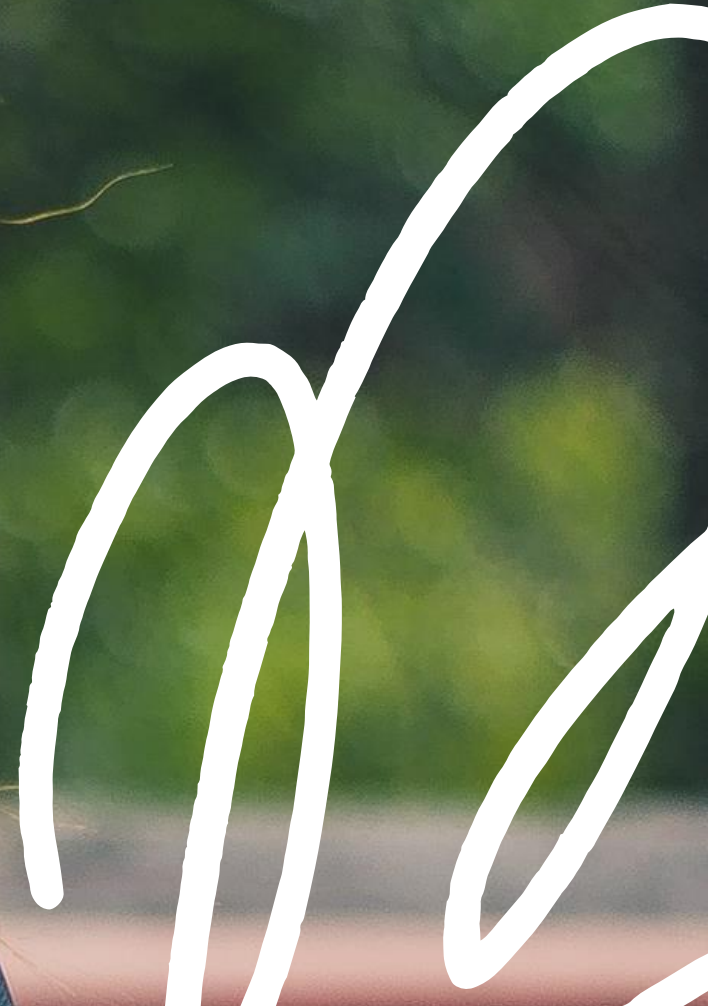




In recognition of
Domestic Violence
Awareness Month

EXAMINING INTIMATE PARTNER VIOLENCE

in 2SLGBTQ+ Communities: Barriers to Accessing Supports for
Transgender and Gender Non-conforming Survivors of IPV



LAND ACKNOWLEDGEMENT

The University of Manitoba campuses are located on original lands of Anishinaabeg, Cree, Oji-Cree, Dakota, and Dene peoples, and on the homeland of the Métis Nation. We respect the Treaties that were made on these territories, we acknowledge the harms and mistakes of the past, and we dedicate ourselves to move forward in partnership with Indigenous communities in a spirit of reconciliation and collaboration.



RESEARCH TEAM

Manitoba

- Dr. Kendra Nixon, Principal Investigator, RESOLVE Network Director, University of Manitoba
- Dr. Tracey Peter, Co-Investigator, Vice Provost (Academic Affairs), University of Manitoba
- Dr. Janice Ristock, Co-Investigator, Women and Gender Studies Program, University of Manitoba
- Renée Hoffart, Project Coordinator, RESOLVE Manitoba, University of Manitoba
- Ashley Haller, Project Coordinator, RESOLVE Manitoba, University of Manitoba
- Noreen Mian, Grant Applicant and Community Partner, Rainbow Resource Centre
- Joey Moore, Community Partner, Rainbow Resource Centre

Saskatchewan

- Dr. Karen Wood, Co-Investigator, Interim Director, RESOLVE Saskatchewan, University of Saskatchewan
- Shaylyn White, Project Coordinator, RESOLVE Saskatchewan, University of Saskatchewan
- Krystal Nieckar, Community Partner, OUT Saskatoon
- Iris Akbar, Community Partner, OUT Saskatoon
- Jessica Fisher, Community Partner, OUT Saskatoon

Alberta

- Dr. Karen Wood, Co-Investigator, Interim Director, RESOLVE Saskatchewan, University of Saskatchewan
- Dr. Nicole Letourneau, Co-Investigator, Director, RESOLVE Alberta, University of Calgary
- Jason Novick, Project Coordinator, RESOLVE Alberta, University of Calgary
- Carrie McManus, Community Partner, Sagesse
- Diana Wark, Community Partner, Sagesse



ACKNOWLEDGEMENTS

- Elder Norman Meade, Elder-In-Residence, University of Manitoba
- Ashley Haller, Research Technician, RESOLVE
- Bright Thorsteinson, BSW Field Placement Student, RESOLVE
- Kay Lamb, Counsellor, Rainbow Resource Centre
- Joey Moore, Director of Services, Rainbow Resource Centre
- Patricia Karacsony, Digital Communications Specialist, RESOLVE
- University of Manitoba Audio Visual Team
- *Prairieaction* Foundation



ZOOM GUIDELINES

- Webinar will be recorded and will be available on the RESOLVE website
- Participants will remain muted & have their video turned off during the entire webinar
- During Q & A session participants may ask questions by clicking the Q & A button (bottom of screen)



WEBINAR SCHEDULE

- 3:00 – 3:05 pm: Welcome, Land Acknowledgment, and Opening Prayer
- 3:05 – 3:15 pm: Project overview with Dr. Kendra Nixon
- 3:15 – 3:30 pm: Research findings with Ashley Haller
- 3:30 – 3:45 pm: Transgender experiences with Bright Thorsteinson
- 3:45 – 4:00 pm: Counselling services at RRC with Kay Lamb & Joey Moore
- 4:00 – 4:25 pm: Question and answer period
- 4:25 – 4:30 pm: Closing remarks



WEBINAR SPEAKERS



DR. KENDRA NIXON

Kendra (she/her) is a Professor in the Faculty of Social Work at the University of Manitoba. Dr. Nixon's overarching research agenda focuses on gender-based violence, and has included research on intimate partner violence, children's exposure to violence, mothering within the context of violence, domestic homicide, suicide and violence, and sexual exploitation. Dr. Nixon's research has primarily focused on policies aimed at reducing violence, as well as institutional responses to intimate partner violence, including the child welfare and criminal justice systems. Although Dr. Nixon assumed the director position of RESOLVE in July 2018, she has been with the network since 1999 in various roles and capacities.

ASHLEY HALLER

Ashley (she/her) is a Research Technician at RESOLVE Manitoba, where she coordinates research projects relating to family and gender-based violence. She serves as study coordinator for the project: *Examining the Nature & Context of Intimate Partner Violence in 2SLGBTQ+ Communities*, among others. Before joining RESOLVE, Ashley completed a Master of Human Rights degree from the University of Manitoba where her graduate research focused on women's rights and gender equality.

BRIGHT THORSTEINSON

Bright (they/them) is a queer and non-binary social work student at the University of Manitoba. They are finishing the last year of their degree with RESOLVE and have chosen to focus on the project: *Examining the Nature & Context of Intimate Partner Violence in 2SLGBTQ+ Communities*. Bright is passionate about addressing barriers to services for 2SLGBTQ+ survivors of IPV and advocating for improvements in service provision. Bright has previously gained experience working with accessibility services and directly with survivors of IPV and family violence.

WEBINAR SPEAKERS

KAY LAMB

Kay (he/him or they/them) is a queer, transgender man and joined Rainbow Resource Centre in 2018 as a social work practicum student, and in 2019 as a counsellor. Kay is proud to work with the 2SLGBTQ+ community to foster resiliency, healing and growth in children, youth, adults, seniors and families. Kay works from a trauma-informed, person-centred, anti-oppressive and harm-reduction lens, and provides advocacy, education, and healing support to clients, to help them navigate systems, gain skills and access resources, and achieve their goals.

JOEY MOORE

Joey (they/them) is a proud transgender Queer and is the Director of Services at Rainbow Resource Centre. They oversee the management and development of the Centre's programming and counselling services to identify and respond to emerging community needs and strive to operate within harm-reduction and client-centered frameworks. Joey is passionate about advocacy, front-line support and fostering community connectedness.



Reminder About Today's Content

- **FAMILY VIOLENCE RESOURCES**

- <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/services.html>



STUDY BACKGROUND & INFORMATION



BACKGROUND

- Most research on IPV has focused on the experiences of women in heterosexual relationships
- Of the 14,200 original research studies published on the subject of IPV between 1999 and 2013, only 400 (3%) addressed IPV in 2SLGBTQ+ relationships (Edwards et al., 2015)
- Available data indicates that IPV is a prevalent issue in 2SLGBTQ+ communities
- Some scholars suggest that rates of 2SLGBTQ+ IPV are on par or higher than heterosexual IPV, with one study finding abusive dynamics in one-quarter to one-half of same-sex relationships (Murray & Mobley, 2009)
- Existing research on 2SLGBTQ+ IPV remains limited and has yet to address the diverse experiences of all 2SLGBTQ+ communities

Edwards, K. M., Sylaska, K. M., & Neal, A. M. (2015). Intimate partner violence among sexual minority populations: A critical review of the literature and agenda for future research. *Psychology of Violence, 5*(2), 112-121. <http://dx.doi.org/10.1037/a0038656>

Murray, C. E. & Mobley, A. K. (2009). Empirical research about same-sex intimate partner violence: A methodological review. *Journal of Homosexuality, 56*, 361-386. DOI: 10.1080/00918360902728848

ABOUT THE STUDY

- Study title: *Examining the Nature & Context of Intimate Partner Violence in 2SLGBTQ+ Communities*
- The purpose of the study was to examine IPV in 2SLGBTQ+ communities and barriers to seeking help in the Prairie provinces
- The project was developed in partnership with the RESOLVE network and community partners Rainbow Resource Centre, OUT Saskatoon, and Sagesse
- Funding was provided by the PrairieAction Foundation
- Documents produced for the project include an environmental scan, literature review, final report, and briefs



STUDY TIMELINE

- The study took place from February of 2020 to October of 2022
 - February 2020: Received project funding from the *Prairieaction* Foundation
 - July 2020: University of Manitoba received ethics approval
 - November 2020: University of Saskatchewan received ethics approval
 - February 2021: University of Calgary received ethics approval
 - April 2021 – April 2022: Online survivor survey conducted
 - November 2021 – July 2022: In-depth interviews were conducted
 - May 2022 – August 2022: Data analysis
 - October 2022: Final report released



RESEARCH APPROACH

The study utilized a mixed methods approach:

- Quantitative data: online survey with 73 2SLGBTQ+ survivors
- Qualitative data: in-depth interviews with 47 2SLGBTQ+ survivors and 13 service providers

Research questions:

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

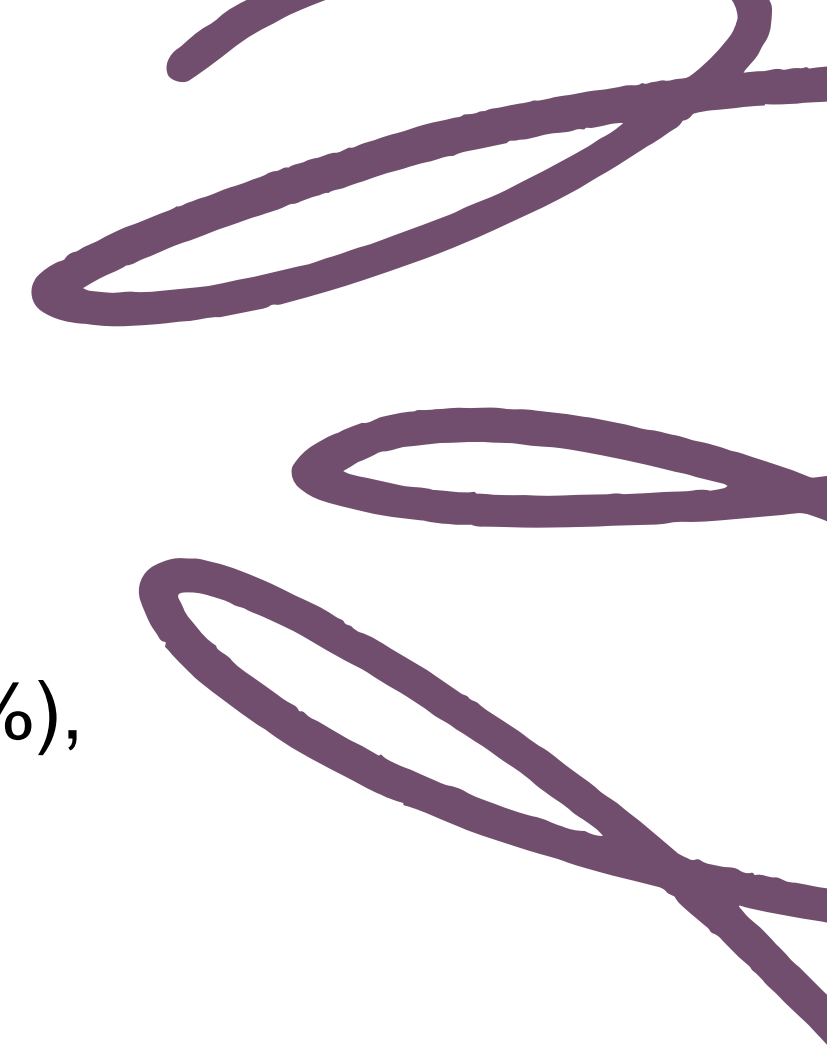
FINDINGS



PARTICIPANT DEMOGRAPHICS

Online Survivor Survey (73 in total):

- Age range: 18 to 66 years old
- 85% lived in an urban community or large city
- Gender identities: women (cisgender or transgender) (62%), non-binary (22%), men (cisgender or transgender) (16%), Two Spirit (6%), and agender (4%)
- Sexual orientations: bisexual (46%), queer (27%), pansexual (20%), lesbian (13%), gay (10%), asexual (9%), and Two Spirit (6%)
- 70% cited White/European ancestry, followed by Indigenous ancestry (16%) and other racialized identities (14%)
- 40% were affected by one disability, mental health issue, and/or chronic health condition, while 34% were affected by two
- 89% were born in Canada, while 11% were Canadian citizens or permanent residents



PARTICIPANT DEMOGRAPHICS

Survivor Interviews (47 in total):

- Age range: 19 to 67 years old
- 91.5% resided in an urban community or large city
- Gender identities: cisgender (10.6%), transgender (8.5%), and non-binary, genderfluid, genderqueer, Two Spirit, or “other” (44.7%) (Additionally, 25.5% identified as female and 10.6% identified as male without specifying if they were cisgender or transgender)
- Sexual orientations: gay or lesbian (31.9%), bisexual (27.6%), queer (14.9%), pansexual (12.7%), asexual (2.1%), queer/lesbian (2.1%), queer/bisexual (2.1%), and “other” (6.4%)
- 55.3% cited White/European ancestry, 17% cited Indigenous ancestry, 14.9% cited “mixed” ancestry, 6.3% cited Black ancestry, and 4.2% cited Asian ancestry
- 14.9% were newcomers to Canada and 46.8% had a mental or physical disability or chronic health condition

Service Provider Interviews (13 in total):

- Service providers primarily worked in urban communities or large cities and held a range of roles in clinical settings (hospitals, healthcare centres, etc.), the legal system (Victim Services), and community organizations (shelters, 2SLGBTQ+ support services, etc.)

ABUSE AND INJURY

- Types of abuse: emotional/psychological abuse, physical abuse, sexual abuse, financial abuse, religious or spiritual abuse, coercive control, stalking and harassment, substance use coercion
- Gender/sexuality-specific abuse: 2SLGBTQ+ survivors also experienced unique forms and tactics of abuse based on their gender identity and/or sexual orientation
 - E.g., threats to “out” survivors publicly, attempting to control one’s gender identity and/or sexual orientation, withholding medications from transitioning partners
- Most common tactics of abuse:
 - Emotional abuse: put downs and name-calling (80%)
 - Physical abuse: pushing, grabbing, or shoving (74%)
 - Gender/sexuality-specific abuse: ridicule directed toward one’s body or appearance (46%)
- Most common forms of injury:
 - Emotional injury: depression or anxiety attacks (85%)
 - Physical injury: bruising (90%)



HELP-SEEKING AND REPORTING

- Only half (54%) of online survey respondents reported their experiences with abuse
- Of those that *did* report their experiences, the majority (72%) reported to a counsellor, psychologist, or support worker
 - Racialized (88%) and White/European (75%) respondents were more likely to report IPV to a counsellor, psychologist, or support worker than Indigenous respondents (50%)
- Many (58%) indicated being dissatisfied with how the incident(s) was resolved
 - All racialized respondents (100%) indicated dissatisfied
- Of those that *did not* report their experiences, not wanting others to find out about what happened (53%), and not believing anything would happen or change by reporting the incident (53%), were the most commonly cited reasons
 - Women (54%) were the most common group to state that they never reported
- Respondents utilized a number of informal supports, with most (88%) citing the help of friends
 - Transgender, non-binary, agender, and Two Spirit respondents (97%) were more likely to rely on the support of friends than cisgender respondents (84%)

HELP-SEEKING AND REPORTING

- Survivors:
 - Negative encounters with formal supports (i.e., police, shelters, medical care), but especially with police/RCMP
 - Did not take IPV seriously, discrimination, misgendering, and belittling
 - Greater satisfaction with informal supports (i.e., family and friends)
 - However, certain barriers could impede access to these supports, such as not being “out” to family and friends or family rejection/lack of support
- Service Providers:
 - 2SLGBTQ+ communities were most likely to access formal supports after experiencing crises (such as severe abuse or grave danger)
 - 2SLGBTQ+ communities are accessing services later in their experiences of IPV and not as readily as heterosexual individuals
 - Informal supports can fill gaps of support for 2SLGBTQ+ survivors



BARRIERS TO SEEKING HELP

- Similar barriers to heterosexual survivors: accessibility, the COVID-19 pandemic, confidentiality concerns, abuse-related challenges, mental health challenges, intersectional identities/multiple marginalization, and “other” barriers (involvement with crime/substance use, a negative view of police, fears of subjecting partner to racism or discrimination)
- Gender/Sexuality-Specific Barriers
 - A lack of resources and services specific to 2SLGBTQ+ communities (including long-term services, crisis services, shelters, medical services and resources designed specifically for men)
 - A lack of 2SLGBTQ+ service providers and professional competency regarding 2SLGBTQ+ communities
 - Fears of how their gender identity would be perceived by service providers or discomfort disclosing their gender identity
 - Fears of being “outed” in the help-seeking process or not being “out” to friends and family

PERCEPTIONS OF IPV IN 2SLGBTQ+ COMMUNITIES

- Many survey respondents believed IPV is an issue in 2SLGBTQ+ communities
 - Only 5% disagreed with the statement: *IPV is a widespread problem in 2SLGBTQIA+ communities*
 - 49% of respondents thought that IPV happened “very often” in 2SLGBTQ+ communities
 - Three-quarters of respondents (72%) knew someone from a 2SLGBTQ+ community (not including themselves) that was a survivor of IPV
- Interview insights
 - IPV is not acknowledged
 - IPV is not taken seriously
 - IPV is underreported
 - Predatory behaviors



**BARRIERS TO ACCESSING
SUPPORTS FOR TRANSGENDER
AND GENDER NON-CONFORMING
(TGNC) SURVIVORS OF IPV**



TGNC UNIQUE EXPERIENCES OF IPV

- **Historical context**
- **Control & Coercion**
 - Threats of outing
 - Withholding of medications, medical treatment and finances
 - Gender and presentation
- **Spirituality, Religion & Family**
 - Shame & presentation
 - Loss of community
 - Deterioration of relationships
 - Internalized transphobia
- **Perceptions of violence**

“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)”

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

“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)

“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)

Parry, M. M. & O’Neal, E. N. (2015). Help-seeking behavior amongst same-sex intimate partner violence victims: An intersectional argument. *Criminology, Criminal Justice Law & Society*, 16(1), 51-67. <https://heinonline.org/HOL/LandingPage?handle=hein.journals/wescrim16&div=8&id=&page=>

Kahn, E., Johnson, A., Lee, M., Miranda, L. (2018). *LGBTQ youth report*. Human Rights Campaign. <https://assets2.hrc.org/files/assets/resources/2018-YouthReport-0514-Final.pdf>

HRC staff. (2017, Nov. 15). New report on youth homeless affirms that lgbtq youth disproportionately experience homelessness. Human Rights Campaign. <https://www.hrc.org/news/new-report-on-youth-homeless-affirms-that-lgbtq-youth-disproportionately-ex>

SPECIFIC & INTERSECTIONAL EFFECTS OF IPV ON TGNC SURVIVORS


- Increased rate of suicide and suicide ideation - 69% of transgender or non-binary individuals experience suicidal thoughts in comparison to 51% of cisgender participants, and 40% of transgender or non-binary individuals attempt suicide in comparison to 16% of cisgender participants.
- 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%).
- No transgender, non-binary, agender, or Two Spirit participants (0%) cited misconceptions surrounding IPV as a reason for not reporting however they (54%) were also more likely to report that these experiences were normal in comparison to cisgender participants (38%)

BARRIERS TO ACCESSING SUPPORTS

Formal

- Negative Views of the police
- Perception of survivors & discrimination
- Normalization of IPV
- Confidentiality concerns
- Potential consequences of reporting
- Internalized homophobia and/or transphobia
- Availability of resources & Accessibility

Informal

- Fear of Stigma, Shame, or Judgement
 - Intersectional factors
 - Perceptions of IPV
 - Misconceptions and Biases
 - What to do?
- 

EXPANDING AND DEVELOPING NEW & EXISTING RESOURCES AND SERVICES FOR TGNC SURVIVORS

- Specialized services
- Accessibility & confidentiality
- Inclusive and non-gendered shelters
- Increased Training
- Represented staff without tokenization
- Addressing intersectional barriers
- Education and Awareness
- Increased Funding



QUESTIONS & COMMENTS



CONTACT US

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Reminder About Today's Content

- **FAMILY VIOLENCE RESOURCES**

- <https://www.canada.ca/en/public-health/services/health-promotion/stop-family-violence/services.html>



WE VALUE YOUR FEEDBACK!

SURVEY LINK:

https://cssrp.ca1.qualtrics.com/jfe/form/SV_9uJyZeqX2SGXEr4

THANK YOU

