TRANSFORMED

Public Health Research for the TransFormed Project

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METRAC

Acknowledgements

The TransFormed project is a bilingual, community-based research project led by METRAC: Action on Violence in partnership with Centre francophone de Toronto and generously funded by the Public Health Agency of Canada and the City of Toronto.

AIDS Committee of Toronto	OAITH-Ontario Association of Interval and Transition Houses
Black Coalition for Aids Prevention (Black Cap)	OCASI – Ontario Council of Agencies Serving Immigrants
Canadian Aboriginal Aids Network	Ontario Network of Sexual Assault /Domestic Violence Centres
Egale Canada Human Rights Trust	Peel Committee Against Woman Abuse
Eva's Initiatives for Homeless Youth	Pieces to Pathway
Interim Place, Mississauga	Rainbow Health Ontario
Lesbian, Gay, Bi-Trans Youth Line	Sherbourne Health Centre
Maggie's	Springtide Resources (now closed)
Marvellous Grounds	The 519
Network of Women with Disabilities	2-Spirit People of the 1st Nations
OAHAS – Ontario Aboriginal HIV/AIDS Strategy	Woman Abuse Council of Toronto
	Women's College Hospital

Contents

Executive Summary

TransFormed is a research and action project to better understand and respond to intimate partner violence among Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender-questioning community members. It is led by METRAC: Action on Violence in partnership with Centre de Francophone. It is funded by the Public Health Agency of Canada and the City of Toronto.

Between 2018 to 2019, mixed-method research activities were undertaken with a trauma-informed, community-based approach. This report summarizes the findings of an online survey, focus groups, and individual interviews with 154 diverse Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning community members in the Greater Toronto Area.

Key Online Survey Findings

A total of 136 respondents (129 English and 7 French) were included in the analysis. A high proportion reported mental health issues (74.6%), social isolation (53.4%), and experiencing transphobia (44.9%) and discrimination (36.4%). Approximately 40% of the study population can be considered "low income".

- 81.3% experienced abuse in their lifetimes and 44.3% in the past 2 years. This prevalence is much higher than rates reported in other studies.
- Of the respondents who reported abuse, they experienced emotional abuse (85.7%), sexual abuse (51.2%), gender identity abuse (44.0%), and physical abuse (40.5%). Approximately one-third "always" or "sometimes" attributed the abuse they faced to their gender identity or expression. The most frequently reported impact of partner violence was mental health concerns (89.3%).
- Almost 40% of those who experienced abuse (38.8%) turned to family or friends for help with partner abuse in the past 2 years.
- Only half of the respondents who experienced partner abuse (51.9%) reported that they had ever used formal services. The most frequently used source of help was mental health services (76.2%).
- A sizeable proportion of respondents found the existing network of formal services unhelpful.
- Features of a good source of help included: Trans competency, informed by lived experience, considerate of intersectional issues, trauma-informed, low cost, and easy to access.
- Most respondents identified partner violence as a major problem (61.7%) and a top or important priority (68.3%) in their communities.
- Nearly three quarters of respondents (72.4%) have used a resource to help with relationship(s). The majority had used counselling (83.1%), followed by self-help resources (62%), and relationship/communication skills programs (32.4%).
- Participants suggested that information or resources should be developed by people with lived experience, accessible, safe, reliable, current, and accurate.

Key Interview and Focus Group Findings

- Overarching themes participants shared were a lack of representation and gender diverse visibility in service provision.
- Emotional, psychological, and mental health impacts were at the forefront of participant narratives.
- For many participants, having to choose which aspect of one's identity to "lead with" in order to access supports was a complex venture that often left them with little to no meaningful health resources.
- Participants want to see themselves reflected in intimate partner violence resources, which can affirm and validate the relationship dynamics they experience.

Introduction

Intimate partner violence (IPV) is widely recognised as a global health and social problem with devastating consequences for individuals and their families. Research within gender and sexually diverse communities has dispelled the myth that partner violence only occurs in heterosexual relationships between cisgender people (Barret and Sheridan, 2017; Turrell et al., 2012; Whitaker et al., 2001).

It is important to consider the oppressive social context in which violence occurs and how heterosexism, homophobia, bi-phobia and transphobia impact rates of intimate partner violence amongst sexually diverse and gender diverse people (Ristock, 2011; Lorenzetti et al., 2015).

Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning communities experience unique and intersectional forms of structural violence that increase their risk of victimization. This dynamic also creates barriers that deters them from seeking help.

TransFormed is a research and action project to better understand and respond to IPV among Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender-questioning community members. It is led by METRAC: Action on Violence in partnership with Centre francophone de Toronto. It is funded by the Public Health Agency of Canada and the City of Toronto.

TransFormed brought together Two-Spirit, Nonbinary, and Trans Peer Leaders and an Advisory Committee comprised of researchers and multi-sector agencies to examine and address issues, challenges, and barriers to health and social supports for community members affected by IPV. Its goals are to:

- understand how IPV is experienced by Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning people in the Greater Toronto Area (GTA) in ways that facilitated safety, trauma-informed practices, and confidentiality.

- respond to the needs of Two-Spirit, Nonbinary, Trans, gender non-conforming/questioning community members through peer-led interventions and approaches aimed at building the knowledge and service capacity of health and multi-sector providers within Ontario; thereby increasing access to more effective and equitable health and social supports.

The TransFormed research team included:

- a Peer Leadership Group (PLG) comprised of Two-Spirit, BIPOC, Trans Woman and Trans Femme, Nonbinary, and Gender non-conforming staff hired to assist with individua interviews, and to co-facilitate culture-specific focus group discussions.
- An Advisory Committee of multi-sector agencies responsible for providing strategic vision, guidance and direction to the project from sectoral insights represented by organizations that serve Two-Spirit, Nonbinary, Trans, Gender non-conforming community members
- An independent community Researcher and Clinical Social Worker consultant hired to provide trauma-informed training for peer research-assistants, in preparation for them to co-lead individual interviews and focus group discussions. The Community Researcher had extensive knowledge and experience in anti-oppressive/anti-racist practice and queer-positive trauma-informed therapy/counselling. The social worker identified as a cis-woman, Queer Latinx.
- a Project Steering Group comprised of METRAC directors, managers, a Project Coordinator, and Centre francophone de Toronto Project Coordinator, a highly experienced Academic Researcher and a Community Clinical Social Worker Researcher.

Trauma-informed, community-based research activities were undertaken to accomplish these goals, including: a literature review and environmental scan; interviews with key informants in the violence prevention and intervention sector line; an online survey; and in-person individual interviews and focus groups.

This report presents findings and insights from the online survey, individual interviews, and focus groups. They have informed the development of Transformed Project interventions geared towards supporting community members and Health and Social Service providers working with the priority population groups.

Part 1: Online Survey

The online survey was designed to collect information from Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning community members in the Greater Toronto Area, with a focus on their:

- perceptions and experiences with IPV;

- information-seeking and resource-use to promote healthy relationships and prevent IPV; and
- experiences with seeking informal and formal help for IPV.

Methods

Survey Development

In the first year of the project, the PLG met regularly to discuss information needed from community members to promote healthier relationships and reduce barriers to help-seeking. Findings from a literature review and environmental scans were explored, and an online survey was drafted. Most questions were developed by members of the research team and validated by PLG members. The Advisory Committee also provided feedback.

The survey included seven sections: Demographics, Awareness of IPV, Information Seeking, Access to Resources, Experiences with Partner Violence, Impacts, and Help-Seeking. Some of the measures used were drawn from pre-existing surveys to increase the comparability of the findings with other research data. It included a combination of closed and open-ended questions.

Ethical approval was obtained from the Community Research Ethics Board of Ontario (CREO).

Before filling out the survey, participants were required to provide consent by answering the following questions:

- I understand the purpose and aims of this survey.
- I understand that I will not be identified in any way in the report.
- I understand that my participation in this survey is voluntary and I can quit the survey at any time.

SurveyMonkey was used to administer the survey and each PLG member pilot tested and provided feedback for the final version (Appendix 1).

Recruitment

An extensive outreach plan was developed to share the survey link to community members and stakeholders in the GTA. Outreach activities included posting flyers widely, social media posts, and sending letters of invitation to members of the Advisory Committee and other participating agencies. Over 125 agencies, groups, and websites frequented by members of Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning communities were identified as sites of promotion (Appendix 2).

Participants were also recruited at key community events such as those related to the Trans Day of Remembrance and Pride. Special efforts were made to reach under-served groups, including persons living outside downtown Toronto, new immigrants,

racialized community members, and members of communities living with disabilities. With the collaboration of Centre francophone de Toronto, the survey was translated for Francophone participants and Francophone participants were recruited to participate in the research.

Data Analysis

Data was collected between December 2018 and February 2019. It was imported into SPSS Statics Software and cleaned to remove duplicate and incomplete data. Analysis activities included examining frequency data for closed-ended questions. Where sample sizes permitted, data for specific population subgroups were pulled out. Thematic analyses were used to code responses to open-ended questions.

Preliminary findings were presented to the PLG, who assisted in interpretation and identification of areas requiring further analysis.

Findings

A total of 136 survey respondents (129 English and 7 French) were included in the analysis. They were highly diverse and identified with a range of gender identities, sexual orientations, and relationship statuses. The majority were between the ages of 25 and 29.

An intersectional lens reveals that respondents' social identities and experiences of discrimination, as well as the larger systems of oppression impacting their lives, intersected and influenced their information and resource needs, experiences with IPV, and help-seeking behaviours.

Findings are summarized under the following categories: Awareness, Information and Resource Needs, Prevalence and Impacts of Partner Violence, and Help-Seeking.

Section 1 – Description of Survey Population

Respondents identified themselves according to age group, locality where they live, gender identity, sexual orientation, relationship status, ethnic and Indigenous origin, income, health, and housing status. Responses were diverse and reflective of the large number of respondents and the non-arbitrary nature of convenient sampling.

Age

Respondents ranged in age from older teenagers to people over 60. Most respondents (29.4%) were between 25 to 29, followed by individuals between 18 to 24, and respondents between 30 to 39. People between 60 to 69 comprised less that 5% of survey respondents.

Table 1.1 – Age Group

Age Group
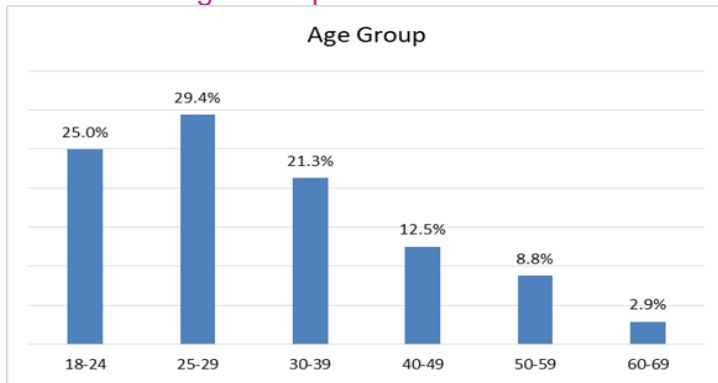
Participants were asked, "In what area do you currently live (e.g., most of the time)?" (Table 1.2). Most respondents (43.7%) lived in the downtown area.

Table 1.2 - Locality

In what area do you currently live most of the time?
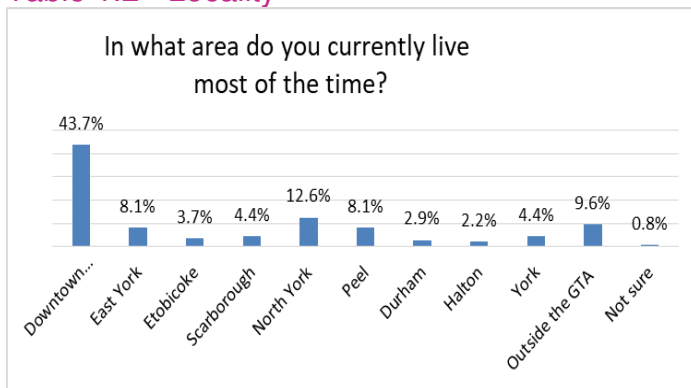
Gender Identity

Nearly half of the participants identified as non-binary (48.1%), followed by Transwomen (20.2%) and Transmen (20.2%). Approximately 1 in 5 participants identified with identities not listed, such as bigender, genderfluid, gender queer, transmasculine, and transfeminine.

Table 1.3 – Gender Identity

Gender Identity

Category	Percentage
Transwoman	20.2%
Transman	20.2%
Nonbinary	48.1%
Two-Spirit	6.2%
Gender questioning	4.7%
Gender nonconforming	15.5%
Not listed above	21.7%

Sexual Orientation

Survey participants were asked to describe their sexual orientation (Table 1.4). The most frequent response was queer (44.8%).

Table 1.4 – Sexual Orientation

Sexual Orientation

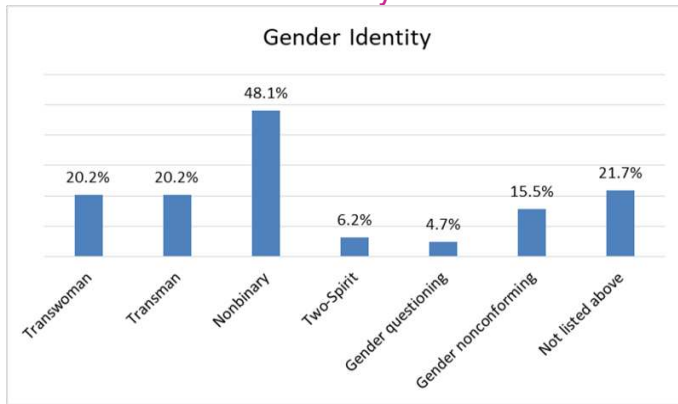| Category	Percentage
Lesbian	7.5%
Gay	6.0%
Queer	44.8%
Two-Spirit	2.2%
Bisexual	21.6%
A-sexual	9.0%
Pan-sexual	23.1%
Straight or heterosexual	9.7%
Prefer not to answer	1.6%
Don't know	2.3%
Not listed above	6.2%
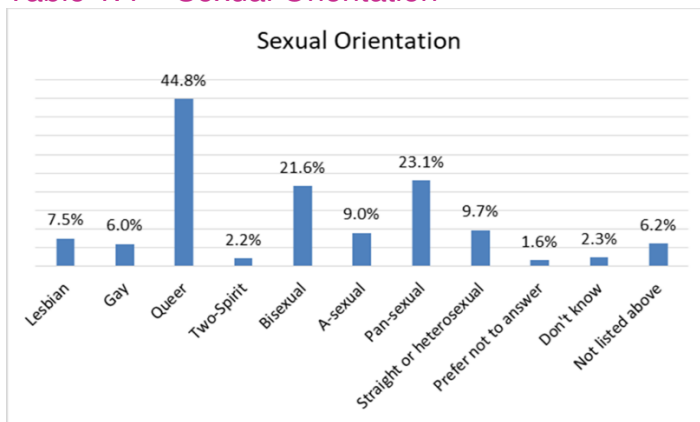
Relationship Status

Survey respondents were asked, "What is your current relationship status?" (Table 1.5). The majority of survey respondents identified as single (34.4%).

Table 1.5 – Relationship Status

Relationship Status

Category	Percentage
Single	34.4%
In a dating relationship	23.7%
Married/Living together	20.6%
In an open relationship	8.4%
Divorced/Separated	1.5%
Widowed	0.8%
Not listed above	10.7%
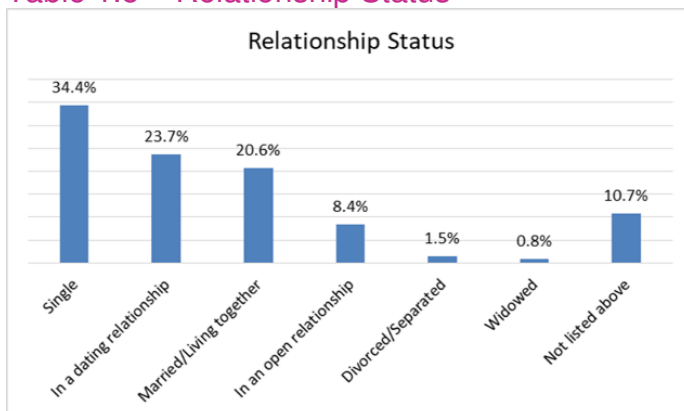
Ethno-racial, Indigenous, and Immigration-Related Identities

Participants were asked questions about their ethno-racial identity, Indigenous identity, immigration status, and language preferences. Table 1.6 shows that the majority identified as white, followed by multi-racial or mixed, South Asian, and Black African. Approximately 20% were not born in Canada and, in this group, 32% had been in Canada less than 10 years. The majority preferred to receive health information in English; 12 indicated French and 11 indicated other languages.

Table 1.6 – Ethnic and Indigenous Identity

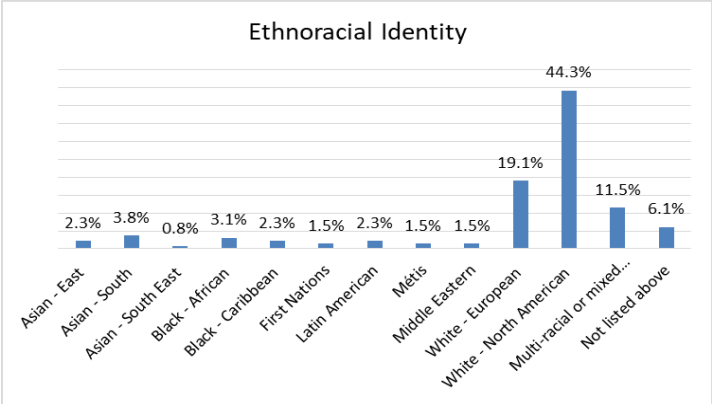### *Chronic Health Conditions and Social Exclusion*

Respondents were asked questions about their health and social experiences including their experiences with chronic health conditions and social exclusion. Participants were asked, "Is your ability to access services affected by any of the following?"

The proportion of participants with issues affecting access to services is presented in Table 1.7. Nearly three-quarters of participants reported that mental health was an issue for them. Approximately one-third had a chronic illness and one-fifth had a physical disability.

Table 1.7 – Chronic Affecting Access to Health Services

Condition	Percent
Chronic (long-term) illness	31.7%
Physical disability	19.0%
Sensory disability (i.e., hearing or vision loss)	9.5%
Developmental disability	12.7%
Learning disability	17.5%
Mental health issue	74.6%
No conditions	0.0%
Other reason	17.5%

Under "Other reason", the most common answer was income.

Social exclusion and discrimination were major issues for participants:

- 53.4% reported that they lack companionship very often or often
- 46.1% felt left out very often or often
- 54.4% felt isolated very often or often
- 44.9% experienced transphobia very often or often
- 36.4% experienced discrimination very often or often

It is notable that:
- 49% (N=48) used alcohol or drugs to help cope with stress or trauma.
- Most participants indicated being HIV-negative (91.3%). One identified being HIV-positive and eight did not know their HIV status.
- 17.3% (N=17) engaged in unwanted sex/sexual activities in exchange for food, money, a place to sleep, drugs, or access to other services.

Housing Status

Table 1.8 describes the housing status of participants. Approximately half were renters.

Table 1.8 - Housing Status

Housing Type	Percent
Rental house/apartment	50.0%
Relative or friend's home	16.7%
Own house/condo	14.7%
Social or government housing	4.9%
Shelter/hostel	2.9%
Supportive/assisted housing	2.0%
Other type of housing	8.8%

Family Income

Participants were asked to provide their total family income before taxes and how many family members it supported (Table 1.9). Approximately 40% of the sample could be considered 'low income'. Fifty-two percent used their income to support only themselves; 26.1% supported two people; 11.4% supported three people; and 10.2% supported four or more people.

Table 1.9 – Total Family Income

Income Category	Percent
$0 to $14,999	30.3%
$15,000 to $19,999	10.1%
$20,000 to $24,999	6.1%
$25,000 to $29,999	7.1%
$30,000 to $34,999	3.0%
$35,000 to $39,999	3.0%
$40,000 to $59,999	12.1%
$60,000 or more	17.2%
Do not know	11.1%

Section 2 - Awareness of IPV

The first step toward an effective response to IPV is awareness and acknowledgement of the problem in the community. Participants were asked about their understanding of the language, actions, and behaviours that constitute abuse in a relationship, the extent to which partner violence is a priority for Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning communities, and how to increase awareness about this issue.

Table 2.1 – Language, actions and behaviours considered to be abusive

Language, action or behaviour	Percent
Insults, put downs, controlling behaviours	99.2%
Having your gender identity ignored or insulted, having hormones or medication taken away, threats to 'out' you	96.7%
Limiting access to income, forcing you to give money, possessions or property	96.7%
Physically being hurt	97.5%
Being forced to have sex or engage in sexual behaviours without your freely given and informed consent	96.7%
Being sent sexual photos, revenge porn	90.0%
Other types of language or behaviour you consider abusive	24.2%

The main forms of abuse recognized in the literature and research with other populations—physical, emotional, sexual, and financial abuse—are well recognized in Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning communities.

Twenty-nine respondents specified other types of language or behaviour as abusive. This is important to consider as it may shed light on types of abuse specific to or particularly common in Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning communities. The 'other' types of abuse, together with examples and frequency of reporting, are summarized in Table 2.2.

Table 2.2 – Responses to open-ended question on other forms of abuse

Other (N=29)	Supportive quotes	No. of times reported
Gaslighting		11
Isolation		9
Manipulation		5
Consent - related	Anything that violates consent in deliberate manner Blurred lines of consent Outing without consent Sharing information without consent	5

Gender-related	Pronouns Treatment of gender identity & transition (including medical) as a choice or something that should be influenced by a partner's preferences or comfort Being "compared" to cisgender females	5
Discrimination	Oppressive language around marginalization Ignoring class location Having poverty as trauma de-legitimised and devalued	3
Threatening	Threatening to take my kids away from me (telling me I can't be a mom) Emotional blackmail ("If you loved me you would...") Threats of suicide to force compliance)	3
Emotional	Withholding affection but describing affection given to other partners Perpetual lying and boundary crossing, perpetual cheating	2
Other	Monitoring your behaviours/activities or trying to dictate your other relationships Using identity politics to avoid accountability for harm done	

Respondents were also asked to identify whether they considered partner violence to be a problem in their communities (Table 2.3). More than half identified it as a major problem (61.7%). Similarly, a high proportion of respondents identified addressing partner violence as a top (50%) or most important priority (18.3%) (Table 2.4).

An open-ended questioned was posed to enable respondents to give suggestions on how to increase awareness of partner violence in their communities. A total of 56 people responded to this open-ended question. It is rare for open-ended questions to receive so many responses and it demonstrates the buy-in and interest of participants. A summary of responses to this question and the number of times an idea to raise awareness was reported along with participant quotes appears in Table 2.5.

Table 2.3

Table 2.4

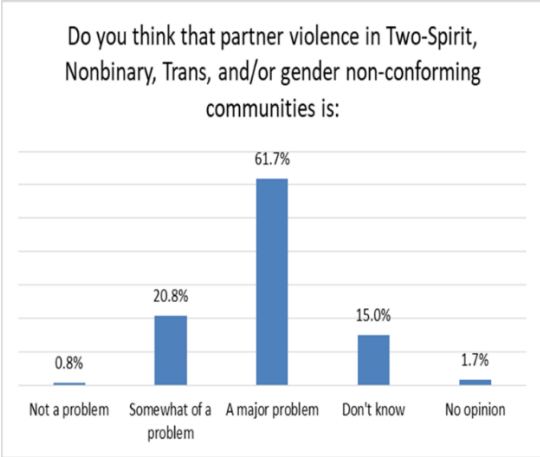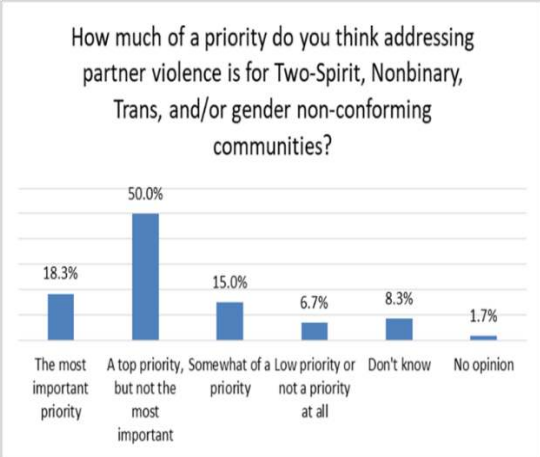Do you think that partner violence in Two-Spirit, Nonbinary, Trans, and/or gender non-conforming communities is:

How much of a priority do you think addressing partner violence is for Two-Spirit, Nonbinary, Trans, and/or gender non-conforming communities?

Ideas to raise awareness	Participant quotes	No. of times reported
Ad campaigns – social media	Blogs and memes. Internet ad campaigns focused on safe relationships. Images/memes that can be shared on various social media platforms. Videos that show examples of healthy relationships next to abusive relationships. Good role models in the media. Use of a famous vlogger	9
Ad campaigns – posters, print, newspapers	Posters at 519 and other locations. Advertise at colleges and spaces that we occupy. Ad campaigns with/representing gender variant BIPOC. Publications; ads in free newspapers, ads on public transit. Make information available in health centres and in LGBTQ bars/clubs (e.g. posters in washrooms, waiting areas). Have accessible documents that people can read about what is a toxic or abusive trait in a partner they may be missing.	6
Community education/workshops	Educational workshops based on a de-colonial lens of consent and sexualities starting at a young age. More groups that are for our demographic. Active workshops in organizations and on campuses for LGBTQ people Cafe discussions (food provided) involving people who are influential within their friendship networks, articles (that are carefully done – i.e. not stigmatizing)	10
Provide community resources	Community-informed resources that target different experiences and get granular, rather than which aim to include/target the whole umbrella, and which don't presume cis abusers/understand sexual violence has a complex relationship to gender (in its specifics). Most resources can't discuss the IPV realities of a transfeminine person dating a cis queer woman, which are different from transmasculine	7

	folks dating cis queer women, let alone other intersections and combinations. People have got to be able to find easy resources where they will understand there is a brighter way for their life.	
Partnerships	Partner with "women's" organization that have been claiming the statistics and labour of AFAB nonbinary and Trans people, and urge them to become more inclusive. Do the same for Organizations that center AMAB people they mislabel as "men". Develop new resources to partner with and hold these organizations accountable. Education re: importance of preferred pronouns to the WHOLE community.	3
Other – advocacy, attention to determinants	Advocacy for survivors Better jobs and financial help will bring people better lives where they can make better choices.	

Respondents want social media and traditional print media to bring attention to the issue of partner abuse in their communities. A sizeable number would like community education workshops—small, in-person gatherings to enable people to come together and deconstruct and address issues contributing to partner violence. Respondents also suggestions community resources and partnerships with other agencies to raise awareness, advocate, and bring more attention to the determinants of IPV in people's living conditions.

Several respondents made suggestions on what the content of community awareness activities should be, summarized in Table 2.6. The majority identified the need to raise awareness about changing social norms; for example, binary interpretations of abuse, recognizing cycles of violence, avoiding victim-blaming, and using inclusive language. They also spoke of a need to raise awareness on community-specific descriptions of healthy relationships.

Table 2.6 – Responses to open-ended question on how to raise awareness – Content areas

Ideas to raise awareness	Participant quotes
Changing social norms	Visibility of the issue. I think it's important to turn the conversation away from assuming that male or male presenting people are always the ones carrying out partner violence. Stop the abusers from thinking they are helping/complimenting.

	Using inclusive language and re stating the fact that violence can look differently and often go unnoticed in 2spirit/ nonbinary communities.
	The feelings of worthlessness society instill in our community makes people feel like they deserve the treatment they get from partners, or in hookup culture (being hurt during those acts or being sexually assaulted). To me, those are the root causes of people getting trapped in this cycle. Self-esteem boosting classes, support groups, and creating more of a tight-knit community would make this happen less often.
	Identifying "Intersex" as a gender would be a start, and having services specific to this gender experience would help more. There aren't any.
	Normalize talking about it. Sometimes in the queer community people don't want to discuss partner violence because of fear of being met with homo-/transphobia.
Healthy relations hips	How to set boundaries & empowering folks to believe they deserve to set healthy boundaries.
	Normalizing different types of relationships, and what healthy looks like. Often people don't speak out because they don't want to bring shame to already marginalized relationships.
	"You deserve better". We need to see what healthy relationships look like, it's not enough to just know what toxic looks like.
	Most of the narratives for comparison of self are heteronormative and abuse often won't manifest in the same ways.
	Major need for prevention programming that works on building skills to contribute to healthy relationships.
Intersecti onality	More discussions on the impact of different intersections of race, gender and sexuality have on historical and inter-generational trauma.
Other ideas	I feel like finding & implementing practical solutions (e.g. making sure we have access to shelters & financial support if we need to leave an abusive relationship) is much more important than 'increasing awareness' of partner violence. Raising awareness is often overrated as a tool for change.
	Our communities need the basic material resources (affordable and reliable housing, job security, food security, access to adequate medical care, etc.) that will enable us to live healthy lives beyond a general expiry date (read: murder/suicide/death-by-poverty) date of 35-40 years old. We can take care of the rest ourselves.

Section 3 – Information-Seeking

In order to identify beneficial and appropriate health promotion tools, it is important to understand where people go for information. Section 3 asked respondents about if and how they looked for information on healthy relationships and what type of information they were looking for. Overall, 61% (N=66) of respondents looked for information on relationship issues. The main types of information they looked for is described in Table 3.1. The majority looked for information on relationships as a Two-Spirit, Nonbinary, Trans, gender nonconforming, or gender questioning person (56.9%) and how to improve relationships (55.4%).

Table 3.1- Main type of information

Type of information	Percent
Relationships as a Two-Spirit, Nonbinary, Trans, gender nonconforming, or gender questioning person	56.9%
How to improve your relationship(s)	55.4%
How to recognize signs of abuse	47.7%
How to avoid getting hurt/how to stay safe	23.1%
Where to go for help (e.g. agencies, hotlines, shelters)	32.3%
Your legal rights	20.0%
Other information not listed above	18.5%

Other types of information included information on resources, treatment, and counselling.

Respondents were also asked "What type of information would you like to receive, and from whom, to address partner violence in your community/ies?" The 63 responses to this open-ended question are summarized in Table 3.2.

Table 3.2 – Responses to open-ended question - type of information wanted

Type of Information Wanted	Participant quotes	No. of times reported
Abusive behaviour e.g. signs and responses	What abuse looks like in queer communities. Not just physical but emotional as well. Recognizing signs and symptoms. The role of shame, and internal transphobia clouding one's judgement about abusive behavior. Understanding of abuse where the woman is the abuser and/or the victim is not a woman. How to communicate and negotiate around these issues within queer relationships. Conflict resolution/de-escalation/avoiding police involvement Intersectionality - Addressing abuse when one or both partners identify as Trans/GNC and live with a low income, disability, racialization, etc.	27
Information on healthy relationships	Advice on making relationships better/healthier and specifically tailored to queer people. Understanding queer models of relationship - gender non-conforming, trans/nonbinary/two-spirit, non-monogamy, kink, etc. Not expecting that the only healthy relationships are within cis-hetero-normative, colonialist, monogamous, vanilla standards. More information on masculinity, and specifically working through trans masculine identities while in a partnership. It's almost as if the only kind of trans is trans women, and every service pretends I don't exist or denies violence happens to me	16

	when I go through it daily. Mainly how to not be toxic or harm others. How to have conversations around transition Setting boundaries as a nonbinary/trans person Consent	
Legal rights and agreements	How to break up with a restorative justice lens to minimize harm How to deal with false accusations from rapist trying to dodge accountability Stalking Advice around family court Negotiating no-fault, good terms break up. Co-parenting with an abuser Wills	10
Information on available resources	Gender-specific information on shelters for warmth, shelters against violence to avoid wasting time calling How to support friends and other community members in abusive relationships Intersectionality - Being more inclusive of people who have these identities, but also live with disabilities including physical/mental health/intellectual etc. Links for online resources, education, legal, counselling, medical	7
How to date and meet new people	How to come out to your partner who is cis	4
Information on violence	All types of violence should be addressed, not just the kinds that fit with het/couple-based services. More discussion about lateral violence in the community. Often, both partners contribute to harming each other, it is not always the textbook case of perpetrator and survivor.	2
Statistics	Information on reported partner abuse so that the community is on the same page and we can work together to fix it	2

The majority of respondents wanted information on how to recognize abusive behaviour in the context of a Trans+ relationship, followed by information on how to establish a healthy relationship. Participants also identified a need for information on legal rights, agreements, and available resources (e.g., advice/help regarding partner violence, programs and shelters, how to date and meet new people, violence and statistics).

Respondents were also asked from whom they would like to receive this information and their preferred formats. Of those who answered, the majority wanted to receive this information from well-educated/Trans-friendly medical professionals and counselors or directly from Trans people themselves. They didn't want information from "mainstream organizations that mostly focus on cis normative/ hetero normative ways of looking at abuse".

Preferred formats are summarized in Table 3.3. The vast majority of those who responded to this question wanted information in workshops, educational events, and/or community panels.

Table 3.3 – Responses to open-ended question on preferred format for information

Preferred format for information	No. of times reported
Workshops/educational events/community panels	7
Counselling services	4
Printed e.g., brochures/pamphlets	4
Social media (LGBTQ hosted PSA's and websites))	3
Support groups	3
Videos	2
Other e.g., Posters in safe places, drop-in groups, mentorship programs, book/magazine articles, hotlines	

Section 4 – Access to Resources

Respondents were asked about whether they had used resources such as counselling or self-help. Nearly three quarters (72.4%), had used a resource to help with relationship(s).

Table 4.1 – Main resources used

Resource	Percent
Counselling (e.g., individual, couples, family, sexual health)	83.1%
Self-help resources	62.0%
Life skills development	8.5%
Substance use treatment	4.3%
Anger management skills	4.2%
Relationship/communication skills	32.4%
Peer-support programs	19.7%
12-step programs	2.8%
Other resource not listed	8.5%

The majority had used counselling (83.1%), followed by self-help resources (62%) and relationship/communication skills programs (32.4%). Among additional resources identified were friends, hotlines, activist circles and Indigenous resources.

Respondent were also asked "What types of resources or supports would you like to receive, and from whom, to prevent partner violence in your community/ties?"

Fifty-three responses were received to this open-ended question and findings are summarized in Table 4.2. The majority wanted more counselling services. A sizeable number also identified the need for more resources to address social determinants

(e.g., housing, financial, social isolation). Other types of desired resources included support groups, workshops, peer groups/self-help groups, legal/mediation resources, school-based resources, safety, and other specific programs/resources.

Table 4.2 – Responses to open-ended question on resources wanted

Type of Resources Wanted	Supportive quotes	No. of times reported
Counselling e.g. interpersonal, couples, LGBTQ-specific counselling, BIPOC	It's hard to navigate life for most people-- it's much harder when it feels like you can't be taken seriously because the world thinks you're sick or broken. Greater access to support spaces and mental health services would allow folks to recognize the abusive patterns in their relationships and community networks.	15
Resources to address determinants e.g., housing, financial, social isolation	Root of the problem solutions. Assistance for people to remove themselves from financially dependent relationships. Affordable housing, job security, access to adequate & informed medical care, accessible public transport, a stop to Indigenous genocide, and the dismantling of settler colonialism from all three levels of government. Support emotionally, socially, financially - many queer people don't have strong family connections and are therefore more dependent on partner(s) for their needs. That makes it harder to leave violent/abusive/unhealthy relationships.	8
Support groups		6
Workshops	Healthy relationships workshops (that are fun, non-stigmatizing, etc.) for Trans communities.	4
Peer groups/self-help		4
Legal/mediation resources	Services, like a mediation service with trained mediators who are part of the community and well versed in partner violence, abuse, and psychology, to provide impartial, intersectional mediation to help any parties involved heal and learn. I want to see a service that can call abusers in and help them stop being abusive as well as clear things up in situations where both parties are claiming abuse. Language is regularly weaponized against victims to avoid accountability in our community and their needs to be a service to address that.	4

School-based resources	Specific education in high school sex-ed/health classes. We need more resources for young people in unhealthy relationships. Relationships of young people are often not considered seriously but they still can be unhealthy. Post-secondary support networks, to ensure victims don't run into their abusers at school and ensure victims can recover without the burden of school.	3
Safety	Street safety and smarts. Safe spaces.	2
Other specific programs/resources	Trauma treatment program, like the one available through Women's College Hospital, for Trans, non-binary and GNC folks. Specific programs for male victims of violence. System navigation / handholding to identify options and planning. Self-defence.	

Respondents who did not use resources where asked why they did not. Fifty-nine people responded and their responses are presented in Table 4.3. The most frequent reason for not using resources were that the resources were not responsive (33.0%), inclusive (27.1%), and welcoming (25.4%) to Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning people. Thirty percent said they had negative experiences using resources or supports in the past (30.5%).

Table 4.3 – Main reasons why resources not used

Reason	Percent
I didn't need any help or support	30.5%
I prefer to manage on my own	22.0%
I didn't know of any resources or supports	20.3%
I didn't trust any resources or supports	15.3%
I have had negative experiences using resources or supports in the past	30.5%
There was a waiting list	32.2%
Resource was too expensive	23.7%
Resource wasn't available locally	13.6%
Resources aren't responsive to my needs as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	33.0%
Resources aren't inclusive of me as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	27.1%
Resources aren't welcoming to me as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	25.4%
Resources aren't effective	11.9%
Other reason not listed	10.2%

Information from the open-ended question on resources are summarized in Table 4.4. For respondents, the most essential feature is development or co-development by people with lived experience.

Table 4.4 – Essential features of community interventions

Essential Features of Interventions	Supportive quotes
1. Developed by people with lived experience	▪Compiled by a diverse group of trans+ people who are paid living wages to provide these resources and who are not required to share their identities publicly in order to do so (marginalization breeds poverty and invisibility). ▪I would like to hear from people who have been in the position of being abused. I would also like to hear from abusers who have changed on why they abused/how to spot it. ▪I honestly never see people like me at all represented, so I couldn't really imagine it; agencies seem to be really keen to make trans+ people fit into visibility programs which is demoralizing to those of us who don't "look trans" or can't be safe being "targetted for services" :(▪Use famous vlogger who belongs to the community
2. Provided by Trans+ service providers	Information that is developed by professionals who have learned directly from people with that lived experience. Place where there is already trust established.
3. Accessible	Not academic Local Low-cost Francophone supports translated from English into French need for accessible French resources created by local Francophone agencies on healthy relationships, diverse relationships, violence in relationships, safety planning Deaf interpretation and ASL video counselling/crisis lines to access immediate support for violence--Participant recommendation of having services in first language for Deaf persons seeking support in critical situations or crisis
4. Safety	Consideration of spaces where there are people we might be trying to avoid, because that's how the community works. Places that are safe and experienced in dealing with partner violence in my community.
5. Reliable/Up to date/Accurate	

Section 5 – Experiences with Partner Violence

Respondents were asked about their experiences with partner violence in their lifetimes and over the past 2 years, the types of abuse they experienced, and the extent to which they attributed the abuse to their gender identities.

Other research can provide some sense of context. According to the latest World Health Organization Report on Violence, 30% of women globally aged 15 and older have experienced physical and/or sexual intimate partner violence (WHO, 2014). According to the Centre for Disease Control's National Intimate Partner and Sexual Violence Survey (NISVS), 28.1% of men and 32.9% of women have experienced IPV in their lifetimes (Brown & Herman, 2015). In Canada, the most recent General Social Survey on victimization indicated that 4% of Canadians reported having been physically or sexually abused and 13% reported emotional or financial abuse by a current or former spouse or common-law partner in the past 5 years (Perreault, 2015).

In research with gender-diverse people, rates for lifetime abuse are much higher (Table 5.1).

Table 5.1 - Prevalence of IPV in Trans communities

Study	IPV lifetime	IPV in past year
Courvant & Cook-Daniels (1998)	50.0%	
Clements (1999)		16.0% (F), 8.0% (M)
Turrell (2000)	43.0%	
Risser et al., (2005)	50.0% (F)	
Roch & Morton (2010)	80.0%	
Grant et al., (2011)	19%	
Landers (2009)	34.6%	
Stotzer (2009)	50.0%	
Langenderfer-Magruder (2014)	31.1%	
James et al., (2016)	54%	

Findings showed that 81.3% (N=83) of respondents experienced abuse in their lifetimes and 44.3% experienced abuse in the past 2 years. Statistically significant differences were observed in the rates of partner violence by gender identity. The rate of lifetime partner violence was 66.6% among Transwomen, 24.7% among Transmen, 78.3% among Nonbinary participants, and 100% among Two-Spirit participants.

The main types of lifetime abuse experienced are described in Table 5.2. The vast majority experienced emotional abuse (85.7%), followed by sexual abuse (51.2%), gender identity abuse (44.0%), and physical abuse (40.5%). Other forms of abuse listed were: "Manipulation, threats, denial of food", "Psychological abuse: constant lying, gaslighting, going behind my back, spreading my information", "Social abuse- spreading false accusations to avoid taking accountability and abuse me further" and "Racialized abuse." Most participants experienced more than one form of abuse.

Table 5.2 – Main types of lifetime abuse

Type of Abuse	Percent
Emotional abuse (e.g., insults, put downs, limiting your contact with others, threatening to hurt you or damaging your property)	85.7%

Gender identity abuse (e.g., not acknowledging your gender identity, taking away hormones or medication, threatening to 'out' you)	44.0%
Financial abuse (e.g., preventing you from knowing about or having access to income, forcing you to give money, possessions or property).	32.1%
Physical abuse (e.g., physically hurting you)	40.5%
Sexual abuse (e.g., forcing you to have sex or engage in sexual behaviours without your freely given and informed consent)	51.2%
Cyber harassment (e.g., sending or threatening to send sexual photos)	22.6%
Other form of abuse	19.0%

Respondents were asked "How often do you believe it was because of your gender identity or expression?" Responses appear in Table 5.3.

Table 5.3 – Frequency of abuse attributed to gender identity

How often do you believe it was because of your gender identity or expression?	Percent
Always	5.4%
Sometimes	27.1%
Hardly ever or never	20.2%
Not sure/Don't remember	10.1%

Section 6 – Impacts

IPV has health, social, and economic impacts on individuals and their families. Respondents were asked to indicate what these impacts were. In total, 84 people who answered to this question, answers to which are summarized in Table 6.1.

It is apparent that the impacts of abuse are profound. The most frequently reported impact was mental health problems or psychological distress (89.3%). Many reported financial problems (45.3%), housing issues (41.7%), substance problems (41.7%), physical health problems (38.1%) and work problems (33.3%). Other impacts listed included: social (e.g., shunning from community, isolation, interference), delayed medical transition, custody issues, and school-drop out. Only 4.8% (N=4) reported no impact.

Table 6.1 – Impacts of abuse

Impact	Percent
Physical health problem	38.1%
Mental health problem or psychological distress	89.3%
Substance use	41.7%
Family problems	36.9%
Child welfare involvement	9.5%
Housing issues	41.7%
Legal issues	10.7%
Work problems	33.3%
Immigration problems	1.2% (1 case)

Financial problems	45.3%
Spiritual or cultural problems	28.6%
No impacts	4.8%
Other impact not listed above	10.7%

Section 7 – Help-Seeking

People who experience partner violence may turn to informal sources for help such as family and friends or formal sources of help such as counsellors and health professionals. To improve the response of both formal and informal help systems and address system barriers, it is important to understand where people turn for help and support. Respondents were asked who they turned to, reasons for not using help, and type of help needed.

Informal Sources of Help

A sizeable proportion of respondents (38.8%) reported that they turned to family or friends for help with IPV in the past 2 years (N=31). Most of these respondents (96.9%) sought emotional, housing, financial, and spiritual support. Nearly half (48.4%) reported that this help was extremely helpful or very helpful, while 16.1% reported it was not so helpful or not at all helpful.

Formal Sources of Help

Only half of the respondents who experienced IPV (51.9%) reported that they had ever used formal services (N=42). Main sources of formal help are described in Table 7.1. The most frequently reported source was mental health services (76.2%). Smaller proportions of participants turned to police services, hospitals, rape crisis centres, shelter services, legal services, faith-based services, other health services, school-based counselling services, and victim support services. Other sources were EFAP (mental health), peer counselling, and traditional healers.

Table 7.1 – Main sources of formal help

Type of Formal Help	Percent
Police services	26.2%
Hospital emergency room	28.6%
Hospital sexual assault/domestic violence unit	9.5%
Rape crisis	14.3%
Shelter services	19.0%
Legal services/Mediation services	19.0%
Faith-based services e.g. churches	9.5%
Other health services	14.3%
Mental health services	76.2%
School based counselling services	26.2%
Victim support services	21.4%
Other service not listed above	7.1%

Table 7.2 describes perceptions of the helpfulness and appropriateness of each source of formal help in addressing the complexity of their gender identities. A sizeable proportion of respondents do not find existing formal services 'helpful' in responding to partner violence. Many services were not considered to be 'always' or even 'sometimes' specific to Two-Spirit, Nonbinary, Trans, gender non-conforming, and gender questioning participants. These findings need to be interpreted with caution due to small sample sizes.

Table 7.2 – Perceptions of helpfulness

Type of Formal Help	% reporting help is extremely, very or somewhat helpful	% reporting help is always or sometimes specific to gender identity
Police services (N=11)	54.5%	10.0%
Hospital emergency room (N=12)	41.7%	50.0%
Hospital sexual assault/domestic violence unit (N=4)	50.0%	25.0%
Rape crisis (N=6)	66.7%	33.0%
Shelter services (N=8)	50.0%	12.5%
Legal services/Mediation services (N=8)	75.0%	28.6%
Faith-based services e.g. churches (N=4)	50.0%	0%
Other health services (N=6)	100%	66.7%
Mental health services (N=32)	87.5%	62.1%
School based counselling services (N=11)	45.5%	45.5%
Victim support services (N=9)	55.6%	37.5%

Reasons for Not Using Help

Despite the high prevalence of IPV among survey respondents, the finding that only half sought formal help is disturbing. Table 7.3 shows that respondents who did not seek formal help did not do so because they believed services were not responsive (40.0%), inclusive (36.0%), and welcoming (34.0) to them. Some did not trust any services (32.0%).

Table 7.3 – Reasons for not using formal help

Reason	Percent
I didn't need any help or support	22.0%
I prefer to manage on my own	24.0%
I didn't know of any services	26.0%
I didn't trust any resources or supports	32.0%
I have had negative experiences using any services in the past	18.0%
Sources of help aren't responsive to my needs as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	40.0%
Sources of help aren't inclusive of me as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	36.0%

Sources of help aren't welcoming to me as a Two-Spirit, Nonbinary, Trans, gender non-conforming, gender questioning person	34.0%
Other reason not listed above	14.0%

Other reasons for not using formal sources of help were described as:

- I transitioned almost 20 years ago and there was very little help available at the time.
- If they aren't trauma informed with experience with clients with PTSD, I find them toxic.
- Sources are white and have little understanding of how to treat people of colour and especially health service providers - there's zero understanding of intersectionality and anti-oppression.
- Too many incidents of rape occur, combined with above reasons.

Type of Help Wanted

Respondents were asked the open-ended question: "What types of help would you like to receive, and from whom?" Forty-three participants responded to this question and their responses are summarized in Table 7.4. The type of formal help most frequently mentioned was mental health counselling, followed by peer support. Other types included: material supports, rape crisis supports, family supports, community supports, shelters, appropriate health services, and spiritual support.

Table 7.4 – Responses to open-ended questions on types of help wanted

Type of Help Wanted	Supportive quotes	No. of times reported
Counselling/trauma-informed care	Trauma therapy from a trauma therapist who specializes in LGBTQ stuff. Intersectionality: Individual and partner counselling and peer support that are aware of the challenges of being in partnerships where both people are Trans/GNC, queer, on social assistance, disabled, with histories of trauma and abuse.	10
Peer support	Friends with histories of abuse helped me through, as they too fell into abusive cycles in several of their relationships. Speaking to friends to access regular support when regularly experiencing violence from cis-gender men	6
Material support	I don't need help specifically for partner violence; I need material resources so that I can live.	2
Rape crisis supports	Gender-free emergency contraceptive/post-rape healthcare and support	2
Family support	Family and friends were most helpful	2
Community/group support	Social support from community members, emotional and processing support from community groups.	2

	Groups and supports for Trans folks and partners	
Shelters	It would have been nice if any of the shelters had acknowledged my existence. No place to seek shelter for abused 2Spirited men. We need a safe space, a safe place. We are not alone; it happens to many and goes unreported. When seeking shelters- and in shelters- participant described that they felt safe when staff were proactive in responding to transphobia	2
Appropriate health services	There needs to be better trained staff at all health clinics and clinicians as well as physicians that can enable access for services. It's about reducing barriers that currently exist because there is awareness, but services still turn trans and nonbinary people down due to documentation or the environment is just not LGBTQ inclusive. Support groups for Trans women age 30+, many groups for 29 and under Longer term supports (that differ from short term drop-in supports	1
Spiritual support	Spiritual help from spiritual LGBT organizations. Ongoing talking circles	1

Respondents thoughts on the essential features of helping intervention are summarized in Table 7.4. Overall, respondents said services must be Trans+ competent, informed by lived experience, trauma-informed, intersectional, low cost, and accessible.

Table 7.4 - Essential features for formal help services

Essential Features	Supportive quotes
1. 2SLGBTQ+ competent care • Competent • Informed by lived experience • Acknowledgement • Intersectional	What would help the most is knowing the person I'm seeing is good at working with Trans people i.e., is used to using varieties of pronouns and has documenting systems that ensure the use of the proper name is used (and won't slip up with the legal name). Just because people post a rainbow flag/sticker doesn't mean they know how to be helpful. Trauma therapy from a trauma therapist who specializes in LGBTQ stuff I would love for mainstream providers to offer it but also see the need for LGBTQ specific agencies. I would like for the police to be more responsive to calls that people like me make/treat us the same as straight & Cis gendered people People who don't dismiss that something violent happened to me.

	Mental health, rape, and medical services. I wish I could report people who hurt me.
	I would like to receive these for free from Trans/GNC and/or LGBQ2SI individuals (professional and peer) and organisations who have knowledge and experience with intersectionality
	Supports were helpful when it was trans competent and understanding of polyamory, queer, identity, fluid and non-binary affirming
2. Low cost	Financial barriers accessing mental health
	Lack of affordable therapist with either lived experience or professional experience working with trans identities
3. Accessible	Learning how to access a community counsellor

Summary of Survey Findings

Awareness, Information and Resource Needs

- A significant majority of respondents identified partner violence as a major problem (61.7%) and a top/important priority (68.3%).
- They identified the need for media campaigns to bring attention to IPV as well as community education workshops.
- The majority (61%) have looked for information on relationship issues.
- They identified the need for information on healthy relationships in workshops, educational events, and/or community panels.
- Nearly three quarters (72.4%) used a resource to help with relationship(s). The majority accessed counselling (83.1%), self-help resources (62%), and relationship/communication skills programs (32.4%).
- Essential features for information or resources are that they must be developed by people with lived experience and they must be accessible, safe, reliable, current/up to date, and accurate.

Prevalence and Impacts of Partner Violence

- 81.3% (N=83) of respondents experienced abuse in their lifetime, and 44.3% experienced it in the past 2 years.
- This prevalence is much higher than rates of violence reported in other studies.
- The majority experienced emotional abuse (85.7%), followed by sexual abuse (51.2%), gender identity abuse (44.0%), and physical abuse (40.5%).
- Rates varied with gender identity.
- Approximately one third of these respondents always or sometimes attributed the abuse they received to their gender identity or expression.
- Impacts were profound. Mental health impacts were experienced by 89.3% of these respondents.

- A sizeable proportion of respondents who experienced abuse (38.8%) turned to family or friends for help with IPV in the past 2 years. Half of these respondents reported that this was very helpful or helpful.
- Only half who experienced IPV (51.9%) reported that they had ever used formal services. Among this group, the most frequently used source of help was mental health services (76.2%).
- Findings suggest that a sizeable proportion of respondents do not find the existing network of formal services helpful in responding to IPV. Many formal services were not considered to be "always" or even "sometimes" specific to them and their needs. The most frequently cited reasons help was not used include that the services were not responsive (40.0%), inclusive (36.0%), and welcoming (34.0%). Some respondents did not trust these services (32.0%).
- Respondents shared information on essential features of a good source of help as including Trans competency, informed by lived experience, trauma-informed approaches, considerate of intersectional issues, low cost, and easy to access.

Part 2: Interviews and Focus Groups

The research team recognized the gaps in who responded to the online survey. Grounded in anti-oppressive and anti-racist frameworks, they prioritized recruiting under-represented participants for interviews and focus groups. This included people who identify as Trans BIPOC (Black, Indigenous and People of Colour), Two-Spirit, Deaf, and/or Francophone. The team also searched for participants who lived outside of the GTA and those with diverse abilities, age ranges, lived experiences, housing access, gender expressions, ethnic and cultural backgrounds, immigrant/newcomer experiences, and experience in sex work, to name a few.

Methods

Preparation

This research process was spearheaded by PLG members as community researchers. Navigating a core value that "representation matters", the PLG was woven into each step of the process.

The PLG attended three (3) workshops facilitated by the social worker researcher, each held for two hours, and rooted in reflective trauma-informed community-based practices. The first training was held in April 2019 and focused on building focus group facilitation skills and reflective practices. Utilizing a trauma-informed framework, the peer leadership team was introduced to core concepts such as how to engage in a transparent process, how to honour participants' choice; prioritizing care and safety; ways to center and maintain consent, and self-reflective awareness. Peers worked together on practising how to respond to different scenarios.

The second training was held in July 2019 and focused on trauma-informed practices and ethics in community-based research. PLG members were provided with a draft manual and the training provided them an opportunity to talk and develop best practices. This training placed safety and compassion as essential to the process of facilitation and included psychoeducation information on forms of violence, abuse, and trauma responses.

The third training focused on the logistical procedures for leading successful focus groups and individual interviews. It was held in November 2019 and centered on the PLG's role as community researchers seeking to build leadership skills while keeping participants' wellness at the centre of their practice. The PLG reviewed research questions, discussed resources, and prepared for the 'flow' of the interviews.

Development of Questions

The project Steering Committee developed interview and focus group questions that were reviewed and organized by the social worker and PLG. The Two-Spirit community worker specifically reviewed the questions to ensure cultural appropriateness for Indigenous participants. All questions were open-ended questions and followed similar themes to the online survey question, specifically: resources on relationships, impacts of IPV, help seeking/community services, recommendations for changes, and recommendations for preventative practices.

Recruitment

Recruitment flyers were emailed to community-based agencies that served targeted population groups. Social media outlets such as Facebook and METRAC's website were also used to broaden participant outreach. PLG members used word-of-mouth recruitment, contacting Two-Spirit, Trans, Nonbinary, and Queer BIPOC-serving community agencies. In addition, participants recruited other participants via word-of-mouth.

Conducting Interviews and Focus groups

Interviews and focus groups were conducted between November and December 2019 with a total of 18 participants. Three focus groups were undertaken: one with Two-Spirit participants (5), one with Trans Femme/Trans Women of Colour participants (5), and one with a mixed group of Nonbinary and Trans participants (3). In addition, five (5) individual interviews were undertaken.

Focus groups ran for 2 to 3 hours and individual interviews were 1.5 to 2.5 hours in length. All interviews were recorded, and facilitators took hand-written notes as well.

PLG members served as Interview Facilitators: a Two-Spirit community worker, two Francophone community workers, and a consulting trauma-informed Social Worker. The Trans Femme/Trans Women of Colour and the Mixed Focus Group were facilitated by PLG members and the social worker. The Two-Spirit Group was co-facilitated by a Two-Spirit community worker and PLG member. The Francophone interview was co-facilitated by two Francophone community workers. Three individual interviews were co-

facilitated by PLG members and the social worker. Finally, one interview was co-facilitated by the social worker, alongside an American Sign Language (ASL) interpreter.

In all cases, participants were welcomed by facilitators and offered a meal or snacks. All attendees at interviews or focus groups were introduced by sharing names and preferred pronouns. Cofacilitators distributed and discussed safety and respect guidelines followed by an overview of the TransFormed project, its goals and objectives and intended outcomes. The discussion switched to explaining the research purpose and process and different roles, responsibilities, options, choices, and the supports available if needed by participants. Participants received printed documents: consent, confidentiality, ethics, and honorarium information; research questions, demographic forms, and a resource booklet on services and contact information for support if required later. The discussion ended with check-out questions and grounding exercise practices, followed by the distribution of honorariums to participants.

Data Analysis

After each interview and focus groups, facilitators held a debriefing session to identify emerging themes and noted immediate impressions and observations. This process enabled facilitators to reflect on or to consider their biases and personal lived experiences and to delineate boundaries between their own lived experiences and the experiences of participants.

Over two gatherings, the PLG analyzed participant narratives and generated a myriad of themes for coding. Out of each theme, multiple sub-themes were created, which supported a process of saturation.

To help guide the coding process and integrate the research process into health promotion tools and webinars, the research team generated four core questions. PLG members independently and/or in groups of twos, worked on one or two interview transcripts to answer the guided questions for coding:

1. What type of information on healthy relationships, unhealthy relationships, abuse in relationships or dating were participants looking for?
2. What type of experiences do people have in seeking help?
3. What recommendations and suggestions did participants express?
4. Did participants raise any cultural/ethnic/language and or intersectional insights that we should be aware of to use in developing our interventions, health promotional tools and webinars?

Findings

Summary of Participant demographics

Age:	Gender:	Location	Income:	HIV status:
18-24 (3)	Two-Spirit (4)	Toronto (11)	under 20K (7)	Neg (13)
25-29 (1)	Transwomen	Scarborough (3)	20-39,999 (4)	Pos (1)

30-39 (6)	(9)	East York (2)	40-59,999 (2)	Prefer not to
40-49 (4)	Trans Men (1)	York (1)	Don't know (3)	say (3)
50-59 (1)	Nonbinary (4)		prefer not to say	
60-69 (2)			(1)	
70+				

Summary of the research coding produced by PLG members

What type of information on healthy relationships, unhealthy relationships, abuse in relationships or dating were participants looking for?

- Participants discussed LGBTQ specific resources such as the 519 Church Street Community Centre to seek information on relationship dynamics
- Bad Date Book (a resource generated by sex workers in Toronto to collect unsafe experiences of consumers of sex work)– participants addressed limitations with using the Bad Date Book as it had focused on cis gender experiences
- Seeking information on safety for trans women and sex workers
- Seeking information on experiences of violence within a shelter
- Seeking supports for abuse in poly-relationships
- Shelters for LGBT adults
- Looking for information on relationship/dating relevant to Black, Latina webpages
- Seeking access to gender diverse communities through social media (i.e. Facebook, forum, chat lines)
- How to avoid violence
- Setting boundaries—emotional, physical, sexual boundaries
- Resources on healthy relationships
- Information on Trans Women dating cis-men and navigating dynamics
- Dating advice
- Looking for examples and perspectives of both healthy and unhealthy relationships from a Trans women's perspective "to understand if I'm alone in my experience or feelings"
- A contrast of cis and Trans relationships
- How to take care of yourself in a relationship
- Signs of bad relationship dynamics
- Types of violence Trans women of colour face
- Dealing with relationships and understanding relationship psychology
- Understanding attachment styles
- Preparation for future relationships
- Books specifically about Trans women of colour experiences in relationships
- Information from a medical or professional background (e.g. advice, affirmations)
- Dating website
- Seeking a partner
- Violence Trans Women face (e.g. manipulation, verbal, psychological and emotional violence "not being able to walk down the street with the man that I'm talking to ", "how to not be disrespected")

- Personal trauma
- Seeking Gender Therapy
- Seeking information on the shame and stigma attached to partners dating gender diverse folks

What type of experiences do people have in seeking help?

Type of help participants sought:

- Psychologist/ therapist
- Friends/neighbours
- Aboriginal Peacekeeping Unit (Toronto Police Services)
- Google searches: online website for mental health and emotional well-being
- University LGBTQ2S student supports
- Trans support groups
- Harm reduction training
- Traditional healers

Experiences seeking help:

- Service providers having a lack of knowledge about trans dating and relationship dynamics
- Unsatisfied with referrals like 519; not trans inclusive
- Limited physicians who focus on Trans health
- Financial barriers accessing mental health
- Discrimination from service providers and regulations from community spaces advertised as Trans welcoming
- Not having money for proper clothing in the winter or for transportation
- Barrier finding drop-ins for those over 30 year of age and under 45
- Positive experiences accessing primary health care within community health agencies that service LGBTQ clients
- Experienced long wait times, up to 4 years
- Supports were helpful when it was Trans-competent and understanding of polyamory, queer identity, fluid, and nonbinary-affirming
- Seeking help from the following services was helpful (519, Two Spirt of the First Nation, therapist, friends). Participant discussed finding them helpful. When discussing the services, participant discussed the importance of Indigenous identified service providers. Participant discussed trust building and rapport as valuable processes
- Discrimination and violence within women's shelter
- When seeking shelters—and in shelters—participant described that they felt safe when staff were proactive in responding to transphobia
- Negative experiences with shelters—discrimination, transphobia
- Positive experiences with shelters—proactive and responding to violence, transphobia

- When seeking help from police, inappropriate supports where provided that included mis-pronouns, person triggered by history of trauma and was charged with assault of police officer
- Mis-pronoun and disregard of Trans identity when seeking help from therapist in mental health medical setting
- Experience seeking supports as a Deaf person, participant discussed limited access to interpreters and lack of accommodation for Deaf persons seeking crisis supports
- Person-centered approach to therapy when therapist identified as Queer
- Ability to build trust when support was Queer/Trans positive
- Speaking with friends was a good tool and coping mechanism
- Speaking to friends to access regular support when regularly experiencing violence from cis-gender men
- When accessing cis-gendered therapist and or psychiatrist negotiating what to share with therapist to receive the support needed
- Nobody to talk to
- Community workshops
- Indigenous approaches to healing and services that were traditional healing had a positive impact on participants
- Finding a lack of information that speaks to Trans and Nonbinary identities
- Information found was considered very common and not nuanced to gender diversity
- Found helpful posts and articles on Facebook
- Learned a lot in accessing a community counselor
- Forums are outdated, hard to use, and not very helpful receiving answers to my questions
- Had reservations about calling the police
- Considered talking to psychiatrist
- Lack of affordable therapist with either lived experience or professional experience working with Trans identities
- Interactive discussions on Facebook
- Being misgendered by service providers

What recommendations and suggestions did participants express?
- Nuanced resources related to healthy relationships—resources that speak to diverse relationship types, represent gender diversity to see more Trans people in positions of power or in more relevant roles
- Open conversations around stigma and shame related to the people and their partners
- Affordable access to formal education for trans individuals to be able to provide a better service to the community
- A Trans-led agency specifically for the Trans community
- Francophone supports translated from English into French—need for accessible French resources created by local Francophone agencies on healthy relationships, diverse relationships, violence in relationships, safety planning

- More education for mainstream social services on Trans identity and to provide community training to service users in shelter about gender identities and Transphobia
- Create an LGBT adult shelter
- Forums on relationships
- Ongoing Trans 101 training and or information sessions for shelter users and shelter workers
- Deaf interpretation and ASL video counselling/crisis lines to access immediate support for violence—participant recommendation of having services in first language for Deaf persons seeking support in critical situations or crisis
- Support groups for Trans women age 30 and over; many groups are for 29 and under
- Groups and supports for Trans folks and partners
- Visible Trans women in leadership roles
- Ongoing talking circles—similar to this one (referring to focus group)
- Longer term supports (that differ from short term drop-in supports)
- Spaces that bring personal lived experience and how to navigate situations—such as safety tools, safety planning
- To see more Trans people in positions of power or in more relevant roles
- Open conversations around stigma and shame related to the people and their partners
- Affordable access to formal education for trans individuals to be able to provide a better service to the community
- A Trans-led agency specifically for the Trans community
- Normalizing and affirming gender-fluid relationships and supports that are reflective of gender diversity and relationships styles
- Understanding Trans experience is not monolithic and the range of intersections
- Specific spaces where Trans folks can speak about personal experiences (e.g. talking circles, drop-ins)
- Support and spaces for Trans lovers, more information, more visibility, more education
- More Trans support groups in general
- Holistic health practices for mental health, emotional, physical, and spiritual health
- Learning tools or resources like books, magazines, articles, movies, any kind of resource
- More focus on Trans folks dating and relationships
- A Trans-led agency specifically for the Trans community
- Having access to more detailed information about specific services directly from location where services are being promoted
- Participant recommendation for workshops and trainings on working with Deaf community
- Trans visibility
- LGBT2SQ service provider representation in shelters, therapists, case workers, community counsellors

- Having Deaf/ASL interpretation symbol, braille symbol, accessibility symbol so that person does not require searching for service accommodation needs
- Recommendations for remote video webcam for hotline, crisis line supports to Deaf community and for folks in remote communities

Did participants raise any cultural/ethnic/language and or intersectional insights that we should be aware of to use in developing our interventions, health promotional tools and workshops for symposium?

- Having intersectional resources on relationships for Enby/Trans/POC
- When seeking supports taking into consideration aspects of intersectional identity and considering how the service will meet or provide support
- Not being able to take up space within resources
- How isolation due to lack of resources specific to Trans/Enby experiences is dangerous/can be lethal to the community
- Support groups and resources should be all inclusive–represent diverse needs in support groups
- What are the supports for Trans/Enby folks who cannot access services due to immigration/refugee status?
- Supports and understanding of ACE spectrum
- Indigenous values and Indigenous approaches to wellness
- The importance of Traditional healers and Traditional Indigenous healing
- Expressed need for safety planning information and resources specifically for Trans women of color

Participant Quotes and Insights

Recommendations for IPV Supports: Need for Nuances in Resources and Service Provision

"I think it [IPV] should be, like, mental health it isn't treated like regular health. I think it needs to become more normalized to get help, instead of just keeping it to yourself or just calling the police. Like there should be other preventative measures. So, I'd need a support group or an ongoing place of support that covers these issues about dating and how to be because that's a very vast topic and is very critical to one's relationship and detriment to their own life."

"Well, definitely I think community services need to provide, um… workshops on preventative measures and what to do if … abusive situations were to occur in, um, someone's relationship."

"Um, because it's so, not 'well-known' but 'popular', it happens a lot …Yeah, like hospitals and like other places should do more like open-group discussions like this to … become more aware of the actions and like terminology."

"Offer to help the service user with whatever they need help with and not to victim-blaming."

"I think it is important when you're dealing with, um… partner violence is to, you know, openly talk about it because I already learned. Like it took me a long, long time… to have those supressed feelings and to come out with them. They are not easy, right? So, it's important to do that."

"On-going professional workshops and trainings on working with gender diverse Deaf community support groups for trans people and partners, being able to bring your partner."

Importance of Indigenous Service Providers and Indigenous Approaches to Healing

"Some of the practices that I found useful over the last few years were accessing traditional, Aboriginal ceremonies, things like the Two-Spirited sweat that they have at the Anishnawbe Health every month … I found that very useful in terms of going in there and … giving yourself mentally, emotionally, physically, spiritually to another entity really helped me."

"I found this very useful, talking circles are a good way of doing it but … that's something we don't do very often, this ... And Um … accessing services like Two-Spirit people of the First Nations"

"I find, they irritate me sometimes when the traditional people aren't so traditional."

"I also do not recommend calling the police because that's a colonial system. Oh, my gosh! Like one thing I can say about [a service provider] is that when I told her about domestic violence I was experiencing at the time, she said that um … me seeing the red flags at this person I was with, um … means I need to get the hell out of that relationship because she doesn't want to have to send the police to my door. And these suggestions that I make, aren't just for when interacting with Two-Spirit, um … intersex, Transgender, non-binary, gender variants and gender questioning people, it's a … like when interacting with all service users and actually, I think making sure that we also have access to culturally appropriate programs like ceremonies, talking circles, drumming and um … sweats lodges and what have you and I am thankful for the other people who are already brought that up."

Scarcity of Comprehensive Community Services Addressing IPV

"See, the problem is that they're not working together [community agencies], you know, because they're all like one agency's trying to be better than the other agency, and I want my ground, you know. One week, this person got that project, then the next week the next one got it. It's the same project, like, it's like, if we're getting there, we're supposed to be people of unity, not being "divide and conquer". You're defeating the purpose … Because all you are it's just for your agency and it's unfortunate because they could join as one and have strength to support each other. Not, one is better than the other. Like this agency is good at this, this agency is good at that, and they need to some sort of compromise or merging, but they're all just so worried about their own grants."

"I think in general when I looked for resources for dating, meetings in a healthy environment, having a Trans or non-binary identity is a difficulty, The issue of sexual orientation is another challenge, and then as a result of reaching a safe and respectful level is another level of difficulty and that will keep people isolated or people will put themselves at risk. "

"When seeking supports in counseling, discussing healthy or unhealthy dynamics is confusing because I am making choices to not be alone and part of not being alone is being in relationships that someone else might not think as healthy or as unhealthy, but I accept it … when seeking supports or spoke to people about abuse felt judged, as though I need to choose between relationship and feeling isolated."

Intersectional Identities: Gender, Race, Class, Deaf, Indigeneity, Nationality, Migration, (dis)Abilities, Language

"Think it's hard to find somebody that has our unique intersectionalities as a Transwomen of color, or certain age groups and nationalities."

"As deaf person … there aren't a lot of resources available for deaf people, in general. If, for example, there aren't enough interpreters … services like hotlines and those kinds of … you know, phone services, shelters, shelters that someone might escape to for a viol … from domestic violence, being able to sit with a counsellor or a social worker. My access needs have not been accommodated, to answer your question."

"You know, and we're in a situation now where have better technology so better webcams, better access in some ways, so things are getting better ... You know, the Deaf community would be working towards more counselling on, on webcam. We would want to be able to have access to accessible counselling … You know, people who can hear can pick up the phone and call a hotline. We have nothing that's an equivalent service, um, on our first language."

Intersectional Francophone Insights
"LGBTQ services in French is very limited and then the offer of services for special needs is found as non-existent so I have never managed to find services that could meet my whole specific personal needs as a trans French speaker and then there is an intersectionality that makes it difficult to separate who we are in sectors because the different parts of who we are that overlaps."

"The resources are very limited, are very difficult to find and especially I was looking for in the dynamics of encounter and this is something my experience is very often not existing especially with duality: language and identity, sexual orientation are all factors that will make it difficult to access resources that meet all these needs … yes, so we're either French-speaking, homosexual or Trans."

"For example, to find medical care to find someone in French is already a challenge. Finding someone who is welcoming to support you being a trans person as in respect of the pronoun or respect of the first name whether it was concerning medical

interventions was a lot to consider and then I have the impression that it is not realistic to have someone who will meet in all the needs of the current situations in Toronto I am not aware of and concerning mental health it is the same having someone who is able to offer the support that is tailored to my need set from the point of view of my LGBTQ identity and gender identity, sexual orientation but first also someone who could exchange in my language and someone with whom I can talk about my challenges for example I'm not from Toronto I arrived recently, I have no family support ... as I said again the different needs that cannot be addressed in the same place and then it adds extra stress and difficulties definitely."

Gender Binarism and Heteronormativity in Service Provision and Resources for IPV

"Kind of the same with the relationship support of not knowing where to go for the polyamorous relationship support. That's quite hurtful. How do I find supports if I've been in an abusive poly relationship and then, on top of that, how do I find supports if I've been in an abusive poly relationship with another Trans, like, non-binary person because a lot of the domestic violence supports, whether they be sexual, physical, emotional, mental, I find a lot of the discourse surrounds, um … this dynamic that there's a man abusing me or someone of a masculine figure. So, when you don't fit that mould and I say, you know, 'my abuser did this' and I talk about it and then people assume it's a guy, it's like no, that's not how it is."

"Heteronormative, cis-gender, gender binary responses/perspectives have compounding impacts and expands belief system that there is no help or needs will not be understood."

"Participants discussed the need for diverse representation in resources of what partner violence looks like and who may experience it."

"I would like to see more diversity if, like, better representation of like lesbian relationships or began relationships or relationships with, you know, gender-fluid people or other Trans people. Just because I think that normalization is really an important part of, you know, challenging transphobia but when it's not even represented it's like, well, why would I look for these resources? Because the thing about relationship violence is the inherent, like, struggles of straight relationships um … can be very different from Queer relationships, so heterosexual relationships specifically is what I'm talking about, um … do experience violence and they, those experiences are horrible, of course, but the violence that the Queer relationships experience can be different, in my experience, so."

Systemic Barriers When Accessing Community Supports

"Um … but I think that this dating and partner violence … they're again, violence is physically, mentally and spiritually … and I think there needs to be workshops how to keep yourself healthy mentally, physically, and spiritually. And some of the problems with these workshops, they may or may not have … their sessions aren't long enough … to really do any … to really see any effects for them. It seems that when you're just starting two, three, four weeks isn't enough. It needs to be an ongoing … like a year thing, to really make these gradual steps because there are so many issues you have to

cover, and you just can't cover 100 issues in four weeks. And to deal and heal with that, it needs longer time to address one issue with baby steps and have everybody express themselves and feel comfortable, you know, then, you can move on. You know, if you're moving too fast, you're losing people, you know? And some people, because you're dealing with people that have trust issues and, and it's hard for them to be open and feel comfortable, find a safe spot to do that, you know? And there needs to be more of these places … and … that's about it."

"Short-term supports and solutions unhelpful."

"I think they usually have to have been homelessness or should have been in recovery or had an addiction or been incarcerated … to work with people that are like us because you've been there and it gives you a better understanding … and when you're trying to talk to somebody about what you're going through, they kind of look at you like you're a freak show."

"Because they [community supports] don't understand, like, 'oh, my!' And you can tell it in the way that they look at you when you're trying to talk to them. That's a barrier. It's uncomfortable. It's already uncomfortable to come forward and talk about whatever is going on with you and that you need help or if there's some sort of help or whatever, without somebody looking at you like you're from outer space. You know? Like, they don't get it. Of course, you don't get it. That's why there are professional positions but some of these people they are professional or not professional."

"[I did not] phone the police because I was afraid they don't sign … plus, you know, our experiences as Indigenous people is that we have had barriers to services that should protect us, like the police and other services. So, those are all things that come into play. And then, if you talk, it took social workers, often have an oppressive and demeaning view of Indigenous people so we have not had the greatest support traditionally from social workers."

"If you are in a moment that's fraught and you're upset, writing back-and-forth becomes a barrier to communication. You can't fully express yourself when you have to express yourself in a way that is a barrier to actually being able to speak. Um … having an interpreter that's a resource, but it isn't always as great, a great resource. The interpreters themselves can be a barrier to getting resources. It would be nice to be able to have these resources available in first language. Things are getting better, but we still have a long road."

Poverty and Housing Crisis: Impacts of Violence

"All the violence that've been inside of a women's shelter. And that's one of my questions, is why there's an LGBTQ+ youth shelter but there isn't one for adults? Because that's where actually all of my violent experiences and discrimination come from … It's not outside in the world, but inside in a women's shelter… I've been jumped by girls at the Women's Residence for simply being a Trans woman. And I find in the women's shelter as well ... discrimination against Trans people it's kind of … tolerated

until let it slide so many times until people do something about it. But when it comes to like racism or discrimination against like a refugee, it's an automatic discharge."

"I accept that I will never be loved and will not experience love … there is no help for what I experience … who is asking about this? About what I go through? I experienced homelessness due to abusive relationship dynamic and having to leave home."

Discrimination (Transphobia, Racism, Anti-Indigenous Racism, Anti-Sex Work) Based on Gender Identity When Accessing Services

"The most important thing is representation because I'm not even going to seek out a service if I feel it's not going to … to … represent or include me. This representation could be through pictures on their websites or even just with intake forms asking people their pronouns, totally a game-changer for me. If I'm asked what my pronouns are, I'm like wow, this is fantastic. Just because it the … the smallest thing … I'm already afraid of going into a space because I'm afraid I will experience transphobia so, if I'm going in that space because I've experienced partner violence but I'm worried that I'm going experience transphobia then I'm not going to be able to even get the help that I need because I'm going to be too worried about experiencing transphobia."

"I think that the biggest thing for me is feeling that I'm not allowed to occupy the space, which definitely … it's several things. There're layers to that feeling of, is it because I'm Trans? Is it because I present like a woman sometimes and does that invalidate my things? So there's the level of identity but as well I don't find myself represented in a lot of the resources … the childhood sexual assault one focusses on resources for women, which is great, but where do I fall within that? Because I'm, you know, afab by birth, but I … don't see myself represented in that but also my experiences are also valid and I need the same kind of level of support …"

"Um … to me … well, I felt that [a service provider] was very, um … supportive of me when I reached out for help, um … but, you know, um … I have gone to other places where accessing barriers, um … accessing services was a barrier for me and the other places I have been to, accessing services would be a barrier for me because, um … because staff, um … would be, let's see, transphobic, evilist, sanist, sexist and … they would also be … they were also anti-Indigenous, anti-pagan, anti- … we can … I'm having quite frankly an issue, um … with the subsidized housing I'm living right now own by a private religious group … because of the same nonsense like transphobia, homophobia, evilism, sanism, classism, um … anti-sex work, anti-Indigenous, racist and that will be all I have to say about that. Thank you!"

Transphobia and Complexities in Relationship and Dating Dynamics: Boundaries, Abuse, Personal Safety

"I think violence with regards to our context, whatever, Trans-phobia in all its forms, so … a lot of the violence that I've experienced has been maybe verbal, or psychological, emotional violence. Um … it is, yeah, the shame and stigma that's attached to my partners and not having the ability, not having the equity that I would want in a relationship and so, um, it is something I feel like it's part of the dynamics of dating cis-

men, specifically, because it is more challenging, I believe, than dating other kinds of people … and that there's a lot of cis-sexism in those relationships, the partners that we find. Sometimes are nice. I think most times, there is a lack of respect and … dignity we experience in those relationships because we're not seen as equal to them. Um, and then, we get treated worse, or we don't get … given the same treatment or … respect that cis-people would receive in a relationship. So, there's a lot of things that I personally experienced and have … kind of accepted in dating dynamics."

"Interpersonal violence. Um … and I think it's been a struggle to see myself in a, a way that doesn't put up with that, whether it is verbal, um, harassment or discrimination that I get, or emotional violence of not being seen as an equal or acceptable partner. Yeah, there's not enough resources, obviously for, I think Trans women in this kind of, um, field of dating and to know what transphobic violence is in a relationship is important."

 "When they kind of critique you, your, maybe, transition, so if you do, like a medical transition they might critique that, or they might have emotions about it that maybe are none of their business, um, or how they treat your friends, that could be violence, um … whether they want to introduce you to their friends or family could be a form of violence and, just, yeah, physical violence and also sexual violence, so sometimes, I think, some of us accept horrible partners just for the experience or to be, like not alone."

"I did not know I was being abused, as it was emotional abuse and very hard for me to see the impact until it was [many] years into a long- term relationship with cis-gender woman … internalized heteronormative social norms as a trans man wanted to support my partner and accept behaviours that may or may not be healthy for me… might have been better to have been physically abused because then it would be clear what is taking place and I would have known to leave right away – but with emotional abuse, it is unclear, not visible to me."

"Actually hard to recognize manipulation or violent signs and to actually understand what is actually what I'm looking for and being able to have clear in my mind what I'm expecting from the partner and what I can offer and to be really, um, strong and I don't know how to say, yeah, like just to actually keep that in mind and make sure that my desires are being respected. You know what I mean? … At least for me, from what I experienced because of the amount of violence or trauma that I have … I carry those, you know? And I like to understand what it is that that I'm carrying, and also to be clear and honest with the partners that I might have that, listen, I'm working on this but I'm actually carrying this, and I'm expect you to actually tell me what's going on, so we can work and rather than just pretend that nothing is happening. So, I like to have more information about how to handle those situations and, yes, to have more skills to make better choices. You know."

"I think… so, Trans-specific, I think there's less information, however, like it is also very personal, because, yeah, I like to mix, you know what I mean? I don't just want to have like a Trans experience or a cis-experience or what. I want to have all the experiences, to actually see what are these resources or skills that work better with my specific

situation, and also, yeah, like I have, like, when I find this information, I keep it and then I share it with my friends as well. So, if I feel it was worth it for me, I share it with my friends also, so I can spread out the word because that's how I am. Yeah, and I think there is some couple of books or, um, writers or journalists that actually are focussed on Trans, Trans issues but also, there's just like generally, anti-oppressive, self-care books that you can actually, I mean, at least I, I find useful for my, for my usage. Should be more, yeah."

Safety Planning in Relationships; Navigating Gender Identity and Trans Disclosure, Dating, and Sex Work

"There's a very big gap and a lack of resources for dating, for violence, um … for Trans women … from speaking with other Trans women, who have had experiences, we always talk about, um … in terms of violence, it's, you know, meeting the guy for the first time, whether, you know, it is for casual dating or sex work, where I think a lot of violence occurs, um … that is something maybe that we should also focus on because that is a reality of a lot of Trans women. Um … for me personally, I think, like … um … you know, when you are not in a relationship and you're just meeting guys and you're becoming sexual for the first time, and you have to navigate this disclosure thing, and … if you didn't, you know, what … what kind of thing can you expect from that? And I've been in situations where I was like very, very close calls … and, um … yeah, so I think …not actually having looked for information on that, um… but actually just experiencing it firsthand have … kind of educated me and just, kind of like, put me in a position where I, I feel like this is … I have to learn from this."

"Um, sometimes, I don't disclose my Trans identity until I feel, like, you know, that the person got to know me. Sometimes, when I disclose, unusually after they engage and see, you know, like they see the person, they don't get like, you know, it's not an issue or even if it's an issue is very respectful that the … they turn off."

"… because I date a lot online, um, there is a chance to kind of, kind of like a space or like safety buffer zone, um, to meet people through those interactions and then communicate with them and find out what they're capable of … So I like to find good quality people, whether it's intellectually or emotionally to be with me and then … see where it goes from there … because I feel like it's good to have a, um, good sense of judgement around people and so, that's kind of what I do. Unlike my friends, um, sometimes I don't tell people, I don't disclose right away … um, or ever sometimes …Um … I feel like it's none of their business, I … it's being candid. It's just an aspect of who I am, and I want them to get to know me. And so, usually if I find good men, I'm going out with them it's because I kind of suss them out and make sure they are good enough to meet in person and it's always turned out pretty okay with me."

Discussion

Participants shared some overarching themes including those related to lack of representation and gender diverse visibility in service provision. Health and wellness outcomes were another interwoven theme that emerged in many narratives linked to

suggested service provider approaches when working with diverse communities. Other themes surfaced related to experiences of exclusion from transphobia of family and social networks and the resulting isolation experienced by gender-diverse communities. Along similar lines, some themes focused on gender binarism, racism and ableism and heightened health concerns (e.g. suicidality, depression, isolation, distrust).

Emotional, psychological, and mental health impacts were at the forefront of participant narratives. Many drew upon the theme of resource scarcity, both formal and informal resources were identified as needed for gender diverse communities.

BIPOC participants spoke about having to negotiate their needs or selecting only parts of their identity to maintain community connections and to access services. For many participants, having to choose which aspect of one's identity to "lead with" in order to access supports was a complex venture that often left them with little to no meaningful health resources. Too often, mainstream agencies that address IPV design and deliver their services based in bias and discriminatory processes.

Visibility was another key theme. Participants want to see themselves reflected in IPV resources, which can affirm and validate the relationship dynamics they experience. Participants shared a need for access to gender diverse health services, social access, and safe housing supports to build stability and wellness to improve their quality of life.

These interviews and focus groups illustrated the hardships participants faced, as well as their vulnerabilities and resiliencies. Systemic and structural changes are necessary to address the myriad needs of Two-Spirit, Trans, and Nonbinary people, and it begins with listening carefully to their experiences and insights.

Lessons Learned

The original projected number of participants was between 40 and 50 participants, but the final total came to 18. Many factors created complications and barriers to participation, including limited access to alternate days or means to conduct interviews and cancellations due to a large snowstorm.

The team came to deeply understand asking people to speak about IPV from their unique perspectives can generate distress or discomfort. Providing a qualitative anecdotal survey as an alternative option might have been useful to reach a larger number of participants.

This project only scratched the surface of the experiences of Deaf community members. Future research must focus on insights and perspectives of gender diverse members within the Deaf community.

After diligent attention to wellness, the participants who did have an opportunity to be interviewed shared that the experience was validating. They said they felt a sense of connection and that sharing circles such as the focus group structure is something they would look for in ongoing services and supports.

Future Community-Based Projects

Peer leadership brought this community-based research to life. The PLG's role was invaluable to building rapport and trust with participants. Representation was a key component to the success of this project and this approach should be considered for future community-based projects.

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Appendices

Appendix 1 – TransFormed Survey

Appendix 2 – Sample Flyer

Are you Two-Spirit, Nonbinary, Trans or Gender Non-Conforming, and live in or access services in the Greater Toronto Area?

The TransFormed Project would like to hear from you!

We are seeking participants 18 years and older to complete a short online survey about where people go for help and information

TransFormed: Addressing Partner Violence from Two-Spirit, Nonbinary and Trans Perspectives

TransFormed is a community-based research and intervention project that seeks to increase access to health and social supports and build the capacity of service providers through education and training

Survey Deadline:
15th January 2019
Survey participants are eligible to enter a draw for a $100 prize

Survey Link:
https://www.surveymonkey.com/r/TransR

Financial contribution from

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