Health In Focus

Intimate Partner Violence in 2SLGBTQ+ Communities

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

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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

SUMMARY

Intimate partner violence (IPV), also known as spousal or domestic violence, is a prevalent form of gender-based violence (GBV) and a serious public health issue for Two Spirit, lesbian, gay, bisexual, transgender, and queer (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 in relationships with men and are limited in their ability to address the needs of 2SLGBTQ+ survivors of IPV.

This educational resource provides an overview of existing research on IPV in 2SLGBTQ+ communities, as well as steps service providers can take to better support 2SLGBTQ+ survivors.

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 lead to both emotional and physical consequences, contributing to 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, 2021).

INTIMATE PARTNER VIOLENCE: FORMS AND CONTEXT

IPV refers to abusive behaviour and violence within intimate or romantic relationships. It encompasses physical (e.g., hitting, punching, kicking), sexual (e.g., forced sexual contact) and psychological (e.g., emotional or verbal) 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, without dependence on 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.

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

SIGNS OF COERCIVE CONTROL IN 2SLGBTQ+ RELATIONSHIPS

Coercive control may include:

- Pressuring someone to follow gender norms, for example 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
- Pressuring someone to have sex or engage in sexual acts they don't want to do

Technology-facilitated violence (also called 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.

Emotional/psychological abuse: insults, humiliation or intimidation; threats of harm to self, children or pets.

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

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

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

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).

The World Health Organization (WHO) identifies intimate partner violence (IPV) as a major global public health concern, affecting millions with immediate and long-term health and social consequences. While IPV impacts individuals of all genders, ages, socioeconomic statuses, and cultural backgrounds, women disproportionately experience this form of gender-based violence, most often perpetrated by men. Children exposed to IPV face serious impacts, with such exposure recognized as a form of child maltreatment (Government of Canada, 2024).

PREVALENCE OF 2SLGBTQ+ IPV

Research indicates that violence occurs between same-sex partners in Canada at similar rates as in heterosexual relationships, though the circumstances often differ (University of Guelph, 2020). Police-reported incidents show that 3 per cent involve same-sex partners—a proportion consistent with Statistics Canada data on 2SLGBTQ+ identification—suggesting neither underrepresentation nor overrepresentation in IPV reports. Victims of same-sex IPV reported higher proportions of violations involving threats and were more likely to experience incidents of violence in public places. Most reports of intimate partner violence 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).

2SLGBTQ+ women, as well as trans 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, 2021). 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).

For 2SLGBTQ+ survivors, emotional regulation may be particularly challenging due to the combined effects of trauma responses and minority stress (Scheer & Poteat, 2021). These individuals often demonstrate a reduced sense of empowerment, defined in IPV literature as personal choice, finding voice, and transcending oppression (Goodman et al., 2015), which is further compounded by

IPV AND MINORITY STRESS

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 (Corey et al., 2022).

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 (Corey et al., 2022).

feelings of helplessness stemming from both trauma and systemic discrimination (Scheer & Poteat, 2021).

IPV, FAMILY VIOLENCE AND 2SLGBTQ+ YOUTH

IPV represents a serious societal problem for 2SLGBTQ+ young adults (Reuter et al., 2017). For many 2SLGBTQ+ individuals, IPV often begins during youth or young adulthood.

Research indicates that 2SLGBTQ+ youth face heightened risks of family violence and abuse compared to 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. This violence is the leading cause of homelessness among 2SLGBTQ+ youth.

2SLGBTQ+ college students experience disproportionately high rates of IPV. Studies indicate:

- 50 per cent of lesbian, gay, and bisexual students report IPV
- Transgender students face 9 times greater risk than cisgender peers
- Bisexual and transgender students show the highest vulnerability based on sexual orientation and gender identity

Intersectional identities (e.g., race, disability) did not significantly correlate with IPV prevalence in these studies (Whitfield et al, 2021).

These findings underscore the need for clinicians working with college students to be aware of the disproportionate prevalence of IPV among 2SLGBTQ+ individuals, particularly for clients who identify as bisexual and/or transgender, and to participate in continuing education focused on these populations. They highlight the need for additional intersectional research into the unique experiences of 2SLGBTQ+ students in postsecondary settings (Whitfield et al, 2021).

IPV ACROSS DIVERSE POPULATIONS

LESBIAN AND BISEXUAL WOMEN

Lesbian and bisexual (LB) women experience intimate partner violence (IPV) at significantly higher rates than heterosexual women. According to Statistics Canada (2021), 67 per cent of LB women with intimate partner experience reported at least one type of IPV since age 15, compared to 44 per cent of heterosexual women. Nearly half (49 per cent) of LB women reported physical or sexual assault by an intimate partner, almost double the 25 per cent rate among heterosexual women. Recent IPV (within the past year) affected 20 per cent of LB women compared to 12 per cent of heterosexual women (Statistics Canada, 2021). These patterns show gender disparities, with cisgender and trans women significantly more likely than cisgender or trans men to experience verbal or physical IPV (Whitfield et al, 2021).

Bisexual women face heightened risks of stalking and sexual, emotional or psychological abuse from male partners (Bermea et al.,

2018). However, 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. Qualitative research suggests that some bisexual women in polyamorous relationships experience coercion, such as being restricted to dating only women or 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).

Higher social power (based on cumulative privilege) increases bisexual women's likelihood of 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 to reassert power imbalances (Bermea et al., 2018).

Sexual minority women report higher rates of severe IPV, including sexual coercion and confinement.

Sexual minority women, particularly bisexual women, report higher rates of severe IPV, including sexual coercion (24 per cent versus 8 per cent for heterosexual women) and confinement (10 per cent versus 3 per cent). Psychological abuse was the most common form, with 65 per cent of sexual minority women experiencing it (Statistics Canada, 2021).

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 trust issues—rates significantly higher than among heterosexual women (Statistics Canada, 2021).

Public perception often minimizes IPV in lesbian and bisexual relationships, stereotyping them as inherently peaceful. This misconception can prevent victims from recognizing abuse. Internalized homophobia also correlates with IPV in lesbian relationships, influenced by relationship dynamics (Rollè et al., 2018).

Many lesbian survivors face systemic barriers—60 per cent of interviewed lesbian women stayed with abusive partners due to lack of resources, and most did not seek help from women's shelters, which were often unprepared to support 2SLGBTQ+ victims (Rollè et al., 2018).

BISEXUAL INDIVIDUALS

According to Centers for Disease Control and Prevention (CDC) data, 61 per cent of bisexual women and 37 per cent of bisexual men reported experiencing intimate partner rape, physical violence or stalking. These figures significantly exceed rates among lesbians (44 per cent), heterosexual women (35 per cent), gay men (26 per cent) and heterosexual men (29 per cent) (Corey et al., 2022). This disparity highlights the unique vulnerabilities bisexual people face in intimate relationships.

Bisexual individuals often receive less social support and experience poorer mental health outcomes than their gay, lesbian or heterosexual peers. This is partly due to minority stress, the chronic stress faced by marginalized groups. The mental health impacts appear particularly severe for bisexual men, who report worse psychological outcomes after IPV experiences compared to gay or heterosexual men (Corey et al., 2022).

Systemic invisibility 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 shows bisexual identity significantly affects psychosocial outcomes, moderating the relationship between childhood microaggressions and later psychological IPV (Corey et al., 2022).

Biphobia plays a particularly damaging role in bisexual IPV experiences. Perpetrators frequently weaponize stereotypes about bisexual promiscuity to justify controlling behaviours and sexual boundary violations. Some abusers coerce partners into non-monogamous arrangements under the guise of accommodating bisexuality. Childhood experiences like interparental conflict or harsh parenting show stronger links to later IPV among bisexual individuals (Corey et al., 2022).

Intersectional factors create additional vulnerabilities. Black bisexual individuals report higher IPV rates than other racial groups (Corey et al., 2022). 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. 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 AND BISEXUAL MEN

Male victims in same-sex relationships were more likely to experience aggravated assault or assault with a weapon compared to female victims (University of Guelph, 2020).

Bisexual men experience unique risk factors for IPV, including higher levels of internalized homophobia compared to gay men. Men who perpetrated sexual violence also exhibited greater internalized homophobia

than non-perpetrators. Additionally, partner bi-negativity—such as 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).

More than 8 per cent of gay and bisexual men reported physical assault by a male partner in the past year.

In a non-representative study, bisexual men reported higher rates of IPV victimization than bisexual women, with physical violence being the most common form. More than 8 per cent of gay and bisexual men reported physical assault by a male partner in the past year. Bisexual men also experienced higher rates of racial discrimination than gay men, which was associated with increased odds of sexual IPV victimization. Some participants stayed in abusive relationships due to fear of reinforcing negative stereotypes about bisexual individuals (Bermea et al., 2018).

TRANSGENDER INDIVIDUALS

Research shows that 34.6 per cent of transgender individuals reported lifetime physical abuse by a partner, compared with 13.6 per cent of non-transgender persons. In a Colorado-based study, lifetime IPV was reported by 31.1 per cent of transgender participants, compared to 20.4 per cent of cisgender lesbian, gay, bisexual and queer participants (Whitfield et al, 2021). Among transgender women, 50 per cent have experienced IPV in their lifetimes. These findings suggest that transgender people may confront similar or even higher levels of IPV than sexual minority men and women (Scheer & Poteat, 2021).

Data collected in the United States provides some of the most comprehensive insights into IPV among transgender populations. The 2015 U.S. Transgender Survey gathered responses from more than 27,000 individuals across all 50 states. Almost one-quarter, or 24 per cent, of respondents reported experiencing severe physical violence by an intimate partner. More than half, or 54 per cent, experienced IPV that included acts of physical violence and coercive control (James et al., 2016).

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).

IMPACTS OF IPV ON 2SLGBTQ+ COMMUNITIES

Like heterosexual victims, homosexual and bisexual 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 suffered, with its impact leaving them feeling trapped, hopeless and isolated (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. These dynamics, in turn, affect access to medical care, adherence to therapy, mental health and the frequency of follow-up with health providers (Rollè et al., 2018).

Violence in LGB 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. As a result, it often takes longer to recognize and respond to IPV in these relationships (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. Shame is a common experience among survivors, many of whom struggle with self-blame related both to the abuse and to their marginalized social identity (Scheer & Poteat, 2021).

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. 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 (Rollè et al., 2018).

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 are consistent across sexual orientations. Both heterosexual and 2SLGBTQ+ victims 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.

Heterosexism has been shown to worsen the difficulties survivors face when reporting abuse to police or accessing IPV services.

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 abusers stay with their victims out of a sense of obligation, not wanting to abandon a sick partner (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 (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.

CHALLENGES IN ASSESSMENT

The relationship between minority stress and IPV highlights the need for support services that specifically address the lived realities of bisexual individuals. Bisexual victims may face unique barriers in accessing social support, including erasure within both heterosexual

and 2SLGBTQ+ spaces. Effective care must include service providers who are not only aware of these challenges but also equipped with the education and sensitivity required to address them. Meeting the needs of bisexual IPV survivors may require the development of more specialized resources for communities affected by minority stress, alongside greater inclusivity training within mainstream services (Corey et al., 2022).

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 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).

Minority stress, such as homophobia, biphobia and heterosexism, continues to pose a major obstacle for 2SLGBTQ+ individuals seeking help for IPV. These stressors often lead to hesitation in reporting violence to police or engaging with social services. Research has shown that heterosexism significantly exacerbates the difficulty of accessing appropriate resources (Rollè et al., 2018). Victims frequently access a mix of informal supports, such as friends, family and acquaintances, and formal systems, including 2SLGBTQ+ community agencies, shelters, hotlines, health care providers and the criminal justice system (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 within same-sex partnerships. Underreporting continues to obscure the true scale of abuse and reinforces 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 intimate partner violence (IPV) but frequently fail to do so for lesbian, bisexual, or male patients, regardless of sexual orientation. Studies indicate that only 7 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 (Rollè et al., 2018).

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. 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).

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).

KEY TAKEAWAYS

- IPV is a serious, often overlooked public 2SLGBTQ+ health issue.
- Barriers include stigma, discrimination and myths that IPV doesn't happen in 2SLGBTQ+ relationships.
- Bisexual individuals face heightened risk, compounded by biphobia and exclusion from support networks.
- Transgender survivors face identity-based abuse, with more than 50 per cent reporting lifetime IPV, yet services rarely meet their needs.
- 2SLGBTQ+ youth face disproportionate rates of IPV and family violence, often leading to homelessness.
- Providers must proactively ask about IPV in safe, affirming settings.
- Trauma-informed, culturally competent care is critical to address minority stress and shame.
- Systemic solutions are needed, including mandatory 2SLGBTQ+ training and expanded inclusive resources.

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