Health in Focus

Intimate Partner Violence in 2SLGBTQ+ Communicaties

An evidence-based review and practical guide for healthcare providers and researchers

rainbow health ontario
santé arc-en-ciel ontario
SHERBOURNE HEALTH

Rainbow Health Ontario
rainbowhealthontario.ca

Rainbow Health Ontario
333 Sherbourne St
Toronto, ON M5A 2S5
rainbowhealthontario.ca

PURPOSE

This educational resource highlights the unique intimate partner violence (IPV) support needs of Two Spirit, lesbian, gay, bisexual, transgender, and queer (2SLGBTQ+) communities. It helps healthcare and social service providers recognize systemic barriers in IPV response while offering practical strategies to deliver more affirming, inclusive care for 2SLGBTQ+ survivors.

TERMS OF USE

KEYWORDS

2SLGBTQ+, intimate partner violence, gender-based violence, coercive control, minority stress, trauma-informed care, psychological abuse, sexual violence, physical abuse, forced outing, systemic barriers, stigma, underreporting, intersectionality

Produced by Rainbow Health Ontario, August 2025; updated March 2026.

SUMMARY

This educational resource provides an overview of existing research on intimate partner violence (IPV) in 2SLGBTQ+ communities and outlines steps service providers can take to better support survivors. IPV is a prevalent form of gender-based violence and a serious public health issue for 2SLGBTQ+ communities, though it is often overlooked or misunderstood. Research shows that IPV may take many forms shaped by the unique experiences of 2SLGBTQ+ individuals. While advancements have been made, existing strategies and supports often focus on the experiences and needs of cisgender, heterosexual women and are limited in their ability to address the needs of 2SLGBTQ+ survivors.

UNDERSTANDING IPV: FORMS & CONTEXT

IPV refers to abusive behaviour and violence within intimate or romantic relationships. It encompasses physical, sexual and psychological abuse (Graham et al., 2016; Reuter et al., 2017). IPV can affect anyone regardless of sexual orientation or gender identity, in married, common-law or dating relationships. It may occur at any relationship stage, including after separation, and does not require cohabitation or sexual intimacy. Common forms include:

Physical abuse: the intentional or threatened use of physical force (e.g., pushing, hitting, punching, kicking, slapping, strangulation).

Sexual violence: non-consensual sexual acts or coercion; threats or punishment for refusing sexual activity; forced participation in or viewing of pornography; and sexually degrading language or belittling comments.

THE IMPACTS OF NON-PHYSICAL ABUSE

While often perceived as less severe than physical violence, emotional, financial and psychological abuse can cause significant harm. These forms of IPV may contribute to the long-term deterioration of physical and mental wellbeing. Notably, physical, sexual and psychological IPV frequently co-occur, either simultaneously or at different points in a relationship (Jaffray, 2021b).

Emotional/psychological abuse: insults, humiliation or intimidation; threats of harm to self, children or pets; threats to destroy meaningful personal property (e.g., heirloom,).

Criminal harassment (stalking): repeated behaviour that causes fear for one's safety or the safety of loved ones; includes threats, obscene calls, following, monitoring (e.g., electronic surveillance) and unwanted contact via calls, texts, emails or social media apps.

Technology-facilitated violence (cyberviolence): the use of technology to enable virtual or in-person harm, including monitoring a person's activities or location to frighten, intimidate or humiliate them.

Financial/economic abuse: controlling or misusing money, assets or property; restricting access to education or employment.

Reproductive coercion: controlling reproductive choices, pregnancy outcomes, or access to health services.

Spiritual abuse: using a partner's spiritual beliefs to manipulate, dominate or control them.

Coercive control: patterns of behaviour used to dominate a partner and create fear in relationships, including coercion (using force or threats to control actions) and control (regulating a partner's choices, isolating them from support networks, or restricting access to employment, education or medical care).

PREVALENCE & UNIQUE DYNAMICS

Research indicates that violence between same-sex partners in Canada occurs at similar rates as in heterosexual relationships, though the circumstances often differ (University of Guelph, 2020). Police-reported incidents show that three per cent involve same-sex partners, a proportion consistent with Statistics Canada data on 2SLGBTQ+ identification, suggesting neither underrepresentation nor overrepresentation in IPV reports.

Three per cent of IPV incidents involve same-sex partners, consistent with 2SLGBTQ+ population share.

Victims of same-sex IPV reported higher proportions of violations involving threats and were more likely to experience incidents of

SIGNS OF COERCIVE CONTROL IN 2SLGBTQ+ RELATIONSHIPS

Coercive control may include:

- Forcing someone, through threats, physical violence or manipulation, to follow gender norms (e.g., by insisting they dress a certain way or preventing them from affirming their gender)
- Restricting access to items central to a person's gender or sexual identity
- Controlling or threatening to reveal healthcare information, including gender-affirming care, fertility treatments or other medications
- Threatening to out a person's gender, sexuality, intersex status or HIV status
- Controlling who a person interacts with, including preventing or threatening to prevent contact with their community or family
- Threatening to spread lies or rumours about someone in their community or to publicly embarrass them
- Refusing to use their partner's pronouns or using degrading language like calling them "it"
- Threatening to take children, for example when a parent is not listed on the birth certificate, the other parent may use this as leverage for abusive and coercive behaviour
- Threatening to out a person's immigration status or to report them to authorities if they are non-status

violence in public places. Most reports of IPV involved minor or no visible physical injuries. In fact, violence was less likely to involve physical injury among same-sex couples than among heterosexual couples (University of Guelph, 2020). Other studies, however, have found that 2SLGBTQ+ individuals are at a higher risk of experiencing physical IPV; those most vulnerable within this population were trans women of colour and gender-diverse individuals (Sherman et al., 2022). Some studies suggest that 2SLGBTQ+ people are more likely to report symptoms consistent with IPV-related brain injury (Stranges et al., 2025).

Trans women of colour are at a higher risk of experiencing physical IPV.

2SLGBTQ+ women, as well as transgender and non-binary individuals, are equally as likely, if not more so, than their cisgender and heterosexual peers to have experienced IPV at some point in their lifetimes. Misogynist gender roles, racial and ethnic stereotypes, institutional discrimination and economic insecurity put certain groups at greater risk. These include women, Indigenous and racialized people, those living in poverty and young adults (Jaffray, 2021b). The same social determinants affecting the general population intersect with homophobic and transphobic stigma, compounding the risk of IPV in 2SLGBTQ+ communities. The proportion of violent incidents among same-sex couples that occurred in rural settings was higher than in heterosexual partnerships, particularly among female same-sex couples (University of Guelph, 2020).

THE EXPERIENCES OF DIVERSE POPULATIONS

2SLGBTQ+ YOUTH

2SLGBTQ+ youth have distinct experiences of gender-based violence and encounter unique barriers when seeking support. Research indicates that 2SLGBTQ+ youth face heightened risks of family violence and abuse compared with their cisgender, heterosexual peers (Reuter et al., 2017). A critical issue is identity-based family violence, specifically abuse following a young person's disclosure of their 2SLGBTQ+ identity. As documented in a Wisdom2Action report (Wisdom2Action Consulting Ltd., 2019), youth described experiencing family violence that includes physical abuse, isolation, and neglect. The report emphasizes the profound harm caused by living in homes where 2SLGBTQ+ identities are implicitly or explicitly unwelcome. In these unsafe environments, families may act as gatekeepers, actively preventing youth from accessing health and social services (Wisdom2Action Consulting Ltd., 2019). This violence is the leading cause of homelessness among 2SLGBTQ+ youth (Wisdom2Action Consulting Ltd., 2019; Reuter et al., 2017).

30 per cent of 2SLGBTQ+ youth surveyed reported that a date had physically hurt them.

Beyond the family context, 2SLGBTQ+ youth also experience violence within their intimate relationships. IPV represents a serious societal problem for 2SLGBTQ+ young adults, and for many individuals, it often begins during

youth or young adulthood (Reuter et al., 2017). Taylor et al. (2020) found that, among youth surveyed who had been in a dating relationship, 30 per cent reported that a date had physically hurt them.

Sexual violence, particularly sexual assault and IPV, was among the most commonly identified issues raised by participants in a Wisdom2Action report (Wisdom2Action Consulting Ltd., 2019). Participants emphasized the greater prevalence of sexual assault targeting 2SLGBTQ+ communities, with 2SLGBTQ+ women and trans people facing heightened risk. Numerous participants described the impact of "corrective rape" or sexual assault intended to "cure" an individual of their gender or sexual diversity. This form of violence specifically targets young women, asexual youth, and gender diverse youth (Wisdom2Action Consulting Ltd., 2019).

There is a greater prevalence of sexual assault targeting 2SLGBTQ+ communities, with women and trans people facing heightened risk.

According to Whitfield et al. (2021), 2SLGBTQ+ college students experience disproportionately high rates of IPV. The study found that 50 per cent of lesbian, gay and bisexual students report experiencing IPV, and that transgender students face a risk nine times greater than their cisgender peers. Among all groups, bisexual and transgender students demonstrated the highest vulnerability based on both sexual orientation and gender identity. These findings underscore the need for clinicians and postsecondary institutions to be aware of this disproportionate prevalence and to develop targeted, affirming supports for 2SLGBTQ+ students, particularly those with bisexual and transgender identities (Whitfield et al., 2021).

LESBIAN & BISEXUAL WOMEN

Lesbian and bisexual (LB) women experience IPV at significantly higher rates than heterosexual women. According to Statistics Canada (2021a), 67 per cent of LB women who had ever been in an intimate relationship reported experiencing at least one type of IPV since age 15, compared with 44 per cent of heterosexual women. Overall rates were high for both groups: 68 per cent of bisexual women and 61 per cent of lesbian or gay women reported lifetime IPV, both significantly higher than the rate for heterosexual women.

Nearly half (49 per cent) of LB women reported physical or sexual assault by an intimate partner since age 15, almost double the 25 per cent rate among heterosexual women. Psychological abuse was the most common form of IPV, experienced by 65 per cent of LB women compared with 42 per cent of heterosexual women. Recent IPV (within the past year) affected 20 per cent of LB women compared with 12 per cent of heterosexual women (Jaffray, 2021b).

Sexual minority women report higher rates of severe IPV than heterosexual women, including sexual coercion (24 per cent versus 8 per cent) and confinement (10 per cent versus 3 per cent). The most common abusive behaviours reported by LB women included being put down or called names (52 per cent), a partner being jealous or preventing them from talking to others (50 per cent), and being told they were crazy, stupid or

not good enough (46 per cent). The trauma of IPV contributes to lasting effects: 50 per cent of sexual minority women became more cautious, 48 per cent experienced lowered self-esteem, and 37 per cent developed issues with trust, rates significantly higher than among heterosexual women (Jaffray, 2021b).

Public perception often minimizes IPV in lesbian and bisexual relationships.

Public perception often minimizes IPV in lesbian and bisexual relationships, stereotyping them as inherently peaceful. This misconception can prevent victims from recognizing abuse (Rollè et al., 2018). Internalized homophobia has also been found to correlate with IPV in lesbian relationships (Balsam & Szymanski, 2005; Carvalho et al., 2011). Studies have shown that high internalized homophobia was related to a high prevalence and frequency of IPV perpetration (Li et al., 2022). Many lesbian survivors face systemic barriers; for instance, 60 per cent of lesbian women interviewed in one study stayed with abusive partners due to a lack of resources, and most did not seek help from women's shelters, which were often unprepared to support 2SLGBTQ+ victims (Balsam, 2001; Rollè et al., 2018; Webb et al., 2025).

BISEXUAL INDIVIDUALS

While all LB women face elevated risks, bisexual women experience distinct patterns of violence. Statistics Canada found that bisexual women (34 per cent) were three times more likely than heterosexual women (11 per cent) to have been sexually assaulted by an intimate partner in their lifetime. Nearly half (48 per cent) of bisexual women reported physical assault, and two-thirds (67 per cent) reported psychological abuse (Jaffray, 2021b).

Bisexual women face heightened risks of stalking and sexual, emotional or psychological abuse from male partners (Bermea et al., 2018). Qualitative research suggests that some bisexual women in polyamorous relationships experience coercion, such as being restricted to dating only women or being pressured into non-monogamous arrangements. Black bisexual women who had slept with a man in the past year were marginally more likely to experience IPV than other bisexual women (Bermea et al., 2018).

The role of partner gender, however, is complex. After controlling for social power, a composite measure of privilege based on race, education, income and other factors, the effect of partner gender became non-significant for some forms of violence. Paradoxically, higher social power was associated with an increased likelihood of bisexual women experiencing sexual, emotional and psychological violence, as well as stalking. This may reflect increased reporting among women with fewer barriers, such as less stigma and better access to support, or could indicate partner retaliation intended to reassert power imbalances (Bermea et al., 2018).

Beyond the experiences of bisexual women, bisexual individuals overall often report receiving less social support and experiencing poorer mental health outcomes than their gay, lesbian or heterosexual peers. This disparity is partly attributable to minority stress. Systemic invisibility further compounds these challenges. Bisexual victims frequently become "invisible" in IPV support systems, where they may be misclassified as either

heterosexual or gay based on their current partner's gender. This erasure obscures important sexuality-specific risk factors and creates barriers to appropriate interventions. Research confirms that bisexual identity significantly affects psychosocial outcomes, moderating the relationship between childhood microaggressions and later psychological IPV (Corey et al., 2022; Decker et al., 2018).

The mental health impacts appear particularly severe for bisexual men, who report worse psychological outcomes after IPV experiences compared with gay or heterosexual men (Corey et al., 2022; Ward et al., 2014). Bisexual men also face unique risk factors for IPV, including higher levels of internalized homophobia compared with gay men. Men who perpetrated sexual violence exhibited greater internalized homophobia than non-perpetrators. Additionally, partner bi-negativity, including hostility, assumptions of promiscuity, and stereotypes about sexual irresponsibility, was linked to both IPV victimization and perpetration, particularly in relationships where both partners were bisexual (Bermea et al., 2018). Findings from one U.S. study, which used a non-representative sample, found that male bisexual-identifying participants reported higher rates of IPV victimization than their female counterparts. Physical violence was the most common form of IPV experienced by gay and bisexual men in the study, with more than eight per cent reporting victimization from a male partner in the past year (Bermea et al., 2018; Finneran & Stephenson, 2014).

Biphobia is a distinct and damaging factor in bisexual experiences of IPV. Perpetrators weaponize biphobic stereotypes, specifically the trope of bisexual promiscuity or non-monogamy, to justify controlling behaviours and sexual boundary violations. This dynamic is supported by research indicating a statistical association between open relationships and the perpetration of IPV, as well as a link between perceived infidelity and both victimization and perpetration (Corey et al., 2022; Head & Milton, 2014; Turell et al., 2018). These findings suggest that the biphobic framing of bisexuality as inherently non-monogamous may provide a rhetorical tool for abusers and create relational contexts with an elevated risk for IPV.

Biphobia is a distinct and damaging factor in bisexual experiences of IPV.

Intersectional factors create additional vulnerabilities. Black bisexual individuals report higher IPV rates than other racial groups (Turell et al., 2018). The "double marginalization" bisexual people face, exclusion from both heterosexual and 2SLGBTQ+ communities, exacerbates these risks. This exclusion stems partly from harmful assumptions that bisexual people benefit from heterosexual privilege, leading to minimized perceptions of their victimization (Rollè et al., 2018).

Academic settings mirror these broader trends. While this dynamic is also discussed in the 2SLGBTQ+ Youth section, it warrants emphasis here as bisexual students face distinct risks. Bisexual students report higher IPV rates than heterosexual peers across all violence types. While gay and lesbian students experience more emotional IPV, bisexual students face greater physical and sexual violence, suggesting they may be at highest risk (Whitfield et al., 2021).

These findings underscore the urgent need for bisexual-inclusive IPV prevention and support. Current systems often fail to recognize bisexual-specific dynamics, from the weaponization of biphobic stereotypes to the unique impacts of dual community marginalization. Service providers must receive training to address these gaps and combat the invisibility that leaves bisexual victims without adequate support.

GAY MEN

Gay men experience IPV at rates comparable to heterosexual women and significantly higher than heterosexual men (Badenes-Ribera et al., 2019). A 2021 analysis of 52 studies found that more than one in three gay and bisexual men (33 per cent) reported experiencing IPV in their lifetime, with emotional abuse the most common form (33 per cent), followed by physical violence (17 per cent) and sexual violence (9 per cent) (Liu et al., 2021). Data from Statistics Canada's 2018 Survey of Safety in Public and Private Spaces reveal that more than half (54 per cent) of sexual minority men reported experiencing some form of IPV since age 15, significantly higher than the 36 per cent of heterosexual men. In the year preceding the survey, 21 per cent of sexual minority men reported IPV, nearly double the rate among heterosexual men (11 per cent). This past-year difference was driven primarily by bisexual men (36 per cent), while the rate for gay men (13 per cent) was similar to that of heterosexual men (Jaffray, 2021a).

Conversely, a separate analysis of the same police-reported data found that male victims in same-sex relationships reported higher proportions of aggravated assault or assault with a weapon compared with female victims. Researchers suggested that men may be less likely to report IPV except in more extreme cases, due in part to societal beliefs about masculinity, concerns about homophobia and minority stress (University of Guelph, 2020).

Minority stress is a significant and consistent risk factor for IPV among gay men, including discrimination, anticipated stigma, concealment of sexual orientation and internalized homophobia. These stressors can negatively affect relationship quality, communication and self-worth, creating conditions where violence may emerge or be tolerated. Gender inequalities and rigid adherence to heteronormative gender roles have also been identified as contributing to power imbalances and IPV risk in gay relationships (Domingos & Lira, 2023).

The absence of formal services tailored to gay men who experience IPV remains a critical gap, with many victims relying on informal coping strategies or being turned away from mainstream shelters designed primarily for heterosexual women (Domingos & Lira, 2023).

TRANSGENDER INDIVIDUALS

Data from the Trans PULSE Canada survey (2021) provides critical insights into the prevalence of IPV among trans women. The national study of 667 trans women found that three in five (60 per cent) had experienced IPV since the age of 16. Specific forms of violence reported included having a partner who insulted, swore at, or yelled at them (56 per cent); being forced or pressured into unwanted sexual activity (33 per cent); and being pushed, shoved, shaken or pinned down by a partner (29 per cent) (Trans PULSE Canada, 2021). These findings underscore that IPV is a pervasive experience for a majority of trans women in Canada.

Earlier data from the United States provides some of the most comprehensive insights into IPV among transgender populations. The 2015 U.S. Transgender Survey, which gathered responses from more than 27,000 individuals, found that almost one-quarter (24 per cent) of respondents reported severe physical violence by an intimate partner. More than half (54 per cent) experienced IPV that included physical violence and coercive control (James et al., 2016).

Three in five trans women had experience IPV since the age of 16.

Feminine gender identities and expressions are systematically devalued and targeted both within 2SLGBTQ+ communities and in broader society. A growing body of research indicates that people with transfeminine identities and feminine gender expressions face greater rates of gender-based violence compared with those who present more masculinely or androgynously (Hoskin, 2020). For trans women and transfeminine people, this violence is often rooted in transmisogyny (Canadian Women's Foundation & Wisdom2Action, 2022).

Transgender individuals frequently experience forms of IPV that reflect unique vulnerabilities. For example, misgendering and pathologizing often function as deliberate forms of abuse within intimate and family relationships. Misgendering refers to the intentional use of incorrect pronouns or gendered language. Pathologizing involves the classification of a person's gender identity, body or expression as abnormal, often through stigmatizing medical frameworks that use terms such as gender identity disorder or gender dysphoria (Rogers, 2020). Both misgendering and pathologizing are considered microaggressions that specifically target gender identity or expression.

Cisgenderism, defined as the systemic privileging of cisgender identities, can be enacted by partners and family members through frequent and intentional microaggressions. Participants in qualitative studies reported that these behaviours occurred both privately and in public and were perceived as active rather than accidental or unintended. The effects of these experiences were significant, including internalized transphobia, poor mental health, physical illness, social isolation and the breakdown of intimate or familial relationships. Family-level microaggressions were also found to increase the risk of polyvictimization and other negative outcomes (Rogers, 2020).

INTERSECTIONAL CONSIDERATIONS

CHILDHOOD ADVERSITY

Research has established a clear link between childhood adversity and later IPV among sexual and gender minorities. Studies indicate that sexual minority individuals are more likely than their heterosexual peers to have experienced adverse events in childhood, including physical or sexual abuse, neglect, divorce or witnessing violence between parents or caregivers (Andersen et al., 2015). Data from the 2018 Survey of Safety in Public and Private Spaces confirm that these early experiences are strongly associated with IPV victimization in adulthood. Among sexual minority men who experienced

KEY CONCEPTS: MINORITY STRESS, INTERNALIZED STIGMA, & TRANSMISOGYNY

Discrimination based on race, sexual orientation or gender identity can intensify minority stress and increase the risk of IPV. For 2SLGBTQ+ individuals, especially those who are racialized, intersecting forms of systemic oppression such as racism, homophobia and transphobia create compounding vulnerabilities (Bermea et al., 2018).

- **Minority stress** refers to the chronic stress faced by marginalized groups, arising from prejudice, stigma and structural discrimination. This stress can negatively affect relationship quality, communication and self-worth, creating conditions where violence may emerge or be tolerated.
- **Internalized homophobia** is the internalization of negative societal attitudes about homosexuality, which can affect self-worth and relationship dynamics. It has been correlated with IPV perpetration in same-sex relationships.
- **Transmisogyny** is the intersection of transphobia and misogyny, targeting those perceived as feminine. It is a root cause of violence against trans women and transfeminine people.

One tactic used by perpetrators in 2SLGBTQ+ relationships is the threat of forced outing. Perpetrators may intimidate victims by threatening to disclose their sexual orientation or gender identity to family, employers, landlords, former partners or guardians of their children. This threat exploits social stigma and can trap individuals in abusive situations (Borne et al., 2007; Carvalho et al., 2011; Corey et al., 2022).

physical or sexual abuse in childhood, 63 per cent reported IPV since age 15; 71 per cent of those who witnessed parental violence in childhood later experienced IPV (Jaffray, 2021b). For bisexual individuals, childhood adversity, including interparental conflict, harsh parenting and exposure to microaggressions, is associated with psychological IPV victimization and perpetration in adulthood, with bisexual identity moderating this relationship (Taylor & Neppl, 2020).

Qualitative research adds nuance, suggesting that while some individuals who grow up in abusive environments may become more accepting of abuse in their adult relationships, others develop heightened awareness and an increased ability to identify unhealthy behaviours, indicating that past experiences can sometimes serve a protective function (Corey et al., 2022). These findings underscore the lasting impact of childhood adversity on IPV vulnerability while highlighting the importance of understanding individual trajectories in clinical practice.

GENDER-RELATED HOMICIDE OF WOMEN & GIRLS

Gender-related homicide (GRH) of women and girls, also known as femicide, highlights how this population is targeted based on gender oppression and marginalization (Learning Network, 2023). Between 2011

KEY CONCEPT: INTERSECTIONALITY

An intersectional lens is essential to understanding IPV in 2SLGBTQ+ communities. Intersectionality is a term coined in 1989 by Kimberlé Crenshaw, a prominent American civil rights advocate and leading scholar of critical race theory. It describes how two or more forms of oppression (such as racism, sexism and classism) overlap in the experiences of an individual or group, creating interconnected barriers and forms of discrimination that can be compounded and difficult to untangle.

and 2021, Canadian police reported 1,125 solved homicides classified as gender-related (Sutton, 2023). Of these, two-thirds (66 per cent) were perpetrated by an intimate partner. While the rate of GRH has generally declined since 2001, data show a 14 per cent increase between 2020 and 2021, marking the highest rate recorded since 2017 (Sutton, 2023).

Understanding femicide requires an intersectional lens. This means recognizing that GRH targets diverse groups of women, including Black women, trans women, lesbians and bisexual women, immigrant, refugee and non-status women and girls, as well as missing and murdered Indigenous women, girls and Two Spirit people, and particularly those living at the intersections of multiple of these identities. It also means examining how GRH occurs in specific contexts, whether in rural, remote and northern communities or in urban centres, and are shaped by systems of marginalization including racism, ableism, sexism and colonialism (Learning Network, 2023).

For instance, in 2021, the rate of gender-related homicide in Canada was more than 2.5 times higher in rural areas than in urban centres (Sutton, 2023). Between 2011 and 2021, Indigenous women and girls represented 21 per cent of all gender-related homicides, with 233 victims, despite making up only five per cent of the female population in 2021. In 2021 alone, the rate of gender-related homicide for Indigenous victims was more than triple the rate for women and girls overall (Sutton, 2023).

IMPACT OF IPV ON 2SLGBTQ+ COMMUNITIES

The World Health Organization identifies IPV as a major global public health concern, affecting millions with immediate and long-term health and social consequences. Children exposed to IPV face serious impacts, with such exposure recognized as a form of child maltreatment (Government of Canada, 2024). For 2SLGBTQ+ survivors, these general consequences are often compounded by systemic discrimination, minority stress, and a lack of affirming support.

Like heterosexual victims, 2SLGBTQ+ individuals experience emotional, physical and sexual abuse. The consequences of IPV in these populations are often severe and may include physical injury, social isolation, property damage or loss, and disruption to work, education and career development. Many victims report that the abuse was not mutual but was suffered, with its impact leaving them feeling trapped, hopeless and isolated (Ferraro & Johnson, 2000; McClennen, 2005; Rollè et al., 2018).

IPV also increases vulnerability to HIV transmission. This occurs both directly, through

forced unprotected sex, and indirectly, by impairing a victim's ability to negotiate safer sex practices (Gill et al., 2013; Rollè et al., 2018). These intersecting dynamics affect mental health, access to medical care, adherence to therapy, and frequency of follow-up with health providers (Rollè et al., 2018).

Violence in same-sex relationships is often minimized or dismissed. Survivors and those close to them, such as service providers, family or friends, are more likely to evaluate the abuse as less harmful or not dangerous at all. It often takes longer to recognize it as abuse in these relationships (Barrett, 2015; Rollè et al., 2018).

Social withdrawal can be particularly harmful for 2SLGBTQ+ IPV survivors, who may already feel isolated within a stigmatizing broader society and, at times, within their own community (Lehavot & Simoni, 2011). Shame is a common experience among survivors, many of whom struggle with self-blame related both to the abuse and to their marginalized identity (Scheer & Poteat, 2018).

For 2SLGBTQ+ survivors, emotional regulation may be particularly challenging due to the combined effects of trauma responses and minority stress (Scheer & Poteat, 2018). These individuals often demonstrate a reduced sense of empowerment, defined in IPV literature as personal choice, finding voice, and transcending oppression (Goodman et al., 2014), which is further compounded by feelings of helplessness stemming from both trauma and systemic discrimination (Scheer & Poteat, 2018).

POLICE AND JUSTICE SYSTEM RESPONSES

The relationship between 2SLGBTQ+ communities and the justice system is fraught with tension, significantly impacting reporting and help-seeking behaviors. A cultural memory of criminalization, discriminatory policies and experiences of homophobic, biphobic and transphobic responses from law enforcement fosters profound fear and mistrust (Parry & O'Neal, 2015; Royal Canadian Mounted Police, 2025).

Systemic failures often begin at the first point of disclosure, creating barriers that can disrupt connection to support. Survivors frequently report being unsure whether available services will be culturally sensitive, inclusive or 2SLGBTQ+-friendly. Specific fears include anxiety about being outed involuntarily by police investigations, the anticipation of not being believed or encountering lack of concern from formal systems (Robinson et al., 2021).

Often the only available framework for understanding IPV is one where the perpetrator is a cisgender man, the victim a cisgender woman, and the only relevant underlying oppressive system is misogyny (Carlton et al., 2016). The lack of queer reference points for any institution, police included, invisibilizes IPV in same-sex relationships. What this looks like in practice is a disbelief in the survivor's credibility and turning them away from available support.

BARRIERS TO SEEKING HELP

Understanding IPV within 2SLGBTQ+ communities is complicated by longstanding silence surrounding the issue. Research has shown that many within the community fear that acknowledging IPV could reinforce harmful stereotypes and contribute to further oppression and social marginalization (Kaschak, 2001; Ristock, 2003). This fear has historically impeded public discussions about IPV, including within feminist circles, where some were hesitant to address IPV in lesbian relationships due to concerns it might undermine feminist narratives or empower anti-2SLGBTQ+ agendas (McLaughlin & Rozee, 2001; Ristock, 2001, 2003; Rollè et al., 2018).

While mainstream data show that IPV disproportionately affects cisgender women and is most often perpetrated by cisgender men (Government of Canada, 2024), this dominant framework has made it more difficult for 2SLGBTQ+ survivors to be seen and supported.

Many 2SLGBTQ+ individuals fear that acknowledging IPV could reinforce harmful stereotypes and contribute to further marginalization.

Culturally constructed ideologies of masculinity and femininity also act as barriers to help-seeking. Victims may internalize stigma that frames gay men as less masculine or assumes lesbian IPV is less serious because women are not viewed as physically dangerous. These gendered assumptions discourage victims from acknowledging or disclosing abuse. One particularly harmful myth is the perception that violence between gay male partners is simply mutual conflict between "equal" participants, based on the false assumption that they have similar physical strength (Rollè et al., 2018).

Common reasons for remaining in abusive relationships among LGB victims are consistent with those cited in heterosexual populations. Both frequently cite love for the partner, emotional dependency and financial instability as key reasons for staying (Rollè et al., 2018). Another shared factor is the connection between IPV, chronic stress and substance use, which may further entrench victims in harmful dynamics.

Among 2SLGBTQ+ populations, the experience of IPV is also shaped by the higher prevalence of HIV. Victims who are HIV-positive often remain in abusive relationships due to fears of becoming ill or dying alone, or because they believe they will struggle to find new partners who will accept their status. Conversely, some HIV-positive victims stay with abusive partners out of a sense of obligation, not wanting to abandon a sick partner (Gill et al., 2013; Rollè et al., 2018).

Clinicians should be aware that minority stressors pose serious obstacles to help-seeking for 2SLGBTQ+ survivors of IPV. Heterosexism has been shown to worsen the difficulties survivors face when reporting abuse to police or accessing IPV services. One internalized minority stressor, stigma consciousness, or a heightened awareness of potential discrimination, has been identified as a significant risk factor. Research indicates that both IPV victims and perpetrators report high levels of stigma consciousness, which

may contribute to the minimization or concealment of abuse, particularly in attempts to avoid contact with discriminatory legal or social systems (Scheer and Poteat, 2017; Rollè et al., 2018).

Utilization of IPV support services also varies by gender. Lesbian women appear to access a wide range of support resources more evenly, while gay men are more likely to report victimization directly to police (Rollè et al., 2018). Despite the existence of organizations dedicated to addressing IPV, these services tend to be underutilized by the 2SLGBTQ+ community, possibly due to fear of discrimination, lack of targeted outreach or assumptions that the services are not inclusive.

SYSTEMIC & CLINICAL CHALLENGES

As noted in the previous section, minority stress and systemic barriers significantly affect help-seeking. These same factors also complicate the clinical assessment of IPV among 2SLGBTQ+ individuals.

Research has shown that some IPV victims report self-defence as the primary reason for engaging in violence against their partner. Within 2SLGBTQ+ communities, the concept of "fighting back" has complicated the ability to clearly differentiate between victim and perpetrator. In some cases, this response may not be limited to self-protection but may also reflect a struggle for power or control

RETHINKING THE IPV FRAMEWORK

For healthcare and social service providers working with 2SLGBTQ+ clients, it is essential to recognize how the dominant framework for understanding IPV was constructed in ways that may inadvertently exclude the experiences of sexual and gender diverse individuals. As Ham, Owusu-Akyeeah and Byard Peek (2022) explain, early feminist activists strategically developed a specific archetype of domestic violence to shift public opinion and secure support for the shelter movement. This archetype centred on a "helpless, battered woman and the abusive man who seeks to control his wife." While this framing was successful in its historical context, the authors critically note that it "fixated public understanding of GBV within a cissexist, heteronormative, and binary framing" (Ham et al., 2022).

This framework has lasting implications for clinical practice. The archetype continues to shape service delivery, research, funding and legislation. For providers, this means that standard screening tools, intake forms and assumptions about who experiences IPV may be built upon a binary framework that renders 2SLGBTQ+ clients invisible. Patients in same-sex relationships, transgender individuals and those whose experiences do not fit the archetype may not see themselves reflected in the questions asked or the resources offered. As a result, providers must critically examine how these foundations shape current practice and actively work to create clinical environments where all patients can disclose abuse and access appropriate support (Ham et al., 2022).

within the relationship. As such, clinicians and researchers must approach cases involving mutual violence with caution and context, recognizing the role of minority stress, internalized stigma and power dynamics in shaping these experiences (Rollè et al., 2018).

However, a lack of awareness and training among law enforcement, legal professionals and social services can perpetuate a cycle of underreporting. This gap in preparedness deters many victims from disclosing abuse, particularly in same-sex relationships where fears of homophobic or dismissive responses remain prevalent. As a result, police-reported IPV data may not fully reflect the extent of violence, obscuring the true scale of abuse and reinforcing the invisibility of 2SLGBTQ+ survivors within systems of care (University of Guelph, 2020).

ADDRESSING IPV IN 2SLGBTQ+ COMMUNITIES

Health professionals often screen heterosexual women for IPV but frequently fail to do so for lesbian, bisexual or male patients (Barata et al., 2017; Jeffries & Kay, 2010; O'Neal & Parry, 2015). Studies indicate that only seven to 33 per cent of 2SLGBTQ+ IPV survivors found the support they received from the health system valid, with many interventions perceived as unsatisfactory due to homophobic or dismissive attitudes (Helfrich & Simpson, 2006, 2014; Tigert, 2001).

For 2SLGBTQ+ IPV survivors, trauma-informed care (TIC) plays a critical role in both emotional regulation and shame reduction. By emphasizing survivors' personal strengths and providing culturally competent support, TIC helps mitigate the shame stemming from anti-2SLGBTQ+ messages used as identity abuse by partners (Woulfe & Goodman, 2018). This is particularly important for survivors at heightened risk of self-blame. Furthermore, by fostering agency, mutual respect, and access to resources, TIC promotes empowerment among 2SLGBTQ+ IPV survivors who often experience helplessness due to discrimination and stigma-related stressors (Scheer & Poteat, 2018).

Trauma-informed care plays a critical role in both emotional regulation and shame reduction.

Treatment approaches supporting emotion regulation may significantly improve health outcomes for 2SLGBTQ+ individuals. Healthcare providers can further help 2SLGBTQ+ IPV survivors by facilitating access to social support networks, as reduced isolation correlates with better overall wellbeing. Evidence shows that services addressing shame among IPV survivors lead to improved mental health outcomes, including reduced PTSD symptoms. Studies of service utilization patterns reveal that survivors seek various forms of support including hotlines, shelters, support groups, advocacy services, medical care, mental health counseling and legal assistance (Scheer & Poteat, 2018).

Effective interventions include cognitive-behavioural therapy (CBT) targeting internalized homophobia, which has proven successful in reducing depression among sexual minority men. Similarly, empowerment-based interventions have demonstrated effectiveness in alleviating PTSD and depression symptoms among survivors (Scheer & Poteat, 2018).

Mental health supports can play a pivotal role in the healing journey when services are affirming, use inclusive language, and demonstrate knowledge of gay-specific IPV dynamics such as threats of outing or the impact of internalized homophobia (Kurbatfinski et al., 2025). Developing strong rapport with a provider and receiving support that fosters self-development and coping skills can enable men to acknowledge abuse and take steps toward safety. However, fears of homophobic responses, disbelief, or being misidentified as the perpetrator continue to deter many gay men from seeking the help they need (Kurbatfinski et al., 2025).

CONCLUSION

Intimate partner violence in 2SLGBTQ+ communities is a pervasive but often invisible public health issue. For service providers, addressing this gap requires more than just adding inclusive language to intake forms; it demands a critical re-examination of the frameworks used to understand and respond to IPV. By recognizing the unique dynamics, from coercive control that weaponizes identity to the compounding effects of minority stress, providers can create affirming spaces where survivors feel seen, believed and supported. Moving forward, integrating these principles into practice, policy and research is essential to ensuring that all survivors, regardless of sexual orientation or gender identity, have access to the care and safety they deserve.

RECOMMENDED RESOURCES

- *Domestic Homicide, Gender-Related Homicide, and Femicide: Making Sense of the Terms* (Western University) https://www.gbvlearningnetwork.ca/our-work/backgrounders/gender-related-killings/Domestic-Homicide-Gender-Related-Homicide-and-Femicide-Backgrounder.pdf
- *Supporting 2SLGBTQIA+ Victims/Survivors of GBV & IPV* (Western University) https://www.neighboursfriendsandfamilies.ca/nff_resources/posters-infographics/_assets/pdfs/supporting-2slgbtqia-victims-survivors-gbv-ipv.pdf
- *Trans Women and Intimate Partner Violence: Fundamentals for Service Providers* (Trans PULSE Canada) https://transpulsecanada.ca/data-in-action/trans-women-and-intimate-partner-violence-fundamentals-for-service-providers/
- *Queering Gender Based Violence Prevention & Response in Canada* (Wisdom2Action) https://www.wisdom2action.org/gbvtoolkit/
- *Queering GBV Prevention and Intervention: A Toolkit for Service Providers* (Wisdom2Action) https://www.wisdom2action.org/gbvtoolkit/

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