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Gender-Based Violence and 2SLGBTQI+ Groups

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Abstract: Gender-based violence (GBV) is a pervasive public health issue that affects all Canadians, including Indigenous peoples (First Nations, Inuit, Métis); however, it is well-understood that GBV disproportionately affects certain social groups. An estimated one million Canadians aged 15 and older identify with a sexual orientation other than heterosexual, and approximately 1 in 300 people identify as transgender or non-binary. In Canada, violence rooted in biphobia, homophobia, transphobia, and queerphobia results in disproportionately high levels of GBV experienced by Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and other individuals who identify outside of cisgender, heterosexual norms (2SLGBTQI+ people). The health impacts of GBV experienced by people who identify outside of gender and sexuality norms are profound, spanning mental and physical dimensions across the life course. This article employs an anti-oppression queer framework to provide a comprehensive overview of current knowledge and understandings of GBV in Canada concerning 2SLGBTQI+ people, emphasizing (1) the disproportionate risk of GBV faced by 2SLGBTQI+ communities within the context of Canadian social politics; (2) key links between the experiences of GBV among 2SLGBTQI+ people in Canada and associated health disparities; (3) current orientations to GBV policy, practice, and research, with an emphasis on contemporary, inclusive paradigms that shape equity-oriented health and social services; and (4) future directions aimed at eradicating GBV and addressing health inequities among 2SLGBTQI+ people in Canada. While much work remains to be done, the expansion of 2SLGBTQI+ inclusion in GBV prevention within the past five years points to a promising future.

Keywords: gender-based violence; 2SLGBTQI+, Canada; health equity; gender; sexual orientation; social and policy implications; health

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1. Challenges in Gender-Based Violence Policy and Practice for 2SLGBTQI+ Communities

Gender-based violence (GBV) is a pervasive public health issue that affects all Canadians, including Indigenous peoples (First Nations, Inuit, Métis); however, it is well-understood that GBV disproportionately affects certain social groups [1,2]. According to Statistics Canada, an estimated one million Canadians aged 15 and older, or approximately 4% of the population, identify with a sexual orientation other than heterosexual [3]. Further, approximately 1 in 300 people in Canada (0.33% of the population aged 15 or older) identify as transgender or non-binary [4]. In Canada, violence rooted in biphobia, homophobia, transphobia, and queerphobia (i.e., the fear, hatred, or aversion of people who are attracted to more than one gender, experience same-sex attraction, identify as 2SLGBTQI+, or people whose gender identities differ from their sex assigned at birth, respectively [results in disproportionately high levels of GBV experienced by Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning), intersex, and other individuals who identify outside of cisgender, heterosexual norms (2SLGBTQI+ people) [3,5–7]. A nationwide survey in 2018 indicated that 2SLGBTQI+ people were more than twice as likely to have experienced physical or sexual GBV recently (within the past 12 months) and in their lifetime (since the age of 15) [3]. Similarly, rates of physical or sexual GBV among those over the age

of 15 were significantly elevated among people in Canada who identified as transgender compared to those who identified as cisgender [3]. The health impacts of GBV experienced by people who identify outside of gender and sexuality norms are profound, spanning mental and physical dimensions across the life course [6]. This chapter discusses GBV in the context of 2SLGBTQI+ people in Canada, with an emphasis on the ways in which the social politics of gender and sexual orientation inform experiences of GBV, health, and well-being.

2. Core Concepts in 2SLGBTQI+ Gender-Based Violence Discourse

2.1. 2SLGBTQI+ Language and Terminology

The acronym 2SLGBTQI+ represents Two-Spirit, lesbian, gay, bisexual, transgender, queer (or questioning), and intersex individuals, with the '+' symbolizing the inclusion of other communities beyond those represented in the acronym (e.g., non-binary, pansexual, etc.) [7]. Two-Spirit is the English translation of the word *niizh manidoowag* (Two Spirits) in Anishinaabemowin [8] and is used by some Indigenous people who identify as having both a feminine and masculine spirit [7]. Notably, the term Two-Spirit is used in various ways among Indigenous peoples to describe cultural, gender, sexual, and/or spiritual identities and thus transcends the Western, colonial-rooted perspective (which views these identities as mutually exclusive) [9,10]. There are various iterations of the 2SLGBTQI+ acronym; however, the Government of Canada has endorsed the current ordering of groups because it intentionally places Two-Spirit people at the forefront [7]. This placement aims to acknowledge and promote awareness that Indigenous peoples were the original inhabitants of Turtle Island (North America) and that 2SLGBTQI+ people have been considered an important part of many Indigenous cultures and histories. It should be further noted that despite the 2SLGBTQI+ acronym encompassing all forms of diversity in gender and sexuality, queer communities are heterogeneous, with considerable differences within and between them.

Within this chapter, the phrasing "queer" is used interchangeably with the 2SLGBTQI+ acronym to reflect the diversity of both gender expression and identity and sexual orientation [11]. Historically, the word queer has been used as a derogatory word and slur; however, at present, many (but not all) 2SLGBTQI+ people have reclaimed the word [7,12]. Today, appropriate uses of the term queer are context- and user-dependent.

Among 2SLGBTQI+ people, many have adopted the word "queer" to describe themselves. People who identify as queer typically feel that the ambiguity and flexibility of this term fully encompasses their identity in ways that specific gender and sexual orientation labels cannot. For example, people whose gender identity is fluid may describe themselves as "genderqueer" because this term accommodates male, female, neither male nor female, and other gender identities, as well as an individual's transitions between them.

In academic contexts, researchers have employed the word "queer" as a verb and intersectional lens from which to examine a topic of interest. "Queering", a topic of interest, is used to critically identify and challenge normative assumptions and values (i.e., the dominant presumption that identifying as heterosexual and cisgender is the 'norm') about gender and sexuality [13]. In Canada, GBV academics and public health government stakeholders are increasingly "queering GBV" to consider how cis- and hetero-normativity contribute to 2SLGBTQI+ experiences of violence.

2.2. Theoretical Underpinnings of Queering Gender-Based Violence

Gender identity and sexual orientation are important considerations when examining GBV through an intersectional lens, as GBV is inextricably connected to all systems of oppression, especially those of colonialism, homophobia, queerphobia, and transphobia [11,14]. As a result, GBV towards 2SLGBTQI+ people can be understood as the product of an inequitable social system that disadvantages, isolates, stigmatizes, and otherwise devalues queerness. An anti-oppression framework is necessary to unpack the central roles of stigma, discrimination, prejudice, and structural violence in GBV as they relate to gender and sexuality [15].

Experiences of GBV and systemic oppression vary in meaningful ways among individuals of different genders and sexual orientations. Queer theory is a framework that facilitates the exploration of the diverse range of experiences within queer communities by critiquing and questioning heteronormative assumptions and values [12]. When queering GBV in Canada, accounting for the heteronormativity of social politics and power dynamics is central to building a comprehensive understanding of manifestations of violence towards 2SLGBTQI+ people [12]. Importantly, the combination of an anti-oppression framework with queer theory centres 2SLGBTQI+ communities in GBV work while accounting for the impacts of systemic oppression. This perspective acknowledges that some 2SLGBTQI+ individuals experience discrimination and oppression based on other social variables, such as race and ethnic or national origin, which further exacerbates their risk of GBV. This multiplicative risk is exemplified by the impacts of Quebec's Bill 21, which bans public employees from wearing religious symbols at work. While universal in theory, in practice, the policy disproportionately targets and further marginalizes Muslim women who wear head coverings by denying their right to freedom of expression and religion, thereby increasing their risk of GBV.

2.3. Unique Experiences of Gender-Based Violence for 2SLGBTQI+ People

2SLGBTQI+ groups experience GBV in unique ways as a direct result of heteronormativity and queerphobia. Specifically, diversity in gender and sexuality is used as a tool (or weapon) for discrimination that can be wielded by anyone in society, including individuals who identify as 2SLGBTQI+ themselves (the latter can be understood as internalized queerphobia) [16]. Examples of types of GBV unique to 2SLGBTQI+ people include derogatory language and slurs, threats of "outing" (disclosing a person's gender or sexuality to others without their consent), "corrective" and conversion therapy, and hate crimes motivated by sexuality, among others [17]. Further, from a structural GBV perspective, 2SLGBTQI+ people often experience unique barriers related to stigmatization and violence when accessing services [18–20]. Help-seeking can be difficult due to fear of outing oneself, invisibility in and exclusion from women-oriented GBV spaces, and a lack of culturally competent and inclusive GBV services. As described by one transgender individual, "I couldn't find a single shelter or assistance in order to separate [from my marriage]. I tried the women's shelters in the area and they all obviously turned me away. They weren't aware of anywhere that I could turn to for domestic violence assistance because I am trans[gender] . . ." [19] (p. 9). Even after accessing help, lack of response to disclosure is a common challenge experienced by 2SLGBTQI+ individuals, as some providers assume that GBV between 2SLGBTQI+ partners is less dangerous than between heterosexual partners and, therefore, not worthy of intervention. The fear of non-response to disclosure also presents a barrier to help-seeking, as exemplified by one woman's experience, "I was worried that the police wouldn't take me seriously because I was a lesbian." [20] (p. 13). Overall, the social politics that surround queer identity are incredibly complex, leading to distinct experiences of GBV among 2SLGBTQI+ individuals compared to cisgender and heterosexual individuals.

3. Historical Issues in Gender-Based Violence Against 2SLGBTQI+ People in Canada

There is robust evidence that 2SLGBTQI+ people in Canada experience disproportionate rates of GBV [3,5]. Viewed through an anti-oppression queer framework, disparities in GBV experienced by 2SLGBTQI+ people can be understood as a product of Canada's colonial and heteronormative history that continues to inform social politics today.

Canada's dark history of colonialism and GBV are inextricably linked, as the first European colonizers imported discriminatory, queerphobic social norms of gender and sexuality [21]. A large part of systematic, violent efforts to erase Indigenous cultures, languages, and traditions was the perpetration of GBV against Indigenous 2SLGBTQI+ people [22]. In particular, the Indian Act (1876), residential school system (1831–1996), and Sixties Scoop (1960s–1980s) perpetrated extreme violence towards Indigenous 2SLGBTQI+ peoples. These events attempted to force Indigenous assimilation into European Christian

society through the systemic elimination of Indigenous identities, especially those that defied the gender binary and heterosexuality as social norms [22,23].

3.1. Colonial Foundations of Oppression Against Two-Spirit People

Although cultural norms vary extensively between Indigenous groups, in general, Two-Spirit people were (and continue to be) considered highly respected, valuable community leaders in many Indigenous communities and cultures [22]. While all 2SLGTBQI+ Indigenous peoples were affected by colonization, those who identified as Two-Spirit were disproportionately targeted [24,25].

For example, Two-Spirit children experienced distinct, intensified GBV in residential schools because settlers wanted to destroy Indigenous identities and assimilate children into colonial norms [24]. Many Two-Spirit children were forced to choose a gender (male or female) and adhere to gender norms or hide their identity to prevent GBV [24]. Some survivors of residential schools have struggled to culturally connect with the Two-Spirit identity due to the erasure of Indigenous cultures [22,26]. Further, the forced conversion of children to Eurocentric Christian values contributed to Euro-Christianity infiltrating Indigenous communities as children returned home [24]. The product was "neo-colonialism": queerphobia and GBV towards Two-Spirit people by their own communities [24]. While many Indigenous people and cultures are reclaiming the Two-Spirit identity and roles, GBV rooted in neo-colonialism remains an ongoing challenge for Two-Spirit people in some communities [22].

The attack on Two-Spirit people and their socio-cultural roles was of immeasurable loss to Indigenous communities and deeply impacted future Indigenous culture, spirituality, traditions, and well-being [25]. The intergenerational impacts of GBV experienced by Two-Spirit people extend to the present day, including, but not limited to, a loss of language to refer to people of diverse genders and sexualities, a loss of cultural knowledge about Two-Spirit people and their spiritual identity, and intergenerational trauma accompanied by serious mental and physical health sequelae [27]. Today, GBV continues to be perpetrated towards Two-Spirit people by Canadian settlers and, sometimes, other Indigenous peoples; this is a lingering result of the forced integration of heteronormativity as a cultural value among all people in Canada by colonizers [22,28,29]. The loss of a valued social status and associated power (i.e., Two-Spirit people holding culturally valued roles pre-colonization) continues to negatively affect Two-Spirit people and contributes to ongoing GBV against this group [30].

3.2. Key Milestones in Addressing Heteronormativity and Gender Inequality in Canada to Acknowledge and Address 2SLGBTQI+ Experiences of Gender-Based Violence

GBV towards 2SLGBTQI+ people in Canada continued well into the late 20th century without significant public attention. The eventual recognition of GBV as a public problem affecting 2SLGBTQI+ people was influenced by the social progress of second-wave feminists and gay rights advocates.

Beginning in the 1960s, radical second-wave feminists entered the public eye by campaigning for women's equality and rights, with ending violence against women as a top priority [31]. Although the movement for gay rights also gained momentum at this time, such as the decriminalization of homosexuality, GBV was not a focus of gay advocacy [32]. As implied by the gendered language of "women" and the lack of 2SLGBTQI+ representation in the GBV movement, Canada's actions to end GBV began by focusing on heterosexual, cisgender, and monogamous or married women [33,34].

In the 1990s, with growing awareness of marginalized groups and increasing use of intersectionality frameworks in human rights-based policymaking, Canada expanded its understanding of GBV to include 2SLGBTQI+ people. When the "Canadian Human Rights Act" was first passed in 1977, it did not explicitly prohibit gender or sexuality as grounds for discrimination [35]. In 1996, Canada amended the Act to add sexual orientation, thus providing greater legal protection from GBV for the 2SLGBTQI+ community [36]. While

gender remained an excluded ground, this milestone set the necessary foundation for Canada to begin queer inclusion in GBV work.

During the 2000s, Canada initiated meaningful, macro-level action to address GBV towards 2SLGBTQI+ people. In 2017, gender expression and gender identity were added to the Canadian Human Rights Act as prohibited grounds of discrimination [34,35]. The addition of gender alongside sexuality as a prohibited ground of discrimination created an obligation for Canada to devote attention and resources to addressing GBV among 2SLGBTQI+ groups. Within the same year, Canada's history of violence towards the queer community was formally recognized and apologized for by Prime Minister Justin Trudeau [35]. Trudeau validated the numerous ways in which the Canadian government had perpetrated abuse, cruelty, prejudice, stigma, systemic oppression, and violence towards 2SLGBTQI+ people, and importantly, publicly committed to ending violence, including GBV, towards 2SLGBTQI+ people [35].

After committing to ending GBV among 2SLGBTQI+ people, Canada renamed the federal entity "Status of Women Canada" into the more inclusive "Women and Gender Equality Canada" [37]. A core responsibility of Women and Gender Equality Canada was (and continues to be) supporting the eradication of GBV in Canada. The revised title was an important method of creating space for 2SLGBTQI+ people in GBV initiatives [37] and has resulted in improved inclusion in GBV work. For example, the latest iterations of Canada's "National Action Plan on Gender-Based Violence" explicitly include plans to protect people of diverse genders and sexual orientations [1]. Other federal departments are also becoming increasingly 2SLGBTQI+-informed; for example, in 2022, Statistics Canada [4] allowed survey respondents to disclose a gender identity outside of the male/female binary for the first time.

The 2020s have continued to build on progress in addressing GBV among 2SLGBTQI+ people, including endorsing the "Joint Declaration for a Canada Free of Gender-Based Violence", a commitment of CAD 601 million to advance the National Plan to End Gender-Based Violence, and the launch of a "Federal Pathway to Address Missing and Murdered Indigenous Women, Girls, and 2SLGBTQQIA+ People" [1,34,35]. While promising, Canada's work to address GBV is in its infancy: ongoing strategic plans must be implemented and evaluated to adapt to evolving needs and emerging issues [1].

While by no means an all-encompassing account of 2SLGBTQI+ people and GBV in Canada, this brief history demonstrates the deep roots of heteronormativity and queerphobia in Canadian social politics. Further, this timeline exemplifies the decades of advocacy efforts endured for 2SLGBTQI+ people to be included in the movement to end GBV. Today, Canada's ongoing commitments to ending GBV prioritize the inclusion of 2SLGBTQI+ people and their unique experiences—another progressive step towards equality.

4. The Impact of Social Inequality and Discriminatory Norms on Increasing Gender-Based Violence Risks for 2SLGBTQI+ People

Experiencing GBV can be influenced by various risk factors, both at the individual and societal level. Identifying as 2SLGBTQI+ is associated with an increased risk of experiencing GBV [3]. It is important to note that gender expression/identity and sexual orientation are not risk factors inherently—rather, the social inequalities and norms that produce anti-2SLGBTQI+ discrimination, oppression, and stigma increase the risk of violence among this population. Some women are simultaneously affected by additional discriminatory norms (e.g., on the basis of race, national or ethnic origin, etc.) that further exacerbate their risk of violence.

Common, well-documented societal risk factors for violence among 2SLGBTQI+ people include poverty, unemployment, and lack of economic opportunities [38,39]. In addition, gender inequality and patriarchal attitudes are associated with an increased risk of violence for 2SLGBTQI+ people [39]. Societies that have deeply ingrained gender inequality and discriminatory norms tend to have higher rates of GBV [40]. This includes beliefs that uphold patriarchal values and norms that emphasize male dominance and control. For

example, societies that are characterized by an unequal distribution of power, limited access to resources and opportunities, and the belief that men are superior to people of other genders are more likely to perpetuate GBV. Both ingrained gender inequality and patriarchal ideologies are dominant in the Canadian context [41]. While steps are being made to address these ideologies structurally through policies enacted by the government (such as the shifts in language and methods of data collection), more work needs to be done.

4.1. Anti-2SLGBTQI+ Stigma

Stigma encompasses the negative attitudes, beliefs, stereotypes, and discrimination directed toward individuals or groups based on certain characteristics, behaviours, or circumstances that are perceived as socially undesirable [42]. Stigma as a social process marginalizes and devalues individuals or groups (e.g., people who identify outside of gender and sexual orientation norms), leading to their exclusion. 2SLGBTQI+ people are subjected to stigma in various forms, such as public condemnation, stereotypes, social rejection, and discriminatory practices. Stigma towards 2SLGBTQI+ people is often rooted in ignorance, fear, prejudice, and societal norms that narrowly define what is considered "normal" or acceptable. Consequences of stigmatization include social exclusion, isolation, and lower self-esteem, which can make it more difficult for 2SLGBTQI+ individuals to access help, support, and services. Some 2SLGBTQI+ individuals who experience stigma may internalize the negative attitudes and beliefs directed toward them, resulting in self-blame, shame, and diminished well-being [43].

Although stigma affects the entire 2SLGBTQI+ population, some gender identities and sexual orientations are disproportionately targeted, resulting in exacerbated risks of violence among some 2SLGBTQI+ groups. Specifically, emerging evidence has found that bisexual and transgender people experience higher rates of violence and injury when compared to those who identify as lesbian or gay and cisgender, respectively [5,38,44]. This may be because bisexual and transgender people experience additional, unique forms of discrimination and stigma. Bisexual people are faced with unique stressors, such as negative attitudes toward bisexuality ("binegativity"), which are rooted in unique stereotypes against bisexual people. For example, the commonly held misbelief that bisexuality is neither a legitimate nor stable sexual identity and the stereotype that bisexual people are promiscuous and more likely to be unfaithful to their partners [45,46]. To highlight, a 2017 study by Flanders and colleagues [47] explored the stereotype that all bisexual people are hypersexual in the context of violence. It was identified that this erroneous and yet pervasive assumption led to consent issues, ultimately placing bisexual people in unsafe situations that heightened their risk of experiencing violence [47]. Similarly, transgender people face distinct forms of gender-based discrimination and oppression: 5–8% of Canadians do not believe that people should be free to express their gender however they choose [48]. As a result, transgender people are more likely to experience microaggressions related to sex, gender, and sexual orientation and unwanted sexual attention than cisgender people, which increases their risk of physical and sexual violence [5,44].

It is important to acknowledge that the stigma disproportionately experienced by 2SLGBTQI+ people based on their gender identity and/or sexual orientation is multiplied by the intersection of additional stigmatized social identities (e.g., race, ethnic or national origin, religion, disability, etc.), thereby exacerbating their risk of GBV.

4.2. Intergroup and Social Exclusion of 2SLGBTQI+ People

Intergroup exclusion describes social exclusion and rejection based on group membership (i.e., gender expression and identity and sexual orientation), where members of an in-group reject members of an out-group to maintain social status differences [45]. In the context of 2SLGBTQI+ people, intergroup exclusion is predicated on stigma and prejudice [49]. Exclusion occurs at multiple levels, ranging from social/structural (e.g., policies and cultural norms) to community (e.g., workplaces (as an employee or customer), places

of education, and religious groups), to individuals (e.g., family and friends). The intergroup exclusion of 2SLGBTQI+ people is often sustained through violence.

For example, some Indigenous Two-Spirit people experience exclusion from their own families and communities, despite the historical cultural significance of the Two-Spirit identity among many Indigenous groups [30,50]. Forced assimilation of Indigenous societies to Eurocentric, cisgender norms not only erased important historical knowledge of Two-Spirit people but also adopted queer- and trans-phobic beliefs that excluded and rejected them [30]. Consequently, discriminatory beliefs persist in the social norms of many Indigenous communities today, contributing to an increased risk of violence for Two-Spirit people [30,50].

4.3. Discrimination and Stigmatization in Healthcare Towards 2SLGTBQI+ People

Experiencing GBV often results in significant physical and mental health consequences. As such, access to healthcare is of vital importance; however, it has been well-documented that 2SLGBTQI+ people face substantial health disparities in addition to having unique healthcare challenges [51,52] and limited-to-no access to healthcare that meets their needs [53]. A 2023 review by Comeau, Johnson, and Bouhamdani [54] identified that 2SLGBTQI+ people in Canada experience pervasive inequities in healthcare accessibility, quality, and inclusivity, as well as satisfaction with care. The lack of access to appropriate healthcare that meets the needs of 2SLGBTQI+ people has largely been attributed to stigmatizing attitudes and systemic discrimination encountered in healthcare settings and a lack of training for clinical and non-clinical staff [54–56].

Healthcare inequities due to inaccessibility and discrimination are disproportionately experienced by transgender people, as they commonly are subjected to discrimination that targets their transgender identity [52]. For example, transgender patients frequently encounter healthcare providers who refuse to provide care or delay care specifically because they are transgender [52]. Further, transgender patients endure non-inclusive healthcare and organizational policies, including the inability to identify their gender on documentation and the absence of gender-neutral washrooms [52,55]. For example, a 2019 study of Ontario hospital-based sexual assault and domestic violence centres reported that only two in five program leaders indicated that their hospital's patient bill of rights pledged non-discrimination on the basis of gender, gender identity, and/or gender expression [52].

A lack of training of medical and allied healthcare staff is a significant contributor to the inequities in healthcare among 2SLGBTQI+ people. While multifactorial, healthcare providers often disclose having low confidence to effectively treat 2SLGBTQI+ people, in addition to a lack of interaction with 2SLGBTQI+ people [57]. In the United States, medical school curricula are severely lacking in addressing the unique healthcare needs of 2SLGBTQI+ people [57]. As of this writing, according to the Association of American Medical Colleges' 2014 "Implementing Curricular and Institutional Climate Changes to Improve Health Care for Individuals Who Are LGBT, Gender Nonconforming, or Born With DSD" report, the mean time of pre-clinical curricula on the health of 2SLGBTQI+ people is approximately 5 h [58]. This trend also extends into the context of Canadian healthcare. A 2021 analysis published in the Canadian Medical Association Journal [59] stated that medical education about 2SLGBTQI+ health is "limited and inconsistent" in Canada, with failure to create and formalize content specific to the needs of 2SLGBTQI+ people, while at the same time, perpetuating misinformation and informal bias. To highlight, a Canadian-based survey in 2016 found that while approximately 95% of Canadian medical students felt transgender-specific healthcare education was important, less than 10% felt knowledgeable enough to provide it [60]. Furthermore, a Canada-based online evaluation of medical resident preparedness found that with respect to caring for 2SLGBTQI+ people, trainees at all levels were underprepared, with deficits including sexual and mental health, preventive care, and terminology. In addition, this evaluation uncovered that largely, trainees were not aware that health disparities existed for 2SLGBTQI+ people [61].

To provide sensitive and appropriate care to 2SLGBTQI+ people who have experienced GBV, specialized, evidenced-based professional education and training programs are essential [54,62]. While many healthcare providers lack the education and/or experience around how sexual orientation and gender intersect with GBV among 2SLGBTQI+ people [63], policymakers and academics alike have called for changes to education and training to improve care [35,64,65]. While such educational programs/curricula are beginning to be developed, this movement for change remains in its infancy and is yet to be widely implemented [66,67]. There is a particular dearth of education and training programming responsive to the distinct needs of individual groups. Namely, the transgender and Two-Spirit communities experience unique, disproportionate impacts of GBV that are overlooked and neglected when not differentiated from the broader 2SLGBTQI+ collective. However, there are promising care approaches which may serve to improve the effectiveness of care for all 2SLGBTQI+ people experiencing GBV. In particular, educational interventions which specifically focus on the unique healthcare needs of 2SLGBTQI+ people and the application of paradigmatic lenses such as Trauma- and Violence-Informed Care [67] and/or intersectionality [52] are promising. For example, the Public Health Agency of Canada-funded, multidisciplinary "2SLGBTQI+ Focussed Trauma-Informed Care" project—a project aimed at developing, delivering, and evaluating 2SLGBTQI+ competency training curriculum—is currently underway among numerous health and social service sites across Canada [68].

5. Community- and Policy-Level Solutions in 2SLGBTQI+ Health and Social Services to End Gender-Based Violence

Queering the movement to end GBV is a necessary step in working towards health and gender equity in Canada. In this section, "ending GBV" refers to both preventing violence from occurring (primary prevention) and intervening during or after violence has occurred to reduce the risk of future incidents (secondary and tertiary prevention) [67]. Due to the heteronormative foundations of GBV activism, 2SLGBTQI+ people have historically lacked visibility in GBV prevention efforts, research, and population-level statistics [3,69]. Fortunately, in alignment with broader social progress for 2SLGBTQI+ people in Canada, the movement to end GBV has recently evolved to acknowledge, include, and even prioritize queer populations.

6. Initial Action to Queer Gender-Based Violence Prevention

The first step towards queering the movement to end GBV was challenging the myth that violence only occurs within heterosexual relationships [70]. In response, GBV prevention gradually expanded to include 2SLGBTQI+ people. While progressive, few stakeholders in GBV prevention possessed the capacity, knowledge, and resources to provide effective services for queer service users [70]. 2SLGBTQI+ people are generally considered to be an underserved population in GBV prevention work [1]. However, contemporary GBV prevention efforts are increasingly committed to using an intersectional lens to identify and understand 2SLGBTQI+ experiences, needs, and services gaps, as well as to developing inclusive care and service models created by and for queer communities [1,68]. In Canada, 2SLGBTQI+ people have been increasingly centred on GBV prevention efforts across the spheres of data and research, health and social services, knowledge mobilization, and law and policy. The progressive inclusion of groups within the 2SLGBTQI+ umbrella in GBV prevention has not been equally dispersed.

7. Queering Gender-Based Violence Data

Effective GBV prevention programming is a cornerstone of addressing GBV, however, effectiveness is largely contingent on the application of evidence-based strategies [71]. Literature addressing evidence-based GBV interventions among 2SLGBTQI+ populations is scant [72]. This is likely symptomatic of the lack of high-quality data about the prevalence and forms of GBV within 2SLGBTQI+ communities in Canada. In Canada, national-level

GBV data are largely collected through administrative (e.g., reports from police) or self-reported means (e.g., a survey) [1]. These baseline measurements are necessary to track progress and trends in GBV over time and thus support the development of evidence-based strategies [1,73].

7.1. Administrative Data

Historically, estimations of the national rates of GBV have been principally derived from police data, however, this is not considered an accurate source for rates within 2SLGBTQI+ communities [1]. Due to inconsistency and variations in local documentation and reporting, police data on incidents of GBV by gender (i.e., beyond the male/female binary) and sexual orientation are unreliable to draw national-level inferences [74]. Further, police data are known to underestimate the rates of GBV among 2SLGBTQI+ people because of underreporting; queer people may fear or mistrust the police, feel as though they will not be believed, or feel unsafe 'outing' their gender or sexual orientation to police, among other personal reasons [3,75]. Overall, police data are not a strong statistical source of GBV rates among 2SLGBTQI+ people in Canada.

7.2. Self-Reported Data

Beginning in the early 1990s, Canada has measured self-reported violent victimization (i.e., physical or sexual assault) using the General Social Survey on Canadians' Safety (Victimization) approximately every five years [72]. The survey has since evolved to include questions on spousal violence and criminal harassment, including asking whether incidents came to the attention of police and reasons for not reporting to police. However, in 2017, Canada's guiding strategy to address GBV, titled "It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence", identified that knowledge gaps about 2SLGBTQI+ rates of GBV across Canada persisted [76]. In response, Statistics Canada deployed a new population-level self-reported survey: the "Survey of Safety in Public and Private Spaces" (SSPPS) [3]. The SSPPS aimed to collect accurate, reliable estimates of physical and sexual GBV in Canada and, for the first time, collected sex and gender as separate variables and included the ability to specify sexual orientation in the respondent's own words [3,73]. With a sample size of over 45,000 people from across Canada, these data provided the first nationally representative insights into GBV experienced by transgender people and other members of 2SLGBTQI+ groups [3].

While progressive, the SSPPS lacked sufficient sample size to identify the specific experiences of certain groups within the 2SLGBTQI+ community [3]. Namely, respondents who identified as Two-Spirit were re-classified as 'gender diverse' and grouped under the broad category of 'sexual orientation not elsewhere specified' during data analysis and reporting. Similarly, respondents reporting attraction to two or more genders (e.g., identifying as pansexual) were re-assigned to the 'bisexual' category. These categorical modifications were facilitated to improve the representation of otherwise small groups who could not be reported independently due to sample size. However, such changes also made the unique experiences of smaller groups invisible in SSPPS data, thus preventing targeted insights to improve equity for these communities.

Ultimately, the results of the first SSPPS survey were unequivocal: 2SLGBTQI+ people in Canada reported a disproportionate burden of GBV [3,73]. These data were necessary to confirm GBV in 2SLGBTQI+ communities as a public health problem and motivate investment in targeted prevention efforts [35]. As the SSPPS is repeated in subsequent years, Canada's progress in ending GBV among 2SLGBTQI+ communities will become evident and help to inform future, evidence-based GBV prevention.

8. Queering Health and Social Services

Health and social services in Canada play an essential role in GBV prevention and intervention, however, queer people who experience GBV are an underserved population [1]. 2SLGBTQI+ people experience unique challenges related to health and social

service accessibility, availability, and effectiveness, which can exclude them from traditional GBV prevention and response efforts [77]. Examples of such issues include an inability to access help without outing oneself (which can be unsafe), a lack of queer-inclusive resources in their community, and experiencing biphobia, homophobia, or transphobia during help-seeking [77,78].

Given the distinct realities of 2SLGBTQI+ people as health and social service users, the Canadian government has called for the development and implementation of culturally competent, queer-inclusive GBV care, programs, responses, and services [1]. To achieve this, changes are required across several social spheres, namely, existing 2SLGBTQI+ organizations and services, Canada's social safety net, traditional GBV organizations and services, and healthcare services [64].

8.1. Integration of Gender-Based Violence Services in 2SLGBTQI+ Organizations

Traditional GBV-focused organizations often operate using a heteronormative, woman-centric model, which can limit the accessibility and applicability of programming for 2SLGBTQI+ clients [27]. In contrast, 2SLGBTQI+-oriented organizations, firmly rooted in queer models and approaches, are ideally positioned to effectively identify and address the unique needs of 2SLBGTQI+ people related to GBV [27]. For example, such organizations already tailor existing services to consider the gender diversity of clients, as opposed to a woman-centred approach. While many community-based queer organizations operate across Canada to help advocate for and fulfill the unmet needs of 2SLGBTQI+ people in their jurisdictions, most are not GBV-focused [1,27]. However, it is increasingly common for organizations to invest in capacity building to integrate GBV prevention programs and services into their existing portfolios [1]. A capacity-building approach leverages the existing relationships of community organizations with queer community members, which can promote the uptake of GBV prevention programming [27]. Unfortunately, GBV interventions by 2SLGBTQI+ organizations are rarely comprehensive and often limited in scope; for example, they may only address one form of GBV (e.g., sexual violence, harassment, etc.) [27].

A prominent example of a long-standing, major 2SLGBTQI+ organization that built the capacity to include GBV prevention programming is OUT Saskatoon [79]. In 2018, the Public Health Agency of Canada funded an OUT Saskatoon project that educated health and social service providers about how to effectively prevent and respond to GBV for 2SLGBTQI+ service users [1]. The project was successful, and OUT Saskatoon has since renewed its commitment to GBV prevention with a new project geared towards identifying barriers to service access and addressing service gaps for 2SLGBTQI+ people experiencing GBV across Saskatchewan [80]. This success demonstrates strong potential for additional 2SLGBTQI+ organizations across Canada to expand their service portfolios to include comprehensive GBV support.

8.2. Multi-Level Social Action to Support 2SLGBTQI+ People Experiencing Gender-Based Violence

Built on traditional gender and sexuality norms, Canadian society often perpetuates discrimination and stigma towards 2SLGBTQI+ people [63,81,82]. Queerphobia erects structural barriers for 2SLGBTQI+ that can jeopardize their access to the social determinants of health, further increasing their risk of GBV [63,81]. For example, unemployment, a lack of housing/shelter options, and poverty are downstream effects of structural barriers that disproportionately affect 2SLGBTQI+ people [63,81].

The movement to end GBV has been criticized for disregarding structural barriers and disproportionately addressing individual-level prevention [71,83]. Researchers and service providers in the GBV space have increasingly called for multi-level approaches that include the social determinants of health to reduce GBV within 2SLGBTQI+ communities [63,83,84]. Recommendations for multi-level social action include challenging exclusionary policies and practices that perpetuate queerphobia, strengthening the social safety net (e.g., voca-

tional training, living wages, 2SLGBTQI+ shelters, etc.), and educating the public to reduce oppressive attitudes and stigmatizing beliefs [63].

For example, a report released by Women's Shelters Canada [84] in response to Canada's National Action Plan to address GBV has issued several recommendations to improve Canada's social safety net as a means of GBV prevention. The report indicated that current social supports for 2SLGBTQI+ youth involved in sex work can perpetuate stigma, deny youth their agency, and refer youth to carceral systems or other threatening people/structures; this has produced a fear of accessing services among this population, as they do not perceive resources as safe and want to avoid punitive responses to help-seeking. To address this, it has been recommended that the government invest in safe housing and healthcare for 2SLGBTQI+ youth involved in sex work, such as creating more 2SLGBTQI+-safe pop-up clinics in community centres [84].

8.3. Enhancement of Gender-Based Violence Services to Accommodate 2SLGBTQI+ Clients

Traditional GBV services (e.g., hotlines, shelters, etc.) are typically built on a feminist model that reinforces binary, cis- and hetero-normative ideas of GBV (e.g., through gender-exclusive terminology like "women's shelter") [85]. As stated by Dale et al. in 2021, effective GBV prevention "must be rooted in the lived realities of people affected by violence" [84] (p. 107) and thus must address 2SLGBTQI+ experiences. To make GBV services more accessible for 2SLGBTQI+ populations, a contemporary, intersectional feminist model that informs inclusive policies, practices, and structure is necessary [85].

For example, Women's Shelters Canada [84] has called for GBV stakeholders, including the federal government, to adopt language, practices, and services inclusive of 2SLGBTQI+ people. For language, the use of "gendered violence" is suggested instead of "violence against women". Further, it was recommended that service providers should become educated in the concepts of gender and sexuality, including in the context of GBV, and that all programming should include 2SLGBTQI+ examples.

8.4. SLGBTQI+ Inclusivity Training for Healthcare Providers

People who experience GBV are more likely to experience health problems and seek healthcare than the general population, which positions healthcare services as an ideal opportunity for secondary and tertiary prevention [86]. However, 2SLGBTQI+ people often experience unique barriers to equitable healthcare services, such as a lack of provider knowledge, poor quality of care, refusal of services, discrimination, harassment, violence, high costs of specialized services (e.g., private counselling), and a lack of appropriate supports [27,53,61]. These effects are multiplied in the context of additional stigmatized social identities, such as race, ethnicity, disability, and religion. Negative experiences in the healthcare system can result in low satisfaction with care and a lack of trust in healthcare providers, which risk delayed help-seeking and avoidance of future care that further jeopardizes health outcomes [27,53].

To effectively care for 2SLGBTQI+ patients, providers require awareness of how sex, gender, and sexual orientation intersect with GBV beyond cis- and hetero-normative perspectives; however, many providers lack education in these topics [53,63]. One 2023 review about current inequities faced by 2SLGBTQI+ people in the Canadian healthcare system identified this lack of training as the most critical issue affecting healthcare systems [53]. Academics and policymakers have repeatedly issued recommendations for healthcare providers to receive education and training to promote effective, supportive care for 2SLGBTQI+ patients experiencing GBV [1,53,64,65]. Popular care paradigms with demonstrated efficacy for GBV populations include culturally competent care and trauma- and violence-informed care; however, these approaches have yet to be widely implemented, which may be due to a lack of formal clinician education and training [66,67].

An example of effective healthcare provider training is the University of Toronto's "2SLGBTQI+ Focussed Trauma-Informed Care" project [68]. This project includes the development, delivery and evaluation of a 2SLGBTQI+ competency training curriculum

for a workshop aimed at enhancing the capacity of health and social service providers to effectively care for 2SLGBTQI+ people experiencing GBV. The workshop is intended for multi-disciplinary providers working in healthcare, mental health, social services, and the anti-violence sector and is being piloted across Ontario in Toronto, London, Ottawa, Thunder Bay, Sudbury, Timmins, Kingston, and Windsor. The training is designed to help providers prevent stigmatization, alienation and re-traumatization of 2SLGBTQ+ service users [68].

9. Knowledge Mobilization Strategies to Challenge Discriminatory Social Attitudes and Behaviours Perpetuating Gender-Based Violence Towards 2SLGBTQI+ People

GBV and 2SLGBTQI+ stakeholders have repeatedly called for GBV prevention efforts that target negative social attitudes and dynamics towards queer communities (as opposed to individual-based approaches) [71,72]. Knowledge mobilization (KMob) is understood as the exchange of knowledge between knowledge producers, brokers, and users that aims to elicit benefits across a target population [87]. Evidence has demonstrated that KMob is an effective method of influencing the social attitudes, beliefs, and behaviours that contribute to and perpetuate social issues related to GBV [81]. Resultantly, KMob is an important strategy for challenging queerphobic norms within social groups that increase the risk of GBV for 2SLGBTQI+ people [1].

Population-level KMob is adopted to address widespread social attitudes and behaviours. The Government of Canada is the primary nationwide KMob actor for GBV awareness and prevention among 2SLGBTQI+ groups, largely through the Women and Gender Equality Canada portfolio and their GBV Knowledge Centre (Women and Gender Equality Canada 2023). These entities maintain a publicly accessible repository of up-to-date information about government GBV awareness, funding, knowledge, initiatives, training, and resources [88].

For example, in 2022, Women and Gender Equality Canada funded a landmark KMob report by the Canadian Women's Foundation and Wisdom2Action [27] titled "Queering Gender-Based Violence Prevention & Response in Canada". Through a literature review, focus group, and interviews, the report provided one of the first comprehensive descriptions of how GBV disproportionately impacts 2SLGBTQI+ communities in Canada, including the scale and scope of GBV, barriers to help-seeking, gaps and needs in service provision, and recommendations to address disparities. Importantly, the report included an in-depth description of community-specific experiences of GBV. For example, the section pertaining to 2SLGBTQI+ Indigenous people stated unequivocally that colonization, genocide, and the enforcement of colonial gender binaries and heteronormativity are systematic forms of GBV uniquely experienced by Indigenous 2SLGBTQI+ people. The report also provided key stakeholders in GBV prevention with access to reliable, up-to-date information about 2SLGBTQI+ experiences to inform decision-making (e.g., motivating future funding for 2SLGBTQI+-centred GBV initiatives, influencing policy to be 2SLGBTQI+-inclusive, etc.).

Nationwide KMob about GBV and 2SLGBTQI+ communities can also be facilitated through social media. The viability of online KMob in reaching large audiences to raise awareness of GBV was confirmed in 2017 by the international success of the #MeToo movement against sexual violence [89]. There are a few 2SLGBTQI+-specific online KMob campaigns for GBV prevention, but they are growing in numbers.

One of the first national KMob campaigns for GBV prevention among 2SLGBTQI+ populations was the "#TRANSformativeKnowledge" initiative [81]. The Twitter-based #TRANSformativeKnowledge campaign aimed to promote awareness and challenge harmful attitudes, beliefs, and reactions related to sexual assault against transgender people. #TRANSformativeKnowledge was the first social media campaign to address sexual GBV towards the transgender community in Canada and was successful in this endeavour, with over 100,000 impressions of campaign content.

Building connections with local community organizations is central to successful GBV-related KMob [71]. Local organizers are ideally positioned to understand the social

dynamics and norms of their communities, which helps to develop messaging that is more likely to be effective, relevant, and well-received by the community. An excellent example of a major 2SLGBTQ+ GBV organization with effective, community-focused KMob is Toronto's "The 519" [90]. This organization boasts a portfolio of anti-violence KMob initiatives aimed at supporting queer people in the greater Toronto area. Offerings include one-on-one consultations about local programs and services, educational workshops, and peer support groups, all of which aim to mobilize knowledge about violence prevention and help initiate change.

10. Development of Inclusive Law and Policy to Protect 2SLGBTQI+ Communities from Gender-Based Violence

GBV is considered a violation of human rights, which intrinsically intertwines this social issue with law and policy. Contemporary Canadian legislation and policy largely adopt 2SLGBTQI+ inclusive language in GBV-related materials and prioritize protecting 2SLGBTQI+ communities from GBV. Primarily, Canada has developed the federal GBV Strategy ("It's Time: Canada's Strategy to Prevent and Address Gender-Based Violence") and the National Action Plan to End Gender-Based Violence, each of which explicitly addresses 2SLGBTQI+ populations.

10.1. The Federal Gender-Based Violence Strategy

The Federal GBV Strategy, initially launched in 2017, identifies core government objectives in addressing GBV, of which the "Preventing Gender-based Violence" objective specifies 2SLGBTQI+ people as a target population (among others) [76]. The Strategy was initially developed to help address the root causes of GBV and gaps in GBV support for equity-deserving groups, including 2SLGBTQI+ communities, and is revisited annually to evaluate progress and renew commitments to ending GBV [91]. The first Strategy report committed approximately CAD 440 million to development and implementation, including new funding for 2SLGBTQI+ organizations to improve GBV-specific support for queer populations [92,93]. It was not until the revised 2019 Strategy that 2SLGBTQI+ groups became a primary focus of federal GBV prevention: CAD 20 million was committed over 2 years to specifically address 2SLGBTQI+ needs and disparities through capacity building and community organizations [94]. In 2020 and 2021 reporting, the 2SLGBTQI+-specific funding reportedly culminated in building new partnerships with over 350 organizations, creating new and improved cultural safety and trauma-informed service delivery care for 2SLGBTQI+ people experiencing GBV, and offering new legal supports for 2SLGBTQI+ people—a resounding success [91]. The Strategy remains ongoing in 2023.

10.2. The National Plan to End Gender-Based Violence

Canada's National Action Plan to End Gender-Based Violence (The NAP) was borne out of the 2021 Joint Declaration for a Canada Free of Gender-based Violence, which identified that 2SLGBTQI+ people experienced disproportionate levels of violence [1]. The NAP was launched in 2022 to coordinate a multi-sectoral response to GBV (i.e., education, health, justice, and social services) and thereby address the complex, intersectional factors that contribute to GBV perpetration [1]. This section aims to present an overview of the NAP's limitations in the specific context of 2SLGBTQI+ people. An in-depth discussion of the intersection of additional social variables (e.g., age, disability, ethnic or national origin, etc.) and policy, particularly provincial legislation, (e.g., Quebec's Bill 21 and Alberta legislation impacting gender-affirming care for transgender youth), lies beyond this scope.

Agents central to the NAP's development and implementation include the government, the public, Indigenous partners, service providers, researchers, advocates, and private sector stakeholders [1]. Further, the NAP was designed to complement and integrate with previous and ongoing government initiatives related to GBV and 2SLGBTQI+ groups, primarily the 2021 Joint Declaration for a Canada Free of Gender-based Violence

and "2021 Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People National Action Plan" [1].

The NAP (Table 1) explicitly identifies 2SLGBTQI+ populations as underserved and includes several actions for implementation to better address and prevent GBV for queer communities [1]:

Table 1. National Action Plan 2SLGBTQI+ Actions for Implementation [1].

Pillar	Opportunity for Action	Example Action
1: Support for victims, survivors and their families	Improve programs, services, and supports that impact people experiencing GBV so they may better address the intersectional needs of diverse communities and populations.	Promoting and developing integrated, victim/survivor-centred models of care to meet the needs of those who are at risk of GBV or underserved when they experience these forms of violence, including [. . .] 2SLGBTQI+ [1] people [. . .].
2: Prevention	Promote population-specific and evidence-informed public awareness campaigns to prevent GBV.	Including topics such as gender equality, gender equity, gender identity and expression, and sexual orientation; women's and 2SLGBTQI+ individuals' rights [. . .].
	Develop age-appropriate, school and community-based approaches to educate children and young people to prevent GBV.	Including content on topics such as human rights; child and youth-appropriate sex education, including gender norms, healthy relationships, consent, gender identity and expression, and sexual orientation; [. . .] and root causes of violence, such as colonialism, racism and discrimination, which is experienced by Indigenous Peoples, racialized people, and 2SLGBTQI+ people.
3: Responsive justice system	Support programming created and led by First Nations, Inuit and Métis to prevent violence against Indigenous women, girls, and 2SLGBTQQIA+ people, including programs rooted in the land and in local cultures and communities of diverse Indigenous identities, such as urban Indigenous Peoples.	N/A.
	Facilitate change within the justice system to address GBV.	Developing inclusive policies to address the impact of IPV in the lives of 2SLGBTQI+ individuals.
4: Implementing Indigenous-led approaches	Ensure that Indigenous women, girls, and 2SLGBTQQIA+ people, no matter where they live, are heard, supported, promoted and empowered when developing government policies and regulations, programs, supports and services to address social, economic, cultural and other forms of marginalization, inclusive of urban, rural, remote and Northern communities through the Federal Pathway to Address Missing and Murdered Indigenous Women, Girls and 2SLGBTQQIA+ People and 13 provincial and territorial proposed actions/strategies/plans in the MMIWG2S+ NAP.	Applying a gendered lens in addressing the social norms and attitudes that perpetuate GBV against Indigenous women, girls, and 2SLGBTQQIA+ people.
	Provide adequate, accessible, equitable and sustainable funding directly to Indigenous-led organizations, including grassroots organizations, for existing and new Indigenous-led GBV initiatives, programs and services focused on prevention and early intervention.	Providing increased funding to ensure the development of Indigenous-led training opportunities to support direct service workers in organizations that provide safe spaces, services and supports to Indigenous women, girls, and 2SLGBTQQIA+ people.

Table 1. *Cont.*

Pillar	Opportunity for Action	Example Action
	Expand, provide and strengthen capacity-building opportunities for existing and new strength-based Indigenous-led GBV initiatives, programs, services, and organizations that work to provide safe spaces and address, educate, prevent and end violence against Indigenous women, girls, and 2SLGBTQQIA+ people.	Providing safe spaces for Indigenous women, girls, and 2SLGBTQQIA+ people who access services and support.
	Invest and partner with Indigenous-led organizations and communities to develop public education, create awareness and increase public and government accountability to address systemic racism and discrimination experienced by Indigenous Peoples, highlighting the significant contributions of Indigenous women, girls, and 2SLGBTQQIA+ people.	Leveraging the role of traditional knowledge keepers to address systemic racism and discrimination and to bring awareness to Indigenous and non-Indigenous communities.
	Honour, develop and invest in holistic healing approaches for and by Indigenous women, girls, and 2SLGBTQQIA+ people, no matter where they live, including strength-based initiatives, programs and services, recognizing that Indigenous women are the life-givers, caregivers, educators and leaders in our society, and recognizing the unique roles of 2SLGBTQQIA+ people in Indigenous cultures and histories.	Fostering the development and support of distinctions-based, urban, on- and off-reserve Indigenous-led mental health and healing supports through the arts for and by Indigenous women, girls, and 2SLGBTQQIA+ people, no matter where they live.
5: Social infrastructure and enabling environment	Strengthen gender equity in unpaid labour.	Supporting awareness and programs to change social norms and attitudes to strengthen equity and considers the unique experiences and needs of 2SLGBTQI+ people.
	Identify opportunities to address poverty, homelessness and housing.	Addressing the overrepresentation of 2SLGBTQI+ youth experiencing homelessness
	Enhance health systems and service responses to GBV.	Increasing accessible, safe, and culturally appropriate health services for Black and racialized women, Indigenous Peoples, women, girls, and 2SLGBTQI+ people.
Foundation	Develop research capacity to address gaps in the evidence and analyses and enhance data collection and governance to support intersectional populations-based analyses.	Supporting research that centres Indigenous world views aimed at increasing strengths-based factors that contribute to wellness and a holistic understanding of results to address the root causes of GBV against Indigenous women, girls and 2SLGBTQQIA+ people.

[1] The language used for the 2SLGBTQI+ acronym varies within the NAP. The acronyms displayed are consistent with the exact wording of the NAP within the appropriate sections.

10.3. Limitations of the National Plan for 2SLGBTQI+ Groups and Future Directions

The NAP was constructed to be 2SLGBTQI+ inclusive; however, there are a few limitations that should be noted specific to the representation of 2SLGBTQI+ Indigenous peoples and the transgender community. This section aims to present an overview of the NAP's limitations in the specific context of 2SLGBTQI+ people. However, an in-depth, intersectional analysis of the NAP and broader policy across Canada that fulsomely encompasses the wide range of complex, layered social identities remains a priority for future work.

One of the NAP's five pillars is devoted to implementing Indigenous-led approaches to prevent GBV among "Indigenous women, girls, and 2SLGBTQI+ people" [1]. Through

consistent use of this phrasing throughout the NAP, 2SLGBTQI+ Indigenous people are grouped with Indigenous cisgender and heterosexual women/girls, which inaccurately implies that experiences of GBV are homogenous among these groups, impeding 2SLGBTQI+-specific prevention initiatives. The NAP includes just one action item that specifies Indigenous 2SLGBTQI+ people: to recognize unique 2SLGBTQI+ roles in Indigenous contexts. While progressive, recognition alone fails to fulsomely address the systemic nature of GBV experienced by Indigenous 2SLGBTQI+ people. As a whole, the NAP fails to comprehensively address the distinct realities and needs of Indigenous 2SLGBTQI+ people related to GBV.

Similarly, the NAP repeatedly includes overarching strategies that target various at-risk and underserved groups at large (e.g., people with disabilities, people living in Northern, rural, and remote communities, etc.), typically including the 2SLGBTQI+ community within such lists. Transgender people are not explicitly named as a distinct group; instead, they are consistently grouped in with the broader 2SLGBTQI+ label. This approach fails to recognize the unique risks, resource disparities, and systemic barriers experienced by transgender people, specifically because of their gender identity. While all groups within the 2SLGBTQI+ acronym face different challenges and needs, it is well-established that these differences are especially pronounced between sexual orientation-based communities (e.g., lesbian, gay, bisexual, etc.) and the transgender community [65]. Recognizing this, researchers and advocacy groups have expressed a need for distinct interventions specific to transgender populations [65]. However, because the NAP does not include transgender-specific action items, it remains inadequate in comprehensively addressing the systemic nature of GBV experienced by transgender people.

Despite these limitations, the NAP is an important part of the movement to end GBV in Canada among 2SLGBTQI+ populations. Considering 2SLGBTQI+ Indigenous and transgender populations as distinct from others would benefit these communities, but the inclusion of these groups alongside others is progressive, nonetheless. Through the NAP, the government has demonstrated unprecedented federal commitment to 2SLGBTQI+ people in GBV prevention initiatives, making the goal of ending GBV in Canada more attainable than ever before.

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