

2SLGBTQQIA+ Experiences of Intimate Partner Abuse and Help-Seeking: An Intersectional Scoping Review

Final Report

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Executive Summary

Background

Intimate partner abuse (IPA) encompasses various forms of abuse between intimate partners, including physical, sexual, emotional, financial, legal, cultural, spiritual, religious, and other types of violence. Recent studies challenge cisgender heteronormative representations of IPA by revealing that the prevalence of IPA between Two-Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual, and other sexual or gender minority (2SLGBTQQIA+) partners is similar to heterosexual IPA. However, discriminatory beliefs enacted through homophobia, transphobia, racism, sexism, and colonialism uniquely influence 2SLGBTQQIA+ experiences of IPA. Moreover, the lack of service availability and diversity specifically tailored to 2SLGBTQQIA+ communities further complicate efforts to address IPA, exacerbating inequities and impacting well-being.

Objectives

This scoping review aimed to achieve three main objectives:

1. Identify knowledge strengths and gaps related to IPA among 2SLGBTQQIA+ people;
2. Describe the help-seeking efforts and experiences of 2SLGBTQQIA+ people who have encountered IPA, including interactions with informal supports (e.g., friends, family members) and formal services (e.g., police, counsellors); and
3. Provide evidence-based recommendations to enhance service responsiveness to 2SLGBTQQIA+ communities.

Methodology

The review protocol was registered on PROSPERO (#CRD42020139639) and followed the Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines. We included qualitative, quantitative, and mixed-method studies that examined help-seeking patterns and outcomes of 2SLGBTQQIA+ people who experience and/or use IPA against partners. A comprehensive search was conducted across multiple databases, including Medline, Embase, PsycInfo, Scopus, CINAHL, Genderwatch, and Social Science Abstracts. From the 5,827 initial results, 1,790 references were screened on full text. A total of 703 peer-reviewed studies focused on 2SLGBTQQIA+ IPA, and of those, 142 specifically examined help-seeking and 2SLGBTQQIA+ IPA. Each reference was screened by at least two members of the review team and data extraction was supported by four authors. Findings were categorized by sexual and gender identity group when possible, with further consideration of intersectionality.

Results

Most studies examined mixed sexual and gender minority (SGM) samples without providing stratified results. Community-specific studies on IPA were more likely to focus on lesbians, and trans people, followed by studies with bisexual participants, gay men, and Two-Spirit people.

Notably, no studies included intersex participants, and there were no specific results available for individuals questioning their sexual and/or gender identity or those who identified as asexual. Emotional abuse or violence was commonly reported as the most prevalent form of IPA among LGBT individuals. Bisexual men and women seemed to experience a higher prevalence of IPA compared to lesbians or gay men. Many studies revealed that 2SLGBTQQIA+ individuals were often unaware that the control, violence, or manipulation they experienced in their intimate relationships could be classified as abuse, acting as a barrier to seeking support or leaving abusive relationships. This lack of recognition was often attributed to gendered discourses that centre cisheteronormative relationships and overlook 2SLGBTQQIA+ specific forms of abuse. Other significant barriers across all groups included a lack of knowledge about available services, the absence of 2SLGBTQQIA+-specific services (and services providers), and anticipated or enacted discrimination from service providers. Negative experiences with accessing police services were commonly reported by many identity groups, while LGBT individuals also expressed dissatisfaction with legal services, indicating limited opportunities for seeking justice. Counsellors and friends were often regarded as positive sources of support.

Key Messages

Based on this review, the following areas require attention:

1. Critical changes are needed to gender-based violence services, particularly violence shelters, to properly respond to 2SLGBTQQIA+ communities. Many services perpetuate gender norms and engage in discriminatory actions that impede adequate support, including a significant service gap for both cis and trans male-identified individuals.
2. Ensuring justice for 2SLGBTQQIA+ people who experience violence is essential, necessitating attention to formal legal systems, policing, and transformative justice.
3. Counselling services are a strength and a valuable resource for 2SLGBTQQIA+ people in relation to IPA. It is crucial to support this sector, including measures to reduce individual costs and increase accessibility.
4. Increased education and training are needed for service providers working in formal services to reduce stigma and misconceptions and improve service interactions.
5. Educational curricula in schools should be adapted to include 2SLGBTQQIA+ IPA, enabling individuals to recognize experiences of abuse and support one another.
6. Informal support from friends is a crucial resource, and its effectiveness could be enhanced by establishing stronger connections to collective care initiatives.
7. Research and service design need to meaningfully integrate intersectional frameworks that better respond to the full diversity of 2SLGBTQQIA+ communities.
8. There is an urgent need for a collective impact model that addresses abuse prevention, coordinated service navigation pathways, evaluation of informal and formal supports, shared values (intersectional and trauma-informed care), and increased funding.

By implementing these recommendations, progress can be made in addressing the gaps and challenges identified in this review leading to improved IPA supports and services for 2SLGBTQQIA+ communities.

Key Words: intimate partner abuse; sexual orientation; gender identity; 2SLGBTQQIA+; help seeking; service utilization

Background

Contrary to dominant understandings of intimate partner abuse (IPA), recent studies have found that IPA experienced by Two-Spirit, lesbian, gay, bisexual, trans, and queer partners (2SLGBTQQIA+) has a similar or greater prevalence compared to cisgender heterosexual (cisheterosexual) IPA (Barrett & St. Pierre, 2013; Brown & Herman, 2015; Calton et al., 2016; Decker et al., 2018; Edwards et al., 2016; Guadalupe-Diaz & Jasinski, 2017). A range of interconnected factors influence the ways 2SLGBTQQIA+ individuals who experience IPA seek help to end abuse. These include emotional attachment, fear, financial disparities, concerns for children's welfare, the well-being of animal companions, and religious beliefs (Carvalho et al., 2011; Merrill & Wolfe, 2000; Peterman & Dixon, 2003). Different IPA trajectories compared to their cisheterosexual counterparts affect mental and physical health, academic performance, and behavioural functioning (Decker et al., 2018). Additionally, factors such as social isolation resulting from stigma and discrimination, the impact of intersectionality on their experiences, barriers to accessing 2SLGBTQQIA+-affirming services, and systemic discrimination within institutions also influence help-seeking behaviors. Recognizing the influence of these systemic factors is crucial for a comprehensive understanding of IPA experiences and support needs among 2SLGBTQQIA+.

Although 2SLGBTQQIA+ and cisheterosexual people who experience IPA face many of the same barriers to accessing supports, 2SLGBTQQIA+ individuals face additional deterrents resulting from intersecting oppression toward gender and sexual minorities. These barriers have been well established in the literature, and key factors include difficulties recognizing different forms of abuse, anticipated or experienced discrimination from service providers, the risk of conflict within or retaliation from 2SLGBTQQIA+ communities, and fears about disclosing their sexual orientation and/or gender identity (Calton et al., 2016; Donne et al., 2018; Donovan & Barnes, 2020; Morgan et al., 2016; Scheer et al., 2020; St. Pierre & Senn, 2010). A comprehensive understanding of the experiences of SGM who experience IPA is lacking, particularly when individuals experiencing IPA overcome these barriers and seek help from formal services in efforts to stop, manage, or leave abusive relationships. The help-seeking trajectories of 2SLGBTQQIA+ individuals are further complicated when considering intersecting experiences of oppression and inequality (Crenshaw, 2017) related to race and ethnicity, age, disability, income, education, immigration status, and other factors.

Concepts and Terminology

2SLGBTQQIA+ and SGM

Deciding which terms to use when referring to sexual and gender diverse people is complex and has led to considerable discussion on our team. There are nuances in written documents and research contexts that also need to be considered. Materials for this funding call used the acronym 2SLGBTQQIA+ to refer to “Two-Spirit, lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and others” (SSHRC, 2022). One challenge is that a lot of the research that has been carried out does not include the full diversity of SGM communities. Some researchers have suggested that it is important that the language we use when sharing research findings should reflect the demographics of study participants (e.g., Marshall et al., 2022). This

is particularly important in the context of knowledge synthesis. In the end, we decided to use the more inclusive acronym in our final report. Recently, more studies have started to include Two-Spirit, questioning, intersex, and asexual people who experience IPA (e.g., Kattari, Walls, Whitfield, et al., 2017; Whitton et al., 2019), therefore, the more inclusive 2SLGBTQQA+ term will be used throughout this report.

Where research was conducted with specific 2SLGBTQQA+ groups, we have attempted to reflect this in the text with more specific acronyms such as LGBTQ. This also allowed us to be more inclusive and to reflect community diversity, while also drawing attention to gaps in terms of who is included and excluded from research participation. We also use the term “sexual and gender minority/ies (SGM)” as an inclusive term which refers to “people whose biological sex, sexuality, gender identity and/or gender expression depart from majority norms” (O’Malley & Holzinger, 2018, p.10).

Terminology and Intimate Partner Abuse

The use of terms such as “intimate partner violence” and “intimate partner abuse” can have implications for how this challenge is understood and approached. While these terms are often used interchangeably, there can be subtle differences in their connotations and implications. In this report, we have chosen to use the term intimate partner abuse (IPA) because it is more inclusive and encompasses a wider range of behaviours and dynamics beyond violence. This includes various forms of mistreatment, manipulation, control, and coercion within intimate relationships. In the context of IPA in SGM communities, where abuse can be difficult to recognize and acknowledge, this term makes it clear that harmful behaviors can manifest in ways that may not be physical or overtly violent but can still be detrimental and abusive. Regardless of the language used, the overarching goal is to recognize and address the dynamics of harm, control, and mistreatment within 2SLGBTQQA+ intimate relationships, promoting safety, support, and well-being for those affected.

Terminology to Refer to People who Experience and People who Use Violence

There are also a range of perspectives about how to refer to people who experience violence or abuse. Some use the terms “victim” or “survivor”, and “perpetrator”. Others suggest that referring to “people who experience violence” and “people who use violence” is less stigmatizing and more trauma-informed (Tu & Penti, 2020). We have opted to use person-first language and to emphasize the experience and/or use of abusive behaviour(s). This language also helps to expand our conceptualizations beyond binary thinking in relation to abuse (Larance et al., 2022). Knowing that bidirectional violence also needs to be considered in conversations about IPA (Bates, 2016; Hine et al., 2022), using person-first language also makes it more possible to acknowledge multiple experiences with violence and abuse. While stereotypes about bidirectional abuse have created specific barriers to gender-based abuse services for 2SLGBTQQA+ communities (e.g., Messinger, 2018), it is also important to make room to acknowledge these experiences.

Intersectionality

Intersectional theory posits that one's identities are axially positioned within society, either being perceived advantageously or disadvantageously, which impacts how people interact with and experience their environmental surroundings and social forces (Crenshaw, 2017). In practice, intersectional theory aims to identify and extract how layers of identities (e.g., race, sexual orientation) interact in different settings with different social forces (e.g., homophobia, racism, transphobia, ageism, sexism) to define one's social experience (Al-Faham et al., 2019). Engaging in this identification can help to address health inequities by revealing imbalances of those traditionally in power (i.e., white, affluent, cisheterosexual males) as compared to the experiences of members of historically marginalized communities. Accurately exploring help-seeking patterns for IPA within 2SLGBTQQIA+ communities necessitates examining group member experiences as a function of multiple identity group membership; other approaches fail to account for the diversity of identities and how service seekers are viewed and responded to when accessing different supports, limiting the potentiality for fully understanding their experiences, and ultimately, optimal provision of care.

2SLGBTQQIA+ IPA and Access to Services

It is estimated that 30-80% of people in SGM relationships experience some form of IPA, which is equal to, if not more prevalent than, the prevalence of cisheterosexual IPA (Finneran & Stephenson, 2014; Freeland et al., 2018; Goldenberg et al., 2018; Houston & McKirnan, 2007). The broad range of prevalence rates is attributed to differing definitions of IPA and sampling techniques across studies (Oringher & Samuelson, 2011), which is likely underestimated due to a lack of reporting (Brown & Herman, 2015). 2SLGBTQQIA+ IPA occurs within a cisheteronormative environment (LeMaster, 2017), in which understandings of what constitutes IPA and services designed to support people who experience and/or use abuse are predominantly developed for cisheterosexual women who experience violence and cisheterosexual men who use abuse (Donovan & Barnes, 2020; Giorgio, 2002). In addition, SGM may have service provision needs that involve different dimensions than those experiencing cisheterosexual IPA (Brown & Pantalone, 2011; Donovan & Barnes, 2019; Hoyle, 2012). Cisheteronormativity is linked to the pervasiveness of homophobia and transphobia in society, as well as institutional-level barriers (Pyne, 2011). Trans and gender diverse people may also be denied access to services, or service providers may provide services that exclude participation of trans community members (Kattari, Walls & Speer, 2017; Pyne, 2011; Shultz, 2020).

IPA help-seeking may occur when people identify aspects of their relationship as violent or abusive and search for external assistance or support (Guadalupe-Diaz & Jasinski, 2017; Liang et al., 2005), resulting in guidance to leave or manage abusive relationships. Formal supports for people who experience or use IPA may include counselling, housing, legal, or medical assistance, among others (Turell & Cornell-Swanson, 2005). As a result of homophobia, transphobia, racism, and other forms of oppression (Nagoshi et al., 2008), those exposed to 2SLGBTQQIA+ IPA face unique challenges to reporting (Brown & Pantalone, 2011; Hoyle, 2012). Interactions with the criminal justice system can also include "collateral consequences" of reporting such as unwanted attention from child protection services, immigration, and other government services (Goldscheid et al., 2015, p. 24; Hardesty et al., 2011).

Homophobia and transphobia are linked to reduced IPA service use as well as negative mental and physical health outcomes in 2SLGBTQQIA+ individuals (Bauer et al., 2009; Brown & Pantalone, 2011; Daley & MacDonnell, 2011; Mizock & Mueser, 2014). For some, being abused by a partner may be less frightening than being abused by society or the legal system (Brown & Herman, 2015; Murray & Mobley, 2009). Additionally, those using IPA “are acutely aware of the individual and institutional vulnerabilities faced by trans people and these vulnerabilities feature explicitly in the abuse tactics and harm done” (Brown & Pantalone, 2011, p. 117). Thus, these prejudices may be exploited to further harm people who experience IPA. Societal and institutional or agency-specific barriers may interact with one another and influence help-seeking experiences (Brown & Herman, 2015; Simpson & Helfrich, 2014). For example, a queer-identifying Latinx cis woman who seeks support in relation to IPA may be impacted by racism, sexism, and homophobia simultaneously.

Institutional or agency-specific policies may also be barriers to service access based on how policies are written, whether inclusivity of sexualities and gender identities has been considered in the design of services, the number of resources available, and how staff are trained (Daley et al., 2020; Simpson & Helfrich, 2014). 2SLGBTQQIA+ individuals who are not “out” or who do not wish to publicly share their sexuality and/or gender identity may be less likely to report abuse (Carvalho et al., 2011; Oringer & Samuelson, 2011; Tesch et al., 2015). Thus, threats of outing act as a form of emotional control and may be used as a tactic to gain power over people who experience abuse (Brown, 2007; Burke et al., 2002; Duke & Davidson, 2009). 2SLGBTQQIA+ IPA people who use abuse may also maintain privacy about their sexuality or gender identity; the fear of being identified in a 2SLGBTQQIA+ relationship may lead them to isolate their partner rather than engaging with 2SLGBTQQIA+ communities (Duke & Davidson, 2009; Walters, 2011). Research shows that being out is positively associated with help seeking behaviours (St. Pierre & Senn, 2010).

As noted, lack of reporting may be higher for 2SLGBTQQIA+ IPA and may influence the accuracy of prevalence rates. Reporting rates, therefore, are a consideration when comparing self-reported 2SLGBTQQIA+ IPA prevalence as opposed to reported prevalence from formal services. While these barriers have been well established in the existing literature, there is much less research that focuses on what happens when people attempt to access IPA formal supports (Brown & Herman, 2015; Calton et al., 2016).

Help-Seeking Journeys and Conceptualizations

The prevention of violence, abuse, and understanding help-seeking behaviours within intimate relationships need to be understood within a broader level, socio-ecological approach (Dahlberg & Krug, 2002). Rather than focusing on individuals, the socio-ecological approach considers the role of community and societal level factors that are intrinsically linked with the social location (gender, income, race, culture, etc.) and systems of inequality (homophobia, sexism, racism, etc.) (Dahlberg & Krug, 2002; Eriksson et al., 2018). These intersections are fundamental when developing a theoretical framework of help-seeking specific to 2SLGBTQQIA+ communities, which includes a diverse array of sexual orientations and gender identities. To do this effectively, it is important to first establish what service systems exist for people who experience harm and people who use abuse prior to discussing models of care.

In general, help may be sought through informal and formal systems, either by the person with lived experience, or someone who is closely connected. Informal support includes friends, family, and peers, among others. Formal supports include health and social services related to gender-based violence, sexual violence, mental health, and legal supports, among others (Guadalupe-Diaz & Jasinski, 2017; Morgan et al., 2016). It is important to note that positive (e.g., understanding) and negative (e.g., homophobia) responses can occur in both forms of support. Formal and informal supports are often interconnected and used in combination; for example, strong supportive informal networks may encourage an individual to seek formal help to address IPA (Hardesty et al., 2011; Liang et al., 2005). Conversely, some informal networks may exacerbate (intentionally or unintentionally) the circumstances for people who experience violence, discouraging or hindering them from seeking support. These interplays between formal and informal support systems are likely to manifest uniquely for marginalized groups, such as sexual and gender diverse communities.

The process by which vulnerable and stigmatized individuals endeavour to seek help and access formal services has been well-studied in health and social services in general (e.g., Funk et al., 2019), for 2SLGBTQQIA+ populations (Daley et al., 2020; Gahagan & Subirana-Malaret, 2018), and for cis women who experience IPA (Liang et al., 2005; Robinson & Spilsbury, 2008; Robinson et al., 2021). Given that health and social service systems are a common portal for referral to formal IPA services, research on this topic is instructive for understanding 2SLGBTQQIA+ IPA service access. Models of help-seeking and IPA have identified common stages that include searching for services, contact with services, and how service providers engage with service seekers (Liang et al., 2005; Robinson & Spilsbury, 2008). These stages are also fluid and connected rather than being separate; individuals may fluctuate between stages while navigating experiences of IPA.

Liang et al.'s (2005) literature review of cis women who experience IPA and presentation of a theoretical framework focused primarily on cis women's experiences of IPA, revealing the ways sociocultural, personal, and interpersonal differences influence processes of defining abuse, deciding to seek support, and identifying the types of support they hope to access. Although many IPA-related services aim to support people when accessing or navigating services (Ford-Gilboe et al., 2015; Wathen et al., 2015), 2SLGBTQQIA+ service seekers may experience multiple intersecting identities that render the search for and engagement with IPA services even more complex (Daley et al., 2020; Robinson et al., 2021; Subirana-Malaret et al., 2019). Liang et al. (2005) note that researchers exploring IPA experiences should account for factors that influence different help-seeking patterns, including the decision not to seek help, by soliciting the feedback of people with lived experience.

The model proposed by Liang et al. (2005) serves as a basic framework when considering the help-seeking patterns of SGM who experience IPA. However, to conceptualize SGM help-seeking journeys more accurately, it is important to consider four main characterizations: 1) similarities within 2SLBGTQQIA+ identity groups; 2) similarities with cis heterosexual people who experience IPA; 3) differences within 2SLBGTQQIA+ identity groups; and 4) intersectional experiences. Further, a comprehensive response to IPA means that people who use violence need to be integrated into these theoretical frameworks, including services that address abusive behaviours through batterer intervention programs or anger and stress management programs

(Aaron & Beaulaurier, 2017; Crockett et al., 2015). Lastly, the numerous existing service providers and unique social forces that 2SLGBTQQIA+ individuals experience warrants the need for the individualized examination of existing formal services (e.g., police, legal systems, counselling) and how these supports interact. This can be achieved through an intersectional approach, which posits that individuals are axially positioned within society based on their collection of identities, experiencing advantages or disadvantages within diverse contexts (Crenshaw, 2017). It aims to fully acknowledge the impact of interconnected oppressions, and in this case appears to be a highly suitable approach to examining help-seeking patterns of 2SLGBTQQIA+ individuals experiencing IPA to optimally guide researchers, policymakers, and healthcare providers.

Objectives

This scoping review focuses on 2SLGBTQQIA+ individuals' experiences of seeking help in relation to IPA. Potential support options include formal services such as gender-based violence services, counselling, and legal support, and informal supports from family, friends, and peers, among others. The main purpose of this review is to: 1) synthesize existing peer-reviewed research concerning experiences of 2SLGBTQQIA+ adults who contact or access informal or formal supports and services in response to IPA and, 2) describe the help-seeking patterns using an intersectional framework. More specifically, the objectives are to consolidate what is presently known about how 2SLGBTQQIA+ people who experience IPA describe their help-seeking experiences with formal and informal services, to conceptualize these findings on additional identities, and to provide a foundation for the development of equitable, effective, and targeted social service programming.

Methods

Protocol and Registration

The review protocol was registered on PROSPERO (#CRD42020139639) and was conducted according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses for Scoping Reviews (PRISMA-ScR) guidelines (Tricco et al., 2018).

Eligibility Criteria

Relevant studies reported on the experiences of SGM who accessed or attempted to access informal supports or formal services related to IPA. Qualitative, quantitative, and mixed-methods peer-reviewed research was included to understand help-seeking using a range of information sources. Study samples included 2SLGBTQQIA+ people who experienced violence and/or used violence in their relationships, and those providing IPA services to SGM communities. Where samples included both 2SLGBTQQIA+ participants and cisgender heterosexual participants, the study was included as long as there was a subgroup analysis focused on SGM. Participants included teenagers, adolescents, and adults in order to account for differences in IPA across the life course. Conference papers were included, along with vignette studies including service providers responding to scenarios about 2SLGBTQQIA+ IPA and research examining tool validity for measuring IPA with 2SLGBTQQIA+ groups as they provided insights into IPA help-

seeking and the adequacy of tools to support service providers in assessing SGM experiencing IPA, respectively. Dissertations and theses, books and book chapters, opinion pieces or commentaries, editorials, reviews, and community reports were excluded due to resource limitations and project timelines. Because over 90% of studies were conducted in the USA and Canada, and due to differences in service delivery and legal systems, research from outside of North America was excluded to increase generalizability of results.

Information Sources and Search

An academic librarian trained in searching to support knowledge syntheses (MM) (Morris et al., 2016) constructed a systematic scoping strategy for Medline (Ovid), subsequently translated to Embase (Ovid), PsycInfo (Ovid), Scopus, CINAHL, Genderwatch, and Social Science Abstracts. A separate search via SciVal was also conducted, using Topic T.31622. All databases were searched from inception to January 10, 2023. While no language restrictions were included in the search strategy, articles were only selected during screening if they were written in English or French based on the language capacity within the team. Appendix 1 contains the final Medline (Ovid) PubMed search strategy.

The Medline (Ovid) strategy comprised a combination of Medical Subject Headings (MeSH), title/abstract keywords, truncations and Boolean operators, and included the concepts of 2SLGBTQQA+ identities and intimate partner violence/abuse. IPA was conceptualized as any form of emotional (including verbal), financial, physical, sexual, and/or identity abuse by an intimate partner (National LGBT Health Education Centre, 2020). Formal services included health and mental health services, gender-based violence organizations, faith-based agencies, and legal supports. Informal supports included friends, family, and peers.

Final search results were imported into EPPI-Reviewer, and duplicates were removed by the Principal Investigator (ZM). EPPI-Reviewer is a web-based review software that allows multiple team members to consult simultaneous reference screening, results comparisons, and reconciliation of any differences (Thomas et al., 2022). Systematic reviews were included during the screening process to keep track of relevant research. The team also checked the reference lists of included systematic reviews and scoping reviews to verify whether relevant references had been included and to add references where they had not been identified by the search.

Selection of Sources and Evidence

At least two members of the review team (JW, KT, RP, RSH, SK, NU, RM, IP, ZM, BB, OK) independently reviewed references on title and abstract, and then on full text. Any differences between team members were resolved through consensus. Screening on title and abstract had two options for inclusion: 1) include based on content of the title and abstract, or 2) if references did not include an abstract, they were automatically allocated to screening on full text. Reasons for exclusion at title and abstract screening stage were: not about 2SLGBTQQA+ IPA; not research; non-human research; books or book chapters; book reviews; or published in a language other than English or French. If screening on full text identified that the research focused on 2SLGBTQQA+ IPA, the article was categorized as follows: about help-seeking; not about help-seeking; and/or systematic review. Reasons for exclusion at the full text screening stage were

that the research did not include information about help-seeking, the study was conducted outside of North America, or that it was a systematic review, scoping review, conference presentation, or dissertation.

Data Charting Process

A pilot data extraction form, created in Excel, was developed through team consultation. Six team members (JW, KM, NU, RM, SK, ZM) used a sample of five studies to pilot this form. Discussion and comparison between the piloted results were used to further refine and prepare the extraction tool. Four team members completed data extraction (IP, NU, RM, SK).

Data Items

The following information was collected for each study that met eligibility criteria: 1) authors' name(s), 2) publication year, 3) geographic location/country where research was conducted, 4) study objective(s), 5) study design and method(s), 6) sample size, 7) sample characteristics (i.e., gender identity, sexual identity, age, race/ethnicity, disability, education, income, immigration status), 8) the type(s) of abuse described, 9) service provider experiences, 10) information relating to participants experiences with informal supports and formal services, and 11) tools that were psychometrically assessed for their utilization in measuring IPA within 2SLGBTQQA+ samples. Quantitative results were categorized under screening rates, reporting rates, IPA prevalence, and service provider outcomes.

Synthesis of Results

Thomas and Harden's (2008) approach to qualitative evidence synthesis guided the extraction of included qualitative and mixed-methods studies in this review, where line-by-line coding was used to extract data. However, as this review aimed to explore the unique experiences of individuals identifying with multiple diverse groups, unique outcomes were also reported when applicable.

Included studies were described as a function of several criteria, including date published, country completed in (i.e., Canada, United States), study design, and whether the study included SGM who experienced or used violence, and/or service providers. Findings pertaining to 2SLGBTQQA+ individuals experiencing or using IPA were categorized by sexual identity (e.g., Two-Spirit, lesbian, gay, bisexual, pansexual, queer, questioning, asexual), and gender identity (e.g., trans, trans man, trans woman, non-binary, intersex, agender), to ensure that results accurately reflected the diversity of participant demographics. When available, findings were then synthesized in the following order: 1) prevalence and types of IPA commonly reported; 2) risk factors for IPA; 3) how IPA was perceived and acknowledged; 4) impacts of IPA; 5) preferred or prioritized informal support and formal services accessed; 6) barriers and facilitators to accessing supports; 7) outcomes of accessing support; 8) misconceptions regarding IPA; 9) findings related to intersections with other identity groups; and 10) recommendations.

Results

Selection of Sources of Evidence

The search resulted in a total of 5,827 references after duplicates had been removed (see Figure 1). All references were screened on title and abstract. 1,790 were included for review on full text, and 4,037 were excluded. Reasons for exclusion were: article did not focus on 2SLGBTQQIA+ IPA (2,358); not research (854); non-human research (115); books or book chapters (516); book reviews (132); or published in a language other than English or French (69). Of the 1,790 articles identified for screening on full text, 986 met the initial inclusion criteria and 804 had no abstract and required article retrieval for review.

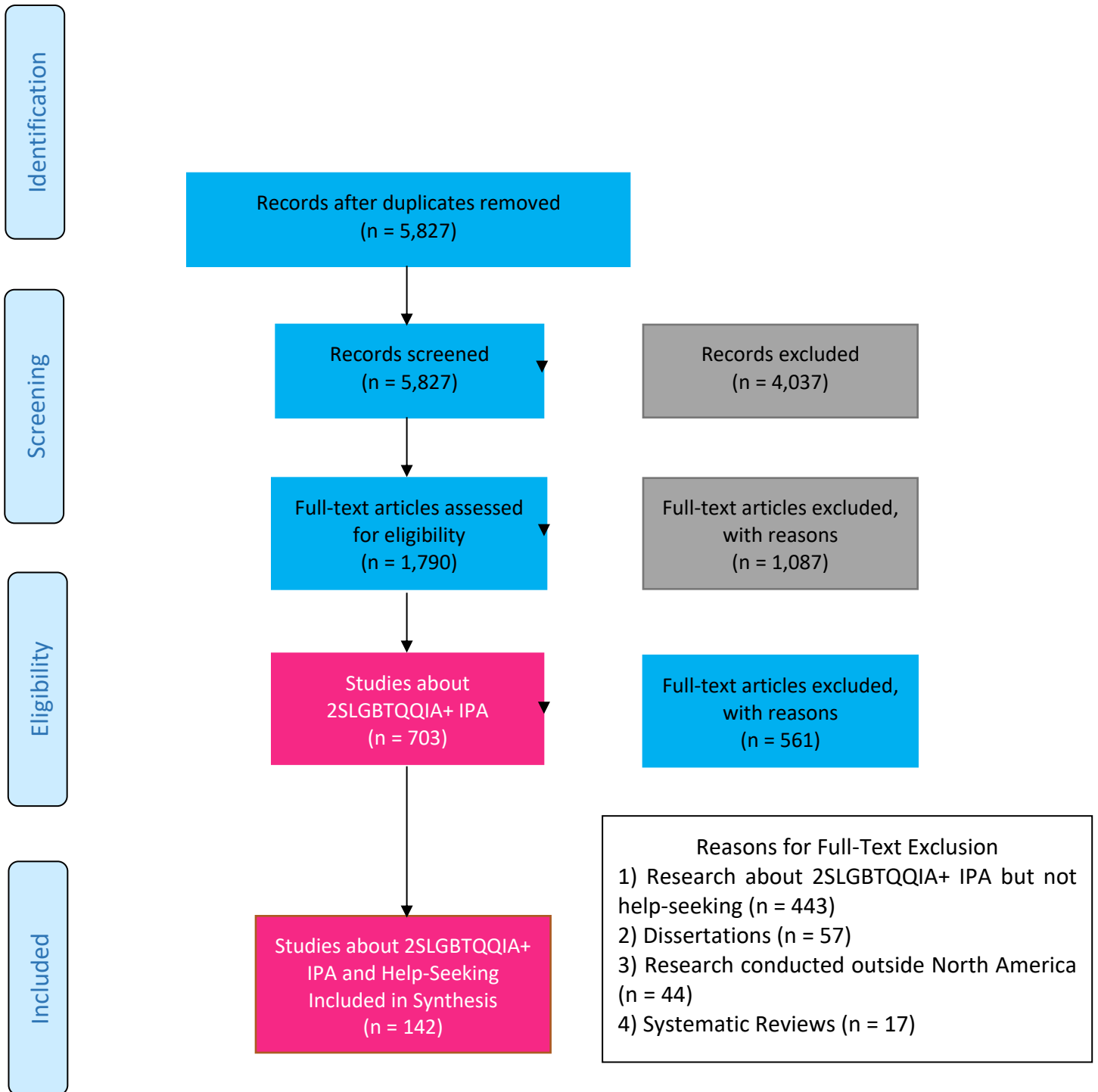
After full-text screening, a total of 703 studies focused on SGM experiences of IPA were identified. However, 561 references were excluded from the current review for the following reasons: 443 studies were about 2SLGBTQQIA+ IPA but did not focus on help-seeking, 57 were dissertations, 44 studies were conducted outside of North America, and 17 were systematic reviews. Overall, 142 articles focused on SGM help-seeking experiences related to IPA and are included in the current review.

Characteristics of Sources of Evidence

Of the articles that met the inclusion criteria (n=142), 62 (44%) were quantitative (two psychometric analyses), 53 (37%) were qualitative, 17 were mixed-methods (12%), and 10 (7%) were vignette studies (see Table 1). Most studies were conducted in the United States (n=120, 85%), with fewer in Canada (n=18, 13%) and the remaining 4 (3%) in both countries. Slightly over half (n=77, 54%) of the included studies were published in 2015 or later, with the remaining articles almost all published between 2000 and 2014 (n=56, 39%) and few before 2000 (n=9, 6%).

Many studies combined some identity groups to discuss findings, for example, bisexual/gay experiences rather than bisexual experiences and gay experiences separate. Therefore, most research focused on examining mixed samples of different SGM groups, rather than one specific group; however, of studies conducted specifically among one identity group, those conducted among lesbian samples were the most prevalent, followed by trans individuals. No studies included any intersex participants. No stratified data was provided for questioning, asexual, or pansexual individuals, hence their exclusion from the results (though this is touched on within the discussion).

Figure 1: 2SLGBTQQIA+ IPA Scoping Review, PRISMA 2019 Flow Diagram



Sexual and Gender Minority Experiences of IPA

Of 142 studies, 48 included a mixed sample. Definitions of IPA varied across communities (Stephenson et al., 2013). Experiences of physical violence included hitting (Stephenson et al., 2013; St. Pierre & Senn, 2010), slapping, punching, kicking, and damage to property (Stephenson et al., 2013). Prevalence rates ranged from 16.6% (Schramm et al., 2023) to 43.0% (Dank et al., 2014). Emotional violence was experienced by 21% (Houston & McKirnan, 2007) to 72.5% (Pepper & Sand, 2015) of participants and perpetrated by 37% (Dank et al., 2014) to 44.97% (Walsh & Stephenson, 2022). Experiences of sexual violence included sexual coercion (Pepper & Sand, 2015), forced sexual contact or intercourse, intercourse while intoxicated, and threatened sexual contact (Richardson et al., 2015). Other forms of IPA included identity abuse (Scheer & Baams, 2021) and HIV-specific abuse (Stephenson et al., 2013).

Perceptions of abuse described in communities include beliefs that the LGBTQ community is unprepared for handling sexual violence (Todahl et al., 2009) and a lack of community discussion on IPA (Bornstein et al., 2006). Some studies identified a lack of education and awareness of IPA in LGBTQ+ communities as facilitators of abuse and barriers to support (Gillum & DiFulvio, 2012). One study noted that discussions of LGBTQ+ IPA seemed to be absent on university campuses (Edwards et al., 2016). Individuals were open to screening efforts in healthcare settings (Raissi et al., 2015; Ramachandran et al., 2010). Informal supports, such as friends and family (Greene et al., 2015; Mennicke, Bowling, et al., 2022; Turell & Cornell-Swanson, 2005) or co-workers (Scheer et al., 2023), were often preferred to formal supports (Scheer & Baams, 2021; Scheer et al., 2023). In a study by Scheer et al. (2023), 62.2% of participants who experienced severe IPV did not seek help. Of the 37.8% who did seek help, most accessed informal supports (84.1%), with 15.9% accessing formal services. In another recent study, LGB people were “at significantly higher odds of reporting to mental health providers” (Felix et al., 2021, p. 281). Types of formal supports included mental health professionals such as therapists and couples counsellors (Akande et al., 2022; Bornstein et al., 2006; Scheer et al., 2023), crisis centers (Merrill & Wolfe, 2000; Schulze & Perkins, 2017), domestic violence assistance services or shelters (Scheer et al., 2023), support groups or social service agencies (Merrill & Wolfe, 2000), doctors or health care providers (Merrill & Wolfe, 2000; Scheer et al., 2023), LGBTQ agencies (Merrill & Wolfe, 2000), school officials, teachers, or staff (Scheer et al., 2023); and police or law enforcement (Langenderfer-Magruder, Walls, et al., 2016; Langenderfer-Magruder, Whitfield, et al., 2016; Scheer et al., 2023). Help-seeking rates ranged from 9.9% for physical IPA (Wong et al., 2020) to 54% for less specific (broader) IPA (Turell, 1999).

Barriers faced when seeking support included fears of homophobia, heterosexism, and transphobia (Bornstein et al., 2006; Greene et al., 2015; Turell, 1999), concerns about being outed (Gillum & DiFulvio, 2012), internalized homophobia (Gillum & DiFulvio, 2012), services or supports being familiar to or affiliated with the perpetrator (Merrill & Wolfe, 2000), lack of LGBTQ+ service availability (Donne et al., 2018; Edwards et al., 2016), a lack of supports (Sylaska & Edwards, 2015) or awareness of supports (St. Pierre & Senn, 2010), mandatory reporting policies (Lippy et al., 2020), and self-doubt over the validity of the abuse (Donne et al., 2018; Scheer et al., 2023; Sylaska & Edwards, 2015). Facilitators for help-seeking include opportunities to disclose to members of the LGBT community or service providers who

individuals believe to be LGBT friendly (Turell & Herrmann, 2008), access to one-on-one supports (Merrill & Wolfe, 2000), having supports who were already aware of the relationship (Scheer et al., 2023), participants identifying how violence was negatively impacting their lives (Donne et al., 2018), and access to empathetic support and active listening (Sylaska & Edwards, 2015). For students, campus safety and local law enforcement services were the least likely to be accessed (Schulze & Perkins, 2017). People who experienced IPA were more likely to be aware of available campus services than individuals who had not experienced IPA (Edwards et al., 2016). Having previously reported to law enforcement services decreased the likelihood of going to law enforcement for support the next time (Guadalupe-Diaz, 2016).

From an intersectional perspective, one study identified having a lower income as decreasing the likelihood of help-seeking (Guadalupe-Diaz, 2013). Additionally, disclosing violence and seeking help can be related to race/ethnicity (Martin et al., 2023; Mennicke, Bowling, et al., 2022). Two studies identified that Black people were more likely to report experiencing physical and sexual IPA (Martin et al., 2023; Wong et al., 2020). However, non-white individuals had more negative perceptions of domestic violence laws and higher odds of being warned of mandatory reporting laws when disclosing (Guadalupe-Diaz & Yglesias, 2013; Lippy et al., 2020). Definitions of IPA also varied based on racial identity (Stephenson et al., 2013). Living with was also noted as a risk factor for experiencing violence (Ramachandran et al., 2010).

Two-Spirit and Indigiqueer Experiences of IPA

Only one study of the 142 studies in this review included participants who explicitly identified as Two-Spirit (Ristock et al., 2019). Risk factors for experiencing IPA identified among Two-Spirit participants included childhood experiences of violence and geographic distance from family of origin (Ristock et al., 2019). Two-Spirit individuals reported increased and intersecting forms of discrimination related to gender and sexual identity, both outside of Indigenous communities, and due to the effects of colonization, from within Indigenous communities (Ristock et al., 2019). This in turn influenced mental health, and subsequently, intimate partner relationships (e.g., increased IPA; Ristock et al., 2019). Geographic relocation was identified as one means of coping with IPA, as well as increasing risk of experiencing IPA (Ristock et al., 2019). Two-Spirit participants in this study identified the ways love, IPA, and colonization interact within intimate partner relationships (Ristock et al., 2019).

This study identified a major barrier in Two-Spirit individuals' help-seeking journeys is that of a system which separates experiences of IPA from the impacts of colonization, discrimination, and stigma (Ristock et al., 2019). By neglecting to consider these impacts and the diverse identities of Indigenous SGM concomitantly when developing services to address IPA, the service sector effectively fails to provide adequate, accessible, and relevant support (Ristock et al., 2019).

Although only one study included an Indigenous sample (referred to as First Nations, Métis, and/or Inuit in their study) of Two-Spirit people who experience IPA (Ristock et al., 2019), 33 studies included at least one participant who identified as Indigenous (Akande et al., 2022; Anderson & Overby, 2020; Bornstein et al., 2006; Dank et al., 2014; Das et al., 2022;

Edwards et al., 2016; Freedner et al., 2002; Goodson, 2023; Guadalupe-Diaz, 2013; Kattari, Walls & Speer, 2017; Kattari, Walls, Whitfield, et al., 2017; Kurdyla et al., 2021; Langenderfer-Magruder, Walls, et al., 2016; Langenderfer-Magruder et al., 2020; Matte & Lafontaine, 2011; McClennen, Summers & Vaughan, 2002; McDonald, 2012; Merrill & Wolfe, 2000; Messinger et al., 2022; Ollen et al., 2017; Poorman & Seelau, 2001; Raissi et al., 2015; Rausch, 2016; Richardson et al., 2015; Ristock et al., 2019; Scheer & Baams, 2021; Scheer & Poteat, 2021; Scherzer, 1998; Schilit et al., 1991; Schramm et al., 2023; Turell & Herrmann, 2008; Turell, 1999; Valentine et al., 2013). Representation in the samples ranged from 0.1% (Messinger et al., 2022) to 13.60% (Bornstein et al., 2006).

Two studies shared findings specific to Indigenous communities. Kattari, Walls, Whitfield, et al. (2017) reported that “American Indian” trans and gender diverse participants were significantly more likely to face discrimination than white people when attempting to access domestic violence shelters. When asked about service provider preferences, 23% of participants preferred to speak to someone of the same ethnicity (Turell, 1999).

Lesbian Experiences of IPA

Of 142 included studies, 42 studies included lesbian participants. Lesbians described experience of violence that often occurred more than once in the relationship (Renzetti, 1989). Physical violence included hitting (e.g., punching, slapping) (Kanuha, 2013; Renzetti, 1988; Renzetti, 1989; Ristock, 2003; Rose, 2003), restraining (Kanuha, 2013; Ristock, 2003), spitting (Kanuha, 2013), pushing (Kanuha, 2013; Renzetti, 1988; Renzetti, 1989; Ristock, 2003), choking (Kanuha, 2013), stabbing (Kanuha, 2013; Renzetti, 1989), biting (Ristock, 2003), inserting items (e.g., knives, guns) in the vaginal area (Renzetti, 1989), throwing objects (Kanuha, 2013; Renzetti, 1988; Renzetti, 1989; Ristock, 2003), burning or carving the person’s skin (Renzetti, 1989), use of weapons (Renzetti, 1989; Ristock, 2003), and beating up third parties (Kanuha, 2013). Sexual violence included forced sex (Kanuha, 2013), coercion (Ristock, 2003), and rape (Giorgio, 2002; Ristock, 2003). Emotional abuse was more common than physical abuse for many (Renzetti, 1989). Examples included name calling or demeaning in front of others (Kanuha, 2013; Renzetti, 1988; Renzetti, 1989), isolation (Ristock, 2003), verbal threats (Renzetti, 1988; Renzetti, 1989; Ristock, 2003), verbal abuse such as swearing and yelling (Kanuha, 2013; Ristock, 2003), harassment (Ristock, 2003), stalking (Ristock, 2003), racist or homophobic remarks (Ristock, 2003), threats to harm themselves (Kanuha, 2013; Ristock, 2003), withholding or violence toward objects or children (Kanuha, 2013; Renzetti, 1988; Renzetti, 1989; Ristock, 2003), purposely impacting sleeping or eating habits (Renzetti, 1988; Renzetti, 1989), and accusations (Kanuha, 2013). Financial abuse included stealing or using money or creating debt (Ristock, 2003). Identity abuse included challenging the partner’s lesbian identity and threatening to out the partner to coercively control them, further contextualized among specific cultures that were less open to lesbian identities (Giorgio, 2002; Kanuha, 2013). Cultural violence included the use of coercive control for those without citizenship (e.g., threatening deportation) (Kanuha, 2013). Pet abuse was another described form of abuse (Renzetti, 1989; Ristock, 2003). Violence was described as purposeful in one study, whether to control or “punish” partners (Kanuha, 2013). Some described both experiencing violence and using violence (Ristock, 2003). Factors related to perpetrating violence were internalized homophobia, hostility/aggression, negative worldview,

emotional instability, self-identifying as maladjusted (Pepper & Sand, 2015), and wanting affection and control (Poorman & Seelau, 2001).

Prevalence of experiencing IPA was 25.7% (Edwards et al., 2016) to 90% (McDonald, 2012), physical violence was 63.04% (Coston, 2016) to 74.4% (Kuehne & Sullivan, 2003), sexual violence was 50% (Coston, 2016), emotional violence was 76.09% (Coston, 2016) to 91.5% (McClennen, Summers & Daley, 2002), stalking was 60.87% (Coston, 2016), and financial violence was 46.8% (McClennen, Summers & Daley, 2002). The odds of reporting fear for personal safety were 2.4 times higher among lesbian than heterosexual women, but lesbian individuals were less likely to report being outed compared to bisexual females (Freedner et al., 2002). In this same study, one-third of lesbians described a fear for their safety from males (Freedner et al., 2002), further supported by another whereby 77% perceived sexual assault by heterosexual males as a problem (Sloan & Edmond, 1996).

Many studies described people who experienced abuse not acknowledging violence in their relationships (Alhusen et al., 2010; Giorgio, 2002; Kanuha, 2013; Patzel, 2006; Ristock, 2003). Heteronormative discourses created invisibility of the IPA within relationships, limiting the ability of people who experienced abuse to identify the violence or find words to describe it (Giorgio, 2002). Others observed how rebound relationships that were abusive were shocking (Kanuha, 2013). Gender perceptions and norms created a complex interplay (Giorgio, 2002); for example, “butch” lesbians were often perceived as the “man” in the relationship or “femme” lesbians were seen as more emotionally controlling and abusive (Kanuha, 2013; Ristock, 2003). Risk factors included entering a first lesbian relationship (Kanuha, 2013; McDonald, 2012; Ristock, 2003), the person who engaged violently being “out” earlier and normalizing the abuse (Ristock, 2003), not identifying fully with a lesbian identity (preventing connection with positive role models) (Kanuha, 2013), isolation (McDonald, 2012; Ristock, 2003), perpetrating violence, emotional instability, hostility/aggression, self-identifying as psychologically maladjusted (Pepper & Sand, 2015), substance use, and wanting independence (Renzetti, 1988). Impacts of IPA included demoralization/loss of self-esteem (Kanuha, 2013; Renzetti, 1989), limiting autonomy (Kanuha, 2013), loss of connection with friends and family (Kanuha, 2013), worsened physical and mental health (Hardesty et al., 2011), difficulty trusting women, post-traumatic stress disorder, anger, and fear, and poorer perception of lesbian community (Wang, 2011).

Barriers to accessing supports included being out about sexual orientation (Simpson & Helfrich, 2014), or not being out (Hardesty et al., 2011; Patzel, 2006; Renzetti, 1989), misconceptions of lesbian violence (Alhusen et al., 2010; Giorgio, 2002), fear of retaliation from the partner (Patzel, 2006; Rose, 2003), fear of being alone (Patzel, 2006), loss of friends and other relationships (Giorgio, 2002), negative perceptions regarding the lesbian relationship, stigma, or homophobia (Alhusen et al., 2010; Hardesty et al., 2011; McDonald, 2012; Patzel, 2006; Renzetti, 1989; Rose, 2003; Simpson & Helfrich, 2014), lack of acknowledgement of IPA or fear that their experiences would not be acknowledged (Alhusen et al., 2010; Giorgio, 2002; Renzetti, 1988), isolation or a smaller social network (Kanuha, 2013; McDonald, 2012; Patzel, 2006; Renzetti, 1988; Renzetti, 1989; Simpson & Helfrich, 2014), children (Patzel, 2006), transportation (Patzel, 2006), living with the abusive partner (McDonald, 2012; Renzetti, 1988), loving the person who had harmed them or unexpectedly loving someone so profoundly that they excused the abuse (Glass et al., 2004; Kanuha, 2013; Patzel, 2006; Renzetti, 1988), believing the

partner would change (Renzetti, 1988), excusing behaviour due to personal or partner's childhood violence (McDonald, 2012; Patzel, 2006), not being believed (Giorgio, 2002; Kanuha, 2013), shame or self-blame (Patzel, 2006; Ristock, 2003), socioeconomic and class barriers (Simpson & Helfrich, 2014), lack of community response to addressing lesbian IPA (Giorgio, 2002; Simpson & Helfrich, 2014), and cisheterosexual-specific services or difficulty finding or lack of appropriate services (Alhusen et al., 2010; Oswald et al., 2010; Renzetti, 1988; Renzetti, 1989; Rose, 2003; Scherzer, 1998). Facilitators to accessing support included anonymous encouragement from a community or 2SLGBTQQIA+ individual (Turell & Herrmann, 2008), 2SLGBTQQIA+-friendly service providers (Oswald et al., 2010; Turell & Herrmann, 2008), being believed (Renzetti, 1988; Renzetti, 1989), reaching a breaking point (e.g., intolerable, snapping, anxiety, chronic crying, tiredness) (Hardesty et al., 2011; Oswald et al., 2010), noticing impacts on children (Hardesty et al., 2011; Oswald et al., 2010), working in the gender-based violence field (Oswald et al., 2010), being out along with better responses when coming out (McDonald, 2012), and having someone acknowledge the abuse (Patzel, 2006).

Prevalence of help-seeking ranged from 47.8% (Schilit et al., 1991) to 84% (Scherzer, 1998). One study suggested that approximately one third of the sample sought help from informal supports, with emotional support the most desired form of support (Renzetti, 1989). Those who found informal supports helpful left relationships sooner (Renzetti, 1989), which was facilitated by openness about their sexuality (Hardesty et al., 2011) or challenged by failure to believe people who report experiencing violence or by those supporting the abuser (Renzetti, 1989). Formal supports providing general services or resources were sometimes considered a last resort (Alhusen et al., 2010; Turell & Herrmann, 2008). Some (68%) preferred service providers of the same sexual orientation (Turell, 1999). Counsellors [5% (Lie & Gentlewarrior, 1991) to 65% (Renzetti, 1989)] and friends (57%; Renzetti, 1989) were deemed the most helpful, followed by hotlines and women's shelters, and then police (Renzetti, 1988; Renzetti, 1989). Shelters (Glass et al., 2004; Patzel, 2006; Renzetti, 1988; Renzetti, 1989; Schilit et al., 1991) and police (Alhusen et al., 2010; Renzetti, 1989) were often deemed unhelpful, although in one study (Schulze & Perkins, 2017), interactions with police seemed as positive (without specification as to how or why). Counselling was often described as helpful (Schilit et al., 1991), especially when counsellors acknowledged the abuse and dynamics of lesbian relationships and helped lesbian individuals pinpoint that their relationship was unhealthy; rejecting or minimizing the abuse or was associated with worse responses (Oswald et al., 2010). Those accessing couples counselling described similar ideas (Oswald et al., 2010). For individuals experiencing IPA, lesbians (and queer individuals) were more often a source of informal support than other students (Schulze & Perkins, 2017). Additional supports included twelve-step groups and co-workers (Scherzer, 1998).

Formal services such as police, shelters, the media, and legal systems (Rose, 2003), along with doctors (Renzetti, 1989), did not take lesbian-reported IPA seriously and often refused to label these experiences as IPA. When seeking help, some counsellors prioritized mental health or relationship problems as the primary problem, rather than the abuse (Ristock, 2003). Bias incidents were taken less seriously than domestic violence incidents (Kuehnle & Sullivan, 2003). Service providers mentioned difficulty distinguishing which partner in the relationship was experiencing abuse, and touched on how gender norms may convolute this (Giorgio, 2002; Ristock, 2003). Potential tools that could support service providers are the FIRO-B and the LES-

PAS-R. The FIRO-B measure effectively identified the desire for control in lesbians who demonstrated violence towards their partners (Poorman & Seelau, 2001). The LE-PAS-R (Lesbian Partner Abuse Scale-Revised) was developed (among a primarily white sample) to differentiate between lesbians who experienced IPA and those who had not (McClennen, Summers & Daley, 2002).

Some lesbians who reported IPA experienced stigma and homophobia from service providers, which resulted in secondary abuse (Glass et al., 2004; Renzetti, 1989; Rose, 2003). In addition, formal IPA reporting at times further exacerbated experiences of violence and abuse. For example, when police were involved, they arrested both partners in some cases, and subsequently enacted verbal abuse toward women following arrest (Rose, 2003). Arrests were lower overall for lesbians than gay and opposite-sex couples, however, dual arrests were lower than gay couples but higher than opposite-sex couples (Hirschel & McCormack, 2021). In this same study, lesbian couples were 40-fold more likely to have a dual arrest compared to heterosexual partners. However, in mandatory arrest states (rather than preferred or discretionary) and those with no primary aggressor law, lesbians were less likely to be arrested than gays but more likely to be arrested than opposite-sex couples (Hirschel & McCormack, 2021).

Recommendations to alleviate these issues included increasing training and education of different formal supports (Renzetti, 1989; Turell & Herrmann, 2008), increasing education within lesbian communities (Renzetti, 1989), addressing service provider myths through education (Renzetti, 1989), integrating workshops about homophobia within service provision settings (Renzetti, 1989), and holding lesbians who use violence accountable for their behaviour (Renzetti, 1989).

Considering intersectionality and the experiences of ethnic and racial minority lesbians, meeting another partner of similar cultural beliefs and values further amplified the level of love for their partner, leading to romanticization of the relationship and withstanding of abuse (Kanuha, 2013). Immigration, moving to new geographic locations, and not speaking primary languages were also identified as intersectional barriers (Ristock, 2003). Rural living and the implications of confidentiality, lack of resources/services, stigma, and cultural understanding also interrupted possibilities of accessing appropriate supports and services (Ristock, 2003; Wang, 2011). For Asian identifying lesbians, disclosure of IPA experiences was negatively impacted by stigma, cultural morals and values, and horizontal racism among ethnic minority groups; Asian lesbians reported being more likely to excuse violent behaviours if their partner had experienced abuse during childhood (Kanuha, 2013). Finding culturally appropriate supports was difficult, and often Asian lesbians did not feel comfortable leaving the relationship until such supports were in place (Kanuha, 2013). Other studies suggested no difference in help-seeking behaviours between lesbians of different race or ethnicity (Scherzer, 1998). It should be noted that not all lesbians were equally impacted by arrest practices; white and white-Black interracial lesbian couples were arrested less often than white and white-Black interracial heterosexual couples (Hirschel & McCormack, 2021). Some service providers noted that white lesbians were often the ones accessing services (Ristock, 2003).

More specific to the military, mandates on not discussing homosexuality served as barriers, discouraging women experiencing IPA from disclosing lesbian identity or relationship status; there was an accompanying lack of services for lesbians compared to cisheterosexual women who experienced abuse while in the military (Turell & Herrmann, 2008). One study with lesbian mothers suggested that those with higher incomes, more and younger children, prolonged journeys of leaving the abuser, and with a self-perceived need for help were more likely to utilize counselling (Oswald et al., 2010). This echoes results from Simpson & Helfrich (2014) who reported that for the Black lesbians, barriers related to heterosexism, socioeconomic status and class, racism, sexism, and/or ableism negatively impacted access to support, and that these obstacles persisted across systems including criminal justice, housing, health, and social services.

Gay Male Experiences of IPA

Of 142 studies in this review, 31 included gay participants. Terms used to describe gay individuals included: men who have sex with men (MSM) and homosexual. Few studies included only gay individuals in their sample, limiting the number of studies included in this section. Note that Finneran & Stephenson (2013), Merrill & Wolfe (2000), and Stephenson & Finneran (2013), included a small portion of bisexual participants (~10% or less); due to the large proportion of gay men in these studies, findings were included in this section.

Forms of physical abuse included pushing (Oliffe et al., 2014; Stephenson & Finneran, 2013), hitting (Oliffe et al., 2014), use of a weapon (Loveland & Raghavan, 2014), and restraint or physical force (Loveland & Raghavan, 2014). Emotional violence included threats (Loveland & Raghavan, 2014), criticizing clothes (Stephenson & Finneran, 2013), monitoring (Stephenson & Finneran, 2013), and isolation (Stephenson & Finneran, 2013). Sexual violence included rape (Stephenson & Finneran, 2013), sex during physically violent fights (Loveland & Raghavan, 2014), and purposeful transmission of HIV (Stephenson & Finneran, 2013). Gay men were less likely than bisexual men, but more likely than heterosexual men, to experience sexual, physical, and stalking abuse (Coston, 2016). Prevalence of experiencing IPA was 48% for sexual violence, 61% for physical abuse, 70% for psychological abuse, 78% for controlling behaviours, and 55% for stalking (Coston, 2016). In a largely non-white sample, near-lethal violence was reported by 48% of individuals (Loveland & Raghavan, 2014). Participants reported threats of being killed, recurring fears that their partner would kill them, use of a weapon, and being restrained (Loveland & Raghavan, 2014). In this same study, one third of participants reported trying to break up with the partner during such fights (Loveland & Raghavan, 2014). Gay individuals were 14-fold more likely to remain with violent partners than other sexualities (Loveland & Raghavan, 2014). Barriers to seeking help included homophobia, stigma, and discrimination (Oliffe et al., 2014) and gender norms and what it entails to be a “man” (Donne et al., 2018). Facilitators to seeking help included requiring medical attention (Oliffe et al., 2014) and IPA escalating to physical abuse (Oliffe et al., 2014).

Gay men appeared to be less aware of available gender-based violence services than other sexual orientation groups (Sloan & Edmond, 1996). In another study, participants recognized that violence against gay men was a problem in the community (Finneran & Stephenson, 2013; Freeland et al., 2018), but also that IPA was more common among heterosexual females (Finneran & Stephenson, 2013). Gender norms resulted in gay partners

trying to determine their role within relationships; sometimes, this process was related to conflict, and subsequently, violence (Gillum & DiFulvio, 2012). Gay men were less likely to disclose to informal supports compared to lesbians and queer individuals (Schulze & Perkins, 2017).

Prevalence of help-seeking ranged from 72.5% (Freedner et al., 2002) to 100% (Merrill & Wolfe, 2000). One study suggested that friends were the most sought-after source of support, whereas legal supports and shelters were the least accessed (McClennen, Summers & Vaughan, 2002). Two studies suggested gay individuals preferred a service provider of the same identity (e.g., same sexual orientation) (Donne et al., 2018; Turell, 1999). One study indicated that of formal supports, counsellors were the most frequently sought after, followed by domestic violence programs for gay men, police, and then support or self-help groups (Merrill & Wolfe, 2000). Support or self-help groups were least sought after as it was suggested that accessing group supports such as sexual violence groups could be retraumatizing and a space in which sharing personal information was challenging (Donne et al., 2018). Counsellors (Merrill & Wolfe, 2000) and friends (McClennen, Summers & Vaughan, 2002; Merrill & Wolfe, 2000) were often described as the most helpful sources of support. However, when friends were mutual friends of the abuser, they were described as unhelpful (Merrill & Wolfe, 2000). Shelters and police were thought to be unhelpful (Finneran & Stephenson, 2013; Merrill & Wolfe, 2000), alongside doctors (McClennen, Summers & Vaughan, 2002). In the study of near-lethal experiences of IPA, only 26% called the police (Loveland & Raghavan, 2014).

Overall, gay men who used violence were more likely to be arrested than lesbians who used violence, but less likely to be arrested than an individual using violence within an opposite-sex couple (Hirschel & McCormack, 2021). However, in mandatory arrest states (rather than preferred or discretionary) and those with no primary aggressor law, gays were most likely to be arrested (Hirschel & McCormack, 2021). Gay couples were also most likely to be dually arrested compared to lesbians and heterosexuals (50-fold more likely than heterosexual couples) and were most likely to be arrested when no weapon was involved (Hirschel & McCormack, 2021). One study suggested that the use of the Conflict Tactics Scale for physical items can be used among gay men, particularly at high or low severity values (i.e., extreme values) (Regan et al., 2002). Another tool, the Intimate Partner Violence among Gay and Bisexual Men (IPV-GBM) scale was derived from the Conflict Tactics Scale; it showed promising capacity for use to measure IPV among a largely even sample of Black and white Americans (though this study included a small proportion (~10%) of bisexual men; Stephenson & Finneran, 2013).

From an intersectional perspective, Black gay couples had highest arrest rates compared to lesbians and heterosexuals (Hirschel & McCormack, 2021). Black gay individuals were more likely to report both experiencing and using physical, sexual, and HIV-related IPA (Stephenson & Finneran, 2013). People who were Black and gay were also more likely to report being isolated from family (Stephenson & Finneran, 2013). Older, employed, white non-Hispanic participants, previously discriminated, internally homophobic, and educated men believed police responses would be negative compared to heterosexual women (Finneran & Stephenson, 2013).

Bisexual Experiences of IPA

Of 142 included studies, 50 included bisexual participants. Research studies demonstrated that bisexual individuals experienced higher rates of IPA types (Martin et al., 2023; Mennicke, Coates, et al., 2022), injuries, and underutilization of health services compared to lesbians and gays, perpetrated by males (Coston, 2016). In one study, bisexual individuals reported experiencing abuse from intimate partner more often than abuse from relatives (Martin et al., 2023). Students experiencing IPA were less likely to disclose their experiences to bisexual individuals (alongside gay, heterosexual, and other) compared to lesbian or queer people as an outlet for support (Schulze & Perkins, 2017). Bisexual individuals preferred having a service provider of the same sexual orientation in one study (Turell, 1999). In another study, reporting prevalence was 66.7% (Freedner et al., 2002). One study indicated that bisexual people experiencing IPA accessed psychological care more often than lesbian, gay, and heterosexual individuals, however, no differences were observed when seeking medical care or accessing police services (Martin et al., 2023). Bisexual individuals (along with heterosexual individuals) were also more likely to receive care from victim service agencies, compared to lesbians and gay men (Martin et al., 2023).

Bisexual Women and Experiences of IPA

Prevalence of general IPA was 52.2% (Edwards et al., 2016). Bisexual women were more likely to be sexually abused (79% versus 50% lesbian and 65% heterosexual women), physically abused (74% versus 63% lesbian and 63% heterosexual women), psychologically abused (86% versus 76% lesbian and 74% heterosexual women), controlled (87% versus 72% lesbian and 73% heterosexual women), and stalked (73% versus 61% lesbian and 63% heterosexual women) by an opposite-sex partner (Coston, 2016). Another study reports similar findings, with higher odds of experiencing any form of abuse than heterosexual females and higher odds of being outed than lesbian women (Freedner et al., 2002). Bisexual females were most likely to be abused by males (Richardson et al., 2015), except for outing (more likely females) (Freedner et al., 2002).

Bisexual Men and Experiences of IPA

Prevalence of general IPA for bisexual men was 57.1% (Edwards et al., 2016). Bisexual men were more likely to be sexually abused (64% versus 48% gay and 32% heterosexual men), physically abused (67% versus 61% gay and 60% heterosexual men), psychologically abused (69% versus 70% gay and 59% heterosexual men), controlled (79% versus 78% gay and 80% heterosexual men), and stalked (66% versus 55% gay and 45% heterosexual men) by a same-sex partner (Coston, 2016). Another study reports similar findings, with higher odds of experiencing any form of abuse than heterosexual males and higher odds of being outed than gay males (Freedner et al., 2002). Bisexual males reported being abused by partners who were women and partners who were men (Richardson et al., 2015). IPA was perceived as a problem within the community (Freeland et al., 2018).

Trans and Non-Binary Experiences of IPA

Of 142 included studies, 32 included trans participants, 10 included non-binary participants (though often not distinct and unclear), and two included agender participants. When studies conducted analysis specific to trans women or trans men, these findings are incorporated into separate sections below. Further, there was a lack of differentiation of trans individuals' sexual orientation.

Identity abuse, including gender invalidation, using previous names (referred to as deadnaming), and intentional misuse of pronouns (or misgendering) were forms of abuse that were unique to trans people. Trans individuals experienced more identity abuse than their cisgender sexual minority counterparts (Scheer & Baams, 2021), along with sexual abuse (Langenderfer-Magruder, Walls, et al., 2016). One survey reported prevalence of physical abuse (64%) (Messinger et al., 2022), sexual abuse (41%) (Langenderfer-Magruder, Walls, et al., 2016; Messinger et al., 2022), controlling IPA (69%) (Messinger et al., 2022), and identity abuse (50%) (Messinger et al., 2022). Trans individuals described experiencing transphobia (11%), verbal harassment (8.3%), and physical attacks (0.8%) (Messinger et al., 2022).

Acknowledging IPA was difficult for trans individuals; some described the ways internalized transphobia resulted in an attenuation of the violence they were experiencing along with self-blame (Guadalupe-Diaz & Jasinski, 2017; Kurdyla, 2023). This was further compounded for those whose external supports also minimized their experiences of IPA. For some, identification of what they were experiencing as violence did not occur until post-separation from the partner who was abusive (Kurdyla, 2023). A discourse was observed for trans individuals regarding what the term "victim" implies, associating the term with "hyperfemininity" due to gender constructs (Guadalupe-Diaz & Jasinski, 2017). Some described how they believed the abuse arose due to their gender identity (Guadalupe-Diaz & Jasinski, 2017). Acknowledgement from outsiders that an individual had experienced or was experiencing abuse helped to overcome the genderist notion of what it means to be a "victim" (Guadalupe-Diaz & Jasinski, 2017). Urgency due to life-threatening abuse also triggered help-seeking behaviours (Kurdyla, 2023), "but controlling IPV was associated with the higher help-seeking odds than physical IPV" (Messinger et al., 2022, p. 1054).

Trans individuals appeared to prefer informal supports (particularly friends), followed by mental health services, doctors, and then police, legal professionals, or domestic violence shelters (Guadalupe-Diaz & Jasinski, 2017; Kurdyla, 2023; Kurdyla et al., 2021). Informal supports were described as the most helpful form of support (Kurdyla, 2023; Kurdyla et al., 2021), though in some cases, not always accessed first (Guadalupe-Diaz & Jasinski, 2017). Some emphasized the role of friends due to the often loss of family and other relational ties with revelation of their trans identity (Guadalupe-Diaz & Jasinski, 2017). However, seeking help from informal supports sometimes involved disclosing their gender identity, which compounded their help-seeking journey. Co-workers were not always involved due to the desire of maintaining professional versus personal boundaries (Guadalupe-Diaz & Jasinski, 2017).

Trans individuals reported existing barriers within formal care settings that arose based on their identity. This was observed in both formal healthcare (e.g., doctors) and legal support

(i.e., courtroom) settings, consisting of transphobic remarks and the potential for outsiders' disbelief in their disclosure (Guadalupe-Diaz & Jasinski, 2017; Kurdyla, 2023). This disbelief further exacerbated internalized uncertainty regarding what IPA consists of (Guadalupe-Diaz & Jasinski, 2017). Though some report positive experiences with counsellors (Kurdyla, 2023), finding the right fit challenged a trans individual's help-seeking journey; similar gender identity representation among service providers was identified as positive (Donne et al., 2018). The association of weakness with identifying as someone who had experienced IPA also prevented trans individuals from accessing police as it implied the potential for further discrimination (Guadalupe-Diaz & Jasinski, 2017). Police were, however, accessed if severe physical violence occurred. Shelters (e.g., domestic violence shelters) were seldom accessed and scarcely discussed as an outlet for support (Guadalupe-Diaz & Jasinski, 2017). Trans individuals described how their identity was concomitantly too feminine and masculine, limiting accessibility to services and resources (Guadalupe-Diaz & Jasinski, 2017). Deadnaming and misgendering were also observed within these types of supports, preventing adequate health provision (Kurdyla, 2023). Transportation and concentration of services within downtown areas were also described (Anderson & Overby, 2020).

Trans individuals experiencing identity and physical abuse were more likely to access housing supports and support services than cisgender sexual minority women, and mental health and medical services than cisgender sexual minority men (Scheer & Baams, 2021). One study suggested trans individuals were more likely to utilize clergy as support than cis men and cis women (Turell & Cornell-Swanson, 2005).

One study indicated that trans people were more likely to report experiences of IPA compared to cisgender people (Kurdyla et al., 2021). Another suggests much lower likelihood of reporting by trans individuals compared to cis men; in this same study, trans individuals were more likely to be warned that their disclosure would have to be reported compared to cis men and cis women (Lippy et al., 2020). In relation to help-seeking, one study reported a prevalence of 11.7% of IPA through screening, of which 48.5% received a referral (a large proportion (>93%) were internally referred; Das et al., 2022). Individuals who were assigned-female-at-birth (versus assigned-male-at-birth), binary (versus non-binary among same-sex births), or transfeminine (versus non-binary among assigned male-at-birth individuals) were less likely to receive referrals (Das et al., 2022). Sexual orientation, race/ethnicity, insurance status, HIV status, hormone use, surgeries related to gender, or medical appointment occurrence did not significantly impact referrals (Das et al., 2022). Individuals assigned male-at-birth were also more likely to receive a referral for coercive control (versus people assigned female-at-birth). For those receiving internal referrals, use of services did not differ between groups (Das et al., 2022). Recommendations included increasing the number of service providers who are genuinely interested in trans-related issues, education and outreach, inclusive language, and the use of intersectionality in IPA research and how to engage in knowledge translation (Kurdyla, 2023).

Considering intersectionality, these experiences were further contextualized among trans persons of colour. White trans individuals feared their own arrest rather than their partner's compared to any racial group who was not trans (who instead feared the arrest of their partner) (Lippy et al., 2020). Transphobia (or fear of transphobia) was exacerbated by racism or fear of racial discrimination (Guadalupe-Diaz & Jasinski, 2017). One study exemplified increased rates

of discrimination in domestic violence shelters (9.6-12.5% versus 4.1%) and rape crises centers (7.3-12.6% versus 3.9%) among trans people of colour compared to white trans people (Kattari, Walls, Whitfield, et al., 2017). This discourse was emphasized in relation to police as an outlet of support (Guadalupe-Diaz & Jasinski, 2017). Immigration status also intertwined with reporting experiences (again in relation to police), hindering belief from the service provider due to stereotypes about people who experience violence (Guadalupe-Diaz & Jasinski, 2017). Another describes how their partner was white, higher income, and able-bodied, which may make police favour the abusive partner (Kurdyla, 2023). Participants highlighted the prominence of disability within trans populations, and disability among abusive partners was used by others to minimize abuse (Kurdyla, 2023). These findings echo research from The National Transgender Discrimination Survey where lower income trans people, trans people who were not US citizens, and trans people with psychosocial risk factors were more likely to experience unequal treatment in domestic violence programs and in rape crisis centres (Seelman, 2015). Looking specifically at the data related to domestic violence programs, racialized trans people, trans people with disabilities, and people perceived as trans experienced unequal treatment more often (Seelman, 2015).

Trans Women and Experiences of IPA

Of 142 included studies, 14 included participants who were trans women. Terms used to describe trans women included: transwomen, female assigned-male-at-birth, male-to-female, and “male-to-female transgendered” [*sic*]. Overall sample sizes for studies that included trans women ranged from nine to 15,198 (US Transgender Survey) but ranged from one to 4,819 when looking solely at trans women in these studies. Ages varied from 15 to 74, with most ranges or mean values under 40 years of age. Of those reporting on income, most reported low to moderate income and some employment; few reported on education.

Trans women often described more than one experience with IPA (Hereth, 2021). Prevalence of physical and sexual violence was 76.7% and 75.0%, respectively, in one study (Peitzmeier et al., 2021). Disclosure of a trans identity was a unique risk factor for physical abuse; more specifically, trans women reported increased prevalence of verbal and physical violence from their partners upon disclosure of their trans identity (Akande et al., 2022). If no abuse occurred, disclosure of their gender identity was nevertheless accompanied with fear and the need to identify the right time to discuss (Akande et al., 2022). Violence throughout the lifetime was a common theme among trans women, normalizing the occurrence of it in their adulthood and thereby expecting it in intimate relationships (Akande et al., 2022). Trans women also highlighted how sex work was considered intimate in their eyes, particularly when an ongoing rapport was developed, which is often rejected to be considered as intimate by society (Akande et al., 2022). Unique to trans individuals, access to hormones and medications for transitioning also intersected with IPA experience, including sexual transactions, medical neglect, and manipulative tactics (Hereth, 2021). In one instance, an abusive partner injected their partner with a different medication than the one she was taking (Hereth, 2021). Impacts of IPA included trauma responses, such as fears of experiencing repeated abuse (Hereth, 2021).

Some trans women described their perception of the term “victim” in relation to a heteronormative discourse, associating the term with submission, weakness, and femininity, and

therefore, struggling to identify as such (Guadalupe-Diaz & Jasinski, 2017). Barriers to leaving the relationship included fear of retaliation from their abusive partners (Akande et al., 2022), transphobia from service providers (Akande et al., 2022; Guadalupe-Diaz & Jasinski, 2017; Hereth, 2021), lack of opportunity for employment and income (Akande et al., 2022), discomfort in counselling services (Hereth, 2021), and wanting to feel loved and feeling validated by being a part of a relationship (Akande et al., 2022). The desire for love was prioritized over experiencing abuse or risking contraction of HIV (Akande et al., 2022). Trans women spoke on experiences of not deserving or requiring assistance from professionals (whether felt or told), reflecting both a barrier and outcome of utilizing formal healthcare supports (Akande et al., 2022). Accessing police often resulted in experiencing secondary discriminatory abuse, and therefore was not accessed or was deemed unhelpful (Guadalupe-Diaz & Jasinski, 2017; Hereth, 2021). Trans women also reported that they believed police would assume the violence occurred within the context of sex work or that police thought trans women were lying about their gender identity (termed “classification anxiety”) which would result in poor service provision (Hereth, 2021). Informal supports tended to be more helpful supports (Hereth, 2021). Others turned to their ex-partner who had used violence against them to receive apologies (Hereth, 2021).

Trans women emphasized the need for mental health services to address violence within trans communities due to discomfort in accessing such supports, providing tools to not only manage violence and abuse, but to support trans women in identifying violence (Akande et al., 2022). Other recommendations included trans-specific resources and services with increased trans individuals working in such agencies, listening to trans women’s experiences and needs rather than attempting to describe what they need, time to build rapport between provider and trans women, and to increase awareness of trans-specific forms of violence and the connection with HIV (Akande et al., 2022).

Reflecting on intersectionality, COVID-19 often confounded the help-seeking journeys for trans women, with a particular emphasis on considerations of income and employment (Akande et al., 2022). In one study, two Black trans women described the ways race influences experiences of IPA. One participant explained, “Black girls are ‘not supposed to let things like a man hitting us happen and just let it happen’” (Kurdyla, 2023, p. 488), intersecting with reporting experiences, further compounded due to racist attitudes and discrimination from law enforcement and when abusive partners were white. Older age, food insecurity, and engaging in sex work (due to stigma against sex workers) were also IPA risk factors (Peitzmeier et al., 2021).

Trans Men and Experiences of IPA

Of 142 included studies, 13 included trans men in their sample. Terms used to describe trans men included: female-to-man, transgender male, transgender or male identified, transman, male assigned female at birth, and female-to-male. Overall sample sizes for studies that included trans men ranged from nine to 15,198 (US Transgender Survey) but ranged from one to 4,698 when looking solely at trans men in these studies. Ages varied from 18 to 71, with most ranges or mean values under 30 years. Of those reporting on income, most reported low to moderate income; very few reported on education.

Shultz (2020) documented a range of behaviours used against transmasculine people. In addition to gaslighting this included “manipulating trans tendencies towards community collectivism by isolating us from our communities” (p. 308), “threats to publicly ‘out’ stealth trans men” (p. 308), undermining trans identity by refusing to use correct pronouns, denying access to supportive spaces, and gender affirming care, and suggesting that “real men” do not report abusive behaviours (p. 308).

Despite this, trans men mentioned how external supports often refused to acknowledge their experiences of IPA (Guadalupe-Diaz & Jasinski, 2017). When transmasculine people received medical services for IPA, their experiences “were overwhelmingly negative or retraumatizing”, including misgendering, “victim blaming”, and refusing to treat trans patients (Shultz, 2020, p. 307). Gendered expectations regarding masculinity seem to have influenced service providers perspectives that trans men should be able to help themselves (Guadalupe-Diaz & Jasinski, 2017). While one trans man described more comfort with police when they were equipped to manage trans-related incidents or identified as an 2SLGBTQQIA+ individual (Kurdyla, 2023), many participants in peer groups facilitated by Shultz (2020) over a five-year period reported negative experiences with police, including sexual violence.

The idea that “real men” cannot experience abuse, or do not report abusive behaviours, may impact decisions to seek help as individuals may worry about how disclosing can impact how others perceive their gender (Kurdyla, 2023; Shultz, 2020). Concerns over encountering transphobia when disclosing created a barrier to seeking help from police (Guadalupe-Diaz & Jasinski, 2017; Shultz, 2020), as well as from family (Kurdyla, 2023). In the US Transgender Survey of trans people who have experienced violence, 2% reported seeking help in the past year from “an organization for IPV or rape survivors” (Messinger et al., 2022, p. 1054). From this group, the odds of seeking formal IPA supports were higher for trans men and genderqueer/non-binary people (assigned female at birth) (Messinger et al., 2022). However, trans men may be less likely to receive a referral to IPV services (Das et al., 2022).

Queer Experiences of IPA

Only one study of 142 specifically examined the experiences of IPA among queer self-identifying individuals and their experiences in accessing violence response services; findings in this section are saturated from this single study (Everhart & Hunnicutt, 2013). Gender was highlighted in this study, whereby power and control intersected significantly with IPA experiences. An instance of rape whereby the abuser was defined as more feminine contradicted the typical narrative of rape within heteronormative contexts. IPA within queer relationships was discussed in relation to one’s fluidity within the gender and sexual orientation spectrum. Barriers included binary-described service providers and the perception that queer sexual fluidity and polyamory is stigmatized and discriminated against. Queer-friendly supports facilitated disclosure of abuse and were deemed helpful by one participant.

Different service providers were accessed for respective reasons (e.g., legal needs led to police interaction, mental health needs led to therapy). Non-consensual bondage and discipline, dominance, and submission was described in the context of a queer relationship but being shamed for engaging in such activities prevented one participant from seeking support. The

difficult process of seeking help after rape was described as more energy-depriving than not disclosing at all, due to discrimination based on sexual orientation. Co-workers of similar identity who experienced similar violence supported one individual's journey. A recommendation included that analytical consideration of 2SLGBTQQIA+ IPA requires intersectional approaches to research rather than attempting to clump all identity groups together.

Discussion

Overall, this systematic scoping review of 142 studies synthesizes findings related to IPA prevalence, perceptions of IPA, risk factors for IPA, and impacts of IPA in the context of help-seeking. Intersectional analysis (Misra et al., 2021) was employed to further disentangle findings. As expected, IPA was prevalent among each of the different SGM groups. Forms of IPA included behaviours that are also typically observed in cisheterosexual relationships such as hitting, biting, use of weapons, and pushing for physical violence, verbal harassment, isolation, and threats for emotional abuse or controlling IPA, rape and non-consensual sexual acts for sexual violence, and improper use of credit cards for financial abuse. Gender and sexual orientation identity abuse is one type of abuse uniquely experienced by 2SLGBTQQIA+ individuals, which was specifically mentioned among Two-Spirit, lesbian, bisexual (both men and women), and trans individuals. Risk factors for IPA and barriers and facilitators to seeking help were identified, along with impacts of experiencing different forms of abuse. Informal social supports that were utilized included friends, family, mutual friends (those that are also associated with the partner using abuse), and co-workers. Formal supports that were accessed included counsellors, couples' counsellors, clinics, therapists, doctors, emergency department settings, group settings (i.e., sexual violence groups), shelters, hotlines, crisis centres, schools, and LGBTQ agencies. Formal legal supports that people who experienced IPA accessed included police and legal services (e.g., courts). Overall informal supports and counsellors were identified as positive sources of support. When not avoided, police and gender-based violence shelters were often perceived or experienced as unhelpful, sometimes leading to secondary abuse.

Experiences of IPA and Relation to Help-Seeking

When IPA prevalence was reported, it was typically over 50% for most forms of abuse, with emotional abuse often the most prevalent for each group with distinct reporting (i.e., lesbian, gay, bisexual, and trans individuals), followed by physical abuse, and then sexual abuse. This echoes what is observed in the cycle of abuse, in which emotional IPA often precedes other forms of abuse, utilizing coercive control to manipulate people who experience abuse into remaining in the relationship. While 2SLGBTQQIA+ people may experience specific types of IPA linked to sexual orientation and gender identity, there are also common aspects to the cycle of abuse. This is important to establish as it: 1) reinforces the pervasiveness of IPA across communities, regardless of sexual orientation and/or gender identity, and 2) can provide an initial framework for understanding how IPA manifests within 2SLGBTQQIA+ intimate partner relationships that could help to improve service system responsiveness.

Two-Spirit and Indigiqueer People

Two-Spirit and Indigiqueer participants identified the ways colonialism is deeply intertwined with perceptions of gender and sexual identity, contributing to pervasive impacts within and outside of Indigenous communities. Similar to other SGM groups, the studies in this review suggest that Two-Spirit people also have trouble acknowledging abuse within intimate partner relationships, which impacts the ability to access effective supports. A report conducted on IPA in the Canadian prairie provinces supports these findings; the lack of local services force SGM Indigenous people who experience IPA to seek outside supports, potentially depriving people of resources that are more culturally responsive (Haller et al., 2022). Additionally, geographic relocation increases the likelihood of experiencing discrimination based on sexual and gender identity, in addition to anti-Indigenous racism (Haller et al., 2022).

In 2020, Dame et al. (2020) conducted a scoping review focused on “Sexual violence among men who have sex with men and Two-Spirit peoples” with a total of 10 studies, including three international references. While the review by Dame et al. (2020) excluded IPA and focused on “sexual violence outside of romantic and sexual partnerships” (p. 241), the findings related to service access for SGM people who experience sexual violence are relevant. Dame et al. (2020) identified several barriers to accessing supports, including a lack of affirming and competent supports and a lack of understanding of experiences of 2SLGBTQ+ sexual violence both within and outside the community. In addition, the final report from the Missing and Murdered Indigenous Women and Girls 2SLGBTQQIA+ National Action Plan (*MMIWG2SLGBTQQIA+ National Action Plan*) (Lezard et al., 2021) identified specific goals and actions, such as increased anti-homophobia, anti-transphobia, and gender and sexual diversity education in communities of origin, the expansion of 2SLGBTQQIA+ programs and services, and education for society on violence directed towards 2SLGBTQQIA+ people and communities. Further goals and actions included reformation of the justice system including attention to 2SLGBTQQIA+ and Indigenous governance, a focus on housing security, trauma-informed and harm reduction approaches in treatment centres, and increased 2SLGBTQQIA+ access to traditional teachings. (Lezard et al., 2021).

Lesbian Women

Difficulty recognizing and acknowledging IPA within lesbian relationships is a key access barrier, prolonging the first point of contact with formal supports including legal services. This challenge is reinforced by a heterosexist society which fails to recognize the potential for IPA to deviate from cisheterosexual relationships. Entering a first lesbian relationship was the most prominent risk factor for IPA among lesbians, a risk that was also described uniquely in this group. The connection between partners and dynamic of a first lesbian relationship potentially explains the barriers to disclosing abuse, where lesbians who experienced abuse reported feeling simultaneous isolation and strong feelings of love for the person who was harming them. This phenomenon was amplified among individuals from ethnic minority backgrounds due to the impacts of shared cultural values and beliefs, which reveals a critical factor that should be considered within education and awareness campaigns. Unsurprisingly, fear of experiencing or experiencing homophobia and discrimination, alongside lack of support or service diversity, were prominent barriers that lesbian women identified regarding accessing services. A near

unanimous perception of the adverse experience of accessing shelters represents a large gap in service provision for lesbians who experience IPA. Overall, there is a critical need to shift how abuse in lesbian relationships is perceived and discussed, since IPA within these relationships is often minimized or denied. These factors lead to drastic differences in service outcomes including a 40-fold likelihood of dual arrest compared to people in heterosexual relationships and secondary abuse from people who are funded to provide effective services. Despite the discrimination, inequity, and stigma that is reported by lesbians who experience abuse, prevalence of seeking help was at minimum nearly 50%, demonstrating a desire for safety and change in the context of IPA. Further, counsellors and friends were identified as positive resources, reflecting important avenues for help-seeking.

Gay Men

Studies suggest that gay men may be more likely to endure IPA longer before accessing support. Discourses of masculinity combined with a lack of awareness of formal IPA supports delays help-seeking. However, services specifically for gay men who experience and/or use abuse are scarce, which limits avenues for support. Indeed, gay men who experience abuse mainly report severe forms of IPA including abuse requiring medical attention and IPA that escalates to physical abuse. Paradoxically, these types of harm tend to increase the likelihood that gay men who experience abuse will interact with formal support services. This phenomenon is exemplified by two studies, revealing critical implications for the well-being of gay men who experience abuse throughout the relationship and post-separation. Police and shelters were not considered supportive for gay men who experience IPA, to the point where only 26% of gay individuals fearing lethal IPA reported it to the police. Male officers predominate in the police force which is informed by traditional understandings of masculinity, reinforced by homophobia and sexism. However, counsellors and friends were identified as positive sources of support. Emphasizing these resources in the context of IPA help-seeking by normalizing discussion around gay male experiences of abuse could profoundly impact gay individuals and promote help-seeking. Research findings suggest that the prevalence of help-seeking was at minimum 77%, revealing a persistence in seeking support despite experiencing ongoing discrimination in interactions with formal support services.

Bisexual People

The three studies that included data on prevalence of IPA between bisexual, lesbian, and gay individuals consistently reported higher prevalence of IPA within bisexual communities. Two key factors may account for this: 1) additional abuse related to direct, or indirect, biphobia, and 2) the nuances and implications of binary sex stereotypes convoluting experiences of IPA. Biphobia may be expressed by dating partners to invalidate their bisexual partner's sexual orientation, as one aspect of coercive control. In addition, binary understandings of gender rooted in cisheteronormativity can contribute to complex role expectations that can be difficult to navigate and negatively influence relationship dynamics. Service providers may also be influenced by these understandings of gender roles, including stereotypes about who is more likely to experience abuse and who is more likely to use abuse. Consistent with other sexual and gender minority groups, bisexual people who experience IPA also found counselling to be an important support in IPA help-seeking journeys.

Trans and Nonbinary People

Cisnormativity, gender-segregation, and trans exclusion are often explicit in organizational policies prohibiting trans women (often) and trans men (almost always) from accessing services. These frameworks in turn influence the discriminatory behaviours of people working within legal and support services, including police and shelter staff, which results in secondary abuse. The 2015 US Transgender Survey reported that approximately 20% of trans individuals within a jail, prison, or juvenile setting experienced sexual abuse by a staff member. Not surprisingly, trans people are also influenced by cisnormative understandings of help-seeking and abuse disclosure, which can exacerbate internalized stigma and self-blame. Trans people who experienced abuse identified friends and mental health counsellors as good sources of support. Further, despite the additional risk of transphobia and other forms of systemic discrimination, some studies reported that trans individuals sought help from services more frequently than cisgender counterparts. This exemplifies a form of resistance and a desire to experience relationships free of abuse.

Queer People

The sexual fluidity of queer people was described as an important factor in their experiences of IPA and help-seeking as it challenged the cisheteronormative culture that maintains a perspective of permanency in relation to sexual orientation. Though little was discussed in terms of prevalence and help-seeking rates specifically for queer-identifying people, queer-friendly supports and connecting with LGBTQ+ peers supported people in navigating IPA experiences. Therefore, to support queer individuals, service providers (and particularly those providing direct support to these groups) must be trained and educated on what polyamory and fluidity entail as they were of significant importance to these individuals.

Help-Seeking Patterns and Implications for 2SLGBTQQIA+ Individuals

2SLGBTQQIA+ IPA and Help-Seeking is Deeply Impacted by Heteronormative Discourses

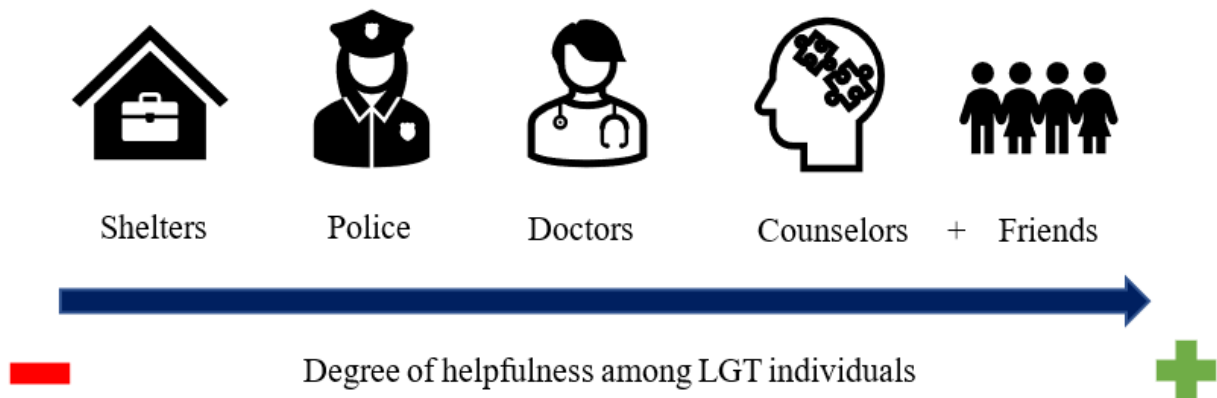
Throughout IPA experiences, and those related to help-seeking, discourses regarding the role of masculinity and femininity were commonly encountered. These themes served to highlight the impact of IPA manifested within SGM groups, hindering access to support through several different mechanisms. Firstly, gender norms were a barrier to individuals seeing themselves as someone who experienced IPA. From a cisheterosexual perspective, it is commonly understood that men may be less likely to seek help due to internalized beliefs that doing so is linked to being weak, sensitive, or “feminine”. This is supported by several studies that reveal how socially structured ideologies emphasize that men should not experience IPA, resulting in feelings of shame, alongside others, that convolute their help-seeking journeys (Hogan et al, 2022; Taylor et al., 2022). In SGM relationships, gender norms and constructs act in similar, but distinct ways. For example, trans men may experience feelings of shame and embarrassment when accessing, or attempting to access, gender-based violence services as they may feel that experiencing abuse invalidates their masculinity. Cisheteronormative stereotypes about gendered roles in relationships impacted 2SLGBTQQIA+ relationships across the studies in this review. From a help-seeking perspective, these belief systems continue to influence the ways services are

organized and prevent providers from fully appreciating 2SLGBTQQIA+ individuals' experiences of IPA, resulting in responses that do not meet the specific needs of diverse SGM communities.

Outcomes of Accessing Informal Supports and Formal Services

The figure below reflects the degree of helpfulness reported by LGT people who experience IPA (see Figure 2). Though more nuanced differences were observed between groups, a common thread is that police services do not appear to be a viable option for 2SLGBTQQIA+ people when seeking safety, de-escalation, or support in emergency situations as a result of IPA. Additional research suggests there is limited access to justice through legal avenues (Vipond & Cloutier de Repentigny, 2024). This is perhaps not surprising, as the legal system was not designed to serve 2SLGBTQQIA+ communities, including Black, Indigenous, and racialized SGM. Interconnected oppressions engrained within these formal legal systems attenuate equitable access to reporting by contributing to biased and discriminatory responses, reducing or eliminating the option for legal recourse. Not only is this documented in the perspectives of 2SLGBTQQIA+ people who experience abuse, vignette studies provided further support for this finding, as prosecutors and police consistently demonstrated biases that reduced the perceived severity of SGM IPA, hindering appropriate responses (Cormier & Woodworth, 2008; Cox et al., 2021; Goodson, 2023; Russell, 2018; Russell & Sturgeon, 2019; Stanziani et al., 2018). This is particularly alarming as these findings were derived from the legal supports themselves and are relatively recent.

Figure 2. Degree of Helpfulness Reported by LGT People Who Experience IPA



In addition to negative perceptions of police and legal settings, gender-based violence shelters were identified as the least prioritized and helpful service. Despite being designed to specifically address violence including IPA, such shelters were commonly described as catering primarily to cisgender women in heterosexual relationships, ignoring, denying, minimizing, and rejecting the experiences, needs, and disclosures of IPA from 2SLGBTQQIA+ community members. Consequently, individuals are less likely to receive immediate attention which may result in further, ongoing abuse. A vignette study conducted among domestic violence shelters revealed how aside from physical abuse, women in lesbian relationships were less likely to be

perceived as people who experience IPA (Basow & Thompson, 2012). This experience is exacerbated for trans, agender, and non-binary people who describe how they do not “fit” binary expectations of gender identity and/or expression required to access services. It is also echoed in The National Coalition of Anti-Violence Programs analysis of reported LGBTQ IPV (n=2,144). Of 13% of participants who attempted to access emergency shelter, 43% were denied access. For people who were denied access, “nearly one third (32%) were turned away because of their gender identity” (Tillery et al., 2018, p. 23). In addition, for bisexual people and trans women who were able to access shelters, some encountered further discrimination and violence within those shelters (Tillery et al., 2018).

Counsellors were identified as critical in the help-seeking journeys of 2SLGBTQQIA+ people who experience IPA. Of accessed supports, counsellors were often described as beneficial, potentially attributable to differences in education and training in North America. Further, those who choose to access counsellors reported more flexibility in terms of finding counsellors of similar sexual orientations or gender identities. Friends were also commonly considered supportive, revealing another important aspect in terms of IPA whereby educational efforts should not only focus on supporting people who experience IPA and service providers, but also those within 2SLGBTQQIA+ individuals’ social networks. This could entail information about: 1) the prevalence of IPA in 2SLGBTQQIA+ communities and signs to look for, 2) how to respond to those disclosing violence, 3) resources and services that can be shared with people who experience IPA to support them, and 4) self-care techniques to reduce the potentiality for bilateral impacts when witnessing or hearing about IPA experiences from friends or family members.

Methodological Problems with Studies on 2SLGBTQQIA+ IPA

Using Intersectionality to Guide 2SLGBTQQIA+ IPA Research and Healthcare Provision

Intersectional analysis aims to identify and explain how identities interact to create unique lived experiences (Misra et al., 2021). In practice, intersectional theory facilitates understanding how various aspects of identity, such as race, gender, and sexuality, interact in different settings with different social forces (e.g., homophobia, racism, transphobia, ageism, sexism) to define one’s social experience (Al-Faham et al., 2019). Intersectionality rejects a monolithic approach to research that only examines experiences of one identity group and does not acknowledge the holistic ways that social positionalities converge (or diverge) to create new, distinct experiences (Crenshaw, 1989). Though intersectionality has gained traction in media and within research over the last 30 years, there remains a disconnect between theory and practice (Coston, 2019).

To accurately examine help-seeking patterns for IPA within 2SLGBTQQIA+ communities, group member experiences must be examined as a function of their combined identity experiences. Many studies in this review attempt to reflect diversity (Ahmed, 2020) by reporting participant demographics or looking at queerness through one additional lens (e.g., race, gender). The process of data extraction revealed that most studies examining 2SLGBTQQIA+ IPA help-seeking ask about (and report) general demographic information about study participants. Yet, while this information is collected, it often remains disconnected from study results and interpretations, with limited subgroup analysis. Minimal meaningful

attention to intersectionality is then included as a study limitation, where researchers comment that “further research is needed”. Unfortunately, this practice has become so common that it has resulted in a pattern of delegating tasks for future completion without following through.

Though intersectionality cannot be thoroughly discussed in every paper, if intersectionality is not meaningfully considered, it can lead to harmful assumptions that study findings are generalizable across communities. Especially in quantitative research, there is merit in pursuing some level of single-identity research to understand what social factors/experiences are limited to that identity group alone. This knowledge can be later utilized with an intersectional lens to examine the overlap of factors that affect specific SGM groups, and how these experiences may be distinct. Currently, the ways demographic information is reported often lacks the necessary level of detail. For example, researchers may report on the number of SGM participants, and the number of participants from specific racial and ethnic groups, but it is usually not clear how many SGM are from each racial or ethnic group. This then makes it impossible to synthesize results from mixed samples because of the level of detail provided when reporting on participant demographics. As a result, researchers who are committed to intersectional analysis are required to revisit the same research question from scratch, instead of building upon existing findings.

Additionally, most intersectional research clusters marginalized groups together (e.g., BIPOC or POC), unintentionally promoting a form of erasure. It is imperative to recognize that each identity within these clusters holds different stereotypes, perspectives, and power dynamics, with specific experiences based on their groups social position. The collective labeling of all non-white races within a BIPOC category carries the inherent risk of erasing distinct identity experiences. To genuinely advance intersectional analyses, researchers should include comprehensive data tables including detailed demographic information or have supplementary data sources available.

Conversely, certain studies do engage in thorough intersectional analysis through subgroup examination, deconstructing the layers of identities (e.g., lesbian and Black participants). Such an approach is encouraged as it enables the connection of demographic information with specific findings, facilitating continuity and in-depth analysis. Nevertheless, as with any methodological modification, limitations persist. When conducting subgroup analyses, researchers may encounter smaller sample sizes ($n < 5$) to explain phenomena and draw broader conclusions about the entire population with a particular identity combination. While subgroup analysis can reveal patterns and provide valuable insights into unexplored ideas, it requires an acknowledgement of the limitations inherent to the sample size. In the pursuit of socially-just research, a primary concern lies in the inclusion of individuals who have been historically marginalized. Therefore, it is crucial to explicitly acknowledge these limitations to avoid perpetuating exclusion by incorrectly claiming to capture the full range of experiences when, in fact, this is not the case.

Kattari, Walls, and Speer (2017) provide a compelling illustration of intersectional research using subgroup analyses. The manuscript includes a comprehensive demographic section encompassing various dimensions such as race, sexual orientation (including a broader range beyond LGBTQ+), fluidity of gender identity, income, education, and disability. The

disability category is divided into sub-categories including physical, learning, socioemotional, or multiple disabilities. By analyzing discrimination experiences across different types of services, the researchers explored how each group was affected, comparing individuals with disabilities to those without, and further examining differences between groups of people with disabilities. In their discussion, Kattari, Walls, and Speer (2017) described the patterns in the results and highlighted a few areas of overlap. For researchers conducting quantitative analysis, this study serves as a good example of actively engaging in quantitative intersectional research, embracing the complexities and nuances of intersecting identities.

Scoping Review Limitations

This review focused on help-seeking. While a total of 703 studies about 2SLGBTQQIA+ IPA were identified, only 142 focused on help-seeking were included in this review. This means that the findings related to prevalence of IPA, and the types of IPA people experience, are specific to research where help-seeking was also discussed. In addition, only research that was conducted in Canada or the United States was included. For overall findings related to 2SLGBTQQIA+ IPA, readers are referred to recent systematic reviews and scoping reviews on this topic (e.g. Callan et al., 2021; Peitzmeier et al., 2020; Porsch et al., 2022).

A second limitation relates to project timeframe. Due to funding requirements that the review be completed within six months, we only included peer-reviewed research published in academic journals. For example, this review excludes relevant books and book chapters (e.g. Guadalupe-Diaz, 2019; Messinger, 2020; Ristock, 2011; Russell, 2020), dissertations, and community reports (e.g. James et al., 2016; Tillery et al., 2018). In addition, it was not possible for the team to check the reference lists for systematic reviews or scoping reviews on this topic, or to do any forward or backward reference searching for studies that met the inclusion criteria. This is something we aim to do in the next phase of the project.

A further limitation relates to intersectional analysis. While we had hoped to be able to do a detailed intersectional analysis related to each of the objectives, this was not possible. We have included relevant information wherever possible, but due to the ways many researchers report their findings, we could not include the community-specific information and subgroup analysis we had hoped to share. As noted above, this absence was particularly glaring for demographic information related to disability and immigration status. Only seven of 142 studies reported any information about disabilities and only two of 142 reported any information about immigration or refugee experience.

Policy Implications

Based on the findings of this review, there are several important policy implications:

- 1) Critical changes are needed to gender-based violence services, particularly violence shelters, to properly respond to 2SLGBTQQIA+ communities. Many services perpetuate gender norms and engage in discriminatory actions that impede adequate support, including a significant service gap for both cis and trans male-identified individuals.

- 2) Ensuring justice for 2SLGBTQQIA+ people who experience violence is essential, necessitating attention to formal legal systems, policing, and transformative justice.
- 3) Counselling services are a strength and a valuable resource for 2SLGBTQQIA+ individuals. It is crucial to support this sector, including measures to reduce individual costs and increase accessibility and equity.
- 4) Intensify education and training for services providers working in formal services to reduce stigma and misconceptions, and to increase cultural responsiveness.
- 5) Expand educational curricula in schools to include 2SLGBTQQIA+ IPA, enabling individuals to recognize experiences of abuse and support one another.
- 6) Informal support from friends is a crucial resource, and its effectiveness could be enhanced by establishing stronger connections to collective care initiatives.
- 7) Research and service design need to meaningfully integrate intersectional frameworks that better respond to the full diversity of 2SLGBTQQIA+ communities.
- 8) There is an urgent need for a collective impact model that addresses abuse prevention, coordinated service navigation pathways, evaluation of informal and formal supports, shared values (intersectional and trauma-informed care), and increased funding.

1) Transform Gender-Based Violence Services to Provide Clear Options for 2SLGBTQQIA+ People Who Experience or Use IPA

Given that violence shelters were established to serve people who experience IPA, it is alarming that this avenue of support was ranked least supportive or accessed by 2SLGBTQQIA+ individuals. This is a long-standing challenge, identified as an area that needs attention for over 25 years. Gender-based violence shelters are intended to be a refuge and exemplar for those experiencing IPA; instead, they compound the adversities that SGM experience, potentially deterring people who experience violence from seeking support elsewhere. Cis and trans males typically do not fit the mandates of women's IPA shelters and rarely have access to safety through formal services. There is an urgent need for targeted resources to expand shelters and other support services to welcome a diversity of individuals beyond cisgender heterosexual women who experience unidirectional IPA.

It would be naive to suggest that these changes can be made within current funding structures and mandates. These changes need to be made while acknowledging that gender-based violence shelters are drastically underfunded, even for cisgender heterosexual women, and that significant resources need to be allocated by policy makers for the creation and maintenance of gender-based violence shelters and crisis resources for 2SLGBTQQIA+ communities. There are no solutions where existing shelters can be expected to do more with their current resource allocation. In addition, where government support does exist, many funding models are based on contribution agreements where organizations are required to impose strict eligibility criteria and are only reimbursed on this basis. This means that even for gender-based violence organizations who are open to providing services for trans women, or people who are male-identified, they may face external constraints to meeting these community needs, regardless of the level of urgency.

2) Direct Immediate Attention to Justice for 2SLGBTQQIA+ People Who Experience IPA

Police responses to SGM groups who experience IPA were categorized in one of three ways: they were either seen as unhelpful, as exacerbating abuse, or as a non-option. Thus, IPA interventions within the criminal legal system require prompt action to address discrimination and violence within these systems and to establish more equitable responses. Legal reporting mechanisms that risk additional harm and injury to people who experience and/or use abuse contributes to the perpetuation of IPA in 2SLGBTQQIA+ communities. Unfortunately, the failure of police and legal systems to adequately respond to 2SLGBTQQIA+ communities is well-documented; government bodies and policymakers have repeatedly been called to address the violence experienced within these systems (Kim, 2018).

Enhancing the criminal legal system is only one response, and an option that many do not support. Access to justice in the context of IPA means increasing the range of options available to 2SLGBTQQIA+ people who experience IPA while avoiding the risks inherent to the criminal legal system (Coker, 2002). A transformative justice approach, with origins in 2SLGBTQQIA+ and communities of colour (Kim, 2018; Whynacht, 2021), “is concerned with creating communities ... communities charged with supporting the autonomy of people subjected to IPV” (Goodmark, 2017, p. 190). Transformative justice approaches are moving into the mainstream as an alternative to criminal justice interventions that have a long history of enacting violence in (intersecting) 2SLGBTQQIA+ and BIPOC communities. A good starting place for resources on this topic include: *The Revolution Starts at Home: Confronting Intimate Violence Within Activist Communities* (Chen et al., 2011), *Fumbling Towards Repair: A Workbook for Community Accountability Facilitators* (Kaba & Hassan, 2019), *Beyond Survival: Strategies and Stories from the Transformative Justice Movement* (Dixon & Piepzna-Samarasinha, 2020), and work from Arani & Winget (2022), Barrie (2020), Goodmark (2013), and Patterson (2016).

3) Facilitate Counselling Access Linked to 2SLGBTQQIA+ IPA

Given the positive feedback 2SLGBTQQIA+ people who experience and/or use IPA associated with counselling services, these formal supports should be enhanced by increasing access and diversifying counselling services to promote inclusivity. SGM who experience IPA shared specific preferences for engaging with SGM counsellors whose identities intersect with their own.

Expanding local awareness of diverse counselling resources may also facilitate “warm” referrals, which people who have experienced violence have identified as important in the help-seeking process (Sorrentino, 2021). Mobile mental health services have also expanded the accessibility of services, however, more information on safety and suitability for different populations is needed (Gibson & Cartwright, 2014). Additionally, it is necessary to acknowledge how factors such as socioeconomic status and class, where one lives, gender, and age can impact access to mental health services (Faber et al., 2023). Expanding the availability of counselling services throughout the country, and increasing access by providing free, low-barrier services, has the potential to decrease the barriers experienced by 2SLGBTQQIA+ people in relation to IPA.

4) Intensify Service Provider Education and Awareness

When recommending approaches to improve formal services, respondents in the reviewed studies identified the importance of training and competence amongst service providers. Failures to acknowledge harm and secondary abuse occurred when service providers were unsympathetic or dismissive of respondents' experiences or when they reacted to help seeking with homophobic, transphobic, genderist, insulting, or shaming responses. As Moe and Sparkman (2015) explain, fear of rejection by service providers is a primary concern of many LGBTQ+ people seeking services. Current standards for competency when working with SGM who experience IPA "includes awareness of how stigma, minority stress, and prejudice impact the successful psychosocial development of members from these historically marginalized populations" (Moe & Sparkman, 2015, p. 355).

In relation to the lack of acknowledgement and secondary abuse experienced, researchers noted that service providers were often not properly trained to respond to 2SLGBTQQIA+ individuals seeking support. Difficulties related to training and competence of service providers included not using inclusive language, appearing confused when intervening with non-cisheterosexual couples, and being unprepared or responding inconsistently to ambiguous institutional policies (Freeland et al., 2018; Guadalupe-Diaz & Jasinski, 2017; Simpson & Helfrich, 2005; Turell & Herrmann, 2008). Confirming these findings, service providers have reported that they did not receive adequate training in how to work with SGM (Ford et al., 2013; Furman et al., 2017). While six of the 10 service providers interviewed in Furman et al.'s (2017) study had received LGBTQ+ focused training, they perceived that these surface level trainings were designed primarily to protect the organization and expressed interest in receiving more in-depth training.

Increased training on 2SLGBTQQIA+ IPA in academic programs for mental health professionals could increase competencies in this area and improve the experience of individuals seeking help (Hancock, 2014). In further support of additional training, Moe and Sparkman's (2015) survey of service providers at LGBTQ+-affirming social service agencies found that participants reported taking an average of 1.9 university courses, attending an average of 4.4 workshops focusing on LGBTQ+ issues, and receiving supervision from an LGBTQ+ ally. Their analysis revealed that this additional training and support increased their perceived ability to adequately support LGBTQ+ clients. This synthesis of ratings regarding perceived helpfulness combines findings relating to all 2SLGBTQQIA+ identities. However, this does not capture the unique ways in which diverse SGM with intersecting identities may experience services. For example, trans-identified individuals have historically experienced challenges accessing shelter services as a result of safety concerns and exclusionary policies (Pyne, 2011). Indeed, in a study conducted by Ford et al. (2013), 50% of service providers reported they were "At best, only minimally prepared to assist" trans men, and 47.72% reported they were "At best, only minimally prepared to assist" trans women. Thus, assessment of service helpfulness may require a more nuanced analysis which controls for the sexual and/or gender identities of LGBTQ+ individuals seeking formal services.

5) Expand Educational Curricula in Schools to Include 2SLGBTQQIA+ IPA

In addition to the need to further educate service providers, increased early education and awareness about IPA is needed for 2SLGBTQQIA+ young people within the school curricula. This should include 2SLGBTQQIA+-specific examples and definitions of healthy SGM relationship dynamics such as mutual respect, autonomy, and equality. Given the documented challenges many SGM experience in recognizing and acknowledging abuse, curricular components also need to include detailed scenarios clarifying what abuse looks like in 2SLGBTQQIA+ relationships, including identity-specific forms of IPA. Acknowledging intersectional experiences within 2SLGBTQQIA+ communities linked to factors such as race, ethnicity, disability, and socioeconomic status is also important to ensure SGM people see themselves reflected in course materials and discussions. In *My Justice is Her Justice: Toward a New Vision of Survivorhood*, Katherine Scott Nelson (2016) talks about the importance of resources reflective of queer and trans relationships in that when you are seeking information (reading online or in libraries for example), and you are not represented in any way, it contributes to minimizing your experiences and not interpreting or understanding them as IPA or IPV.

Dispelling commonly held misconceptions and beliefs about IPA within 2SLGBTQQIA+ groups before intimate relationships begin is a preventive approach that could eliminate one of the risk factors for IPA. For example, lesbian research in this review underlined how entering first relationships is a risk factor for IPA. Communication strategies and curricula that focus on young SGM people and highlight the characteristics of safety within intimate relationships could increase awareness of early stages of abuse such as controlling behaviors often communicated as signs of commitment or love. Enhanced knowledge of potentially and actually harmful behaviours within 2SLGBTQQIA+ relationships would expand options for early intervention, enhancing safety in partnership with young SGM people (Donovan & Hester, 2008).

Successful approaches to education should be supported through collaboration between schools and community organizations with expertise in addressing 2SLGBTQQIA+ IPA and gender-based violence. For example, the website for the *Gender-Based Violence Teaching Network* (gbvteaching.com) includes teaching resources developed by Vanner (2022) on gender-based SGM violence for teachers in Canada.

6) Enhance Informal Supports from Friends and Establish Stronger Connections with Collective Care Initiatives

Friends were identified as a crucial resource for 2SLGBTQQIA+ people who experience IPA. Increasing awareness of IPA both within and beyond 2SLGBTQQIA+ communities is essential to ensure that informal support sources understand the importance of their role as witnesses, as support systems, and as action partners to bring about change, support their friends, relatives, co-workers, and community members, and increase community safety. This includes the need to enhance community readiness to address IPA (Turell et al., 2012).

Informal support from friends is critical in the context of IPA. This finding is not surprising if we consider this type of support within broader 2SLGBTQQIA+ histories of

collective care. Collective care models in 2SLGBTQ+ communities emphasize the importance of community support, solidarity, and mutual aid to promote well-being and to resist structural forms of oppression (e.g., Spade, 2020). These models recognize that traditional individualistic approaches to care do not adequately address the diverse needs and experiences of 2SLGBTQQIA+ people. Instead, collective care models seek to build supportive networks that foster connection and belonging, where community members come together to provide emotional, practical, and social support to each other (e.g., Piepzna-Samarasinha, 2018). This is particularly important in the context of ending IPA in 2SLGBTQQIA+ communities. In the short film *All that Sheltering Emptiness*, Bernstein Sycamore speaks to the isolation trans communities often face and how important connection, belonging, and safety are to accessing helping services and recovery (Carducci & Bernstein Sycamore, 2010). Indeed, isolation perpetuates abuse and resistance to help-seeking, and often the responses from service providers are further isolating.

Key resources on collective care include *Care Work: Dreaming Disability Justice* (Piepzna-Samarasinha, 2018), *Mutual Aid: Building Solidarity During This Crisis (and the Next)* (Spade, 2020), *I Hope We Choose Love: A Trans Girl's Notes from the End of the World* (Thom, 2019), and *Emergent Strategy: Shaping Change, Changing Worlds* (Brown, 2017).

7) IPA Research and Services Need to Meaningfully Integrate Intersectional Frameworks that Better Respond to the Full Diversity of 2SLGBTQQIA+ Communities

IPA research and services must adopt intersectional frameworks that genuinely acknowledge and address the diverse experiences of 2SLGBTQQIA+ communities. Intersectionality recognizes that individuals hold multiple social identities and that these identities intersect to shape experiences of oppression and privilege. In the context of IPA, a lack of intersectional frameworks can lead to the exclusion or misrepresentation of individuals from marginalized backgrounds, further perpetuating systemic inequalities.

To meaningfully integrate intersectional frameworks, researchers and service providers need to recognize the intersecting identities within 2SLGBTQQIA+ communities, such as race, ethnicity, gender identity, sexual orientation, socioeconomic status, disability, and more. This approach acknowledges that experiences of abuse can be shaped by a combination of factors and that support services should be tailored accordingly (Brooks et al., 2021). For example, research and services need to consider the unique barriers faced by bisexual men of colour with disabilities who may experience racism, biphobia, and ableism, all of which can compound their risk of experiencing abuse and limit access to resources.

Moreover, intersectional frameworks should go beyond simply recognizing the diverse identities present in 2SLGBTQQIA+ communities and actively challenge systems of oppression (Brooks et al., 2021). This means considering how intersecting systems of power such as racism, sexism, ableism, transphobia, and homophobia influence the dynamics of abuse and the effectiveness of support services (Al-Faham et al., 2019). It requires examining the structural barriers that prevent certain groups from accessing resources and ensuring that interventions are culturally responsive, inclusive, and accessible to all survivors. For example, Kulkarni (2019) has identified three IPA program delivery frameworks that reflect intersectionality: survivor-centred advocacy, the full-frame model that understands safety needs to be considered from a

holistic perspective, and culturally-specific programs. Integrating intersectional frameworks also means actively involving 2SLGBTQQIA+ people with lived experience in research and program design processes to ensure SGM programs and research centre the people most impacted by IPA (Kulkarni, 2019).

Integrating intersectional frameworks in IPA research and services is crucial for responding to the full diversity of 2SLGBTQQIA+ communities. By recognizing intersecting identities and challenging systems of oppression, researchers and service providers can better understand the unique experiences and barriers faced by historically marginalized communities. This approach will contribute to more inclusive and effective support services that truly meet the needs of SGM who experience and/or use IPA.

8) Design and Implement a Coordinated Approach to Ending 2SLGBTQQIA+ IPA

There is an urgent need for a more coordinated approach to addressing 2SLGBTQQIA+ IPA. While there are challenges with conceptualizing, measuring, and evaluating collective impact, it would be helpful to engage in transdisciplinary and intersectoral dialogue to collaboratively identify how to address abuse prevention, identify shared values (intersectional and trauma-informed care), coordinate service navigation pathways, evaluate informal and formal supports, and increase funding and other resources more effectively.

This scoping review attempted to better understanding help-seeking in the context of 2SLGBTQQIA+ IPA. One of the challenges we faced was that we could not find an existing framework or model on which to map study results. Some of our initial ideas were to look at what happens after someone recognizes that they need help and subsequently reaches out for support, including what types of support they approach, where people make a connection, the result of reaching out, and the ultimate impact on that person's experiences of abuse. So far, we have categorized this into three stages: searching for support, connecting with supports, and experiences with informal supports and formal services (Whitehead, 2019). This conceptualization likely does not include enough detail to be useful to practitioners and researchers in the field. Thinking about help-seeking pathways also needs to account for the impact of barriers and facilitators, histories, and the intersecting experiences of oppression people encounter in attempting to access support.

To illustrate one example, in order to end HIV by 2030, the World Health Organization established global targets of 90-90-90, where “90% of all people living with HIV will know their HIV status, 90% of those diagnosed will be on antiretroviral therapy and 90% of those on therapy will have viral suppression” (UNAIDS, 2020, p. 70). These goals are directly linked to the HIV Continuum of Care, which includes five stages to identify when people are Diagnosed with HIV, Linked with HIV Care, Retained in Care, Initiating HIV Treatment, and Achieving Viral Suppression (Mugavero et al., 2013). While it has drawbacks, one of the benefits of this model is that it is more possible to track progress and where there are systemic challenges. For example, if 90% of people living with HIV know their status, but only 60% are linked with HIV care, then this is a clear point that needs attention within the service sector. It is also possible to apply an intersectional analysis to understand who is linked with HIV care (and who is not), where people may be experiencing barriers to accessing care, and in what ways. In addition,

existing research can be mapped onto the Continuum of Care and to pinpoint which areas have been over-studied and where new evidence is needed.

One group in Toronto has been exploring the potential of an intersectoral network including to enhance services for trans people who experience sexual violence (Du Mont et al., 2020). Survey respondents included 67 representatives of healthcare and community organizations from across Ontario who identified barriers to supporting trans people who experience sexual assault and barriers to intersectoral collaboration, along with the ways a coordinated network could help overcome these challenges. If a coordinated model was developed in relation to ending 2SLGBTQQIA+ IPA, then communities, including informal and formal support systems, would be better positioned to effectively respond to the current challenge of IPA facing SGM communities.

Conclusion

This comprehensive review includes key findings related to help-seeking in the context of 2SLGBTQQIA+ IPA. In addition to knowledge synthesis related to specific SGM groups, we have also identified key policy implications and suggestions that could dramatically improve formal services and informal supports, directly address IPA, and increase safety within 2SLGBTQQIA+ communities.

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Table 1. Characteristics of Included Studies

First Author Last Name	Year	Article Name	Method/Study Design	Location
Akande et al.	2022	"Sometimes, we don't know if we're getting abused": discussions of intimate partner violence and HIV risk among transgender women	Qualitative	USA
Alhusen et al.	2010	Perceptions of and experience with system responses to female same-sex intimate partner violence	Qualitative	USA
Alston et al.	2021	The experiences of licensed clinicians counseling lesbian, gay, bisexual, and queer survivors of intimate partner violence	Qualitative	USA
Anderson & Overby	2020	Barriers in seeking support: Perspectives of service providers who are survivors of sexual violence	Qualitative	USA
Antebi-Gruszka & Scheer	2021	Associations between trauma-informed care components and multiple health and psychosocial risks among LGBTQ survivors of intimate partner violence	Quantitative	USA
Basow & Thompson	2012	Service providers' reactions to intimate partner violence as a function of victim sexual orientation and type of abuse	Vignette	USA
Bermea et al.	2019	Serving queer survivors of intimate partner violence through diversity, inclusion, and social justice	Qualitative	USA
Bloom et al.	2016	Developing an app for college women in abusive same-sex relationships and their friends	Qualitative	USA
Bornstein et al.	2006	Understanding the experiences of lesbian, bisexual and trans survivors of domestic violence: A qualitative study	Qualitative	USA
Brown	2007	Stories from outside the frame: Intimate partner abuse in sexual-minority women's relationships with transsexual men	Qualitative	Canada
Cannon	2019	What services exist for LGBTQ perpetrators of intimate partner violence in batterer intervention programs across North America? A qualitative study	Qualitative	USA, Canada
Chaffin et al.	2016	Same-sex and race-based disparities in statutory rape arrests	Quantitative	USA
Chan & Cavacuiti	2008	Gay abuse screening protocol (GASP): Screening for abuse in gay male relationships	Quantitative	Canada

Cormier & Woodworth	2008	Do you see what I see? The influence of gender stereotypes on student and Royal Canadian Mounted Police (RCMP) perceptions of violent same-sex and opposite-sex relationships	Vignette	Canada
Coston	2016	Breaking the silence: Lesbian, gay, and bisexual intimate partner violence and it's health and health care-related effects	Quantitative	USA
Coston	2019	We need more resources: Stories of QTPOC* survival in the South	Qualitative	USA
Coston	2020	Patterns of post-traumatic health care service need and access among bisexual and non-monosexual women in the U.S.	Quantitative	USA
Cox et al.	2021	Partiality in prosecution? Discretionary prosecutorial decision making and intimate partner violence	Vignette	USA
Cox et al.	2022	Discretionary prosecutorial decision-making: Gender, sexual orientation, and bias in intimate partner violence	Vignette	USA
Dank et al.	2014	Dating violence experiences of lesbian, gay, bisexual, and transgender youth	Quantitative	USA
Das et al.	2022	Intimate partner violence (IPV) screening and referral outcomes among transgender patients in a primary care setting	Quantitative	USA
Donne et al.	2018	Barriers to and facilitators of help-seeking behavior among men who experience sexual violence	Mixed-Methods	USA
Du Mont et al.	2019	Assessment of nurses' competence to care for sexually assaulted trans persons: A survey of Ontario's Sexual Assault/Domestic Violence Treatment Centres	Mixed-Methods	Canada
Du Mont et al.	2020	The promise of an intersectoral network in enhancing the response to transgender survivors of sexual assault	Mixed-Methods	Canada
Du Mont, Kosa, Abavi, et al.	2021	Toward affirming care: An initial evaluation of a sexual violence treatment network's capacity for addressing the needs of trans sexual assault survivors	Quantitative	Canada
Du Mont, Kosa, & Macdonald	2021	Evaluation of an e-learning curriculum for forensic nurses on trans-affirming postsexual assault care	Quantitative	Canada
Dyar et al.	2021	Development and initial validation of three culturally sensitive measures of intimate	Psychometric Analysis	USA

		partner violence for sexual and gender minority populations		
Dyer et al.	2022	Estimating the influence of incarceration on subsequent experience with violence among Black men who have sex with men in the HPTN061 study	Quantitative	USA
Eaton et al.	2008	Examining factors co-existing with interpersonal violence in lesbian relationships	Quantitative	USA
Edwards et al.	2016	College campus community readiness to address intimate partner violence among LGBTQ+ young adults: A conceptual and empirical examination	Quantitative	USA
Everhart & Hunnicutt	2013	Intimate partner violence among self-identified queer victims: Towards an intersectional awareness in scholarship and organizing surrounding gender-based violence	Qualitative	USA
Feelemyer et al.	2021	Longitudinal associations between police harassment and experiences of violence among Black men who have sex with men in six US Cities: The HPTN 061 study	Quantitative	USA
Felix et al.	2021	Lesbian, gay, and bisexual victims' reporting behaviors to informal and formal sources	Quantitative	USA
Finneran & Stephenson	2013	Gay and bisexual men's perceptions of police helpfulness in response to male-male intimate partner violence	Quantitative	USA
Ford et al.	2013	Intimate partner violence prevention services and resources in Los Angeles: Issues, needs, and challenges for assisting lesbian, gay, bisexual, and transgender clients	Mixed-methods	USA
Franklin et al.	2019	Intimate partner violence among sexual minorities: predicting police officer arrest decisions	Qualitative	USA
Freedner et al.	2002	Dating violence among gay, lesbian, and bisexual adolescents: Results from a community survey	Quantitative	USA
Freeland et al.	2018	Perceptions of informal and formal coping strategies for intimate partner violence among gay and bisexual men	Qualitative	USA
Furman et al.	2017	"It's a gap in awareness": Exploring service provision for LGBTQ2S survivors of	Qualitative	Canada

		intimate partner violence in Ontario, Canada		
Gillum & DiFulvio	2012	"There's so much at stake": Sexual minority youth discuss dating violence	Qualitative	USA
Giorgio	2002	Speaking silence: Definitional dialogues in abusive lesbian relationships	Qualitative	USA
Glass et al.	2004	Female-perpetrated femicide and attempted femicide: A case study	Qualitative	USA
Goodson	2023	Police officers' attributions of victim culpability in scenarios of same-sex intimate partner violence	Vignette	USA
Greene et al.	2015	"Is this normal? Is this not normal? There's no set example": Sexual health intervention preferences of LGBT youth in romantic relationships	Qualitative	USA
Guadalupe-Diaz	2013	An exploration of differences in the help-seeking of LGBTQ victims of violence by race, economic class and gender	Quantitative	USA
Guadalupe-Diaz	2016	Disclosure of same-sex intimate partner violence to police among lesbians, gays, and bisexuals	Quantitative	USA
Guadalupe-Diaz & Jasinski	2017	"I wasn't a priority, I wasn't a victim": Challenges in help seeking for transgender survivors of intimate partner violence	Qualitative	USA
Guadalupe-Diaz & Yglesias	2013	"Who's protected?" Exploring perceptions of domestic violence law by lesbians, gays, and bisexuals	Quantitative	USA
Hancock	2014	Positive counsellor characteristics with sexual minority intimate partner violence victims	Qualitative	USA
Hardesty et al.	2011	Lesbian/bisexual mothers and intimate partner violence: Help seeking in the context of social and legal vulnerability	Qualitative	USA
Helfrich & Simpson	2006	Improving services for lesbian clients: What do domestic violence agencies need to do?	Qualitative	USA
Hereth	2021	"Where is the safe haven?" Transgender women's experiences of victimization and help-seeking across the life course	Qualitative	USA
Hines & Douglas	2011	The reported availability of U.S. domestic violence services to victims who vary by age, sexual orientation, and gender	Quantitative	USA
Hirschel & McCormack	2021	Same-sex couples and the police: A 10-year study of arrest and dual arrest rates in	Quantitative	USA

		responding to incidents of intimate partner violence		
Houston & McKirnan	2007	Intimate partner abuse among gay and bisexual men- risk correlates and health outcomes	Quantitative	USA
Jones & Raghavan	2012	Sexual orientation, social support networks, and dating violence in an ethnically diverse group of college students	Quantitative	USA
Jordan et al.	2020	Mandating inclusion: critical trans perspectives on domestic and sexual violence advocacy	Qualitative	USA
Kalokhe et al.	2012	Intimate partner violence among HIV-infected crack cocaine users	Quantitative	USA
Kanuha	2013	"Relationships so loving and so hurtful": The constructed duality of sexual and racial/ethnic intimacy in the context of violence in Asian and Pacific Islander lesbian and queer women's relationships	Qualitative	USA
Kattari, Walls, & Speer	2017	Differences in experiences of discrimination in accessing social services among transgender/gender nonconforming individuals by (dis)ability	Quantitative	USA
Kattari, Walls, Whitfield, et al.	2017	Racial and ethnic differences in experiences of discrimination in accessing health services among transgender people in the United States	Quantitative	USA
Kessler	2017	Respect Detectors: A support and educational group engaging LGBTQ activists to prevent violence in their community	Qualitative	USA
Kuehnle & Sullivan	2003	Gay and lesbian victimization: Reporting factors in domestic violence and bias incidents	Quantitative	USA
Kurdyla	2023	Disclosure experiences for transgender and nonbinary survivors of intimate partner violence	Quantitative	USA
Kurdyla & Messinger	2021	Transgender intimate partner violence and help-seeking patterns	Quantitative	USA
Langenderfer-Magruder, Walls, et al.	2016	Sexual victimization and subsequent police reporting by gender identity among lesbian, gay, bisexual, transgender, and queer adults	Quantitative	USA
Langenderfer-Magruder, Whitfield, et al.	2016	Experiences of intimate partner violence and subsequent police reporting among lesbian, gay, bisexual, transgender, and queer adults in Colorado	Quantitative	USA

Langenderfer-Magruder et al.	2020	Stalking victimization in LGBTQ adults: A brief report	Quantitative	USA
Lantz	2020	Victim, police, and prosecutorial responses to same-sex intimate partner violence: A comparative approach	Quantitative	USA
Lie & Gentlewarrier	1991	Intimate violence in lesbian relationships: Discussion of survey findings and practice implications	Quantitative	USA
Lippy et al.	2020	The impact of mandatory reporting laws on survivors of intimate partner violence: Intersectionality, help-seeking and the need for change	Mixed-methods	USA
Little & Terrance	2010	Perceptions of domestic violence in lesbian relationships: Stereotypes and gender role expectations	Vignette	USA
Loveland & Raghavan	2014	Near-lethal violence in a sample of high-risk men in same-sex relationships	Mixed-methods	USA
Malinen	2018	Gender, free will, and woman-to-woman sexual assault in service provider discourses	Qualitative	USA, Canada
Martin et al.	2023	The relationship between formal help-seeking and sexual orientation among victims of domestic violence	Quantitative	USA
Matte & Lafontaine	2011	Validation of a measure of psychological aggression in same-sex couples: Descriptive data on perpetration and victimization and their association with physical violence	Quantitative	Canada
McClennen, Summers, & Daley	2002	The Lesbian Partner Abuse Scale	Quantitative	USA
McClennen, Summers, & Vaughan	2002	Gay men's domestic violence: Dynamics, help-seeking behaviors, and correlates.	Quantitative	USA
McDonald	2012	The social context of woman-to-woman intimate partner abuse (WWIPA)	Qualitative	USA
Mennicke, Bowling, et al.	2022	Disclosure to friends or family and consequences after interpersonal violence: Intersections of sexual identity and race	Qualitative	USA
Mennicke, Coates, et al.	2022	Who do they tell? College students' formal and informal disclosure of sexual violence, sexual harassment, stalking, and dating violence by gender, sexual identity, and race	Quantitative	USA

Merlis & Linville	2006	Exploring a community's response to lesbian domestic violence through the voices of providers: A qualitative study	Qualitative	USA
Merrill & Wolfe	2000	Battered gay men: An exploration of abuse, help seeking, and why they stay	Quantitative	USA
Messinger et al.	2022	Intimate partner violence help-seeking in the U.S. Transgender Survey	Quantitative	USA
Oliffe et al.	2014	Gay men and intimate partner violence: A gender analysis	Qualitative	Canada
Ollen et al.	2017	Sexual minority college students' perceptions on dating violence and sexual assault	Qualitative	USA
Oswald et al.	2010	Lesbian mothers' counseling experiences in the context of intimate partner violence	Qualitative	USA
Palmer et al.	2022	Interpersonal violence experiences and disclosure patterns for lesbian, gay, bisexual, queer+, and heterosexual university students	Quantitative	USA
Pattavina et al.	2007	A comparison of the police response to heterosexual versus same-sex intimate partner violence	Quantitative	USA
Patzel	2006	What blocked heterosexual women and lesbians in leaving their abusive relationships	Qualitative	USA
Peitzmeier et al.	2019	Development of a novel tool to assess intimate partner violence against transgender individuals	Quantitative	USA
Peitzmeier et al.	2021	The transgender-specific intimate partner violence scale for research and practice: Validation in a sample of transgender women	Qualitative	USA
Pepper & Sand	2015	Internalized homophobia and intimate partner violence in young adult womens same-sex relationships	Mixed-Methods	USA
Poorman & Seelau	2001	Lesbians who abuse their partners: Using the FIRO-B to assess interpersonal characteristics	Quantitative	USA
Raissi et al.	2015	Implementing an intimate partner violence (IPV) screening protocol in HIV care	Quantitative	Canada
Ramachandran et al.	2010	Intimate partner violence among HIV-positive persons in an urban clinic	Mixed-Methods	USA
Rausch	2016	Systemic acceptance of same-sex relationships and the impact on intimate partner violence among cisgender identified lesbian and queer individuals	Quantitative	USA

Regan et al.	2002	Measuring physical violence in male same-sex relationships: An item response theory analysis of the Conflict Tactics Scales	Quantitative	Canada
Renzetti	1988	Violence in lesbian relationships: A preliminary analysis of causal factors	Mixed-Methods	USA, Canada
Renzetti	1989	Building a second closet: Third party responses to victims of lesbian partner abuse	Mixed-Methods	USA, Canada
Renzetti	1996	The poverty of services for battered lesbians	Qualitative	USA
Richardson et al.	2015	Sexual violence and help-seeking among LGBQ and heterosexual college students	Qualitative	USA
Ristock	2001	Decentering heterosexuality: Responses of feminist counselors to abuse in lesbian relationships	Qualitative	Canada
Ristock	2003	Exploring dynamics of abusive lesbian relationships: Preliminary analysis of a multisite, qualitative study	Qualitative	Canada
Ristock et al.	2019	Impacts of colonization on Indigenous Two-Spirit/LGBTQ Canadians' experiences of migration, mobility and relationship violence	Qualitative	Canada
Rivas-Koehl et al.	2023	Assessing the longitudinal measurement invariance of the Conflict in Adolescent Dating Relationships Inventory (CADRI) victimization scale across heterosexual and sexual minority adolescents in the United States	Quantitative	USA
Rose	2003	Community interventions concerning homophobic violence and partner violence against lesbians	Mixed-Methods	USA
Roy et al.	2022	Intimate partner violence among gay men and its consequences in a separation context	Qualitative	Canada
Russell	2018	Police perceptions in intimate partner violence cases: The influence of gender and sexual orientation	Vignette	USA
Russell & Sturgeon	2019	Police evaluations of intimate partner violence in heterosexual and same-sex relationships: Do experience and training play a role?	Vignette	USA
Scheer et al.	2019	Psychometric validation of the identity abuse scale among LGBTQ individuals	Psychometric Analysis	USA

Scheer & Baams	2021	Help-seeking patterns among LGBTQ young adults exposed to intimate partner violence victimization	Quantitative	USA
Scheer & Poteat	2021	Trauma-informed care and health among LGBTQ intimate partner violence survivors	Quantitative	USA
Scheer et al.	2023	Help-seeking for severe intimate partner violence among sexual and gender minority adolescents and young adults assigned female at birth: A latent class analysis	Quantitative	USA
Scherzer	1998	Domestic violence in lesbian relationships: Findings of the lesbian relationships research project	Quantitative	USA
Schilit et al.	1991	Intergenerational transmission of violence in lesbian relationships	Quantitative	USA
Schramm et al.	2023	Physical intimate partner violence on college campuses: Re-victimization of sexual minority students and their help-seeking behavior	Quantitative	USA
Schulze & Perkins	2017	Awareness of sexual violence services among LGBTQ-identified college students	Qualitative	USA
Sechrist et al.	2022	North Carolina LGBTQ domestic violence response initiative: Building capacity to provide safe, affirming services	Mixed-methods	USA
Seelman	2015	Unequal treatment of transgender individuals in domestic violence and rape crisis programs	Quantitative	USA
Shultz	2020	Supporting transmasculine survivors of sexual assault and intimate partner violence: Reflections from peer support facilitation	Qualitative	USA
Simpson & Helfrich	2005	Lesbian survivors of intimate partner violence: Provider perspectives on barriers to accessing services	Qualitative	USA
Simpson & Helfrich	2014	Oppression and barriers to service for Black, lesbian survivors of intimate partner violence	Qualitative	USA
Sloan & Edmond	1996	Shifting the focus: Recognizing the needs of lesbian and gay survivors of sexual violence	Quantitative	USA
St. Pierre & Senn	2010	External barriers to help-seeking encountered by Canadian gay and lesbian victims of intimate partner abuse: An application of the Barriers Model	Mixed-Methods	Canada

Stanziani et al.	2018	Adding insult to injury: Sex, sexual orientation, and juror decision-making in a case of intimate partner violence	Vignette	USA
Stephenson & Finneran	2013	The IPV-GBM Scale: A new scale to measure intimate partner violence among gay and bisexual men	Mixed-methods	USA
Stephenson et al.	2013	Towards the development of an intimate partner violence screening tool for gay and bisexual men	Mixed-methods	USA
Sylaska & Edwards	2015	Disclosure experiences of sexual minority college student victims of intimate partner violence	Mixed-Methods	USA
Tesch & Bekerian	2015	Hidden in the margins: A qualitative examination of what professionals in the domestic violence field know about transgender domestic violence	Qualitative	USA
Todahl et al.	2009	Sexual assault support services and community systems: Understanding critical issues and needs in the LGBTQ community	Mixed-Methods	USA
Turell	1999	Seeking help for same-sex relationship abuses	Quantitative	USA
Turell & Cornell-Swanson	2005	Not all alike: Within-group differences in seeking help for same-sex relationship abuses	Quantitative	USA
Turell & Herrmann	2008	"Family" support for family violence: Exploring community support systems for lesbian and bisexual women who have experienced abuse	Qualitative	USA
Turell et al.	2012	Lesbian, gay, bisexual, and transgender communities' readiness for intimate partner violence prevention	Qualitative	USA
Valentine et al.	2013	Finding meaning after same-sex partner abuse: A content analysis of experiences of men with HIV	Qualitative	USA
Walsh & Stephenson	2022	Reporting of intimate partner violence among male couples: Cross-sectional and serial dyadic concordance	Qualitative	USA
Walters	2011	Straighten up and act like a lady: A qualitative study of lesbian survivors of intimate partner violence	Qualitative	USA
Wang	2011	Voices from the margin: A case study of a rural lesbian's experience with woman-to-woman sexual violence	Qualitative	USA
Whitehead et al.	2021	Same-sex intimate partner violence in Canada: Prevalence, characteristics, and	Qualitative	Canada

		types of incidents reported to police services		
Wise & Bowman	1997	Comparison of beginning counselors' responses to lesbian vs. heterosexual partner abuse	Vignette	USA
Wong et al.	2020	The ALOHA Study: Intimate partner violence in Hawai'i's lesbian, gay, bisexual, and transgender community	Quantitative	USA

Appendix 1: Sample Medline Search Strategy

1. exp "Sexual and Gender Minorities"/
2. exp Homosexuality/
3. exp Bisexuality/
4. exp Transsexualism/
5. exp Sex Reassignment Procedures/
6. exp "Health Services for Transgender Persons"/
7. (lgbt* or glbt* or gay or bisexual* or homosexual* or pansexual* or "same sex" or two-spirit* or lesbian* or transsexual* or transgender* or intersex* or queer or msm or mesm or "men who have sex with men" or "men having sex with men" or "women who have sex with women" or "non-hetero*" or non-monosexual* or non-binary or ((gender or sexual) adj1 (divers* or minorit* or identit*)) or "sexual orientation").tw,kf.
8. *"Health Services for Transgender Persons"/
9. or/1-8
10. exp Intimate Partner Violence/
11. ((violence adj3 ("coercive controlling" or "intimate partner" or "situational couple" or dating or domestic)) or (partner adj3 (control or power)) or ((rape or violence or abuse) adj5 (marital or spouse* or spousal or partner* or dating or family)) or ("intimate terrorism" or "mutual violent control") or IPV).tw,kf.
12. 10 or 11
13. 9 and 12

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