



EXAMINING THE NATURE & CONTEXT

of Intimate Partner Violence in 2SLGBTQ+ Communities

SUMMARY REPORT

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ACKNOWLEDGEMENTS

The Rainbow Resource Centre and RESOLVE network would like to thank the *Prairieaction* Foundation for their financial support of the project.

We thank our community partners for their assistance reviewing the research tools; providing feedback on written materials (environmental scan and literature review); and recruiting participants.

We would also like to thank our Research Assistants: Lauren Bresch, Kathleen McDonald, Logan Stalker, Stefan Kurbatfinski, Susanne Marshall, and Olivia Giacobbo, for their work on the project (environmental scan, literature review, participant interviews, transcription, data analysis, and drafting of the final report). Thank you to Patricia Karacsony for her work developing recruitment materials, and for her design of the final report.

Finally, a special thank you to the 2SLGBTQ+ survivors of intimate partner violence and service providers, who participated in our study. Your contribution to this project is greatly appreciated.

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PURPOSE

Few studies provide a clear picture of the complexities of IPV in 2SLGBTQ+ communities, making it difficult to develop appropriate service provision responses to meet the needs of these populations. This project was developed in partnership with the RESOLVE network and community partners Rainbow Resource Centre, OUT Saskatoon, and Sagesse, in order to gain a comprehensive understanding of 2SLGBTQ+ IPV and possible barriers or challenges that exist in relation to help-seeking for survivors in the Prairie provinces.

The research addressed the following questions:

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

To answer these questions, RESOLVE researchers gathered multiple sources of data. First, a *literature review* was conducted to examine previous data on the subject of 2SLGBTQ+ IPV. Next, an *environmental scan* was conducted to gather available services and supports for 2SLGBTQ+ survivors of IPV in the Prairie provinces including crisis support lines, criminal justice services, shelters/housing, counselling/support, parenting/children, and 2SLGBTQ+ specific services. An *online survivor survey* was then administered to 73 2SLGBTQ+ survivors throughout the Prairie provinces. The survey consisted of multiple choice and select-all-that-apply questions pertaining to experiences of abuse and injury, help seeking and reporting, and perceptions of IPV. Finally, *in-depth interviews* were conducted with 47 2SLGBTQ+ survivors and 13 service providers throughout the Prairies to examine experiences of abuse and help-seeking, perceptions of IPV, and recommendations for improvement.

Data from the online survivor survey was analyzed using SPSS software (quantitative analysis software), while data from in-depth interviews was analyzed using Dedoose software (qualitative analysis software).



FINDINGS

Description of Participants

Online Survivor Survey (73 in total):

- Participants ranged in age from 18 to 66 years old.
- Most (85%) lived in an urban community or large city.
- Gender identities included women (cisgender or transgender) (62%), non-binary (22%), men (cisgender or transgender) (16%), Two Spirit (6%), and agender (4%).
- 90% identified as a sexual minoritized identity including 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.

Survivor Interviews (47 in total):

- Participants ranged in age from 19 to 67 years old.
- Most (91.5%) resided in an urban community or large city.
- Gender identities included 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 included 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.
- 68% had completed some form of post-secondary education and 55.2% were employed either full or part-time.

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

2SLGBTQ+ survivors reported experiencing the same *forms* of abuse as heterosexual survivors, including physical abuse, emotional or psychological abuse, sexual abuse, financial abuse, religious or spiritual abuse, and coercive control. Many survivors also reported experiencing severe abuse, such as strangulation, and multiple forms of abuse simultaneously.

However, 2SLGBTQ+ survivors also reported experiencing unique and additional forms of abuse based on their gender identity and/or sexual orientation, deemed gender/sexuality-specific abuse. This included trying to shame or discredit one's gender expression and/or sexual orientation, attempting to elicit confusion about one's 2SLGBTQ+ identity, and threatening to "out" someone publicly.

According to online survey respondents, the most common *tactics* of abuse were pushing, grabbing, and shoving (74%), put downs and name-calling (80%), and ridicule for one's body and/or appearance (46%). The most common injuries were bruising (90%) and depression or anxiety attacks (85%). It is important to note that experiences of abuse and injury varied at times according to intersectional factors, such as gender identity, sexual orientation, ethno-cultural background, and disability. For instance, women or non-binary individuals reported being impacted more than men by emotional injuries, while transgender respondents reported being more impacted by emotional injuries than cisgender respondents.

Impact of Abuse

Mental and Physical Health

A range of impacts related to health and wellbeing were described, including:

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

Education and Employment

Several impacts relating to education and employment were described, including a diminished capacity to perform at work or school, being physically unable to attend work or school after an abusive episode, and even losing employment because of an abusive partner.

Relationships

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

Finances and Housing

Many survivors reported shouldering greater financial burdens both during and after the dissolution of the relationship, with some even noting that they had become precariously housed or homeless due to the abuse they experienced.

Other Impacts

Other impacts pertaining to religion or spirituality, reputation, and children and parenting were described. Some also reported feeling they had been negatively changed by their experiences with an abusive partner, being forced to become manipulative or violent themselves as a defense mechanism.

Positive Impacts

Despite many adverse impacts, certain positive outcomes also arose—particularly in relation to growth, healing, and viewing experiences with abuse as learning experiences or opportunities for self-improvement.

Help-Seeking and Reporting

Only half (54%) of online survey respondents stated that they reported their experiences of IPV to formal support services. The majority (72%) of those who reported their experiences disclosed to a counsellor, psychologist, or support worker, followed by police (50%), and healthcare workers (36%). However, racialized and White/European respondents were more likely to report IPV to either a counsellor, psychologist, or support worker or healthcare worker than Indigenous respondents, while cisgender respondents were more likely to utilize police assistance than transgender, non-binary, agender, or Two Spirit respondents.

Most (58%) who sought formal supports indicated being dissatisfied with the extent to which the incident was resolved, with 100% of racialized respondents and 57% of Indigenous respondents reporting dissatisfaction. Survivors described largely negative experiences with police or RCMP, in particular, after experiencing instances of discrimination, belittling, misgendering, and poor conduct when seeking assistance.

Of those who did not report their experiences to formal supports, 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 reasonings. Women were the most common participant group to state that they never reported incidents of IPV.

Respondents utilized a number of informal supports, with most (88%) utilizing support from friends. However, transgender, non-binary, agender, and Two Spirit participants were more likely to rely on the support of friends than cisgender participants. While survivors described greater satisfaction with informal supports than formal supports, some noted that informal supports were not available to them due to factors such as a lack of family acceptance or judgement.

Barriers to Seeking Help

Several barriers to help-seeking for 2SLGBTQ+ survivors were identified, including:

Barriers Specific to 2SLGBTQ+ Communities

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

- Fears of how their gender identity would be perceived by service providers or discomfort disclosing their gender identity
- Fears of discrimination
- Not being “out” to friends or family
- The small size of 2SLGBTQ+ communities
- Perpetrator position in 2SLGBTQ+ communities (i.e., as a community leader, prominent figure, etc.)

- A lack of resources specific to 2SLGBTQ+ communities (including long-term services, crisis services, shelters, and resources designed specifically for men)
- The absence of 2SLGBTQ+ service providers and professional competency regarding 2SLGBTQ+ populations
- Internalized homophobia, transphobia, etc.
- Shame and stigma

Intersectional Identities and Multiple Marginalization

In addition to the barriers that 2SLGBTQ+ communities already experience, being a newcomer or refugee, person with disabilities, or member of a visible minority group created *additional* challenges, such as fears of discrimination, language barriers, and differences in culture and law/policy from one's country of origin.

Lack of Accessible Services

There were a range of reasons why services were inaccessible for survivors including affordability or financial challenges, waitlists, and a lack of transportation, technology, mental health services, and safe and affordable housing.

The COVID-19 Pandemic

The COVID-19 pandemic also presented challenges to seeking help, particularly due to isolation and the disruption of services. Many expressed frustration with the services offered during this time, such as online or virtual services.

Confidentiality Concerns

Specific confidentiality concerns included living in a small community where support staff were people known to them, working at a support organization themselves, and fearing that they may face consequences at work if their employer learned about their situation.

Abuse-Related Challenges

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

Mental Health Challenges

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

Other Barriers

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

Perceptions of IPV in 2SLGBTQ+ Communities

Online survey respondents overwhelmingly agreed that IPV was an issue in 2SLGBTQ+ communities, with only 5% disagreeing with the statement: *IPV is a widespread problem in 2SLGBTQIA+ communities*. However, many

also believed the problem is rarely talked about or acknowledged and underreported, with some attributing this to the pressure 2SLGBTQ+ communities feel to transcend stereotypes and portray communities in a positive light.

When intimate partner violence *is* acknowledged, many noted that it is not taken seriously, downplayed, or met with dismissive attitudes. Comparisons were also made between IPV in heterosexual and 2SLGBTQ+ relationships, noting that IPV is often not taken as seriously when it occurs in 2SLGBTQ+ communities.

The following myths and misconceptions about 2SLGBTQ+ IPV were identified as harmful:

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



IPV is a “straight person problem” or only happens in heterosexual relationships.

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RECOMMENDATIONS

Survivors and service providers offered a number of recommendations for improving the response to 2SLGBTQ+ IPV.

Establish Safe and Inclusive Spaces for 2SLGBTQ+ Communities

One of the most frequent recommendations was to ensure that safe and inclusive spaces and supports exist for members of 2SLGBTQ+ communities who experience IPV. Creating safe and inclusive spaces largely centered around providing anti-discriminatory and affirmative care, including:

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

Representative 2SLGBTQ+ Services and Supports

Participants noted the importance of having 2SLGBTQ+ representation in service provision and agencies – specifically suggesting the need for more service providers who identify as 2SLGBTQ+, as well as having more queer-run spaces.

Developing and Expanding Existing Resources and Services

The need to develop and expand existing resources and services for 2SLGBTQ+ survivors was noted, specifically in relation to counselling and mental health services, anonymous or confidential resources, online supports, 2SLGBTQ+ peer support programs, and specialized services for diverse populations (i.e., transgender or non-binary individuals, disabled individuals, newcomers, men, etc.).

Address Barriers for Marginalized Communities

Participants asserted that 2SLGBTQ+ individuals who are marginalized or experience multiple intersections of vulnerability (i.e., ethno-cultural background, newcomer status, disability, rural isolation) are at an even greater risk of IPV and/or not having equitable access to resources and services. The need to identify and address specific issues for these populations was underscored.

Increased Education and Awareness

The need to address gaps in knowledge and awareness of IPV in 2SLGBTQ+ communities, through specialized training on 2SLGBTQ+ issues and inclusivity, more public awareness campaigns/education, greater public outreach, listening to survivor feedback on how to improve services, and creating more effective and meaningful training and workshops for service providers (including training on trauma informed care) was noted.

Improve Police, Criminal Justice, and Court System Responses

Many survivors described feeling unsafe and disrespected during their encounters with police and other justice personnel in the criminal and family court systems. The need to improve service provision in these

areas was noted, including validating 2SLGBTQ+ relationships and taking IPV within 2SLGBTQ+ relationships seriously, respecting 2SLGBTQ+ individuals' identities and/or pronouns, holding police accountable for not adequately responding to incidents of IPV against 2SLGBTQ+ individuals, implementing social worker liaisons, committing to in-depth and long-term training, and diversifying staff within the legal system.

Increased Funding

Finally, many noted that the aforementioned objectives could not be accomplished without adequate funding. The need to fund 2SLGBTQ+ organizations, and initiatives designed to improve service provision to 2SLGBTQ+ communities, was underscored. Financial support programs for 2SLGBTQ+ survivors experiencing IPV were also recommended.



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