexual experiences of IPV amongst Indigenous popula-tions (Ristock et al., 2019). This is largely due to the erasure of Two-Spirit perspectives, as well as latent racism against Indigenous groups (Hunt, 2016; Simpson, 2017; Wilson, 1996). However, the limited data that exists suggests that Two-Spirit communities face alarming rates of IPV. 2 Spirited People of the First Nations (n.d), an organization based in Toronto, estimates that 73% of Two-Spirit women have been stalked by their partners. They also estimate that 70% of Two-Spirit men have experienced rape (2 Spirited People of the First Nations, n.d.). An additional study by Ristock and colleagues (2019) states that 68% of Two-Spirit participants indicated that they experienced some form of violence within same-sex relationships.

While violence against Two-Spirit individuals can include well documented tactics such as physical, sexual, or emotional abuse, it can also include culture-specific tactics such as spiritual abuse. This includes forbidding participation in spiritual ceremonies, destroying spiritual items, and criticizing spiritual beliefs (2 Spirited People of the First Nations, n.d). Two-Spirit individuals may also face unique barriers when attempting to flee such violence, with Ristock and colleagues (2019) noting a lack of support from shelters and undercurrents of racist and colonial ideologies.

To effectively understand IPV against Two-Spirit communities, the historical and social context of Indigenous groups must be taken into account (Green, 2017; Ristock et al., 2019). Starblanket (2017) provides a useful framework for the advancement of Indigenous perspectives by incorporating aspects of both intersectional and Indigenous feminism to demonstrate how patriarchal and colonial practices normalize Indigenous violence (Starblanket, 2017). This work stresses the urgency of grass-roots activism and community-based research to aid Indigenous women and Two-Spirit individuals.

Experiences of Transgender Individuals

The term transgender generally denotes individuals whose personal or gender identity does not match their assigned sex at birth (Puckett et al., 2018). Transgender identities fall under the TGNC (transgender and gender nonconforming) umbrella which includes transgender women, or male-to-female (MTF), transgender men, or female-to-male (FTM), and non-binary, genderqueer, gender-fluid and gender-nonconforming individuals. The acronym TGNC is often utilized when refer-ring to the transgender community as a whole in an effort to encompass the diverse array of gender expressions and identities among members (Henry et al., 2018).

TGNC individuals often experience gender dysphoria, which is defined as a disconnect be-tween one's biological sex and gender identity (Puckett et al., 2018). Gender dysphoria can cause a significant amount of discomfort in TGNC individuals, resulting in adverse effects on their overall health and wellbeing (Puckett et al., 2018). TGNC individuals may take a number of steps to de-crease feelings of gender dysphoria including changing their pronouns and/or name to better reflect their gender identity; purchasing gender affirming items such as binders, packers, breast plates, and clothing; and in some cases, undergoing gender-affirming surgery (Messinger, 2017; Puckett et al., 2018). For medical interventions, estrogen is administered to those seeking a feminine appearance and testosterone is administered to those seeking a masculine appearance (Puckett et al., 2018).

In intimate partnerships, TGNC individuals can experience forms of violence specifically relat-ed to their gender identity. For instance, perpetrators have been documented using emotionally and psychologically abusive tactics against their TGNC partners including discrediting their gender ex-pression or identity; belittling their pronouns or chosen name; attacking their partners ability to "pass"; and stating that their partner is not "trans enough" (Barrett & Sheridan, 2017; Brown, 2011; Guada-lupe-Diaz & Anthony, 2017; Henry et al., 2018; Messinger, 2017). Such abuse can exacerbate sen-sations of gender dysphoria and reinforce feelings of rejection, isolation, and devaluation (Pulice-Far-row et al., 2017; Guadalupe-Diaz & Anthony, 2017; Kolp et al., 2019; Messinger, 2017). Additionally, perpetrators can further demoralize their TGNC partners by using the derogatory term "it," which is entrenched in transphobic rhetoric (Guadalupe-Diaz & Anthony, 2017; Henry et al., 2018).

The literature also details other forms of abuse pertaining to controlling and violent behaviours. In such cases, perpetrators may prohibit their TGNC partners from wearing gender affirming clothing in public, which can increase feelings of vulnerability and gender dysphoria (Brown, 2011; Guada-lupe-Diaz & Anthony, 2017). Additionally, abusers may hide or destroy their partners gender-affirming products (Guadalupe-Diaz & Anthony, 2017). The destruction of gender-affirming products is par-ticularly troubling when noting that some TGNC individuals cannot partake in society without them

(Brown, 2011; Guadalupe-Diaz & Anthony, 2017). Furthermore, if the TGNC partner is in the process of medically transitioning, abusers may hide or destroy hormone treatments (Guadalupe-Diaz & Anthony, 2017).

Abusers may also weaponize instances where their partner has not publicly "come out" as part of the TGNC community. Coming out as TGNC can present risks such as stigma and discrimination, rejection from friends and family, and loss of housing or employment (Barrett & Sheridan, 2017; Guadalupe-Diaz & Anthony, 2017; Henry et al., 2018; Koken et al., 2009; Messinger, 2010). Due to these complexities, TGNC individuals may only disclose their gender identity to their partner (Guadalupe-Diaz & Anthony, 2017; Henry et al., 2018; Messinger, 2017). Abusers can thus manipulate or control their victims by threatening to "out" them—using their fear of discrimination as a form of emotional extortion (Barrett & Sheridan, 2017; Guadalupe-Diaz & Anthony, 2017; Henry et al., 2018; Koken et al., 2009; Messinger, 2010). Unfortunately, TGNC individuals may feel that the repercussions of being "outed" outweigh the abuse they face, especially if they are dependent on their partner for financial support, social connections, and/or housing (Henry et al., 2018; Messinger, 2017).

Intersecting inequalities can further impact the ways in which TGNC individuals experience IPV—particularly by increasing the likelihood of violence. For instance, racial disparities have led to increased rates of violence for transgender people of colour (Guadalupe-Diaz & West, 2020). These disparities are particularly pronounced for transgender women of colour, who are more likely to be victims of fatal violence (Bukowski et al., 2019; Henry et al., 2018; Koken et al., 2009). According to the Human Rights Campaign (2019), fatal violence disproportionately impacts transgender women of colour due to the intersections of racism, sexism, homophobia, and transphobia. These factors deprive transgender women of colour necessities such as employment, housing, and healthcare—which further increase the risk of violent victimization (Human Rights Campaign, 2019). TGNC newcomers (including immigrants, refugees, foreign workers, and undocumented individuals) also face particularly high rates of IPV, with survey data from the National Center for Transgender Equality revealing that 68% of undocumented respondents had experienced IPV (James et al., 2016). TGNC newcomers were also likely to face distinct forms of violence such as having their immigration status threatened (James et al., 2016). Lastly, the same survey also noted that 61% of TGNC respondents with disabilities reported experiencing some form of IPV in their lifetime.

Unfortunately, literature pertaining to TGNC experiences with IPV remains limited, particularly in Canada (Barrett & Sheridan, 2017; Bermea et al., 2018; Brown, 2011; Goldberg & White, 2011; Messinger, 2017; Scheim et al., 2013). There is a pressing need for more in-depth research on the issue, especially when noting the increased risk for violent victimization (Kolp et al., 2019; Messinger, 2017; Seelman, 2015). This is particularly salient for TGNC individuals facing intersecting inequalities, who lack nuanced representation of their experiences in the literature.

Experiences of Non-binary individuals

The TGNC acronym also describes those who identify as non-binary. Non-binary is an umbrella term used to describe individuals who identify with a gender outside of the gender binary (i.e., male/female) (LGBT HERO, 2021). There are many non-binary gender identities including agender, or those who do not identify with any gender; bigender, or those who identify with two gender identities; genderfluid, or those who identify with different gender identities at different times; and genderqueer, or those who identify with a non-normative or queer gender (LGBT HERO, 2021). Some non-binary individuals may choose to use the pronouns associated with their gender at birth, while others may change their pronouns to reflect their gender identity such as they/them, ze/hir, xe/xem, hy/hym, or co/cos (LGBT HERO, 2021).

There is limited research focusing on the specific experiences of non-binary victims/survivors of IPV. However, a survey of transgender and non-binary individuals indicated that 54% had experienced some form of IPV in their lifetime (James et al., 2016). Kurdyla (2021) also highlights the specific forms of abuse that non-binary individuals may face. As with transgender victims/survivors, non-binary individuals may experience varying forms of identity abuse including misgendering, using incorrect pronouns, or questioning the victim/survivors gender expression (Kurdyla, 2021). Additionally, abusers may force non-binary individuals to adhere to the gender binary, such as wearing clothes that do not align with their gender identity (Kurdyla, 2021).

Experiences of Bisexual Men & Women

Bisexuality is a broad term that describes physical attraction, romantic attraction, or sexual behaviour to more than one sex/gender (American Institute of Bisexuality, 2021). Many identities fall under the "bi umbrella" including pansexuality, which describes an attraction to all genders, and polysexuality, which describes an attraction to many genders (American Institute of Bisexuality, 2021). In medical and academic jargon, bisexual individuals may also be referred to as "non-monosexual," which is a formal term referring to those who are not monosexual, or solely attracted to one sex/gender.

Bisexual individuals face a heightened risk of violence, with data from Statistics Canada indicating that bisexual women are nine times more likely to experience sexual assault than heterosexual women, and four times more likely than lesbian women (Simpson, 2018). These alarming rates of violence have also been documented in research specific to IPV. According to Coston (2021), a staggering 87% of bisexual women will experience IPV in their lifetime. Chen and colleagues (2020) corroborated this finding, stating that bisexual women were more likely to experience IPV in comparison to heterosexual or lesbian women. Additionally, Barrett and St. Pierre (2013) found that bisexual victims/survivors of IPV were more likely to experience injuries as a result of such violence.

According to Johnson and Grove (2017), there are three factors that may contribute to the violent victimization of bisexual women, including bi-phobic harassment, hypersexualization, and substance abuse. Many of these findings are echoed in the literature addressing bisexual experiences of IPV (Bermea et al., 2018; Bostwick & Hequembourg, 2014; Coston, 2021; Dodge et al., 2016; Turell et al., 2018). For example, bisexual women were often subjected to emotional abuse rooted in bi-phobic narratives, such as having their sexual identity questioned while in relationships with other women (Matsick & Rubin, 2018; Turrell et al., 2008). The hypersexualization of bisexual women has also been noted as an important factor for sexual violence and abuse (Bermea et al., 2018; Bostwick & Hequembourg, 2014; Coston, 2021; Flanders et al., 2020; Turell et al., 2018). Hypersexualization, which is largely rooted in the fetishization of lesbian and bisexual sex in the porn industry, has led to the harmful misconception that bisexual women are more sexually promiscuous (Bermea et al., 2018; Bostwick & Hequembourg, 2014; Coston, 2021; Klesse, 2011; Matstick & Rubin, 2018). Due to this narrative, bisexual women may be coerced into sexual acts that infringe on their personal choices (Flanders et al., 2017; Flanders et al., 2019). The potential for verbal and/or sexual abuse also exists in situations where sexual advances are denied (Bermea et al., 2018; Bornstein et al., 2006).

Additionally, bisexual individuals face discrimination within 2SLGBTQ+ communities that can impact their experiences with IPV. For instance, Matstick and Rubin (2018) found that lesbian women perceived bisexual women to simply be experimenting with their sexuality or seeking male attention. These harmful notions can lead to a sense of exclusion from 2SLGBTQ+ communities, which abusers can manipulate to their advantage—particularly if they are the victim/survivor's only connection to the 2SLGBTQ+ community. In these cases, a sense of reliance and loyalty may develop that can impede the victim/survivor from leaving the relationship (Bermea et al., 2018; Head & Milton, 2014; Ristock, 2002). Furthermore, the abuser may have strong friendships or relationships within 2SLGBTQ+ communities, and consequently, the victim/survivor's allegations of abuse may be met with dismissal or disbelief (Hassouneh & Glass, 2008; Turrell & Herrmann, 2008). Alternatively, the abuser may not integrate their partner within 2SLGBTQ+ communities to further assert power and control and enhance feelings of social isolation and hopelessness (Bermea et al., 2018; Coston, 2021; Turell et al., 2018).

Intersectionality is also an important factor to consider when assessing bisexual experiences of IPV. For instance, gender largely impacts rates of IPV in bisexual communities, with bisexual women being at higher risk for IPV than bisexual men (Head, 2020). According to Head (2020), the risk for IPV is further increased amongst bisexual women of colour, who are more likely to also experience the intersecting inequality of poverty. However, young bisexual women from low-socioeconomic backgrounds with mental or physical disabilities have been identified as the demographic at highest risk for IPV (Head, 2020).

Unfortunately, as with TGNC individuals, the experiences of those in bisexual communities remains severely underrepresented in the literature pertaining to IPV (Bostwick & Hequembourg, 2014; Coston, 2021; Messinger, 2011; Turell et al., 2018). This was evidenced by the mere 36 articles discussing bisexual experiences with IPV between 2000 and 2016—in comparison to 1,184 articles or books addressing IPV in lesbian relationships (Barrett & Sheridan, 2017; Bermea et al., 2018). This lack of literature is devastating when considering the alarming rates of violent victimization faced by

bisexual individuals (Bermea et al., 2018; Bostwick, 2012; Edwards et al., 2015; Goldberg & Meyer, 2013; Walters et al., 2013). Unfortunately, the erasure of bisexual experiences leaves many questions unanswered, making research in the area even more essential.

Experiences of Gay Men

Gay men are those who experience romantic or sexual attraction to individuals of the same sex. For this reason, gay men have been referred to as men who have sex with men (MSM) in public health and academic literature. IPV against MSM is a growing concern (Goldberg-Looney et al., 2016; Pantalone et al., 2010). Studies have found that MSM experience IPV similar to heterosexual women and at higher rates that heterosexual men (Finneran & Stephenson, 2013; Oliffe et al., 2014). For instance, Chen and colleagues (2020) found that 14.3% of gay men experienced sexual violence from an intimate partner, compared to 7.1% of heterosexual men.

Scholars have found three overarching themes pertaining to MSM experiences of IPV (Cruz, 1999; Goldberg-Looney et al., 2016; Merrill & Wolfe, 2000; Miltz et al., 2013). First, is the role of hegemonic masculinity, which can contribute to high rates of IPV in MSM relationships (Goldberg-Looney et al., 2016; Merrill & Wolfe, 2000). Hegemonic masculinity describes the idealization of stereotypically masculine traits, which impact how men interact with each other, and how society functions in general (Connell & Messerschmidt, 2005; Messinger, 2017). Young boys are thus socialized under these expectations (i.e., acting aggressively and minimizing so called 'feminine' qualities), and expected to reproduce such behaviours within a patriarchal society (Connell, 1987; Connell & Messerschmidt, 2005). Within intimate partnerships, hegemonic masculinity can normalize the violence that men inflict on their partners (Connell & Messerschmit, 2005; Pantalone et al., 2011). Scholars also state that abusers may perpetrate violence in MSM relationships to adhere to norms of hegemonic masculinity (Cruz, 1999; Dunn, 2012; Messinger, 2017; Miltz et al., 2013). From this perspective, being a gay man goes against the hegemonic male image and extreme violent actions are employed to counter the image of MSM as subordinate, feminine, and weak (Mitlz et al., 2013).

Second, is minority stress and internalized homophobia (Harden et al., 2020; Mendoza, 2011). Among MSM, minority stress and internalized homophobia have been linked to both increased victimization and perpetration of IPV (Badenes-Ribera et al., 2019; Stephenson & Finneran, 2017). This is largely due to a number of negative outcomes associated with identity development challenges amongst MSM which may contribute to poor relationship quality and violence (Badenes-Ribera et al., 2019; Stephenson & Finneran, 2016). For instance, minority stress can evoke feelings of shame, anxiety, and low self-worth which may pre-dispose individuals to experiences of victimization (Stephenson & Finneran, 2016). Alternatively, perpetrators may project their negative feelings through violence and abuse (Badenes-Ribera et al., 2019).

Third, is the transmission of HIV/AIDS amongst MSM (Merrill & Wolfe, 2000). HIV/AIDS is a devastating immunodeficiency virus that is transmitted through vaginal fluids, rectal fluids, or blood. While HIV is a public health concern for everyone, gay and bisexual men who engage in sexual activity are at greater risk for infection (Arnold et al., 2014; Pantalone et al., 2011; Parson et al., 2017; Public Health Agency of Canada, 2013). HIV-positive individuals may conceal their status of HIV for

fear of stigmatization and rejection from family, friends, or their community (Arnold et al., 2014; Koken et al., 2009; Miltz et al., 2019; Public Health Agency of Canada, 2013).

Existing literature identifies a connection between IPV and HIV amongst MSM, but researchers have encountered barriers in related research due to low sample sizes and fear of stigmatization (Arnold et al., 2014; Beymer et al., 2017; Stephenson & Finneran, 2013). The limited research, however, does explain that some perpetrators deliberately fail to disclose their HIV status and proceed to engage in unprotected sex (Craft & Serovich, 2005; Stephenson & Finneran, 2013). Failure to inform a partner of one's HIV status constitutes an assault even if the sex was consensual (Kondro, 1998. The intentional transmission of HIV not only constitutes sexual abuse, but emotional and financial abuse as well (Pantalone et al., 2011). Victims/survivors may also feel lonely or isolated after contracting the virus and may feel as though they need to remain in the abusive relationship because they do not want to disclose their positive status to other partners (Arnold et al., 2014; Miltz et al., 2019; Pantalone et al., 2011). Additionally, victims/survivors may be manipulated into staying in the relationship due to the threat of being "outed" as positive, or because of financial considerations during their experience with HIV (Miltz et al., 2019; Messinger, 2017; Pantalone et al., 2011).

Among MSM, there are certain groups that face an elevated risk of IPV. For instance, Ramachandran and colleagues (2010) found that MSM with HIV-positive status experienced heightened rates of IPV—even surpassing those experienced by heterosexual women with HIV-positive status. Additionally, Stephenson and Finneran (2017) note that race, socio-economic status, and age are important factors of MSM IPV, with those from racialized groups, lower levels of education, and aged 15-24 being at heightened risk.

Experiences of Lesbian Women

Lesbian women are those who experience romantic or sexual attraction to individuals of the same sex. Literature pertaining to IPV against lesbian women is more advanced in comparison to TGNC, bisexual, and MSM experiences (Goldberg-Looney et al., 2016; Guadalupe-Diaz & Anthony, 2017). However, despite lesbian voices being amplified in the field of IPV, there remains a lack of literature in comparison to the experiences of heterosexual women (Messinger, 2017).

Research on IPV remains confined by heteronormative, misogynist, and binary notions of IPV that fail lesbian victims/survivors (Ristock, 2002; Smith, 2011). There are several ways in which these factors shape perceptions of IPV amongst lesbians (Hooks, 1989/2015; Ristock, 2002). First, some scholars argue that lesbian experiences are shrouded by the myth of the "lesbian utopia," or the belief that lesbians are gentle, egalitarian, non-violent, and inclusive (Hooks, 1989/2015; Turell & Herrmann, 2008; Walters, 2011). This myth perpetuates the false illusion that lesbians cannot be perpetrators of IPV, which can lead to difficulty recognizing abuse within lesbian communities (Balsam, 2001; Ristock, 2002; Tigert, 2001).

Another harmful notion surrounding lesbian IPV is the characterization of violence as "mutual" or a "catfight" (Ristock, 2002, p. 3). Minimizing lesbian IPV in this way inhibits research development and reproduces heteronormative, misogynistic, and patriarchal understandings of IPV (Knauer, 1999; Ristock, 2002; Ristock et al., 2019; Tigert, 2001). Additionally, the stereotype of masculine men as perpetrators of IPV has harmful effects for lesbian IPV. This notion can increase the likelihood of masculine presenting partners being accused of IPV—even if they are the ones being victimized (Messinger, 2017; Ristock, 2002; Ristock et al., 2019; Smith, 2011).

Experiences of IPV amongst lesbians are also characterized by power dynamics that differ from those in heterosexual relationships (Harden et al., 2020; Ristock, 2002). For instance, many violent heterosexual relationships are plagued by patriarchal power dynamics, which afford males more societal power over their partners (Harden et al., 2020). In addition to this, males also tend to be physically stronger, which can impact one's ability to perpetrate violence (Harden et al., 2020). However, these dynamics are not necessarily present in lesbian relationships. Instead, research suggests that power dynamics in lesbian relationships are more contextual, with several factors influencing who the more "powerful" partner is—or the one that may perpetrate abuse (Harden et al., 2020; Ristock, 2002). These factors include things such as gender presentation, race, and income (Harden et al., 2020).

Noting the importance of context in violent lesbian relationships, intersectionality is an integral consideration. For instance, West (2002) noted that differences in socioeconomic status between lesbian partners have been associated with physical abuse. Several studies also show that race is an important factor in lesbian experiences of IPV. Lesbians from racialized groups are not only more likely to experience violence, but also more likely to face unique cultural barriers when victimized (Harden et al., 2020; Steele et al., 2017). Harden and colleagues (2020) note that this is largely because 2SLGBTQ+ identities are seen as less acceptable among certain cultural or religious groups, thus victims/survivors may lack adequate informal support systems. Lastly, gender presentation has been noted as an important factor in lesbian IPV. Unfortunately, lesbian victims/survivors who do not present as feminine report that their gender presentation has impacted the ways in which their experiences with violence have been viewed and treated (Harden et al., 2020).

Experiences of Intersex Individuals

The term intersex is used to describe individuals born with reproductive or sexual anatomy that falls outside of binary definitions of male or female sex (Khanna, 2021). There are many ways for people to be intersex including having both ovarian and testicular tissues; having chromosomes that differ from XX or XY; and/or being born with external genitals that fall into the male/female binary, but internal organs or hormones that do not (Planned Parenthood, n.d.).

In intimate partnerships, intersex individuals can face unique forms of abuse based on ignorance or discrimination about their bodies (WomensLaw, 2018). For instance, an abuser may threaten to disclose that the victim/survivor is intersex without their permission (WomensLaw, 2018). Abusers may also pressure victims/survivors to behave in accordance with certain gendered stereotypes, or pressure them to change their body by taking medications or having surgery (WomensLaw, 2018).

While there is little research examining the prevalence of IPV amongst the intersex community, one survey of trans and intersex individuals found that 50% of respondents had been assaulted or raped by a romantic partner (Courvant & Cook-Daniels, 2003).

Experiences of Asexual Individuals

Asexuality is an umbrella term used to describe individuals who generally do not experience sexual attraction to others (Bogaert, 2012). Individuals who identify on the asexual spectrum include grey-asexual, which describes individuals who experience limited sexual attraction; and demisexual, which describes individuals who do not experience attraction to others until an emotional bond is formed (Pasquier, 2018). While asexual individuals may, or may not, have an interest in establishing sexual partnerships, many still desire emotionally intimate relationships (The Trevor Project, n.d.).

There is, unfortunately, little research dedicated to asexual experiences with IPV. However, WomensLaw (2018) states that abusers may mock and belittle their asexual partners by stating that something is "wrong" with them, or knowingly touch their partner in ways that make them feel uncomfortable. Abusers may even sexually assault their asexual partner in an attempt to "cure" or "correct" their sexuality (WomensLaw, 2018).

Experiences of Victims/ Survivors in Rural, Remote, & Northern Locations

2SLGBTQ+ individuals residing in rural, remote, and Northern locations face unique challenges that can impact experiences of IPV. For instance, 2SLGBTQ+ individuals in rural areas experience increased stigma and discrimination (Israel & Willinging, 2016; Whitehead et al., 2016). This can be attributed to several factors including a lack of contact with sexual and gender minorities, a lack of understanding surrounding the needs and lifestyles of 2SLGBTQ+ communities, and strong heteronormative values that enforce traditional gender roles and norms (Israel et al., 2016; Logie et al., 2019; Ristock, 2002; Whitehead et al., 2016). Additionally, violence such as verbal harassment, property damage, and physical assault is commonly reported by 2SLGBTQ+ individuals in rural areas (Israel & Willing, 2016). As a result of these challenges, gender and sexual minority individuals living in rural areas suffer from higher levels of minority stress than their urban counterparts (Poon & Saewyc, 2009).

Experiences of 2SLGBTQ+ IPV in rural areas remains understudied. However, existing data suggests that the heightened risk for stigma, discrimination, and violent victimization may also lead to increased relationship violence (Ibrahim, 2019). Discrepancies have also been noted when laying charges against perpetrators of 2SLGBTQ+ IPV in rural locations. According to police-reported data, victims of same-sex IPV in rural areas were more than twice as likely than those in urban areas to request that police take no further action against perpetrators (35% vs. 15%) (Ibrahim, 2019).

Victims/survivors of IPV who live in rural, remote, and Northern locations face various barriers when seeking help or fleeing violence. First, organizations offering supports and services for IPV in rural areas often receive limited resources and funding (Carter-Snell et al., 2019; Peek-Asa et al., 2011; Zorn et al., 2017). This plagues organizations with financial challenges, and thus severely impacts their ability to hire staff, offer training, and provide beds for those fleeing violence (Maki, 2018; Maki, 2019; Pauktuutit Inuit Women of Canada, 2019). This gap in service delivery is particularly alarming when considering that roughly 39% of those seeking help live in rural or small communities, and 74% identified as 2SLGBTQ+ (Maki, 2019). It is also important to note that organizations in rural

areas may not be welcoming to 2SLGBTQ+ victims/survivors due to increased stigma and discrimination (Movement Advancement Project, 2019). This, along with a lack of 2SLGBTQ+ specific organizations in rural areas, can severely impede help seeking amongst victims/survivors (Movement Advancement Project, 2019).

Additionally, some communities may not have specialized services, such as shelters, altogether. In these instances, victims/survivors are often forced to turn to nursing stations or the police for support. However, researchers are skeptical as to whether these service providers can provide optimal care (Bonnycastle et al., 2019; Faller et al., 2018; McCall-Hosenfeld et al., 2014). This is largely because nursing stations are ill-equipped and unprepared to treat the specific needs of victims/survivors (McCall-Hosenfeld, 2014). Israel and Willing (2016) further note that clinical providers in rural areas lack culturally appropriate training to effectively treat 2SLGBTQ+ individuals, and often fail to recognize the impacts of minority stress in these populations. Additionally, nursing stations hire outside staff from urban areas, which can lead to a lack of trust between the victim/survivor and the service provider (Faller et al., 2018; Peek-Asa et al., 2011; Zorn et al., 2017). High rates of turnover in rural staff have also been noted, which can lead to significant understaffing and an increased workload for remaining employees (Pauktuutit Inuit Women of Canada, n.d.).

There are also several issues surrounding police responses to IPV in rural areas. This includes slow response times, ranging from one to four hours, which is particularly dangerous in the event of a violent attack (Faller et al., 2018; Huey & Ricciardelli, 2017; Peek-Asa et al., 2011). Additionally, law enforcement can experience "dead zones" of cellular service, preventing them from responding to the call altogether (Huey & Ricciardelli, 2017).

For those wishing to travel elsewhere in search of formal supports, the geographic isolation of rural, remote, and Northern areas presents yet another barrier (Wuerch et al., 2019; Zorn et al., 2017). Geographic isolation can limit transportation options in a number of ways. For instance, road conditions may be poor, victims/survivors may not have access to a vehicle, and busses do not operate in many rural and Indigenous communities (Wuerch et al., 2019; Zorn et al., 2017). Unfortunately, the absence of IPV-specific service providers, compounded with a lack of reliable transportation, may cause victims/survivors to remain in abusive environments (Bonnycastle et al., 2019; Carter-Snell et al., 2019; Riddell et al., 2009).

In rural, remote, and Northern communities it can also be challenging to maintain anonymity or confidentiality for victims/survivors of IPV—which can pose another barrier for those seeking help or services (Bonnycastle et al., 2019; Faller et al., 2018; Gallup-Black, 2005; Riddell et al., 2009). Anonymity and confidentiality are important in rural settings. This is largely because local gossip is more likely to occur, and sadly, discussions surrounding IPV usually involve victim blaming/shaming (McCall-Hosenfeld et al., 2014; Riddle et al., 2009; Sandberg, 2013). Such gossip may also center around judgements related to the gender identity or sexual orientation of the victim/survivor. Additionally, maintaining a positive image in small communities is important for social positioning, and knowledge of IPV can have detrimental impacts on one's reputation (McCall-Hosenfeld et al., 2014; Schwab-Reese & Renner, 2016; Wuerch et al., 2019).

However, a lack of anonymity and confidentiality can lead to issues beyond damaged social

standing, such as isolation and violence. This is largely due to the interconnected nature of social networks in rural communities. Connectivity is particularly important when assessing 2SLGBTQ+ experiences, seeing as the rejection of one's gender identity and/or sexual orientation in one area of the community will likely impact others—effectively isolating the victim/survivor. (Movement Advancement Project, 2019). Additionally, close community bonds in rural areas often involve victims/survivors, and abusers, sharing the same social circles. Members of these social networks may even be related to the abuser (Faller et al., 2018; Gallup-Black, 2005; Huey & Ricciardelli, 2017). This is problematic because victims/survivors may feel unable to disclose their experiences with IPV, leading to further feelings of isolation (Ristock, 2002; Wuerch et al., 2019). Additionally, if the victim/survivor does seek help, the abuser may be able to manipulate their social connections to gain information on the whereabouts of their partner, or even gain access to them (Sandberg, 2013; Schwab-Reese & Reener, 2016). In these situations, the possibility of one's anonymity being compromised may prevent individuals from seeking help altogether out of fear the abuser might retaliate (Faller et al., 2019; Riddell et al., 2009).

While the majority of 2SLGBTQ+ experiences in these areas are characterized by negativity, some report having positive experiences living rurally (Oswald & Culton, 2004). Positive experiences for 2SLGBTQ+ individuals stem from having supportive family members and friends, as well as the tranquility of rural living (Oswlard & Culton, 2003). However, the factors contributing to positive experiences for some, present a double-edged sword for others, particularly for those trying to leave abusive relationships.

Experiences of 2SLGBTQ+ Sex Workers

Sex workers are adults (age 18 or older) who exchange sexual services, performances, or products for material consumption (Weitzer, 2010). Sex work varies greatly in terms of the type of labor that is performed, and the place that it is performed in. For instance, some sex workers may engage in activities involving direct physical contact such as street work, brothel work, or escorting; while others may engage in indirect sexual stimulation such as exotic dancing, erotic webcam performances, or telephone sex (Weitzer, 2010). Sex work exists within the larger "sex industry," which collectively refers to the people, organizations, operations, and marketing involved in sexual commerce (Weitzer, 2010).

Although there are no official estimates regarding 2SLGBTQ+ involvement in sex work, demographic information from several studies indicates that those working in the sex industry embody diverse gender identities and sexual orientations. A comparative analysis by McCarthy and colleagues (2014) found that 41% of sex worker participants identified as "non-heterosexual." Similar findings were echoed by Benoit and colleagues (2014) who noted that 55% of sex worker participants in their national study did not identify as straight—with 38% identifying as bi-sexual or bi-curious, 6% identifying as gay or lesbian, and 11% identifying as "other" sexual orientations. Additionally, a survey of transgender and non-binary individuals conducted by Trans PULSE Canada indicated that 4.8% of respondents were currently engaged in sex work (Arps et al., 2021).

2SLGBTQ+ individuals may choose to engage with sex work for a number of reasons. For some, structural barriers to education and employment in heteronormative societies can severely limit occupational opportunities, making sex work one of few livelihood options (International Committee on the Rights of Sex Workers in Europe, 2015). Others may engage in sex work because they find it appealing or empowering. This is largely because sex work allows individuals to explore their sexual identities, as well as engage in gender-affirming sexual practices (Matthen et al., 2018). However, upon entry to the sex industry, 2SLGBTQ+ individuals can face overlapping forms of discrimination, based on their 2SLGBTQ+ identity and occupation as a sex worker, making them vulnerable to different types of violence (Global Network of Sex Work Projects & MPact Global Action, 2018). The criminalization of sex work further fuels the risk of violence by perpetuating discriminatory narratives and creating a culture of impunity for those who commit violence against sex workers (Global Network of Sex Work Projects & MPact Global Action, 2018).

The specific experiences of IPV amongst 2SLGBTQ+ sex workers remains vastly under studied. However, emerging research from China has shed light on both the prevalence and nature of abuse in these contexts. During in-depth interviews with 25 transgender sex workers in Tianjin, China, Tsang (2020) found that all 25 participants had experienced sexual abuse at the hands of their partner—particularly rape and sexual coercion. Further, 15 of the 25 participants reported experiencing additional types of violence including physical abuse, verbal abuse (particularly body shaming, mocking, and name calling), financial abuse, harassment, stalking, and extortion (Tsang, 2020). Several participants also noted that their abusers publicly "outed" both their transgender identity and occupation as a sex worker (Tsang, 2020). Additionally, in a study of IPV amongst MSM in China, Dunkle and colleagues (2013) found that MSM engaging in sex work (deemed "money boys") were more likely to report abuse from intimate partners. Money boys were particularly vulnerable to experiencing threats and financial abuse (Dunkle et al., 2013).

Studies conducted outside of China have also shed light on the issue. For instance, research by Glick and colleagues (2020) in the United States found that female sexual minority sex workers (lesbian or bisexual) experienced elevated rates of physical IPV. Additionally, Logie and colleagues (2019) found that LGBT sex workers in Jamaica reported a high prevalence of violence from multiple sources, including intimate partners. While there is still much to be understood about experiences of IPV among 2SLGBTQ+ sex workers, the growing body of literature on the issue indicates that these individuals are indeed at a heightened risk for violence and abuse based on both their gender identity or sexual orientation, and occupation in the sex industry.

Service Provision Responses toward IPV in 2SLGBTQ+ Communities

Victims/survivors of IPV may seek help through formal or informal services and supports (Guadalupe-Diaz & Jainski, 2017; Ristock, 2002). Formal services can include shelters, health care, and law enforcement; while informal supports include family, friends, and trusted community members. When experiencing IPV, studies show that 2SLGBTQ+ victims/survivors are more likely to seek help from informal supports (Calton et al., 2015; Messinger, 2017; Parry & O'Neal, 2015). While family and friends can provide comfort and support in trying times, these networks can lack the necessary training and tools to provide optimal care in abusive situations (Calton et al., 2015; Kulkarni, 2019). It is also important to note that if a victim/survivor has not revealed their gender identity or sexual orientation to others, they may not feel comfortable reaching out to informal supports at all.

Formal support systems play an important role in responding to IPV, providing aid through crisis hotlines, police intervention in violent incidents, safety in shelters, and options for legal recourse. However, formal supports also fail members of 2SLGBTQ+ communities in many ways (Calton et al., 2015; Ristock et al., 2019; Russell, 2018). Unfortunately, these service providers have been found to perpetuate heteronormativity, homophobia, and transphobia in their interactions with 2SLGBTQ+ communities (Apsani, 2018; Harden et al., 2020; Messinger, 2017; Ristock et al., 2019). This is enacted through overt discrimination, harmful stereotypes, and a lack of understanding surrounding IPV in 2SLGBTQ+ communities. However, promising programs have been developed by, and within, 2SLGBTQ+ communities that provide resources and services specific to the needs of diverse communities.

Shelters

Crisis shelters have played a central role in the response to IPV since the women's movement of the 1970s (Dobash & Dobash, 1992; Goodhand, 2017). Shelters claim to be safe spaces where victims/survivors of IPV can seek refuge and access supports. However, scholars have been skeptical about their claims of inclusivity—particularly when it comes to members of 2SLGBTQ+ communities (Brown & Groscup, 2008; Ristock, 2002). Unfortunately, research reveals a number of problematic

issues regarding the treatment of 2SLGBTQ+ community members within the shelter system.

One pervasive issue in shelters is the lack of education and understanding of 2SLGBTQ+ IPV amongst staff. Brown and Groscup (2008) explored the ways in which shelters framed IPV through a heteronormative lens, thus failing to provide proper education and training on 2SLGBTQ+ experiences of IPV. Unfortunately, this knowledge gap can inadvertently perpetuate harmful stereotypes and even put 2SLGBTQ+ victims/survivors in harm's way. For instance, several studies have shown that shelter workers hold the harmful belief that same-sex IPV is not as serious as heterosexual IPV (Ford et al., 2013; Parry & O'Neal, 2014; Seelman, 2015). Additionally, shelter workers holding heteronormative views may accidentally give female abusers permission to enter the establishment, under the false assumption that a victim/survivor is fleeing a heterosexual relationship (Ford et al., 2013). These situations demonstrate the imperative need for more training and tools to keep staff informed about 2SLGBTQ+ IPV.

Furthermore, shelters present particular barriers for TGNC individuals. Transgender activists have voiced their concerns over exclusionary practices in shelters since the 1970s (Apsani, 2018). Unfortunately, the narratives of "womanhood" and "sisterhood" within shelters during the second wave of feminism were not all encompassing and failed to include TGNC individuals. This is largely because the feminist hegemony of the time adhered to binary understandings of sexual and gender identity, which inherently excluded TGNC communities (Apsani, 2018; Messinger, 2017). Unfortunately, these practices continue today. Although studies show that MTF individuals face a higher risk of violent victimization, they are continually excluded from shelters and are unable to seek supports—consequently increasing their risk of violence (Apsani, 2018; Bukowski et al., 2019). When victims/survivors can access shelters, it is common for workers to ask inappropriate questions regarding genitalia, or to request that MTF individuals present as less masculine during their stay (Apsani, 2018; Bukowski et al., 2019; Messinger, 2017). Some shelters also worry that abusive men will say that they are a transgender woman in order to enter the shelter (Apsani, 2018). These harmful sentiments are inherently rooted in transphobic ideologies (Apsani, 2018; Bukowski et al., 2019; Messinger, 2017).

Alternatively, FTM victims/survivors often do not seek help due to the fear of being perceived as a woman. A 2008 report examining discriminatory practices in relation to FTM experiences in Toronto shelters found that FTM individuals may be uncomfortable due to the fear of being outed, stigma, and reliving past trauma (The FTM Safer Shelter Project Research Team, 2008). Additionally, if FTM individuals do seek refuge in a women's shelter they must be willing to "conceal their transgender/male identity" in order to receive services and perform femininity (The FTM Safer Shelter Project Research Team, 2008, p. 30). A participant from The FTM Safer Shelter Project disclosed that he would rather kill himself than present himself as a woman (The FTM Safer Shelter Project Research Team, 2008). These barriers demonstrate the many ways in which shelters fail TGNC individuals and perpetuate harmful trans-phobic ideologies.

Lastly, there is a severe lack of shelter spaces for male victims/survivors of 2SLGBTQ+ IPV, such as gay or bisexual men. Moreau (2019) reports that of the 552 facilities serving victims/survivors of abuse across Canada, only 15 facilities reported serving women, children, and men. No facilities offered services exclusively for men (Moreau, 2019). Limited spaces in shelters for male victims/survivors poses serious concerns and can increase distress. Roebuck and colleagues (2020) note that a

lack of resources, as well as a lack of support from those around them, can increase distress in male victims/survivors of IPV.

Law Enforcement

Police play an important role in incidents of IPV, acting as both first responders to emergency calls and gatekeepers of the criminal justice system (Barrett et al., 2011; Garcia & McManimon, 2011; Ward-Laser et al., 2017). However, despite their pivotal role in responding to IPV cases, police do not receive adequate training on the matter, and often fail to identify red flags and risk factors associated with IPV (Toon & Hart, 2005; Townsend et al., 2005; Ward-Lasher et al., 2017). This is particularly true for cases involving 2SLGBTQ+ IPV, which have been marked by distinct challenges and discrimination.

Police responses to IPV have been described as "misguided at best, and homophobic at worst" (Pattavina et al., 2007, p. 379). Research shows that police often minimize incidents of 2SLGBTQ+ IPV and engage in victim-blaming behaviours (Bernstein & Kostelac, 2002; Russel, 2018). Russell and Sturgeon (2019) have also noted acts of unnecessary violence, with 48% of same-sex victims/survivors of IPV experiencing police misconduct, unjustified arrest, or the use of excessive force after calling the police because of a domestic dispute. Furthermore, Franklin and colleagues (2019) found that sexual orientation was a negative predictor of arrest, with police being significantly less likely to arrest perpetrators of IPV in sexual minority couples—despite victim willingness to cooperate (Franklin et al., 2019).

Police responses to 2SLGBTQ+ IPV can be influenced by several factors. First is an over-reliance on gendered scripts, myths, and stereotypes when making decisions in cases of IPV (Garcia & McManimon, 2011; Russel, 2018; Ward-Lasher et al., 2017). These scripts, myths, and stereotypes are guided by traditional gender roles, asserting that men are dominant (and therefore, perpetrators of violence) and women are submissive (and therefore, victims of violence) (Lantz, 2020). These binary understandings of violence are particularly harmful for 2SLGBTQ+ victims/survivors, seeing as their relationships fall outside these parameters (Barrett et al., 2011; Russell, 2018; Russell & Sturgeon, 2019). As a result, 2SLGBTQ+ IPV can be dismissed, or perceived as less serious than heterosexual IPV (Lantz, 2020). An over-reliance on these scripts has also been known to impact arrest decisions, seeing as police are more likely to arrest and prosecute for incidents involving stereotypical notions of criminal activity (Lantz, 2020).

Police officers may also be influenced by discriminatory beliefs, with several scholars noting a history of discrimination and harassment against 2SLGBTQ+ communities (Guadalupe-Diaz & Jasinki, 2017). Common experiences of victims/survivors include homophobic or transphobic remarks, failure to provide adequate protection, and minimizing the extent of abuse (Ristock et al., 2019; Russell & Sturgeon, 2019; Seelman, 2015). Research by Renzetti (1992) further illustrates the homophobic, heteronormative, and dismissive attitudes held by members of law enforcement, specifically towards lesbian women experiencing IPV. These instances included homophobic remarks towards victims/

survivors, and victim-blaming attitudes, such as telling victims/survivors they deserved to be abused because of their sexual orientation (Renzetti, 1992).

The aforementioned issues have resulted in a lack of trust between members of 2SLGBTQ+ communities and police officers (Barrett et al., 2011; Maynard, 2017; Russell & Sturgeon, 2019). One study found that 40% of gay and bisexual respondents believed that contacting the police after an incident of IPV would be "unhelpful" or "very unhelpful", while 59% of respondents believed that the police would be less helpful to gay or bisexual men after an incident of IPV than heterosexual women (Russell & Sturgeon, 2019). While attitudes of distrust toward law enforcement seem to permeate 2SLGBTQ+ communities as a whole, the relationship between racialized community members and police officers remains particularly strained, leading to the diminished likelihood of police contact in instances of IPV (Shields, 2021).

Court Systems

2SLGBTQ+ victims/survivors also face unique barriers within court systems despite legislation pertaining to non-discrimination in legal proceedings (such as Bill C-16 prohibiting discrimination based on gender expression or sexual orientation) (Walker, 2016). Unfortunately, the current criminal justice system remains steeped in heteronormative, racist, and colonial practices which further marginalize 2SLGBTQ+ communities in a number of ways (Apsani, 2018; Hardesty et al., 2011; Walters, 2011).

The particularly low number of criminal charges in relation to 2SLGBTQ+ experiences of IPV can be attributed to multiple factors that impede community members from pursing legal action (Barrett & Sheridan, 2017; Furman et al., 2017; Ristock, 2002). First, is the tedious and public nature of the criminal justice system (Lantz, 2020). This is particularly salient for 2SLGBTQ+ community members who have not publicly disclosed their gender identity or sexual orientation and may risk outing themselves by pursuing legal action (Lantz, 2020).

2SLGBTQ+ communities may also face various types of discrimination and insensitivity within the court systems (Barrett & Sheridan, 2017; Goodmark, 2013; Parry & O'Neal, 2015). For instance, a survey involving 965 2SLGBTQ+ respondents involved in court processes found that 19% reported hearing negative comments about their own, or another person's, gender identity, or sexual orientation (Woods, 2019). The survey results also noted that certain respondents reported higher rates of negative comments, including those with physical or mental disabilities (24%), low-income individuals (28%), respondents of colour (30%), and TGNC individuals (33%) (Woods, 2019). Discrimination against TGNC individuals, in particular, has been noted, with judges and legal personnel refusing to use correct names or pronouns, and using the derogatory terms "it" and "he/she" (Goodmark, 2013).

The adversarial nature of court processes can also threaten the gender identity or sexual orientation of the victim/survivor. For instance, in cases involving TGNC individuals, lawyers have encouraged victims/survivors to perform as their biological sex and use improper pronouns during the court process (Barrett & Sheridan, 2017; Guadalupe-Diaz & Jasinki, 2017). Moreover, the accused and their defence team can discount the TGNC victim/survivor's gender identity by using improper

pronouns or claiming that they are "actually a man" or "actually a woman" (Messinger, 2017, p. 187).

These barriers and challenges create significant setbacks for victims/survivors pursuing legal action against their abusers. This is largely because the institution of law was not created for individuals who do not adhere to heteronormative norms (Messinger, 2017). Unfortunately, 2SLGBTQ+ experiences of IPV are continually undermined, as noted by Messinger (2017), who found that the defence often characterizes 2SLGBTQ+ IPV as "two friends fighting." These practices are harmful and devaluing to victims/survivors, who are reduced to ignorant stereotypes in a process designed to deliver justice.

Stereotypes & Help-Seeking Behaviors

IPV is often plagued by harmful stereotypes that can impact service delivery, including that of the "ideal victim." Nils Christie (2018) describes the ideal victim as an individual, or category of individuals, who are given the complete and legitimate status of being a victim when impacted by a crime. According to scholars, there are five common attributes and behaviours that characterize ideal victims including being weak or vulnerable; involved in a respectable activity at the time of victimization; blame-free of the circumstances; attacked by a vicious offender; and attacked by someone who is unknown to them (Christie, 2018).

The ideal victim stereotype is harmful when assessing 2SLGBTQ+ IPV. This is largely because the notion of the ideal victim is underpinned by binary assumptions of violence (Donovan & Barnes, 2018). For instance, the ideal victim is not only presumed to be female, but a female who conforms to traditional gender roles (Donovan & Barnes, 2018). Conversely, perpetrators are presumed to be males that embody stereotypical notions of masculinity (Donovan & Barnes, 2018; Ristock, 2002). This narrow understanding of victimization reinforces the harmful notion that women cannot be perpetrators and men cannot be victims of IPV (Donovan & Barnes, 2018; Ristock, 2002; Ristock et al., 2019). Such notions inherently exclude 2SLGBTQ+ experiences of IPV, seeing as they fall outside of these narrow categorizations (Jarnkvist & Brännström, 2019; Messinger, 2017).

This harmful understanding of violence can create barriers to services in a number of ways (Jarnkvist & Brännström, 2019; Messinger, 2011). Notably, 2SLGBTQ+ victims/survivors of IPV who present as masculine may be deterred from seeking help, and may even be accused of perpetrating IPV, seeing as they fit the stereotypical image of an abuser (Renzetti, 1992; Ristock et al., 2019; Russell, 2018). These stereotypes may partially explain the low reporting rates of IPV and the absence of 2SLGBTQ+ individuals accessing help seeking services (Messinger, 2017). Thus, being posited as a non-ideal victim can present unnecessary barriers when accessing services—particularly for lesbian women and TGNC individuals, who face heightened stereotypes and microaggressions under this paradigm (Calton et al., 2015; Franklin et al., 2019; Guadalupe-Diaz & Jasinki, 2017; Messinger, 2017; Ristock, 2002; Ristock et al., 2019).

2SLGBTQ+ Specific Services

As detailed in the previous sections, many service providers fail to meet the needs of 2SLGBTQ+ victims/survivors of IPV. In response to these shortcomings, several innovative programs have been developed by, and within, 2SLGBTQ+ communities to better serve those experiencing IPV (Ristock & Timbang, 2005). These programs provide a much-needed alternative to traditional service delivery models dominated by heteronormative biases and serve to meet the unique needs of 2SLGBTQ+ communities.

Several organizations offer 2SLGBTQ+ specific services, including The Los Angeles LGBT Center in California. The center offers a wide array of services including crisis counselling and safety planning, survivor groups, mental health services, legal services, and programs for perpetrators of violence (Los Angeles LGBT Center, n.d.). These programs and services are administered by certified domestic violence counsellors, mental health professionals, and attorneys, specifically trained in 2SLGBTQ+ domestic violence issues (Los Angeles LGBT Center, n.d). The center has also adopted a sliding scale fee system, which ensures that no one is turned away due to lack of funds—a particularly important feature when considering the financial insecurity experienced by some members of 2SLGBTQ+ communities.

Other notable programs offer intersectional IPV programming. For instance, the Asian Women's Shelter in San Francisco conducted focus groups to better understand the needs of local 2SLGBTQ+ communities (Chung & Lee, 1999). The organization now offers comprehensive supports to queer Asian women and TGNC victims/survivors and develops innovative violence prevention strategies in the community (Asian Women's Shelter, n.d.). The program also incorporates newcomer leadership in its organization to ensure that a diverse array of voices are heard (Asian Women's Shelter, n.d.).

Several organizations in Canada also offer 2SLGBTQ+ specific resources and services, including Battered Women's Support Services in British Columbia and Sagesse in Alberta. Sagesse also oversees a program called Rainbow Ready, which partners with service providers and community agencies to deliver the necessary knowledge and skills to serve 2SLGBTQ+ individuals experiencing IPV (Sagesse, 2020). The program includes an organizational audit, promotional documentation, guiding policies and procedures, and a one-day specialized training workshop (Sagesse, 2020). Additionally, the Rainbow Resource Centre (Winnipeg, Manitoba) and OUTSaskatoon (Saskatoon, Saskatchewan) offer drop-in and short-term counselling for 2SLGBTQ+ individuals experiencing IPV.

However, it is important to note that these organizations often face challenges—particularly in relation to funding and finances. For instance, Surfus (2013) notes LGBT organizations in the United States received less funding for their programs and projects than non-LGBT organizations. Additionally, the funding that was received was not distributed equally amongst LGBT organizations, with bisexual and transgender groups receiving the lowest amounts (Surfus, 2013). These issues can severely limit capacity building in LGBT-specific organizations (2013). Such circumstances are particularly challenging in regard to employment, making it extremely difficult to attract quality staff and expand certain services, such as counselling, to meet the needs of communities. Funding issues can

also prevent organizations from investing in technology-based platforms such as Zoom or telehealth services—which prevent these organizations from expanding their programs and services to meet the needs of rural communities.

Despite challenges, these organizations and programs have begun to fill a large void in the help-seeking process for 2SLGBTQ+ victims/survivors of IPV. The necessity of these services can-not be understated, as few service providers are sensitive to the social and cultural contexts of 2SLGBTQ+ IPV. However, more funding and support are needed, with 2SLGBTQ+ specific services remaining inaccessible for many victims/survivors—particularly those in rural communities that live far from urban centers where these supports are located.

Conclusion

2SLGBTQ+ experiences of IPV are as unique and diverse as the communities themselves. This is exemplified through the fact that community members not only face heightened forms of physical, sexual, emotional, and psychological violence, but distinct forms of abuse predicated upon their gender expression and/or sexual orientation. Additionally, 2SLGBTQ+ community members seeking help for such violence face further challenges with service providers—seeing as many are not equipped to effectively support these diverse communities. Unfortunately, binary understandings of violence permeate institutions designed to help victims/survivors—demonstrating how the harmful impacts of heteronormativity continually impact 2SLGBTQ+ communities on both a structural and interpersonal level.

While this review includes a vast amount of literature pertaining to 2SLGBTQ+ experiences of IPV, there remains much to be discovered. This is particularly salient for 2SLGBTQ+ individuals expe-riencing the intersecting oppressions of gender, race, class, and disability. An enhanced understand-ing of intersectional experiences is necessary moving forward, seeing as different social identities can impact the ways in which violence is experienced. For too long, the experiences of 2SLGBTQ+ communities have been overshadowed, allowing the issue to proliferate behind closed doors. Now, it is time for further research to bring it to light.

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