

Queering Gender-Based Violence Prevention & Response in Canada

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SHOCKPROOFING COMMUNITIES AGAINST GENDER-BASED VIOLENCE:

Building intersectional gender justice in post-pandemic Canada

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INTRODUCTION

Gender-based violence (GBV) in 2SLGBTQ+ communities is pervasive but stigmatized; it is both hyper-visible and invisibilized, known and neglected. Transphobia, homophobia, and biphobia are structural forms of GBV that 2SLGBTQ+ communities navigate every day in their public and private lives. 2SLGBTQ+ communities experience family violence, intimate partner violence (IPV), sexual violence, and street harassment, but are outsiders to GBV services built for cis, straight, white women. In fact, 2SLGBTQ+ people face discrimination and further GBV while accessing GBV services and reporting GBV, compounding the violence.

As part of its “Shockproofing Communities” project, the Canadian Women’s Foundation hired Wisdom2Action to conduct research on GBV affecting 2SLGBTQ+ communities in Canada. Soon after the pandemic started, incidents of GBV began to increase. This increase was seen globally, leading UN Women to call it a “Shadow Pandemic.” Much of the public conversation on this GBV increase has focused on IPV as experienced by straight cis women; however, as this report notes, GBV as experienced by members of 2SLGBTQ+ communities has also been on the rise.

These troubling trends are unsurprising to anyone working with GBV survivors. Whenever communities are under stress, whether from climate-induced disasters like floods and wildfires, economic downturns, or public health crises, GBV rates increase. The Foundation’s shockproofing project argues that increases in GBV are preventable if the right measures are taken. Shockproofing means repairing long-standing gaps in essential GBV services and equipping the sector to respond to the range of experiences of GBV in our communities,



Soon after the pandemic started, incidents of GBV began to increase. This increase was seen globally, leading UN Women to call it a “Shadow Pandemic.”

particularly as they affect women, trans, and non-binary people who are further marginalized by race, sexuality, gender expression, disability, immigration status, and/or geographic location (rural/remote/northern). It is therefore essential that shockproofing work be informed by inclusive and intersectional frameworks that recognize the experiences of 2SLGBTQ+ community members and the many diverse and overlapping identities they occupy.

This report presents the findings from a literature review, focus group, and interviews. It presents what we know about the scale and scope of GBV impacting 2SLGBTQ+ communities, looking at the experiences of queer and trans Black, Indigenous and people of colour (QTBIPOC), refugees and newcomers, trans+ people, queer women, youth, sex workers, and people living rurally or remotely. In addition to looking at family violence, IPV, sexual violence, and street harassment, the report highlights the compounding GBV that 2SLGBTQ+ people face when accessing services and reporting GBV. This report then turns to existing violence prevention and survivor support programs and points to the gaps and needs 2SLGBTQ+ communities are naming. We look at promising practices and offer opportunities and recommendations for funders and service providers. The report concludes with suggestions for mobilizing knowledge about GBV prevention and response for 2SLGBTQ+ communities.

Methodology

We began this research by conducting a preliminary literature review of more than 50 community-based, academic, and government reports, articles, resources, and books on GBV affecting 2SLGBTQ+ people in Canada. The preliminary literature review revealed gaps in research and documentation that informed the priorities of a focus group discussion and key informant interviews. As a result, the consultations focused on various forms of violence prevention and survivor support programs; the



Shockproofing means repairing long-standing gaps in essential GBV services and equipping the sector to respond to the range of experiences of GBV in communities.

geographic scope of available services, including where services are concentrated and where they are non-existent or extremely limited; gaps in, barriers to, and effectiveness of violence prevention and survivor support programs and approaches; changes in trends during the pandemic context; and coordination between the GBV sector and 2SLGBTQ+ organizations and services.

The preliminary literature review also informed who we reached out to for consultations. First, we conducted a focus group discussion with GBV organizations, programs, and service providers. For interviews, we prioritized organizations and advocates who develop and deliver programs by and for Queer and Trans Black, Indigenous, and People of Colour (QTBIPOC), refugees and newcomers, trans+ folks, youth, queer women, criminalized and incarcerated people, disabled people, and people living in rural and/or remote communities. In total, we interviewed 18 key informants. Organizations that participated in the consultations ranged from local groups to provincial and national organizations.



There is much to learn and document on approaches to designing programs, addressing barriers to programs, and evaluating the effectiveness of programs.

Limitations

We reached out to a number of sex worker organizations and disability justice organizations, but none expressed capacity to participate in the research. In terms of gaps in existing research, we found no documentation in the Canadian context of how asexual people, intersex people, 2SLGBTQ+ people living with HIV, 2SLGBTQ+ seniors, and disabled 2SLGBTQ+ people experience GBV. So far, only one study has touched on 2SLGBTQ+ experiences of GBV in the pandemic.¹

The existing literature is also limited in its intersectional approaches and data. For this reason, it is important to keep in mind that experiences of GBV are shaped by intersecting identities such as gender, sexuality, socioeconomic status, HIV status, refugee status, and religion, as well as compounding oppressions including but not limited to colonialism, racism, colourism, classism, ableism, cissexism, heterosexism, and monosexism. Even in research that focuses on one specific community, intersecting oppressions are not reflected. For example, the Trans PULSE study on racialized trans and non-binary people does not provide detailed or disaggregated data about the particular experiences of Black, Indigenous, and racialized people.

This gap in research on the intersections of anti-Black racism, anti-Indigenous racism, transphobia, biphobia, and homophobia cannot be overlooked.

No literature was found that analyzed or summarized existing awareness-raising, safe space, peer support, counselling, health services, systems navigation, or culturally specific programs. There is much to learn and document on approaches to designing programs, addressing barriers to programs, and evaluating the effectiveness of programs. Mutual aid, restorative justice models, and transformative justice approaches are areas of interest and need, particularly by QTBIPOC communities, but literature on this in the Canadian context is very limited.

¹ O'Handley, B., Blair, K., Courtice, E., Hoskin, R., Holmberg, D., and Bell, K. (2021). COVID 19 Pandemic: LGBTQ+ Experiences. [PDF]. <https://static1.squarespace.com/static/527403c4e4b02d3f058d2f18/t/5f3c62be4207255654555017/1597793002299/KLB+Research+COVID+19+LGBTQ%2B+Report+Final.pdf>

SCALE AND SCOPE OF GBV IMPACTING 2SLGBTQ+ COMMUNITIES IN CANADA



What does GBV look like in 2SLGBTQ+ communities?

In a Violence Against Women Learning Network editorial published in March 2022, Ham, Owusu-Akyeeah, and Byard-Peek discuss the tensions of 2SLGBTQIA+ structural inclusion in the GBV sector. They describe that in attempts to shift public opinion on domestic violence in the 1980s, feminist activists constructed the archetype of the “...helpless, battered woman and the abusive man who seeks to control his wife.”² This became a deeply embedded understanding and assumption in Canada’s mainstream consciousness and approach to GBV. While this framing has benefited many who fit the colonial, cisgender, heterosexual archetype, it has come at the expense of those who do not. The authors explain:

“Although successful in shifting public opinion and garnering support of the shelter movement, it has consequently fixated public understanding of GBV within a cissexist, heteronormative, and binary framing. Ignoring other contexts where violence shows up was intentional in constructing domestic violence as a (binary) gendered problem of men abusing their women partners.”³

The assumptions and reinforcements of this archetype are one reason why 2SLGBTQ+ people sometimes do not identify GBV, particularly IPV, when it is impacting 2SLGBTQ+ youth themselves or their peers. As one participant explained, “We see very few folks who are experiencing some



[The] sense of community has been a challenge, especially for the [2SLGBTQ+] community when safer spaces have been reduced. [There is] lots of complex isolation and more harmful violence.”

² Fraser, J.A. (2014). Claims-Making in Context: Forty Years of Canadian Feminist Activism on Violence Against Women. [Unpublished doctoral dissertation]. University of Ottawa.

³ Ham, M., Owusu-Akyeeah, D., Byard-Peek, J. (2021). Building the Table: Discussing Tensions of 2SLGBTQIA Structural Inclusion Within the GBV Sector. VAW Learning Network. Available at: <https://www.vawlearningnetwork.ca/our-work/backgrounders/building-the-table-discussing-tensions-of-2slgbtqia-structural-inclusion-within-the-gbv-sector/Building%20the%20Table%20-%20GBV%20Sector.pdf>

kind of violence in intimate partner relationships. It's not because it doesn't happen, but because folks may not name that as what's happening to them, or they don't feel comfortable disclosing those things because there is a lot of shame and stigma around that."

This shame and stigma exists in the context of cisnormative and heteronormative sexual norms, wherein 2SLGBTQ+ identities and sex are already cast as immoral, shameful, promiscuous, and/or risky.

2SLGBTQ+ communities also experience GBV in ways that cisgender and heterosexual people do not. For example, 2SLGBTQ+ GBV can involve experiences of "corrective" sexual violence; outing or threats to out survivors' sexual orientation or

gender identity; threats of ostracization from the 2SLGBTQ+ community; portrayals of GBV as mutual and even consensual; withholding of gender-affirming gear, hormones, and surgery; and verbal abuse related to someone's gender identity, sexuality, or sex characteristics.⁴

While most domestic violence shelters only serve survivors of intimate partner violence, many other forms of GBV exist, especially for 2SLGBTQ+ communities. As one participant explains, "We've learned from the data that there's multiple relationships outside of a partner. Until we change our frame of violence outside of the intimate violence archetype, we won't reach a lot of people." 2SLGBTQ+ service providers and advocates shared that family violence is actually the form of GBV that they see come up most frequently for 2SLGBTQ+ people. One participant shared, "The bulk of gender-based violence that we see are situations where trans folks and gender questioning folks are experiencing some sort of violence and abuse from family members who are not supportive of their identities."

Lastly, a number of participants shared that lateral violence is common in 2SLGBTQ+ communities. Lateral violence can be described as violence directed against one's peers rather than one's true adversaries. Participants explained that lateral violence is not well presented in common rhetoric around GBV. As one participant described, "We see a lot of instances of lateral violence. It's hard for people to recognize or name for themselves when violence is happening. It's been terrible." Settler colonialism, white supremacy, transphobia, transmisogyny, biphobia, femmephobia, and whorephobia, among others, are not only present in society at large, but also operate within 2SLGBTQ+ communities. Speaking about lateral violence at a 2SLGBTQ+ organization, a participant shared, "It's the way they see Black trans bodies and disrespect us, especially trans women because of how they dress or how their bodies are. I'm tired of how people look at me all the time as if I'm a tourist



The virtual model doesn't work for everyone. If someone's not out to their roommate or their partner, it becomes very challenging."

⁴ Baker, L., Young, S., Straatman, A. L., Sfeir, M., & Etherington, N. (2015). Intimate partner violence in rainbow communities: A discussion paper informed by the Learning Network Knowledge Exchange. VAW Learning Network. [PDF]. <https://www.vawlearningnetwork.ca/our-work/reports/2014-1-IPV-Knowledge-Exchange-Final-Report.pdf>

attraction. The disrespect, the misgendering, the mishandling of our stories. They'll destroy your name or your community."

2SLGBTQ+ communities not only include survivors of harm but also people who have done harm and perpetrated GBV. According to one participant, "There's lots of conflict within the community. What happens when a community member inflicts violence on another community member? Sometimes violence is not clear cut... [we can't] only talk in binaries in terms of perpetrators and victims." In her book, *I Hope We Choose Love: A Trans Girl's Notes from the End of the World*, Thom illustrates, "Queer community, for all its beauty and strength, is also a closed environment, in which sexual violence is pervasive and ongoing. This violence renders itself invisible, not by hiding, but by being everywhere at once: bathhouse culture, party culture, queer sex culture. We all see it, but we become numb to it; it feels banal."⁵

Pandemic-related trends

In the COVID-19 pandemic context, participants shared that 2SLGBTQ+ communities are experiencing increased GBV and complex trauma, and that the need for mental health support has grown. Participants noted an increase in GBV in 2SLGBTQ+ communities that were already struggling with housing, poverty, mental health, and addictions. One participant explained, "[We have] seen an uptick in people wanting mental health and trauma supports. People are having more complex presenting trauma because they have not been able to access supports and are really feeling the effects of violence."

Participants shared that community isolation was a preceding issue for members of the 2SLGBTQ+ community that the pandemic amplified. "[The] sense of community has been a challenge, especially for the [2SLGBTQ+] community when safer spaces have been reduced. [There is] lots of complex isolation and more harmful violence." 2SLGBTQ+

communities are at a loss with the lack of physical safer spaces to go to and the lack of targeted supports for 2SLGBTQ+ survivors and people who have caused harm.

One study has examined how LGBTQ+ people in Canada are coping with the COVID-19 pandemic, in comparison to non-LGBTQ+ people. The study includes a look at GBV rates and found that 8.2% of LGBTQ+ participants experienced sexual aggression from their partner. High rates of psychological aggression were reported, though the report does not share the study's definitions of psychological and sexual aggression. Among the study's LGBTQ+ participants, 60.8% experienced psychological aggression from their partner and 64.2% had perpetrated psychological aggression against their partner.

The shift from in-person to online service provision has made existing services and supports more accessible to some. Participants from 2SLGBTQ+ organizations reported that they have extended their reach to rural and remote communities. However, access to technology and the internet are barriers for low-income and homeless community members. As well, many 2SLGBTQ+ people, particularly QTBIPOC and youth, are not safe or comfortable accessing services from home because they live with family or roommates who they are not out to or who are not supportive. As one participant explained, "The virtual model doesn't work for everyone. If someone's not out to their roommate or their partner, it becomes very challenging."

⁵ Thom, K. C. (2019). *I Hope We Choose Love: A Trans Girl's Notes from the End of the World*. Arsenal Pulp Press.

CENTRING INTERSECTIONS: COMMUNITY-SPECIFIC EXPERIENCES OF GBV



Queer and Trans Black, Indigenous, and People of Colour (QTBIPOC)

2SLGBTQ+ INDIGENOUS EXPERIENCES

“Despite widespread measures to enforce Western gender and sexual norms, Indigenous people have continued to live and embody nonbinary expressions of gender and sexuality and to resist assimilative strategies.”⁶

– Sarah Hunt

2SLGBTQ+ Indigenous peoples, their identities, and experiences were traditionally respected and honoured in many Indigenous cultures before colonization. Two-Spirit people had and are re-claiming their roles in many nations and communities as spiritual leaders, knowledge

keepers, teachers, healers, herbalists, mediators, and artists.⁷ As one Two-Spirit participant described, “We understand what the Creator asked us to do on this earth and we understand the beauty she gave us to care for it, eat from it, warm up from it. We weren’t here to destroy it. That’s what we did all our lives, as Two-Spirit people.”

Colonization, genocide, and the enforcement of colonial gender binaries, heterosexism, and patriarchy are systematic forms of GBV against 2SLGBTQ+ Indigenous peoples. The 2SLGBTQQIA+ Sub-Working Group MMIWG2SLGBTQQIA+ National Action Plan Final Report explains, “Gender and sexuality have been intentionally used by colonizers, settlers, and the Canadian state as a divide and conquer tactic, an instrument of gendecide and genocide, as well as an instrument to exert control over Indigenous peoples and lands.”⁸ The Indian Act, residential schools, the Sixties Scoop, and the current ongoing Millennium Scoop are some of the colonial tools used to enforce colonial systems of gender and sexuality and commit GBV.

The 2SLGBTQQIA+ Sub-Working Group MMIWG2SLGBTQQIA+ National Action Plan Final Report describes that “this violence, combined with colonized Indigenous people on and off reserves, results in Two-Spirit and gender and sexually diverse

⁶ Hunt, A.(2016). An Introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues. National Collaborating Centre for Aboriginal Health. [PDF]. <https://www.cnsa-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf>

⁷ <https://mmiwg2splus-nationalactionplan.ca/wp-content/uploads/2021/06/2SLGBTQQIA-Report-Final.pdf>

⁸ Ibid.

Indigenous people experiencing harms by their own peoples and communities.” 2SLGBTQ+ Indigenous participants spoke to this intergenerational and lateral GBV. One Two-Spirit participant shared, “The ones that were left behind – we were the ones that were violently abused by all the parents whose kids went to residential school.” The loss of land, family systems, language, and traditional knowledge and teachings have led to 2SLGBTQ+ Indigenous peoples being shut out of ceremony, having their gender or sexuality policed and discriminated against, ejected from communities, disowned, and subject to physical harm as a result.⁹

2SLGBTQ+ Indigenous participants noted that older 2SLGBTQ+ Indigenous adults talk about their experiences with physical violence, whereas youth speak more about experiences of bullying, violence from the healthcare systems, and police violence particularly against sex workers and drug users. Reports show that Two-Spirit women are more likely to be sexually and physically assaulted than heterosexual Indigenous women and white lesbian women. Research has also noted that Two-Spirit people may stay in abusive relationships due to isolation or being distanced from family and community.¹⁰

2SLGBTQ+ Indigenous participants also highlighted various connections between migration, isolation, and GBV. One participant shared their experience: “I’m from [a small town]. I was mistaken as a boy a lot and it wasn’t a problem. When I moved to [the city], it was a problem. I was cornered one time, punched and spit on by a bunch of guys when I was 11. In that town that I grew up in, a woman could be masculine, but not here.” Migration from small towns and reserves to cities came up as a significant trend for 2SLGBTQ+ Indigenous participants, underscoring the inexistence of GBV services in small towns and on reserves. It was noted that there are a lot of resources for Indigenous peoples in cities like Winnipeg where there is a large Indigenous population, but that those spaces and services have just started to become safer for

2SLGBTQ+ Indigenous people recently due to the work of Two-Spirit advocates.

2SLGBTQ+ BLACK AND RACIALIZED EXPERIENCES

“The most homophobia I’ve had to deal with has been from my mother, which is rooted in colonization.”

– 2SLGBTQ+ key informant

2SLGBTQ+ Black and racialized participants spoke to GBV experienced at the intersections of racism, transphobia, homophobia, and biphobia.



I’m from [a small town]. I was mistaken as a boy a lot and it wasn’t a problem. When I moved to [the city], it was a problem. I was cornered one time, punched and spit on by a bunch of guys when I was 11. In that town that I grew up in, a woman could be masculine, but not here.”

⁹ Ibid.

¹⁰ Ibid.

Discrimination and violence in the GBV and health sectors, from counselling to hospitals, came up as a significant issue. Black participants described anti-Black racism in combination with transphobia and homophobia from GBV and health services as significant sources of further harm and barriers to seeking services. One participant reflected, “Why do I need a white friend to come with me to access services? Because I’m Black, trans, and I identify as a woman.” Family violence also came up as a significant form of GBV for QTBIPOC, rooted in colonial impositions of transphobia and homophobia.

Research confirms that racialized trans and non-binary people experience pronounced levels of violence and harassment, even when compared to the already high levels of violence against non-

racialized trans and non-binary people. Trans PULSE Canada published the first national all-ages data on the health and well-being of racialized trans and non-binary people in Canada in 2020. They found significant disparities at the intersection of racism and cissexism, reporting that 72% of racialized respondents had experienced verbal harassment and 49% had experienced sexual harassment in the past five years. In the same timeframe, 41% of racialized respondents had been physically intimidated or threatened, and 23% had experienced physical violence. One in three racialized respondents had been sexually assaulted in the past five years. Physical violence, sexual harassment, and sexual assault were all significantly more common among racialized respondents when compared to non-racialized respondents.¹¹

LGBTQ+ refugees and newcomers

“For many forms of violence, Black, trans, queer immigrants and refugees are at the forefront.”

- 2SLGBTQ+ key informant

The 2020 Trans PULSE Canada study collected the first national data on health and well-being of trans and non-binary immigrants and newcomers in Canada. Among trans and non-binary newcomers, 31% experienced sexual assault, 40% experienced sexual harassment, and 72% experienced verbal harassment in the past five years. Among trans and non-binary immigrants, 24% experienced sexual assault in the past 5 years, 37% experienced sexual harassment in the past 5 years, and 63% experienced verbal harassment in the past five years.¹²

Precarious status or lack of legal status are significant risk factors for LGBTQ+ refugees and migrants. As one participant described, “If you’re undocumented, an international student, or in between statuses, this impacts what services are available to you and what legal protections you’re entitled to.” Importantly, the power dynamics of sponsorship relationships and dependence put LGBTQ+ refugees and newcomers



“Why do I need a white friend to come with me to access services? Because I’m Black, trans, and I identify as a woman.”

¹¹ C. Chih, J. Q. Wilson-Yang, K. Dhaliwal, M. Khatoon, N. Redman, R. Malone, S. Islam, & Y. Persad on behalf of the Trans PULSE Canada Team. Health and well-being among racialized trans and non-binary people in Canada. 2020-11-02. Available from: <https://transpulsecanada.ca/research-type/reports>

¹² Navarro, J., Ferguson, T., Chih, C., Jibril, A., Khatoon, M., Inkingi, S., Beaulieu-Prévost, D., Thaker, P. (2021). Health and well-being among trans and non-binary immigrants & newcomers. Trans PULSE Canada. <https://transpulsecanada.ca/research-type/reports>



In some situations, sponsors are being abusive, so people are living with an abuser and being abused by the person who is putting a roof over their head.”

at risk of sponsor abuse. One participant explained, “In some situations, sponsors are being abusive, so people are living with an abuser and being abused by the person who is putting a roof over their head.” Participants also noted that IPV comes up within queer and trans newcomer communities, and that LGBTQ+ refugees and newcomers are pushed to precarious and unsafe working conditions, including sex work.

LGBTQ+ refugees and newcomers are also at risk of online violence from family and community members back home. One participant mentioned the example of Sarah Hegazi, a queer Egyptian activist and survivor of state violence who died by suicide two and a half years after seeking asylum in Toronto. The participant suggested that in addition to dealing with post-traumatic stress disorder, depression, and loneliness, Hegazi was subject to violence online. Queer and trans Muslims and Arabs also face Islamophobia and racism in Canada and in 2SLGBTQ+ communities, where being Muslim and queer is seen as a paradox. In an article about Hegazi and LGBTQ Muslim experiences of freedom and violence, Ahmad Qais Munhazim explains, “Queer Muslim exiles cross these borders on a daily basis, and it’s a complicated process. Their families are not merely a point of oppression, they tell me, nor is the queer community pure freedom. Rather, both environments pose certain constraints. Freedom and violence are an unending dance.”¹³

Xenophobia and racism contribute to the social isolation 2SLGBTQ+ refugees and newcomers

experience. Moreover, access to former community and support systems is cut off or limited. As one participant described, “When you arrive in a new culture and environment, you lose the access you had to your family, friends, and support networks.”

Trans +

“I am waiting for the day when we see policy and programs that address transmisogynistic violence, specifically in Black and Indigenous communities.”

– 2SLGBTQ+ key informant

Feminine gender identities and expressions are devalued and targeted both within 2SLGBTQ+ communities and in society broadly. There is a growing body of research that demonstrates how people with transfeminine identities and/or feminine gender expressions face greater GBV compared to those who present more masculine or androgynously.¹⁴ Trans women and transfeminine people experience this as transmisogyny. As a trans woman advocate explains, “When the majority of violence committed against trans people is directed

¹³ Munhazim, A. Q. (2020). Suicide of Egyptian activist Sarah Hegazi exposes the ‘freedom and violence’ of LGBTQ Muslims in exile. The Conversation. Available at: <https://theconversation.com/suicide-of-egyptian-activist-sarah-hegazi-exposes-the-freedom-and-violence-of-lgbtq-muslims-in-exile-141268>

¹⁴ Hoskin, R.A. (2020). “Femininity? It’s the aesthetic of subordination”: Examining femmephobia, the gender binary, and experiences of oppression among sexual and gender minorities. *Archives of Sexual Behavior*, 49(7), 2319-2339.



When the majority of violence committed against trans people is directed at trans women, that is not transphobia – it is transmisogyny.”

at trans women, that is not transphobia – it is transmisogyny.”¹⁵

According to Trans PULSE Canada, three in five trans women in Canada have experienced IPV since the age of 16. Specifically, 56% of trans women had a partner that insulted, swore, shouted, or yelled at them, 29% of trans women had a partner push, shove, shake, or pin them down, 24% of trans women were threatened with harm by a partner, and 33% of trans women were forced or pressured to engage in sexual activity when they did not want to.¹⁶ It is worth noting that several of the existing Canadian sources on trans women’s experiences of GBV cite the American study that found the correlation between experiences of gender abuse and major depression and suicidality among adolescent trans women to be so strong that the findings suggested a direct causal relationship between the two.¹⁷ Racialized and Indigenous trans women and Two-Spirit people as well as those living with disabilities often face more discrimination than white, able-bodied trans women.¹⁸

These findings from Trans PULSE Canada build off of earlier studies on trans people’s experiences of public GBV and IPV. In terms of public GBV, the first large-scale, nationally representative household survey that provided national data on Canada’s trans population by Statistics Canada was undertaken in 2018. The findings were profound: 57% of trans people reported experiencing unwanted sexual behaviour while in public over a 12-month period, compared to 22% of cisgender people.¹⁹ Two-thirds of trans Ontarians have avoided a public space or situation for fear of harassment or being outed, with washrooms being the most commonly avoided space.²⁰ In Waterloo Region, 73% of trans people were made fun of or called names because of their gender identity and 57% of trans people avoided public washrooms. The top 5 places trans people feel unsafe in Waterloo Region are: places of worship (95%), gyms (83%), public washrooms (81%), restaurants and bars (77%), and community centres (77%).²¹

¹⁵ Serano, J. (2007). *Whipping Girl - A Transsexual Woman on Sexism and the Scapegoating of Femininity*. Seal Press.

¹⁶ Trans women and intimate partner violence: Fundamentals for service providers. (2021, December 10). Trans PULSE Canada. <https://transpulsecanada.ca/data-in-action/trans-women-and-intimate-partner-violence-fundamentals-for-service-providers/>

¹⁷ Nuttbrock L, Hwahng S, Bockting W, Rosenblum A, Mason M, Macri M, Becker J. Psychiatric impact of gender-related abuse across the life course of male-to-female transgender persons. *J Sex Res*. 2010 Jan;47(1):12-23. <https://pubmed.ncbi.nlm.nih.gov/19568976/>

¹⁸ Women’s Shelter Canada (2019 May). Community of practice: Supporting trans women in VAW shelters [PDF]. Comox Valley Transition Society. <https://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf>

¹⁹ Jaffray, B. (2020). Experiences of violent victimization and unwanted sexual behaviours among gay, lesbian, bisexual and other sexual minority people, and the transgender population, in Canada, 2018 [PDF]. Statistics Canada. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2020001/article/00009-eng.pdf?st=e41s0zl>

²⁰ Scheim A, Bauer G, Pyne J. Avoidance of Public Spaces by Trans Ontarians: The Impact of Transphobia on Daily Life. *Trans PULSE e-Bulletin*, 16 January, 2014. 4(1). <https://transpulseproject.ca/research/avoidance-of-public-spaces-by-trans-ontarians-the-impact-of-transphobia-on-daily-life/>

Earlier statistics on trans women’s experiences of IPV are found in a national 2015 study by Western University’s Centre for Research & Education on Violence Against Women and Children. Transgender individuals were twice as likely to report experiencing IPV in their lifetimes compared to cisgender women and four times as likely as cisgender men.²²

2SLGBTQ+ Youth

“People forget that youth can experience violence. Shelter staff don’t know what to do with trans and non-binary youth, and that’s not a great feeling when you’re in crisis.”

– 2SLGBTQ+ key informant

2SLGBTQ+ youth have their own complex experiences of GBV and face unique barriers to accessing services and supports. First, many youth face GBV in familial contexts or unsafe homes. In Wisdom2Action’s GBV youth engagement project for the Public Health Agency of Canada, youth described the scope and depth of family violence, including physical abuse, isolation, and neglect. Participants of that project emphasized the negative impact of living in homes where 2SLGBTQ+ identities are implicitly or explicitly unwelcomed, where families act as gatekeepers preventing access to health and social services, and homelessness can result from familial rejection.²³ A participant shared that they see youth facing barriers when parental consent is needed to access services. They explained, “we have folks coming out younger and younger, and not being able to access any kind of support.”

Participants underscored the significant impacts of the pandemic and virtual services on 2SLGBTQ+ youth living in unsafe or unsupportive homes. One participant shared, “Not everyone is out where they live, especially youth. A lot of youth stopped using our services probably because they can’t talk about anything at all – domestic violence or otherwise.”

The shift of services and schools from in-person to online cut out important outlets and community for many 2SLGBTQ+ youth. A participant explained, “When you’re a queer youth in a non-supportive home, school becomes a safer place to be. But when the lockdowns happened, a lot of outlets were taken away. It wasn’t safe for youth to engage in online programming. Even the idea of accessing a service online was not in the realm of possibility.”



When you’re a queer youth in a non-supportive home, school becomes a safer place to be. But when the lockdowns happened, a lot of outlets were taken away.”

²¹ Davis, C., Coleman, T., Wilson, C., McLaren, E., Silk, W., Schmid, E., Travers, R., Luu, K., Mulholland, A., Bell, J., Ashtianti, S, and The Outlook Study Team. (2019). Experiences of Trans People in Waterloo Region. Wilfred Laurier University. [PDF]. <https://yourwrrc.ca/rcc/wp-content/uploads/2019/05/Trans-Infosheet-v.06-SMALL.pdf>

²² Wathen, N., MacGregor, J., & MacQuarrie, B. with the Canadian Labour Congress. (2014). “Can Work be Safe, When Home Isn’t? Initial Findings of a Pan-Canadian Survey on Domestic Violence and the Workplace”. London, ON: Centre for Research & Education on Violence Against Women and Children. http://canadianlabour.ca/sites/default/files/media/dvwork_survey_report_2014_enr.pdf

²³ Wisdom2Action Consulting Ltd. (2019). LGBTQ2+ youth priorities for addressing gender-based violence. [PDF]. Wisdom2Action. <https://www.wisdom2action.org/wp-content/uploads/2020/01/GBV-Final-Report.pdf>

GBV both contributes to Canada's 2SLGBTQ+ youth homelessness emergency²⁴ and is common for youth to experience again when they are homeless. In fact, 77.9% of 2SLGBTQ+ youth experiencing homelessness report experiencing criminal victimization, and 35.6% of homeless 2SLGBTQ+ youth in Canada experienced unwanted sexual touching within a 12-month period.²⁵ Trans youth, especially young trans women of colour, experience some of the highest levels of violence in housing programs and shelters.²⁶

Trans youth face high rates of harassment, physical threats, and injury. Egale Canada's 2021 national research report on homophobia, biphobia, and transphobia in Canadian schools found that trans students were the group most likely to report experiencing almost all forms of harassment and victimization, not only in connection to their

gender identity and their gender expression, but also regarding their sexual identity (or perceived sexual identity).²⁷ This builds on findings from earlier research, such as a 2015 survey that found that 70% of trans youth have been sexually harassed and more than one-third of teenage participants aged 14-18 had been physically threatened or injured in the past year.²⁸

While school can be an important outlet, 2SLGBTQ+ youth also experience GBV at secondary and post-secondary institutions. In addition to the above findings on trans students, Egale Canada reports that harassment experienced by cisgender LGBTQ girls gravitate more toward indirect forms of aggression (e.g., cyber-bullying and mean rumours or lies), while cisgender GBQ boys encounter more direct forms of victimization (e.g., verbal and physical harassment). 2SLGBTQ students attending Catholic schools reported more incidents of harassment, especially in relation to sexual and/or gender identity, and were less likely to disclose these occurrences to school staff.

Sexual violence, particularly sexual assault and IPV, are also common experiences for 2SLGBTQ+ youth. In Wisdom2Action's GBV youth engagement project, participants emphasized the greater prevalence of sexual assault targeted at 2SLGBTQ+ communities, and 2SLGBTQ+ women and trans people in particular. Of particular note, numerous participants described the impact of 'corrective rape' or sexual assault intended to 'cure' an individual of their gender or sexual diversity, with a particular emphasis on efforts to 'cure' young women, asexual youth, and gender diverse youth.²⁹

For 2SLGBTQ+ youth and people who choose to keep their gender and/or sexuality private, disclosing experiences of GBV may require them to also come out. This has been seen as a trend: "I know that amongst a lot of the young people that we work with, we do hear of a number of incidences of sexual violence, of unsafe experiences, and they're uncomfortable reporting those because then

²⁴ Lalonde, D., Abramovich, A., Baker, L., & Tabibi, J. (2018). LGBTQ2S Youth, Violence, and Homelessness. Learning Network Newsletter, Issue 24. London, Ontario: Centre for Research & Education on Violence Against Women & Children. [PDF].

²⁵ Gaetz, Stephen, O'Grady, Bill, Kidd, Sean, & Schwan, Kaitlin. 2016. *Without a Home: The National Youth Homelessness Survey*. Toronto: Canadian Observatory on Homelessness Press. <https://homelesshub.ca/YouthWithoutHome>

²⁶ Abramovich, Alex. 2016. Preventing, reducing and ending LGBTQ2S youth homelessness: The need for targeted strategies. *Social Inclusion* 4 (4): 86-96.

²⁷ Peter, T., Campbell, C. P., Taylor, C. (2021). Still in every class in every school: Final report on the second climate survey on homophobia, biphobia, and transphobia in Canadian schools. [PDF]. Egale. <https://adobeindd.com/view/publications/3836f91b-2db1-405b-80cc-b683cc863907/Omnc/publication-web-resources/pdf/Climate-Survey-Still-Every-Class-In-Every-School.pdf>

²⁸ Veale J., Saewyc E., Frohard-Dourlent H., Dobson S., Clark B., & the Canadian Trans Youth Health Survey Research Group. (2015). "Being Safe, Being Me: Results of the Canadian Trans Youth Health Survey." Vancouver, BC: Stigma and Resilience Among Vulnerable Youth Centre, School of Nursing, University of British Columbia. Available: <http://apsc-saravyc.sites.olt.ubc.ca/files/2018/03/SARAVYC-TransYouth-Health-Report-EN-Final-Web2.pdf>.

²⁹ Wisdom2Action Consulting Ltd. (2019). *LGBTQ2+ youth priorities for addressing gender-based violence* [PDF]. Wisdom2Action. <https://www.wisdom2action.org/wp-content/uploads/2020/01/GBV-Final-Report.pdf>

they would also have to come out. Whether that is to their friends, their parents or to the police officers themselves; if they're not ready to come out, then they're not going to share that story".³⁰

Queer women

In contrast to research about trans people's experiences with GBV, most information about queer women's experiences of GBV comes from government data. In terms of IPV, two-thirds of queer women have experienced IPV in their lifetime. In four of eight regions - the Atlantic provinces (57%), Quebec (57%), Saskatchewan (58%) and the Territories (64%) - more than half of sexual minority women had experienced IPV. Almost half of queer women experienced physical or sexual assault by an intimate partner. Not only are queer women at least two times more likely than heterosexual women to experience most types of IPV behaviours in their lifetime, but queer women are also more likely to experience more severe forms of IPV than heterosexual women. For example, queer women were almost seven times more likely to have been made to perform sex acts that they did not want to perform (4.4% versus 0.7%) and to have been choked (2.6% versus 0.4%) in the past year than heterosexual women. Queerwomen also experienced IPV at high frequencies; queer women were more likely than heterosexual women to say that IPV had occurred 'monthly or more' in the last 12 months (44% versus 29%).³¹

Unlike these findings on IPV, spousal violence did not differ significantly by sexual orientation. In fact, reported spousal violence among sexual minorities was significantly lower in 2019 than 2009 (5.3% versus 20%).³²

Findings from the 2014 General Social Survey on Canadians' Safety indicated that the rates of violent victimization against lesbian and gay Canadians seems to be declining. The rate of self-reported violent victimization of lesbian and gay individuals decreased by 67% between 2009 and 2014. This is



I know that amongst a lot of the young people that we work with, we do hear of a number of incidences of sexual violence, of unsafe experiences, and they're uncomfortable reporting those because then they would also have to come out. Whether that is to their friends, their parents or to the police officers themselves; if they're not ready to come out, then they're not going to share that story."

³⁰ Colton Prail. (2018). "LGBTQ Canadians disproportionately affected by violence according to Stats Canada survey". Global News. Available at: <https://globalnews.ca/news/4255599/lgbtq-canadians-disproportionately-affected-by-violence-according-to-stats-canada-survey/>

³¹ Statistics Canada. (2021). Intimate partner violence: Experiences of sexual minority women in Canada, 2018. [PDF]. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00005-eng.pdf>

³² Statistics Canada. (2021). Spousal violence in Canada, 2019. [PDF]. https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00016-eng.pdf?st=fGeq_HMH

compared to a decrease of 30% for heterosexual individuals. Among those who reported experiencing discrimination in the five years preceding the survey, lesbian and gay individuals were significantly more likely (79%) than their bisexual (35%) and heterosexual (2%) counterparts to perceive the discrimination as being based on their sexual orientation.³³ Even though the rates

of violent victimization have been declining since 2009 for lesbian and gay Canadians, they remain unchanged for bisexual Canadians.³⁴

Bisexual women face particularly high rates of GBV in Canada compared to heterosexual and even lesbian women. This is related to biphobia and the hypersexualization of bisexual people in both queer and heterosexual communities.³⁵ In a 2018 large-scale, nationally representative household survey on GBV, 76% of bisexual women reported experiencing unwanted sexual behaviour while in public over a 12-month period, compared to 31% of heterosexual women. Most notably, almost two-thirds (63%) of bisexual women had been physically or sexually assaulted since age 15. Over half (55%) of bisexual women reported that they had been sexually assaulted in their lifetime.³⁶

Findings from the 2019 General Social Survey and the 2018 Survey of Safety in Public and Private Spaces provide further evidence of this trend: The violent victimization rate among bisexual people (655 incidents per 1,000) was over nine times higher than that of heterosexual people (70 per 1,000) in 2019. More than eight in ten (83%) of all incidents reported by those who were bisexual were sexual assaults, translating to a rate of 541 sexual assault incidents per 1,000 population – nearly 29 times higher than the rate among heterosexual people (19 per 1,000). There were no statistically significant differences in victimization rates between heterosexual people and those who were lesbian or gay.³⁷ Similarly, bisexual people were more likely than heterosexual, lesbian or gay people to have been physically or sexually assaulted in the 12 months preceding the 2018 Survey of Safety in Public and Private Spaces.³⁸ According to the 2014 General Social Survey on Canadians' Safety, bisexual individuals were almost nine times more likely than heterosexual people to be sexually assaulted (151 versus 17 incidents per 1,000 population) in the previous 12 months.³⁹



Trans women of colour in sex work face disproportionate impacts of GBV.”

³³ Statistics Canada. (2014). Violent victimization of lesbians, gays and bisexuals in Canada, 2014. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54923-eng.htm>

³⁴ Colton Prail. (2018). “LGBTQ Canadians disproportionately affected by violence according to Stats Canada survey”. Global News. Available at: <https://globalnews.ca/news/4255599/lgbtq-canadians-disproportionately-affected-by-violence-according-to-stats-canada-survey/>

³⁵ Ibid.

³⁶ Statistics Canada. (2019). Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00017-eng.htm>

³⁷ Statistics Canada. (2021). Criminal victimization in Canada, 2019. [PDF]. <https://www150.statcan.gc.ca/n1/en/pub/85-002-x/2021001/article/00014-eng.pdf?st=POnrCgR>

³⁸ Statistics Canada. (2019). Gender-based violence and unwanted sexual behaviour in Canada, 2018: Initial findings from the Survey of Safety in Public and Private Spaces. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2019001/article/00017-eng.htm>

³⁹ Statistics Canada. (2014). Violent victimization of lesbians, gays and bisexuals in Canada, 2014. <https://www150.statcan.gc.ca/n1/pub/85-002-x/2018001/article/54923-eng.htm>

2SLGBTQ+ sex workers

“Trans women of colour in sex work face disproportionate impacts of GBV.”

- 2SLGBTQ+ key informant

Data on 2SLGBTQ+ sex workers is limited, but demographic data from the 2014 International Symposium on the Sex Industry in Canada found that 77% of sex workers are women and 6% are trans, non-binary or gender-fluid. Moreover, 38% identified as bisexual or bi-curious, 6% as gay or lesbian, and 11% identified as other sexual orientations.⁴⁰ Trans PULSE Canada found twice as many trans and non-binary sex workers have experienced physical or sexual assault in the past five years compared to non-sex workers.⁴¹ As one participant noted, “I have never seen specific programming for combating transmisogyny. When it’s happened, it has been self-organized sex workers and they have been Black.”

Incarcerated 2SLGBTQ+ people

There is also very little data on incarcerated 2SLGBTQ+ people and their experiences of GBV. Participants highlighted that trans and gender diverse people are over-represented in the prison system, and that the prison system enacts a lot of trans-specific structural violence. One participant shared that formerly incarcerated 2SLGBTQ+ people are also more likely to face discrimination and rejection from GBV services. One participant shared, “Trans and gender diverse individuals who have been incarcerated are more likely to be turned away, or not served at all, by shelters.”



I have never seen specific programming for combating transmisogyny. When it’s happened, it has been self-organized sex workers and they have been Black.”



Trans and gender diverse individuals who have been incarcerated are more likely to be turned away, or not served at all, by shelters.”

⁴⁰ S. Canadian Public Health Association. (2014). Sex Work in Canada. [PDF]. https://www.cpha.ca/sites/default/files/assets/policy/sex-work_e.pdf

⁴¹ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, A. Scheim on behalf of the Trans PULSE Canada Team. Health and well-being among trans and non-binary people doing sex work. 2021-03-30. Available from: <https://transpulsecanada.ca/research-type/reports>

EXISTING VIOLENCE PREVENTION AND SURVIVOR SUPPORT PROGRAMS AND APPROACHES



Physical meeting spaces like community centres are needed. They end up being the heartbeat of the community.”

“Physical meeting spaces like community centres are needed. They end up being the heartbeat of the community.”

- 2SLGBTQ+ key informant

Gender-based violence prevention and survivor support programs and approaches in Canada exist in a range of modalities and service contexts, but those that explicitly and intentionally respond to the needs of 2SLGBTQ+ communities are few and far between. Within the GBV sector, there are several exemplary initiatives that respond specifically to the unique needs of 2SLGBTQ+ communities, and a wider range of GBV services that broadly incorporate 2SLGBTQ+ inclusion within their GBV prevention and survivor support programs. Approaches to 2SLGBTQ+ GBV prevention within the GBV sector often operate from a feminist framework, often complimented by some degree of queered approaches that attempt to recognize gender diversity, complicate binary understandings of violence, and acknowledge the ways in which GBV is experienced by 2SLGBTQ+ people.⁴²

It is no surprise that 2SLGBTQ+ specific GBV services and supports are limited to nonexistent for rural and remote regions, and even small cities. Even larger cities like Montreal, Ottawa, Halifax, and Hamilton have little to offer, with only major 2SLGBTQ+ GBV services and supports existing in Toronto and Vancouver.

WAVAW Rape Crisis Centre in Vancouver is one strong example of a GBV/VAW organization that has meaningfully and effectively supported 2SLGBTQ+ survivors and sex workers. WAVAW offers services and supports to all individuals impacted by GBV and have undertaken intentional efforts to build the capacity of their team on a range of trans and 2SLGBTQ+-specific topics and competencies. WAVAW offers trans-specific GBV services, including hospital, police and court accompaniment, counselling services, and a dedicated peer program for queer survivors,

⁴² Women’s Shelter Canada (2019 May). Community of practice: Supporting trans women in VAW shelters. [PDF]. Comox Valley Transition Society. <https://transpulseproject.ca/wp-content/uploads/2015/06/Trans-PULSE-Statistics-Relevant-for-Human-Rights-Policy-June-2015.pdf>

offered in partnership with a local 2SLGBTQ+ community organization. WAVAW also explicitly describes the eligibility criteria for their programming and provides pertinent information about the evolution of their commitment to trans and gender diverse inclusion, and is working with other VAW/GBV organizations in British Columbia to expand the availability of 2SLGBTQ+-inclusive GBV services in the region.

Outside of the GBV sector, some 2SLGBTQ+ community organizations and 2SLGBTQ+-specific health and social service agencies provide 2SLGBTQ+-specific GBV prevention and survivor support programs, but such services and supports are much less common within 2SLGBTQ+ organizations writ-large. 2SLGBTQ+ organizations often offer services and supports that touch on GBV in 2SLGBTQ+ communities, but said interventions are not often limited to address one form of GBV, such as bullying and harassment or sexual assault.⁴³

The approaches of 2SLGBTQ+ organizations also differ significantly from those utilized within the VAW/GBV sector. While VAW sector organizations often operate from a historically cis-straight-women-centric model, which in turn informs the approach to care, prevention and survivor support, 2SLGBTQ+ organizations often emerged through distinctly queer models and approaches. Only in recent years have 2SLGBTQ+ community organizations begun to scale their services and increase their overall capacity to meet the needs of 2SLGBTQ+ communities. This means that, outside of a small handful of urban examples, fulsome 2SLGBTQ+ services are few and far between, particularly within rural communities.⁴⁴ Given the broader context of under-resourcing, GBV prevention and survivor support services are few and far between within 2SLGBTQ+ community organizations and services. Nonetheless, innovative examples have emerged in recent years that have begun to address the unique needs of 2SLGBTQ+ communities impacted by GBV.

One example of 2SLGBTQ-specific GBV prevention efforts in 2SLGBTQ+ organizations is OUTSaskatoon's GBV Project, which seeks to build awareness of GBV within 2SLGBTQ+ communities while developing resources for both 2SLGBTQ+ communities and those who work with 2SLGBTQ+ communities on the realities of and best practices to address GBV in 2SLGBTQ+ contexts. Another example is The 519 in Toronto, which offers anti-violence workshops for survivors of GBV and sexualized violence, phone counselling for 2SLGBTQ+ survivors, self-defence workshops for 2SLGBTQ+ community members and a free peer support group for 2SLGBTQ+ women, two spirit and non-binary survivors of trauma.

Klinic Community Health in Winnipeg, Manitoba was identified by a 2SLGBTQ+ service provider for their phenomenal work with 2SLGBTQ+ survivors. Klinic Community Health is home to both a crisis line and trans health clinic, and while they are not a GBV or 2SLGBTQ+ specific organization, they offer a trauma counselling program. The program offers free of cost, regular therapy once a week for a period of 2 years, with someone who has specialized trauma counselling education. The 2SLGBTQ+ service provider shared that Klinic Community Health is the "best place for this programming to be happening," since Klinic Community Health is already considered a welcoming environment amongst community members and staff have the practical skills, knowledge, training, and experience around homophobia, transphobia, and GBV and how that affects queer and trans people.

⁴³ The Enchanté Network. (2021). NAP Report.

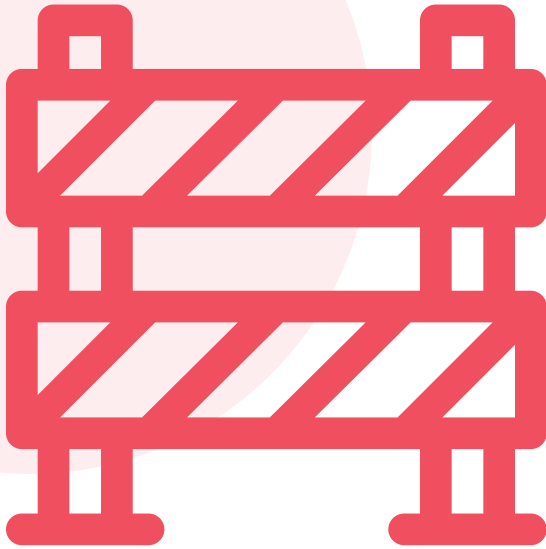
⁴⁴ The Enchanté Network. (2021). Driving Transformational Change: A Funder's Guide to Supporting 2SLGBTQ+ Organizations. [PDF]. <https://enchantenetwork.ca/wp-content/uploads/2021/09/EN-Funding-Report-.pdf>

BARRIERS TO ACCESSING AND BENEFITING FROM GBV SERVICES

Gendered spaces and limited 2SLGBTQ+ GBV competency

Participants identified the highly gendered nature of GBV services, particularly emergency shelter services, as a significant barrier to trans and non-binary people. One participant explained, “a huge reason why people don’t seek out current GBV supports is because they feel that they don’t fit into the spaces and won’t be accepted. This leads to people not disclosing or writing off supports entirely.” Participants recognized that some GBV services and supports have tried to be more inclusive, specifically of trans communities. However, they shared that these efforts need more work because they tend to be offshoots of women’s spaces, leading to the impression that the organization views queer and trans people as ‘women-lite.’

Moreover, the lack of 2SLGBTQ+ GBV service providers and 2SLGBTQ+ competent care in GBV services and supports is evident. Participants shared that appropriate language and good pronoun practices are first steps but are only the tip of the iceberg. A participant explained, “If a woman is in a relationship with another woman, okay - we’ll say partner. But it’s much more complex than that... 2SLGBTQ+ relationships are different than cis-hetero relationships. There are cultural differences.” Understanding the foundations of 2SLGBTQ+ cultures and communities, such as gender identity and expression, sexual orientation, neurodiversity, harm reduction, non-traditional family structures, non-monogamy and polyamory, queer sex and kink, as well as trauma related to gender and sexuality are a part of 2SLGBTQ+ competent care. Participants underscored that there is also



“

A huge reason why people don’t seek out current GBV supports is because they feel that they don’t fit into the spaces and won’t be accepted. This leads to people not disclosing or writing off supports entirely.”

a lack of QTBIPOC culturally competent and trauma-informed GBV services. For instance, one participant pointed out that, “There are very, very few therapists that are Black and trans or queer.”

Violence and discrimination when accessing GBV services

Given that GBV services were built to serve the cisgender, heterosexual archetype, it is no surprise that 2SLGBTQ+ people face transphobia, homophobia, biphobia, and intersecting forms of discrimination when trying to access GBV services. Participants shared that this is a significant issue in itself, as well as a barrier to 2SLGBTQ+ peoples’ safety and healing. A 2018 report by the HIV & AIDS Legal Aid Network Ontario speaks to the harassment and violence trans people experience from service providers and other service users. Service providers and other users perpetuate GBV against 2SLGBTQ+ service users trying to access housing, shelter space, consumer services, police protection, health care, addiction treatment, and employment.⁴⁵

Participants connected the growing prevalence of trans exclusionary radical feminism (TERF) rhetoric, which views trans women as predators, to the leadership in GBV organizations. One participant shared that they are seeing white, cis leadership, “being TERFy and really trying to hold on to this idea of feminist movements and women needing safe spaces that are not inclusive to trans folks.” They explained that “most [trans] folks won’t go into these spaces even when there’s nowhere else to go just because they experience more violence there.” Another participant highlighted that, “there is such a perception that people who are assigned male at birth are dangerous or inherently abusive” and called GBV service providers to recognize that, “no, those folks are not men, they need to be supported and cared for and are more likely to experience violence because of their identity.”

Participants also underscored how anti-Black racism and anti-Indigenous racism compound with transphobia and homophobia in the GBV sector. One participant explained, “Their umbrella of services covers only cis white women; they look at us as invaders of the services that they have to offer.” Another participant shared how 2SLGBTQ+ people will avoid staying in shelters at all costs because of racism. They shared, “A year ago, there was [a young person] who froze to death a walk away from the shelter. First Nations don’t have a place to go to – there’s really heavy racism [here]. My son went [to the shelter] once and never wanted to go back. He got kicked, got bugs and had to leave.” Two-Spirit people have documented experiences of violence from health practitioners and other front-line workers, including verbal abuse and sexual assault.⁴⁶

Violence and harm from police, border security, and child protection

Participants shared that 2SLGBTQ+ participants face risks of further violence, incarceration, and deportation if they choose to report GBV, including hate crimes, to police. QTBIPOC, refugees and newcomers with precarious status, and other criminalized people are at highest risk. One participant shared, “Refugees and newcomers are really susceptible to state violence from police and border security, especially if you have precarious status.”

⁴⁵ James J, Bauer G, Peck R, Brennan D, Nussbaum N. (2018). Legal Problems Facing Trans People in Ontario. TRANSforming JUSTICE Summary Report 1(i). [PDF]. <https://www.halco.org/wp-content/uploads/2020/05/TransForming-Justice-Report-One-2018Sept-EN-updated-May-6-20201.pdf>

⁴⁶ Hunt, A.(2016). An Introduction to the Health of Two-Spirit People: Historical, contemporary and emergent issues. National Collaborating Centre for Aboriginal Health. [PDF]. <https://www.ccsa-nccah.ca/docs/emerging/RPT-HealthTwoSpirit-Hunt-EN.pdf>

When asked whether they trusted that the police and courts would treat them fairly if they were physically assaulted, only one in five racialized trans and non-binary respondents said yes. When asked the same question about sexual assault, only one in ten racialized trans and non-binary respondents trusted these systems.⁴⁷ In fact, trans people report experiencing trans-motivated violence, reporting the incident and/or seeking help from police, and then being charged with assault.⁴⁸ Similarly, 87-96% of sex workers did not anticipate fair treatment from the police and legal system if they were to be assaulted.⁴⁹

Risks of state violence leave many 2SLGBTQ+ people not only unsafe to report GBV to police, but also unsafe to access services that collaborate with the state and could call the police, border security, or child protection on them. Instead of reporting GBV to police, some 2SLGBTQ+ people circulate experiences of harm and warnings about predators through social media and informal community networks.

Risks of state violence also leave service providers in a difficult position. One participant explained, “Folks in our community have a very precarious relationship with healthcare systems and policing systems... The people we have to call on are the police and the healthcare system. That doesn’t feel good because they often make situations worse, but there’s no one else to call to intervene.” In particular, participants noted that the duty to report is a challenge for service providers who recognize that the involvement of police, child protection, and/or health care often makes situations worse and places survivors at further risk of violence.

Financial and logistical barriers

Participants also flagged financial and logistical barriers that prevent 2SLGBTQ+ people from accessing GBV services. Cost is a barrier for accessing programs that have fees, and for private counselling, health care, and legal action. Transportation is a barrier to low-income and rural/remote folks. Language barriers and ID requirements were noted as barriers for LGBTQ+ refugees and newcomers. One participant explained, “Undocumented people can’t access [these services] because they don’t have ID/documentation.”

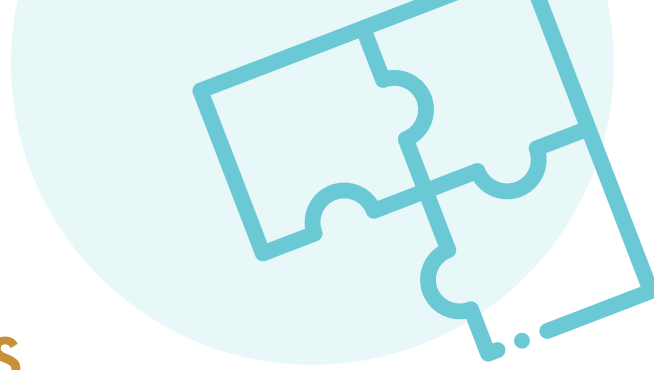
Participants highlighted the age of consent and requirements for parental consent as a barrier for youth trying to access GBV services and supports. When providing services to 2SLGBTQ+ youth, there often needs to be some level of parental involvement. According to a participant, “that can be a barrier because we have folks coming out younger and younger not able to access any kinds of supports.” Online services and supports come up against technology and internet barriers, but also Zoom fatigue. One participant shared, “Unfortunately, people are burnt out. So much Zoom fatigue. The idea that they have to connect online - a lot of people would rather not.”

⁴⁷ C. Chih, J. Q. Wilson-Yang, K. Dhaliwal, M. Khatoon, N. Redman, R. Malone, S. Islam, & Y. Persad on behalf of the Trans PULSE Canada Team. Health and well-being among racialized trans and non-binary people in Canada. 2020-11-02. Available from: <https://transpulsecanada.ca/research-type/reports>

⁴⁸ James J, Bauer G, Peck R, Brennan D, Nussbaum N. (2018). Legal Problems Facing Trans People in Ontario. TRANSforming JUSTICE Summary Report 1(i). [PDF]. <https://www.halco.org/wp-content/uploads/2020/05/TransForming-Justice-Report-One-2018Sept-EN-updated-May-6-20201.pdf>

⁴⁹ F.S.E. Arps, S. Ciavarella, J. Vermilion, R. Hammond, K. Nation, S. Churchill, M. Smith, J. Navarro, P. Thaker, G. Bauer, A. Scheim on behalf of the Trans PULSE Canada Team. Health and well-being among trans and non-binary people doing sex work. 2021-03-30. Available from: <https://transpulsecanada.ca/research-type/reports>

GAPS IN VIOLENCE PREVENTION AND SURVIVOR SERVICES



“There aren’t any housing options for queer and trans people trying to leave abusive or unsafe situations.”
– 2SLGBTQ+ key informant

Participants underscored the inexistence of 2SLGBTQ+ specific GBV services and supports aside from a couple in Canada’s largest cities. As one participant explained, “[The pandemic] has just escalated the issues that were already there, and there already wasn’t enough supports. Now it feels like there’s even less supports, less opportunities, less connection points. And I think for a lot of 2SLGBTQ+ folks, they really do rely on ourselves and our communities rather than turning to mainstream services. So with the lack of services and then not being able to be in community, everything escalated and folks are just not doing okay.”

Participants focused on the lack of shelters and housing options as a major gap for 2SLGBTQ+ people. As one participant explained, “Access to shelters and housing – particularly [for] trans and non-binary communities – is one of the biggest challenges. Experiences of transphobia and biphobia are all too common.” Another participant shared, “It’s challenging because there’s a serious lack of resources, and for youth in particular. The lack of preventative resources and action compounds with the lack of responsive actions. Because there’s no services to respond to harm, there’s no need for prevention. It’s a vicious cycle.”

Service providers are trying to fill the gaps for 2SLGBTQ+ survivors despite limited resources. For example, it is common for 2SLGBTQ+ people to use peer support services as crisis support services. Without safe crisis services to refer people to, peer support service providers fill that gap. One participant shared, “Folks go to Two-Spirit mentors

attached to Friendship Centers for GBV services, but they are not specifically advertised as this. They are filling in the gaps.”

2SLGBTQ+ organizations also don’t feel that they have the resources and tools to do GBV prevention and response. A 2017 report from Conseil LGBT describes, “Few organizations have in-house tools. Organizations with sex therapists, social workers or interns working in related fields are most likely to have sexual assault and sexual violence prevention tools. In order to adequately prevent sexual assault and sexual violence, we must stop stigmatizing certain sexual practices.”⁵⁰



[The pandemic] has just escalated the issues that were already there, and there already wasn’t enough supports.”

⁵⁰ Conseil québécois LGBT. (2017). Rapport de la consultation des groupes LGBT du Québec dans le cadre de la Stratégie gouvernementale pour prévenir et contrer les violences sexuelles 2016-2021. Available at: https://www.conseil-lgbt.ca/wp-content/uploads/2019/08/Rapportfinal_AVS_cq-lgbt.pdf

BARRIERS TO 2SLGBTQ+ GBV PREVENTION AND RESPONSE WORK

“GBV funding is very limited. We need specific funding to support work on GBV within 2SLGBTQ+ communities and it needs funding that isn’t just five years.”

– 2SLGBTQ+ participant

Funding and capacity came up as the biggest barriers keeping 2SLGBTQ+ organizations from doing GBV work. One participant explained, “The funding is not there. We’ve added a full time workshop coordinator to do classroom and health services training. We try to loop [GBV topics] into 2SLGBTQ+ 101 for prevention and awareness building.” Another participant shared, “Grassroots groups that do support and advocacy for trans folks don’t get formal funding, I would love to see funding for those who are already doing the work in the community.” Participants noted that funding for 2SLGBTQ+ youth under 18 facing GBV is particularly difficult to fund.

Historical and current harm against 2SLGBTQ+ people from the GBV sector surfaced as a barrier to mainstream GBV services doing this work and to 2SLGBTQ+ communities trusting mainstream GBV services. As one participant explained, “High profile shelters have been anti-trans. [Some] are trying to



make up for it now, but a lot of damage has been done. There’s a lot of fear and bridges need to be built.” This harm and damaged trust needs to be addressed and repaired where possible through acknowledgement, accountability, and systemic changes.

This historical and current harm is also a barrier to relationships and collaborations across the sectors. 2SLGBTQ+ service providers identified having complicated and minimal working relationships with GBV organizations. In reflecting on their organization’s relationship to the GBV sector, a participant shared that their relationship “is not hostile, but there’s just no connection there.” They shared that with the exception of one organization, “GBV orgs don’t really seek [their] team out... if and when [they] want to work with them [they] are the ones that need to make that bridge happen.” Another 2SLGBTQ+ service provider shared that there is “no GBV organization that [their] team is consistently in relationship with, calling on, or referring to.” From conversations with colleagues, they suspect this is because of how prevalent violence, racism, and TERF rhetoric are within GBV organizations.

Lastly, stigma is a barrier that keeps 2SLGBTQ+ organizations from pushing to do more GBV prevention and response. As one participant described, “There’s something to be said about queer sectors silence on anti-violence – stigmatized communities stay silent on issues because of pressure from respectability culture. Groups don’t want to share their issues when they are already pathologized, and that leads to gaps in service.”



High profile shelters have been anti-trans.”

PROMISING PRACTICES

“Peer support is what it’s all about. Survivors are talking to their friends and family members – not calling up a psychiatrist.”

– 2SLGBTQ+ participant

At the grassroots

Participants described that 2SLGBTQ+ survivors, particularly QTBIPOC, refugees and newcomers, and trans people, predominantly turn to friends, community, and mutual aid for emotional support, informal safety planning, housing alternatives, financial resources, and spiritual healing. As one participant illustrated, “LGBTQ refugees are people who build a foundation and home for others who come through. We don’t eat alone. We bring everyone along.”

Some 2SLGBTQ+ communities are running self-organized violence prevention initiatives, such as community meal deliveries, street medic teams, and police watches and interventions. One participant described, “There’s a group of young people that I work with. We work for the people – homeless, queer, sex workers, poor. We drive around at night and try to intervene when the police act up. We know what the police do. We see what they do.”

Nothing about us without us

Most participants spoke to the necessity and success of ‘by us for us’ programming. That is, GBV violence prevention and survivor supports that are designed and run by and for 2SLGBTQ+ communities themselves. There are great examples of 2SLGBTQ+ organizations that take this approach generally, such as 2 Spirits in Motion Society and Project 10. One participant explained, “our advisory council is made up of mostly queer service providers from



We work for the people – homeless, queer, sex workers, poor. We drive around at night and try to intervene when the police act up. We know what the police do. We see what they do.”

education, mental health, and healthcare, a Two-Spirit knowledge keeper who helps to think about how we can keep decolonizing, and community members with lived experience.”

QTBIPOC participants spoke to the importance and success of culturally-relevant programs and supports. For 2SLGBTQ+ Indigenous communities, this can include access to Elders, ceremony, traditional medicines, and intergenerational community support. One participant described, “We got a grant from WAGE to distribute to Two-Spirit people and organizations during COVID. We were able to send Two-Spirit people medicines, food, clothing, and money for rent and bills... Ceremony is a big part of being Two-Spirit, so people were able to do Elder sessions and drag makeup.”

Peer support groups came up most often as a promising practice and opportunity. 2SLGBTQ+ participants shared that it is “empowering to come together and support peers or younger folks,” and



Peer support groups have been the most resilient group we've had, the peer groups just kept rolling. They have no funding, they just have me. It's the program that's growing the most. We now have 14."

that there is “so much power and care in community.” That said, due to the prevalence of violence experienced by 2SLGBTQ+ community members, peer support can be an emotionally challenging venture. In fact, one participant described that, “Peer support groups have been the most resilient group we've had, the peer groups just kept rolling. They have no funding, they just have me. It's the program that's growing the most. We now have 14.” To ensure that the wisdom and experience of community members can be shared, participants highlighted the need for peer support services to be fairly compensated and formalized.

Participants also spoke to the success of peer accompaniment and community advocates. In one case, a participant described, “For people who live with their abusers, we go grocery shopping together.” Community support advocates go a step further and bridge gaps for the survivor in addition to accompaniment. As one participant explained, this advocate helps with attending appointments, case management, referrals to safe service providers, peer support, and works with people [to] bridge gaps.”

Participants shared that they engage in advocacy across the systems that 2SLGBTQ+ people navigate, such as medical care, schools, and workplaces. This

includes connecting with GBV services and doing quite a bit of advocacy in the spaces that clients might want or need access to. Another participant highlighted the importance of advocacy and support when sexual assaults occur in the community. This participant explained that when an assault takes place, their team meets survivors at hospitals, psych wards, RCMP centres, or in any other location to ensure that the needs and safety of the survivors are prioritized.

Due to the prevalence of GBV experienced by 2SLGBTQ+ folks in the justice, shelter, and child protection systems, 2SLGBTQ+ serving organizations need to consider whether following a formal, mainstream avenue to redress or avoid violence will be in the best interests of their clients. A participant shared that they do a lot of harm reduction and safety planning work, often doing everything they can to keep clients safe in their current environment. For youth, this can mean working to salvage the family unit. In cases where the clients prefer to follow the mainstream route, service providers can provide systems navigation support and advocacy services to ensure clients have access to support as they move through spaces that are typically gendered and feel unwelcoming to trans and gender diverse communities.



Prioritizing relationship building and trust building

Participants underscored the process and benefits of slowing down and investing time and energy into relationship building with 2SLGBTQ+ communities, partners, other service providers, and in some cases, training recipients. A participant explained, “The pandemic really forced us to slow down and root us in decolonial processes, [building] relationships and trust before we do the work. The sense of urgency is a massive issue.” Focusing on relationships and trust building has allowed 2SLGBTQ+ and GBV programs to do their work in safer, more effective, accountable, and sustainable ways.

Across sectors, there are individual relationships between service providers but cross-sectoral relationships between organizations are uncommon. A participant explained, “We make referrals but with a lot of caveats. [We’re] focused on building interpersonal connections from staff to staff. For example, there are one-one relationships with staff at anti-trans organizations.” Participants shared that 2SLGBTQ+ organizations receive calls from GBV and other services asking how to address 2SLGBTQ+ GBV and better support 2SLGBTQ+ survivors.

One 2SLGBTQ+ organization provides free service provider consultations. A participant explained, “We do free service provider consults. Any counsellor, any service provider, whoever, can give us a call... We are

so happy to do that, and we offer that free of charge. We aren’t going to charge people to give them the resources they need to support people, especially if their organization can’t or won’t go in for more formal or widespread training.” Another participant from a 2SLGBTQ+ organization shared that a local GBV organization had reached out to them for consultation because they were aware of the gaps and issues arising due to their gendered and not 2SLGBTQ+ inclusive services. With the support of this consulting relationship, this GBV organization connected with stakeholders and community members about what needed to be changed, built relationships with community members, hired queer and trans staff, and planned for regular evaluation.

Some 2SLGBTQ+ organizations have collaborated with social services, such as their local family services and YWCA, to address GBV against 2SLGBTQ+ communities. Some Indigenous-led 2SLGBTQ+ programs and organizations have strong relationships with local Friendship Centres and connections to anti-trafficking initiatives.



The pandemic really forced us to slow down and root us in decolonial processes, [building] relationships and trust before we do the work. The sense of urgency is a massive issue.”



OPPORTUNITIES

1 For us by us programming

GBV-related services by and for 2SLGBTQ+ communities are few and far between, despite clear interest and substantial need within 2SLGBTQ+ communities. There are few resources available for 2SLGBTQ+ GBV prevention or intervention, such that creating or expanding existing services is met with substantial and near-insurmountable barriers. Without dedicated by and for interventions, 2SLGBTQ+ people will continue to rely on peer-based and informal networks. These networks are essential to community health and well-being, but volunteer-based efforts are insufficient to address the breadth and depth of GBV towards 2SLGBTQ+ people. According to one participant, “Most of the support already happening is support networks. [It’s] not fair unless there is a really good amount of compensation and support provided.”

By and for interventions and organizations, while few and far between, represent a unique opportunity. Investing in and learning from existing initiatives can enable effective scaling up of community-led interventions. These interventions are largely unfunded and peer-led; they hold significant community knowledge and expertise of great value to the sector. As one participant said, “I would love to see a mobilizing of the peer support [that] is already happening and compensating the people involved. I would love to see funding for those who are already doing the work in the community so that work can continue to be formalized in a way that will grow and maintain capacity.”

By and for initiatives can take a range of modalities, including informal unincorporated networks, initiatives led by 2SLGBTQI+ community organizations, or 2SLGBTQI+-led initiatives within larger GBV-related organizations. While it is important to support by and for interventions across diverse modalities, it is equally important



If one hasn't lived it, it's very hard to understand or talk someone through what GBV can look like, sound like, and feel like.”

to prioritize GBV prevention and intervention programs led specifically by 2SLGBTQI+ organizations. According to one participant, “We need to be creating opportunities for the queer community to create and lead GBV programming.”

“If one hasn’t lived it, it’s very hard to understand or talk someone through what GBV can look like, sound like, and feel like.” Strengthening existing, and creating new, 2SLGBTQI+-led GBV prevention and intervention programs is one of the most effective mechanisms through which to reach 2SLGBTQ+ people impacted by GBV.

2 Mandatory and Comprehensive Trainings

“Organizations have so much to lose. There’s no impetus to change unless they have to.”

– 2SLGBTQ+ key informant

Knowledge, competence, and confidence gaps pertaining to 2SLGBTQ+ communities, and the diverse ways in which GBV impacts 2SLGBTQ+ individuals, are pressing issues in the GBV sector. Through comprehensive, mandatory, and recurring training opportunities, GBV organizations can build the capacity of their teams to effectively support 2SLGBTQ+ community members impacted by GBV.

Knowledge and training gaps exist across and beyond the GBV sector. 2SLGBTQ+ community organizations often lack concentrated education on GBV, how to support survivors of sexual violence, how to identify instances of grooming, and how to identify instances of IPV. Silos between 2SLGBTQ+ and GBV organizations contribute to knowledge and competence gaps in both sectors. As one participant said, “We need mandatory 2SLGBTQ+ trainings for GBV organizations and mandatory GBV trainings for 2SLGBTQ+ organizations.”

Boilerplate 2SLGBTQ+ inclusion training, while important, is nonetheless insufficient to equip GBV

providers with the necessary skills and competences to address GBV in 2SLGBTQ+ contexts. While core competence training, distinct from training specific to 2SLGBTQ+ GBV, is essential, comprehensive training on GBV in 2SLGBTQI+ communities is equally important. A 2SLGBTQ+ service provider shared that people, “Need training in supporting survivors of GBV that is relevant to the context that they’re working in. A lot of training is either not specific to the queer experience or is way too high level to be useful.”

Comprehensive, ongoing, and mandatory training within both GBV and 2SLGBTQI+ sectors, as well as peripheral sectors (justice, education, youth services), is necessary to ensure 2SLGBTQI+ individuals impacted by GBV are able to access inclusive services with the knowledge, confidence, and competence to meet their needs. Additionally, mandatory training should be accompanied by ongoing implementation efforts, including policy and procedure reviews, mission and mandate reviews, and undertaking recurring refresher sessions, including supplementary training on additional key topics (such as decolonizing gender or understanding trans health).

3 2SLGBTQ+ GBV Specific Programs

“It would be great to have new programs that are specifically [for 2SLGTQ+ people]. If more GBV orgs did this work, maybe they’ll see the need that there is.”

– 2SLGBTQ+ key informant

Dedicated spaces for 2SLGBTQ+ people continue to be uncommon in the GBV sector. According to one participant, “We need more physical safe spaces for 2SLGBTQ+ folks. Currently there are a few drop-ins, but their hours are very limited and while a few of them are 2SLGBTQ+ specific, the majority are highly gendered. We need 24/7 spaces that are inclusive, have inclusive washrooms, and are accessible. We especially need these spaces for youth, but

it has to go beyond this because experiences of violence don't go away once you turn 19." Targeted interventions and programs for specific groups within the 2SLGBTQ+ community are integral to addressing GBV against 2SLGBTQ+ people. As one participant urged, "Let's specifically create programming for QTBIPOC youth. In addition to [many forms of] isolation, QTBIPOC youth have to deal with the overwhelming whiteness of GSAs, [Gay-Straight Alliances]."

Given the historical and ongoing exclusion experienced by 2SLGBTQ+ people, the introduction of 2SLGBTQ+ specific interventions within GBV organizations is an opportunity to build trust and re-engage with a traditionally excluded community. However, trust cannot be built overnight. As one participant said, "I want to say it would be nice if there was queer and especially trans-specific services at existing sexual assault centres. But to be honest, based on who is working in those organizations, especially outside of urban centres, I don't have faith that they can get things together and not be TERFs."

2SLGBTQ+-specific GBV programs within GBV organizations are important to building trust and ensuring 2SLGBTQ+ people have access to necessary services and supports pertaining to GBV, but they may not be a viable solution for all, given concerns about anti-trans rhetoric, and concerns about trans and 2SLGBTQ+ competence. While efforts to build 2SLGBTQ+ competence within GBV

organizations is important, including through the provision of 2SLGBTQ+-specific programs within GBV organizations, it is equally important to create and invest in 2SLGBTQ+ organizations to deliver 2SLGBTQ+-specific GBV services. As one participant said, "the dream is sexual assault centres specifically for 2SLGBTQ+ folks in response to GBV, operating from the broadest definition of GBV."

4 Shelters and Housing Supports

Homeless 2SLGBTQ+ people are at particularly high risk of GBV while facing compounded barriers to accessing GBV services. Structural expressions of GBV, such as income inequality, familial rejection, and employment discrimination result in a greater proportion of 2SLGBTQ+ people experiencing homelessness in comparison with the general public. Those who are 2SLGBTQ+ and homeless, and particularly those facing additional forms of oppression, are particularly vulnerable to GBV, while emergency shelters and similar services are rarely equipped to support the full diversity of 2SLGBTQ+ communities, let alone 2SLGBTQ+ individuals impacted by or coping with GBV.

2SLGBTQ+ specific housing programs, including transition houses, emergency shelters, and supportive housing services, are an important mechanism to mitigate GBV against 2SLGBTQ+



The dream is sexual assault centres specifically for 2SLGBTQ+ folks in response to GBV, operating from the broadest definition of GBV."

people while improving access to supportive and safe housing. According to one participant, 2SLGBTQ+ specific housing, including for undocumented people and refugees, are important so, “they can move away from their abusers to somewhere they can be independent, and receive resources and not be questioned.”

Training for housing workers, as well as education on the particular forms of violence 2SLGBTQ+ people commonly experience in housing and homelessness services, are equally important, given that shelter and housing sites can often be unsafe for 2SLGBTQ+ individuals, within which GBV targeting 2SLGBTQ+ can also take place.

5 Collaboration within, between, and beyond sectors

Substantial silos persist between 2SLGBTQ+ and GBV organizations, and across interrelated sectors, including justice, education, and youth sectors. Siloed approaches minimize knowledge sharing, result in barriers or delays to accessing services, and result in a lack of trust between organizations and sectors. Without deep and sustained relationships, 2SLGBTQ+ and GBV sectors cannot effectively address interrelated issues or serve interconnected communities - such as 2SLGBTQ+ communities impacted by GBV.

2SLGBTQ+ and GBV sectors face common barriers and issues, from struggles fully doing justice to intersectionality and anti-oppression, to shared histories of funding precarity, insufficient capacity to meet growing demand, and hyper-politicization by outside actors. Both sectors have immense knowledge to share, but they can only do so if sufficient trust is established. Additionally, relationship building takes time, and only so much can be accomplished through virtual means. One participant said, “It is really hard work to keep things together over email – engaging and accountability to show up is necessary in organizing.”

Through enhanced collaboration, including communities of practice, planning tables, trust-building opportunities, and joint funding submissions, 2SLGBTQ+ and GBV organizations can begin to build trust and share their respective expertise, while building their collective capacity to best serve 2SLGBTQ+ communities impacted by GBV.

6 Coordinated responses to anti-trans and anti-2SLGBTQ+ hate in the GBV sector

Anti-trans and TERF groups play a significant role in fueling 2SLGBTQ+ organizations’ concerns about 2SLGBTQ+ and trans inclusion within GBV organizations, and also contribute to broader social and political animosity toward 2SLGBTQ+ people, which in turn reinforces social norms that engender hostility toward 2SLGBTQ+ people. While many GBV organizations are vocally 2SLGBTQ+-inclusive, anti-trans, TERF and anti-2SLGBTQ+ groups contribute to greater uncertainty and create political environments wherein GBV organizations may be wary of reprisal or targeting if they endorse trans rights and 2SLGBTQ+ inclusion.

Several participants suggested that legal support for GBV organizations dealing with transmisogyny would be a worthwhile endeavor. One participant shared that, “One thing that might be helpful for creating space from “gender-critical” organizations and influencers is legal support around membership law,” given the targeting of feminist organizations affirming or broadening their inclusion of trans women. Through enhanced coordination specifically to address anti-2SLGBTQ+ and anti-trans hate within the feminist sector, and to respond to attacks on trans-inclusive GBV organizations, the sector can build stronger relationships with trans and 2SLGBTQ+ communities and ensure an inclusive environment.

7 Intersectional change in GBV and 2SLGBTQ+ organizations

“Centre the experiences and voices who are most impacted. Do [your] best without being tokenistic. Connect with other agencies to see how [you] can learn from each other.”

- 2SLGBTQ+ key informant

Advancing intersectional approaches within GBV and 2SLGBTQ+ organizations enable a more effective and holistic response to GBV. Through a deeper commitment to intersectionality, by centering the voices of people with lived experience, and examining the relationship between colonialism, white supremacy and GBV, 2SLGBTQ+ and GBV organizations can better support and respond to the diverse needs of their communities.

According to one participant, they can start by, “Re-evaluating what they do, if their policies are matching the people they’re serving. Language, paradigms, practices (what’s working, what’s not working). Reviewing policies and procedures. Re-evaluating yourself and your values; see how adaptable your services are to current trends.” Through deeper introspection and the implementation of intersectional feminist frameworks and values, GBV and 2SLGBTQ+ organizations can build relationships of trust with traditionally excluded communities and ensure their services are genuinely responsive to their local service users.

Prioritizing the hiring of 2SLGBTQ+ people is also necessary to advance a genuine and fulsome commitment to intersectionality. Participants stressed the importance of hiring 2SLGBTQ+ staff, not only as frontline service providers, but in leadership roles as well. One participant shared, “[Organizations] should not just hire a trans person to work with trans people and think that it’s enough. You need trans and gender diverse people on your board of directors, executive team, and as direct service providers.” Creating workplaces that are reflective of the communities

with greatest need enables stronger relationships of trust between service users and organizations, while minimizing the risk of tokenization.

8 Monitoring, evaluation, and identification of best and promising practices

2SLGBTQ+-specific GBV interventions are chronically under researched and under-evaluated. Similarly, non-specific GBV interventions lack substantive research findings on their viability and efficacy for 2SLGBTQ+ community members. While there are examples of innovative and promising practices within both 2SLGBTQ+ and GBV organizations, there are minimal processes available to strengthen the evidence base for such interventions, nor to share promising or emergent practices/models/approaches across the sector. A lack of monitoring and evaluation, coupled with a lack of processes through which to identify or share - let alone replicate - promising or best practices, reduces the capacity of 2SLGBTQ+ and GBV organizations to effectively implement programs to address 2SLGBTQ+-specific GBV.

Funding to improve the monitoring and evaluation of 2SLGBTQ+-specific GBV programs, as well as processes through which to share the findings of such research efforts, would have a significant impact on the sector’s capacity to address 2SLGBTQ+-specific GBV. Through the identification and dissemination of best and promising practices, through evidence briefs and implementation guides, the sector can better utilize evidence-based practices to address 2SLGBTQ+-specific GBV.

9 Community-based funding priorities, parameters, and expectations

“Funder requirements need to be identified by the community members themselves. From the community and service provider perspective. There are a lot of well-intentioned programs... Most of the

time the needs of the funders and the needs of the community don't align – they are separate.”

– 2SLGBTQ+ key informant

Funding parameters and funder priorities rarely align with those of community members or service providers. Participants stressed the need for community-defined priorities, parameters, and metrics of success. According to one participant, “Any criteria for evaluating effectiveness needs to be identified by the community. What would a successful project look like for community members? Power and control need to be in the hands of the community, including outputs and evaluation.” Through deeper engagement between funders, community members, and service providers, funding priorities and parameters can better reflect the genuine needs of communities, and metrics of success can respond to what service-users and community members themselves perceive as successful or impactful.

While funders increasingly recognize the importance of targeted interventions developed in consultation with communities, exploitation and extraction is still all-too common. In the words of one participant, “We recruit these people as volunteers or advisors, but we gather all their expertise without real decision-making power or compensation. We really exploit when we say ‘community-led.’” Funding bodies should ensure that 2SLGBTQ+ individuals, particularly QTBIPOC individuals, are at the heart of funding decision-making processes. As one participant put it, “When they’re making decisions around who is getting money, how this money is being distributed, it can’t just be a bunch of straight, cis, white folks sitting in a room.” Meaningful representation of 2SLGBTQ+ people around funding decision-making tables will result in more effective and inclusive funding programs.

2SLGBTQ+ organizations are chronically underfunded and often lack core or operational funding, thereby struggling to retain staff, cover administrative needs, and grow the reach and impact of their services. Funding parameters rarely address



When they’re making decisions around who is getting money, how this money is being distributed, it can’t just be a bunch of straight, cis, white folks sitting in a room.”

the unique financial context of predominantly small, grassroots, and/or community-led organizations. Rather than repeated rounds of short-term project funding, funders should empower organizations with flexible funding parameters that recognize that 2SLGBTQ+ organizations have the requisite knowledge and expertise to make the most effective use of funds, without being held back by unrealistic deliverables. As one participant said, “Give 2SLGBTQ+ organizations money and just let us make our own decisions about what’s going to be the best for within our organization and our capacity and our expertise. We need money and it can’t just be piecemeal. It needs to actually be a significant amount of money without the expectations of very high deliverables.”

10 Funding for arts and culture

“Stories bring healing. Our ancestors may not have had the chance to tell their stories, but we do.”

– 2SLGBTQ+ key informant

Storytelling and arts-based interventions can be an effective medium for self care, community care, and healing, enabling 2SLGBTQ+ people to express resilience and find joy in an often difficult and painful

world. As one participant described, “There are so many newcomers and refugees who are so gifted. They struggle with GBV and need something to look up for, something that gives them life and joy. We need to allow ourselves to be creative. Art has been a part of my healing process.” Art therapy, for example, can support survivors to normalize stigmatized experiences, illustrate their own stories, and focus on their strengths. Participants also noted that the arts are an income-generating opportunity that some 2SLGBTQ+ survivors turn to.

Access to culture, including cultural spaces and culture-based activities, can also play a key role in coping with and healing from trauma. Participation in cultural activities and events play an important role in community connection and self identity. Supporting

2SLGBTQ+-inclusive social, arts, and cultural spaces is an effective mechanism to address the impact of GBV. Many 2SLGBTQ+ people have never seen themselves reflected in arts and culture. Positive and affirming stories about 2SLGBTQ+ survivors play an important role in shaping social and cultural knowledge. Supporting 2SLGBTQ+ art, particularly by survivors of GBV, contributes to a more inclusive society.

11 Restorative Justice and Transformative Justice

“What would it take to build a community where we were really safe? Not perfectly, rigidly safe in the sense of totally free from risk - because such a thing is not possible in this life - but safe enough to pursue intimacy and adventure with the knowledge that there really was a community that had our backs? Where we were safe enough to make mistakes, to hurt people in the way that all of us sometimes do, through carelessness or clumsiness or plain stupidity, and to make amends in a way that created healing instead of more hurt?”

- Kai Cheng Thom⁵¹

Compounding racism, colonialism, ableism, classism, and sexism, as well as systemic homophobia, biphobia, and transphobia, result in intra-community harm, often described as lateral violence. As the common saying goes, ‘hurt people hurt people.’ Lateral violence within 2SLGBTQ+ communities, and within the GBV sector, puts the most marginalized 2SLGBTQ+ people at increased risk of harm. Intra-community violence is extremely complex, necessitating nuanced and skilled interventions addressing violence within 2SLGBTQ+ communities.

Participants highlighted that many 2SLGBTQ+ survivors are not safe or interested in turning to the criminal system for healing or justice. Restorative and transformative justice approaches are a real opportunity for 2SLGBTQ+ communities. One participant explained, “[We] have to invest in self-accountability programs. Teach [people who have



For a lot of programs, [including] ones with good models for sexual offenders, people can't volunteer to join. It's only for court-mandated cases or [people can] apply to be part of the program while in prison.”

⁵¹ Thom, K. C. (2019). *I Hope We Choose Love: A Trans Girl's Notes from the End of the World*. Arsenal Pulp Press.

harmed] how to work with their shame and their internalized prison industrial complex. You can't do [transformative justice processes] if people aren't invested in never doing wrong. That will never change peoples' behaviour. They end up becoming vengeful instead of transformative." Participants called for self-accountability programs, skill shares for transformative justice facilitators, and resources for transformative justice processes.

Restorative justice programs should also be made accessible for people who aren't incarcerated or legally mandated to participate. One participant explained, "For a lot of programs, [including] ones with good models for sexual offenders, people can't volunteer to join. It's only for court-mandated cases or [people can] apply to be part of the program while in prison." Circles of support and accountability (COSA) are one example of such programs.

12 Meeting people where they're at

Approaches to 2SLGBTQ+ inclusion in GBV organizations, and 2SLGBTQ+-specific GBV interventions, must recognize that all organizations are at different places in their journeys toward inclusion and anti-oppression. Approaches to building capacity, advancing inclusive services, and developing targeted services for 2SLGBTQ+ communities must be nimble and adaptable to the unique organizational history, regional characteristics, and capacity of each organization. As one participant said, "Some organizations are at places where they're ready and want to change. Other organizations are hearing that they need the education and want it in an hour. I need to honour the lived experience and request from the community we've worked with."

Outside of urban centres, 2SLGBTQ+ inclusion and responses to GBV towards 2SLGBTQ+ people are quite different from those in urban spaces. Discussing how GBV impacts 2SLGBTQ+ communities is considered taboo in many rural communities, which

can make prevention work challenging. A participant shared that, "Depending on where I go, and the dynamic, I talk about my own experiences just to create some foundational relationship between 'I am a human being, and this is real'... It's a gradual ease in. Build a rapport, build a relationship, build some trust, and then I start talking about what trafficking and GBV look like for our communities."

13 Recommendations from the MMIWG2SLGBTQQIA+ National Action Plan Final Report

The 2021 MMIWG2SLGBTQQIA+ National Action Plan Final Report should be considered a key resource for guidance and action.⁵² Recommendations from Indigenous 2SLGBTQ+ people are also captured by the 2 Spirits in Motion 2021 review of the Missing and Murdered Indigenous Women and Girls 2 Spirit Calls for Justice. Indigenous 2SLGBTQ+ people expressed needs related to cultural and spiritual safety, including the need for more Two-Spirit safe spaces for different Two-Spirit intersections, such as safe spaces for Two-Spirit Elders, Two-Spirit Ceremony, Two-Spirit Youth, and Two-Spirit professionals.

Indigenous 2SLGBTQ+ people also underscored needs related to sex work and trafficking. As one community expressed, "Sex work positive environments are necessary, and advocacy is needed for sex workers who are experiencing violence. Advocacy is needed for Two-Spirit who are experiencing sex trafficking." Advocacy at the community level specific to Two-Spirit people is

⁵² Lezard, P, Prefontaine, Z., Cederwall, D., Sparrow, C., Maracle, S., Beck, A., McLeod, A. (2021). MMIWG2SLGBTQQIA+ National Action Plan Final Report. [PDF]. <https://mniwg2splus-nationalactionplan.ca/wp-content/uploads/2021/06/2SLGBTQQIA-Report-Final.pdf>

needed to assist in creating a safe space for Two-Spirit community members who are more at risk of GBV.⁵³

14 Recommendations from trans women via Trans PULSE Canada

Trans PULSE Canada offers recommendations for GBV service providers to better support trans women. They describe, “Given the strong correlation between transphobic violence and suicide, it is imperative that social workers advocate for equitable access to services such as rape crisis centers and shelters. There is an ongoing history of barriers for trans people requiring these services, in particular for trans women seeking access to women’s services. Social workers must ensure that the injustice trans people face in society is not mirrored at the level of service provision.”⁵⁴

General fundamentals for service providers to support trans women include:

- Be mindful of gender biases and learn more about transmisogyny;
- Participate in ongoing anti-oppression and anti-racism education;
- Develop policies and protocols that prevent and address violence and discrimination against trans women;

- Create safe spaces (such as dedicated emergency housing) and peer-led programs by and for trans women; and
- Foster partnerships with organizations serving trans women (such as trans-led organizations and 2SLGBTQ+ organizations).⁵⁵

15 Recommendations from 2SLGBTQ+ youth via Wisdom2Action

In Wisdom2Action’s 2019 report on LGBTQ2+ youth priorities for addressing GBV, youth articulated program and service recommendations to address GBV among LGBTQ2+ youth. Recommendations included:

- Education initiatives targeted at the general public, service providers and educators, and young people;
- Peer support services for LGBTQ2+ youth, including youth groups, community and social programming and intergenerational community programs;
- Family services and supports, in particular, counselling services, parent-focused education and parent-led peer support programs;
- Housing and homelessness services, including LGBTQ2+ youth shelters, LGBTQ2+ youth employment programs and more inclusive mainstream youth housing and homelessness services;
- Comprehensive sexuality education for LGBTQ2+ youth, with an emphasis on sexual health, consent, healthy relationships, and communication; and
- Community, Health and Social Services, particularly more inclusive mainstream health and social services, services targeted at LGBTQ2+ youth in particular, peer driven programming, and virtual support services.

⁵³ 2 Spirits in Motion Society (2SiMS). (2021). 2nd LOOK ENGAGEMENT PROJECT REPORT ON MISSING AND MURDERED INDIGENOUS WOMEN, GIRLS & 2 SPIRIT PEOPLE. https://issuu.com/2spiritsinmotion/docs/2sim_mmiwg2s_fa

⁵⁴ Bauer GR, Pyne J, Francino MC, Hammond R. (2013). Suicidality among Trans People in Ontario: Implications for social work and social justice. *Trans Pulse Canada. Service social.* 2013; 59(1): 35-62.

⁵⁵ *Trans women and intimate partner violence: Fundamentals for service providers.* (2021, December 10). Trans PULSE Canada. <https://transpulsecanada.ca/data-in-action/trans-women-and-intimate-partner-violence-fundamentals-for-service-providers/>



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