Experience of Intimate Partner Violence Among 2SLGBTQI+ Victim-Survivors

By

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Abstract

The purpose of this counselling psychology research project was to understand the experience of intimate partner violence (IPV) among 2SLGBTQI+ victim-survivors. A thematic analysis approach was used to synthesize relevant qualitative research and produce recommendations for practitioners and researchers to more effectively work with this vulnerable population. Qualitative studies over the last five years were identified using the City University of Seattle library and Google Scholar and a thematic analysis of the literature was then conducted to generate significant themes, while the methodology and ethical competencies of the studies were also critiqued. The thematic findings of the literature review identified the types of abuse 2SLGBTQI+ victim-survivors experience, particularly identity abuse, the consequences of this abuse on their physical and mental well-being, and the strategies this population uses to cope with their pain, particularly distraction. The themes also highlighted the sources of external support this group accesses and their experiences of stigma, discrimination, minority stress, and isolation while attempting to navigate these support systems. Recommendations for practitioners and researchers were made, including increased education on 2SLGBTQI+ experiences and better implementation of affirming care when working with these individuals.

Keywords: abuse, intimate partner violence (IPV), 2SLGBTQI+, queer, victim-survivors, heteronormative

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Lastly, to the queer community, thank you for being yourself despite those who choose to undermine your identity. You are stronger than you give yourself credit for.

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Chapter One: Introduction

Intimate partner violence (IPV) is defined by the World Health Organization (2022) as harmful behaviours within intimate relationships which can be physical, sexual or psychological. This counselling psychology research project aims to explore the experience of IPV for 2SLGBTQI+ victim-survivors through a literature review of qualitative research. Chapter one will begin by outlining some background information on IPV followed by a description of the research problem to be explored within this research project.

Research exploring the experiences of 2SLGBTQI+ peoples has noted differences in how these groups experience IPV compared to heterosexual people (Whitehead et al., 2021; Woulfe & Goodman, 2021). For example, police data on IPV in Canada has demonstrated discrepancies in the types of violence and the level of injury reported by individuals in same-sex relationships compared to opposite-sex relationships (Whitehead et al., 2021). While same-sex IPV has been reported at a similar prevalence rate to opposite-sex IPV, victim-survivors of same-sex IPV have been more likely to report experiencing threats compared to victim-survivors of opposite-sex IPV (Whitehead et al., 2021). Reports of IPV from same-sex victim-survivors have also been more likely to have their level of injury labelled as "unknown," creating uncertainty around the level of violence victim-survivors of same-sex IPV actually experience (Whitehead et al., 2021). Whitehead et al.'s (2021) findings suggest 2SLGBTQI+ victim-survivors may utilize police services differently than their heterosexual counterparts.

2SLGBTQI+ peoples' experiences of IPV are also more diverse compared to the experiences of cisgender heterosexual people due to the collage of gender and sexual identities that make up the 2SLGBTQI+ community (Amos et al., 2023; Langenderfer-Magruder et al., 2020). As an example, bisexual individuals are more likely to report experiencing IPV compared

to gay or lesbian individuals, while non-binary individuals, transgender men, and non-heterosexual cisgender women are more likely to report experiencing IPV compared to non-heterosexual cisgender men (Amos et al., 2023). Transgender and gender non-conforming individuals as well as bisexual individuals are also more likely to experience identity abuse, a unique form of violence which targets an individual's identity as a means of controlling the individual, i.e., threatening to disclose someone's sexual identity, compared to their cisgender or gay and lesbian counterparts (Woulfe & Goodman, 2021). Transgender, gender non-conforming, and bisexual individuals are also more likely to report experiencing stalking compared to gay, lesbian, or cisgender participants, as well as less likely to report these experiences to police (Langenderfer-Magruder et al., 2020).

This capstone aims to explore and synthesize the lived experiences of 2SLGBTQI+ victim-survivors of IPV. This population's lived experience includes not only the physical, sexual, and psychological violence within their relationships, but also how that violence has affected them, how they have chosen to support themselves, and how they have experienced the process of seeking support. The remainder of this chapter will focus on outlining the research problem and question for this capstone project, providing justification for the importance of this research problem, describing the theory guiding this capstone project, reviewing relevant terminology, and reflecting on the writer's positionality.

Research Problem

As noted above, 2SLGBTQI+ victim-survivors experience similar rates of IPV compared to heterosexual victim-survivors, yet also appear to experience differing forms of IPV (Amos et al., 2023) and have different outcomes in their interactions with police services (Whitehead et al., 2021). Unfortunately, an initial review of the literature does not reveal an apparent explanation

for these differences, leaving a gap in understanding the supports this population requires compared to heterosexual victim-survivors. This gap is further evidenced by the limited IPV services available to support this population specifically (National Coalition of Anti-Violence Programs, 2016). One potential route for understanding these differences is to review studies that collected data from this population directly utilizing qualitative research methods to understand how this population makes sense of the harms caused to them and how they come to access support. This leads into the research question for this study, "What is the experience of IPV for 2SLGBTQI+ victim-survivors?" The findings of this review can inform therapeutic work with this population by making clinicians aware of the barriers that may come up in therapy and the strengths these victim-survivors can build upon.

Justification/Significance of the Study

A literature review focused on the research problem described above, that 2SLGBTQI+ victim-survivors appear to experience IPV and interact with support services differently compared to heterosexual victim-survivors (Amos et al., 2023; Langenderfer-Magruder et al., 2020; Whitehead et al., 2021), is important as it could provide researchers and clinicians within the field of IPV a more clear understanding of how this population makes sense of the harms caused to them and the support they believe they require. As the current state of research on 2SLGBTQI+ experiences of IPV lacks a centralized source of information (Wathen et al., 2025), it can be harder for clinicians supporting this population to understand how factors like types of IPV, sources of support, and barriers to support might interact. This section will therefore focus on highlighting the potential benefits of the research question, "What is the experience of IPV for 2SLGBTQI+ victim-survivors?" and the gaps within the literature that this question would address.

One important gap that can be addressed by the research problem above is a lack of clarity in understanding how 2SLGBTQI+ victim-survivors define and label IPV within their own lives. Bourne et al. (2023) asked LGBTQ adults if they had ever experienced IPV, and then asked about specific examples of IPV, such as hitting or being humiliated. They found approximately 40% of participants affirmed experiencing IPV, yet approximately 60% reported experiencing specific forms of violence. This discrepancy suggests participants did not perceive some occurrences, such as being humiliated, as IPV. By exploring how 2SLGBTQI+ victim-survivors define IPV for themselves, clinicians may be able to create treatment plans more suitable for this population's needs.

The process of help-seeking is another aspect of IPV that might be made clearer through understanding the experience of 2SLGBTQI+ victim-survivors. Scheer and Baams (2021) asked a group of LGBTQ young adults about their experiences with IPV and seeking support services. They found transgender and gender non-conforming participants were more likely to experience identity abuse compared to cisgender participants. As noted above, identity abuse is a unique form of violence targeting an individual's identity as a means of controlling them, i.e., threatening to disclose someone's sexual identity (Woulfe & Goodman, 2021). Scheer and Baams (2021) also noted transgender and gender non-conforming participants were more likely to seek all forms of IPV-related supports services compared to cisgender participants. They also noted LGBTQ young adults who experienced physical abuse were more likely to seek support services compared to those who did not experience physical abuse, suggesting LGBTQ young adults may not determine they need support until abuse escalates to physical violence. Despite evidence suggesting at least some 2SLGBTQI+ victim-survivors experience more harms and are more likely to seek out support services, the programs available are often targeted towards

heterosexual individuals (Bytheway & Stephens-Lewis, 2024; National Coalition of Anti-Violence Programs, 2016). The information gathered through this review may be able to highlight the need for services targeting this population.

Lastly, the barriers 2SLGBTQI+ victim-survivors experience while seeking support may be made clearer through focusing on this research question. Bytheway and Stephens-Lewis (2024) aimed to understand how therapists made sense of IPV within queer relationships compared to opposite-sex relationships and identified an overall heteronormative perspective, meaning heterosexuality is viewed as normal, while differing sexualities are viewed as abnormal (Robinson, 2016). For example, many therapists within Bytheway and Stephens-Lewis' (2024) study made assumptions about the power dynamics within queer relationships, equating the shared gender between partners to an equal level of power within the relationship. This assumption regarding power appeared to eradicate the line between victim-survivor and perpetrator, viewing both partners as indistinguishable and further stigmatizing queer clients who are victimized by their partners. Bytheway and Stephens-Lewis also identified therapists' biases regarding queer people, with one therapist assuming when gay men become abusive they are "bitchy" (p. 396), and another therapist sharing their assumptions that their student is queer based on their behaviour, othering that student. It is important to note that this study represents only one group of therapists and may not be generalizable to all therapists, however, it does demonstrate a barrier that can exist for 2SLGBTQI+ victim-survivors. When clinicians are unaware of the biases they hold towards 2SLGBTQI+ people, they risk creating unintentional harm by subjecting these vulnerable people to further discrimination, re-traumatizing them. Focusing on understanding the experiences of 2SLGBTQI+ victim-survivors can make the

barriers and mistreatment they are faced with more visible and support clinicians in recognizing how they themselves may contribute to those barriers.

Theoretical Framework

This literature review will be guided by social constructivism and queer theory. To understand the relevance of these theories to the research question stated above, these two theories will first be defined. Once an understanding of these two perspectives has been established, this section will explore how these two theories relate to one of the more notable theoretical perspectives on IPV. Lastly, this section will identify how these theories will be utilized to guide this literature review.

The theory of social constructivism posits that the categories with which we as people and researchers divide the world are socially constructed, meaning these categories are defined and created by humans, rather than existing on their own without human intervention (Kukla, 2000). Kukla uses the example of a cheese sandwich to explain the concept of social constructs, as the definition of a cheese sandwich was clearly created by human beings and would not exist without someone stating it exists. This concept can be applied to all aspects of human culture, particularly gender. Gender as a construct can be exemplified by how the boundaries that define a man and a woman change between cultures and with time. Social constructs then have influence over those who do and do not fit within them. For example, if the social construct of a women were to include being a poor driver, someone who is labelled as being a woman may expect themselves to be a poor driver, have less confidence in their ability to drive, and therefore become a worse driver. The effect of social construction on human behaviour is the root of how this theory applies to this literature review, as IPV is a social construct and therefore will have influence over those who do or do not fit within its definition.

Queer theory builds upon social constructivism by highlighting the effect of categorization on the experience of people, and how this creates imbalance between groups (Nash & Brown, 2010). Categorization creates expectations for how one group of individuals should appear, rejecting those who do not fit nicely within that category. Nash and Brown go on to emphasize how this categorization creates a "privileging of heterosexuality" (p.5) within society and the subsequent demonizing of queer identities. This privileging is exemplified by many of the social constructs prominent in modern society, such as gender or relationships, i.e. relationships between men and women might be romanticized while relationships between two women might be sexualized. Queer theory therefore aims to reject categorization and instead encourage researchers to expand their understanding of what is considered the norm. When considering the application of queer theory to IPV, it is important to consider how IPV as a construct may prioritize heterosexuality and subsequently harm queer people.

With the two guiding theories for this literature review explored, it is important to consider how these perspectives consider IPV. Johnson's (2008) theory of IPV is one of the more prominent theories within the field and is therefore where this exploration will begin. Johnson identifies two specific types of IPV, situational couple violence and coercive controlling violence. Situational couple violence consists of conflicts between a couple that become violent, often due to escalation in conflict, and are not viewed as IPV. Alternatively, coercive controlling violence, also referred to as intimate terrorism, involves partners using violence to control their partners through a belief that they have ownership over their partner. Johnson suggests this belief of ownership stems from patriarchal beliefs about gender, particularly that men should have ownership over women. This theory then becomes harder to apply to IPV within queer relationships.

Bermea and van Eden-Moorfield (2024) recontextualized Johnson's (2008) theory through the lens of queer theory, aiming to reconceptualize its heteronormative structure. Bermea and van Eden-Moorfield (2024) suggested two extensions to Johnson's (2008) theory: a challenge of categorization and a reconceptualization of power and control. Firstly, Bermea and van Eden-Moorfield (2024) challenged the category of coercive control by recognizing that this tactic can be used by either party, and is not necessarily only a tool of heterosexual men. Secondly, they reconceptualized power and control by recognizing each partner's privilege over the other through the lens of intersectionality and understanding how that power can be used to exert control. For example, a White transgender woman might use her racial privilege to have power over her Black cisgender male partner. This reconceptualization highlights how a conceptualization of IPV that centers heterosexuality can result in queer experiences becoming invisible.

To ensure the experiences of 2SLGBTQI+ victim-survivors are made visible within this literature review, social constructivism and queer theory will act as guiding theories. Social constructivism emphasizes the importance of recognizing that concepts like IPV are socially constructed and are therefore both influenced by people and have influence on people (Kukla, 2000). These dual forms of influence can be identified by focusing on how 2SLGBTQI+ victim-survivors experience IPV, including how IPV is socially constructed from their perspective, and how they are influenced by this construction. Queer theory also guides this review by recognizing that heterosexuality is often positioned as a norm within social constructions. As 2SLGBTQI+ victim-survivors experiences are reviewed, it will be paramount to recognize how heterosexual experiences are prioritized and how this impacts 2SLGBTQI+ victim-survivors' experiences.

Definition of Terms

Abuse

Abuse refers to a variety of actions that cause harm to another person through a multitude of means, including manipulation, fear, or humiliation (United Nations, n.d.). Abuse can be physical, sexual, emotional, economic, or psychological and can occur within a variety of relationships. Intimate partner violence is a form of abuse that occurs between intimate partners.

2SLGBTQI+

Within Canada, 2SLGBTQI+ is the acronym used by the Government of Canada (GoC; 2024a) to refer to people who identify as a sexual or gender minority as a group. This acronym highlights this community's diversity and prioritizes of the lives of Indigenous people in alignment with the calls to action set out by the Truth and Reconciliation Commission of Canada (2015). The acronym stands for two-spirit, lesbian, gay, bisexual, transgender, queer, and intersex, while the + is inclusive of all other identities that may exist as a sexual or gender minority. Two-spirit is a cultural-specific term used by some Indigenous people and is placed at the start of the acronym to recognize two-spirit people as the first 2SLGBTQI+ community in Canada.

Queer

Queer is a term used to refer to a group of people or individuals who identify as a sexual or gender minority without specifying individual identities (GoC, 2024a). The term was initially used as a derogatory slur towards 2SLGBTQI+ people, however, has been since reclaimed by some members of the 2SLGBTQI+ community as a positive term. Queer is defined by Merriam-Webster (n.d.) as "differing in some way from what is usual or normal" (Definition) which highlights how 2SLGBTQI+ people's sexual and gender identities have been historically

othered, viewed as abnormal, disordered, or paraphilic. By using this term as an identity, 2SLGBTQI+ people embrace being outside of the cisgender heteronormative standards.

Heteronormativity

Heteronormativity refers to the normalization of heterosexuality as the "natural and superior" (Robinson, 2016, p. 1) sexual orientation, positioning other sexualities as abnormal and devalued. These beliefs are reinforced through media, such as cinema, which may prioritize the presentation of heterosexuality and make queer identities invisible. Social relationships also play a role in enforcing heteronormativity by policing gender norms on a microscale, for example, assuming that an individual's sexual orientation is heterosexual therefore requiring them to come out as queer.

Researcher Reflexivity/Positionality

Recognizing and labeling one's positionality within research can enhance the research process by allowing the researcher to identify how their social position may bias their perspective of the topic under study, as well as the research process as a whole (Holmes, 2020). In my case, I identify as a White, gay, cisgender male, raised, educated, and residing in Canada. As a gay person, I am part of the queer community and view many aspects of life, including the research process, through the lens of queer theory (Nash & Brown, 2010). As queer theory focuses on rejecting traditional social constructions, my approach to this review is similar in its rejection of a focus on a singular group within the 2SLGBTQI+ community, instead viewing the entire group as existing within the experience of queer, and therefore worthy of inclusion (Nash & Brown, 2010).

From an intersectional perspective, my identity as a White, cisgender male provides me with social privilege that more marginalized queer-identifying individuals would not hold. Part

of a reflexive approach is identifying how one's biases may influence how decisions are made regarding data collection and analysis (Olmos-Vega et al., 2023). For example, in my case, my privilege could blind me from recognizing experiences of discrimination or stigma, and in the case of this research project, could lead me to discredit experiences that differ from my own. To avoid having research bias lead to discrediting potential sources, Creswell and Poth (2018) encourage ongoing reflexive writing, meaning as new information is reviewed and incorporated into potential themes, researchers reflect and note how this information relates to their own positionality. By incorporating this extra step within this literature review, I will be able to account for how my positionality could bias each portion of the data collected.

It is also important to note I have worked therapeutically with people who have perpetrated IPV for the last five years, providing me with a bias in what I view as the heteronormative social construction of IPV. This pre-constructed idea of IPV will likely influence me to pay more attention to themes I have already observed in my daily life, reinforcing the importance of following Braun and Clarke's (2006) process for thematic analysis. By proceeding with sufficient scrutiny, I ensure the identified themes are representative of the entire queer community, rather than my personalized perspective.

Overview

This initial chapter has outlined the current state of the research on the experiences of IPV for 2SLGBTQI+ victim-survivors and established the research problem and question for the present study. Important terms have also been defined to provide clarity given the variety of terms used to describe queer people. Chapter 2 of this study will focus on outlining the literature search methods, followed in Chapter 3 by the presentation of thematic findings based on an analysis and synthesis of the literature, as well as a critique of the ethical practices used with this

population. Chapter 4 will explore how the results of this literature review may be used for clinical practice, and lastly, Chapter 5 will conclude this capstone with recommendations for future research.

Chapter Two: Methods

This chapter outlines the methodological procedures of this capstone project. Methods included the process of reviewing the literature and selecting articles, as well as analyzing and identifying themes. Additionally, some core articles identified within the literature review were reviewed for methodological strengths and limitations to better understand the state of the present research and hopefully supporting the validity of the findings.

Literature Search Process

This thematic literature review focused on identifying more than 25 qualitative studies centered on the experiences of 2SLGBTQI+ individuals who have experienced intimate partner violence. Peer-reviewed journal articles, dissertations, and theses published between 2019 and 2025 were identified through searches of the City University of Seattle library and Google Scholar. These two databases were selected based on their relevance to the field of psychology and psychotherapy, as well as the breadth of their articles. Literature collection was discontinued as the data collected had reached saturation, meaning no new themes were emerging. Search terms were intimate partner violence, IPV, domestic violence, 2SLGBTQI+, LGBTQ+, LGBT, queer, qualitative, and victim-survivors.

Inclusion/Exclusion Criteria and Selection of Articles

Studies were included or excluded based on the following criteria. Studies were included if they were qualitative in nature, the participants in the study identified as 2SLGBTQI+ and had experienced IPV within an intimate relationship, regardless of the gender of their partner, the study acquired participant perspective on any aspect of the experience of IPV, including experiences while in the relationship or after the relationship had ended, and they were written in English. Studies were excluded if they were not qualitative in nature, as quantitative studies did

not align with the phenomenological focus of this study, the participants did not identify as 2SLGBTQI+, the participants did not experience IPV directly, the focus of the study was not on the experience of IPV, or was not written in English.

Data Analysis

To identify themes within the literature, the six-phase thematic analysis process outlined by Braun and Clarke (2006) was followed. Firstly, the writer reviewed and familiarized himself with the literature. Secondly, the literature was systematically coded for relevant features, such as physical abuse or jealousy. Thirdly, identified codes were grouped into potential themes, seeking to create an overarching narrative. Fourthly, the identified themes and their supporting literature were once again reviewed, ensuring there was not overlap or potential misrepresentation of information. In the fifth and sixth phases, the central meaning of each theme was identified and then presented within this research study. Traditionally, this process would involve having the producers of the primary information review and validate the themes identified, however, that is not possible in this instance due to the literature being acquired digitally, rather than from a direct source.

Methodological Strengths and Limitations

To better understand the validity of the reviewed literature, some core studies were analyzed for methodological strengths and limitations, which can be seen within Appendix 1. The findings of this analysis were used to examine the impact of limitations on the interpretations of the findings of those studies in Chapter 3. Of the studies reviewed, all appeared to be of adequate quality, demonstrating a mix of strengths and limitations.

Strengths

All the studies used some form of phenomenological design, however, only one study explicitly stated the methodological approach they were using, Turner and Hammersjö (2024), who utilized an interpretive phenomenological analysis (IPA) approach. The use of a phenomenological approach seemed appropriate for all these studies given the desire to understand the experience of their participants. These core studies also appeared to draw from queer or feminist theories, as they often cited their motivations to demonstrate queered experiences of IPV that may differ from heteronormative descriptions (Brandt & Stults, 2023; Donovan & Barnes, 2020; McAulay, 2024; Morris et al., 2025; Ovesen, 2023), or comment on the importance of understanding the role of oppression and privilege when researching social constructions (Lim et al., 2023; Morris et al., 2025; Reeves et al., 2025). The inclusion of queer and feminist theories when conducting research of 2SLGBTQI+ peoples is quite suitable as this population's minority status makes them particularly vulnerable to oppression and separate from cisgender heteronormative concepts.

Sample sizes were an area of strength for these studies. As per Hennick and Kaiser (2022), samples sizes between 9 and 17 are sufficient to reach saturation when conducting interviews. Most studies exceeded 17 interviews (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2025) while two were between 9 and 17 (Reeves et al., 2023; Ummak, Türken, & Akin; 2024) and only one had a sample size of 7, just under the sufficient range (Turner and Hammersjö, 2024).

The exclusion criteria used by these studies was also adequate, with all excluding participants who had not experienced IPV, and some excluding participants who were still experiencing violence within their relationships to avoid causing potential harm (Donovan & Barnes, 2020). Notably, Reeves et al. (2025) excluded participants who experienced abuse when

they identified as heterosexual at the time of their abuse, however, they did include participants who experienced violence from members of their family of origin. Reeves et al. also excluded those who had not disclosed their abuse as they focused on the process of help-seeking. These exclusion criteria ensure participants align with the research problem, making the findings valid.

The methodological structure of the core studies was largely an area of strength, particularly regarding transparency in procedures and efforts to ensure validity and reliability during thematic analysis. Almost all the core studies utilized semi-structured interviews, except for Reeves et al. (2025) who used a qualitative survey. Semi-structured interviews are an appropriate choice for working with this population as the one-on-one interaction ensures privacy while discussing a sensitive topic, and the minimal structure allows researchers to be guided by general themes while allowing participants the opportunity to share what they believe is relevant. Most of the articles were clear in their methods, with many providing themes they focused on or examples of the questions they used in their semi-structured interviews and surveys (Brandt & Stults, 2023; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2023; Reeves et al, 2025; Turner and Hammersjö, 2024). Providing a list of themes, questions, or a guide for the interview helps readers understand how participants came to form their responses, reducing bias and allowing work to be replicated.

The analytic process was also quite sound, with many researchers working as a team to code transcripts (Brandt & Stults, 2023; Morris et al., 2025, Reeves et al., 2023; Reeves et al., 2025; Turner and Hammersjö, 2024; Ummak, Türken, & Akin, 2024). Having multiple researchers compare and come to consensus on codes and themes utilizes inter-rater reliability to ensure themes are consistent. This also adds validity to the findings as multiple people have confirmed the same interpretation. Some researchers followed previously established methods of

analyzing themes, such as Brandt and Stults (2023), who utilized a modified Consensual Qualitative Research method, citing its use with participants of a similar demographic, or Reeves et al. (2023), who cited Bates (2017), although did not provide a rationale for such. Multiple studies referred to Braun and Clarke's (2006) procedure for thematic analysis (Donovan & Barnes, 2020; Lim et al., 2023; Ovesen, 2023; Ummak, Türken, and Akin, 2024). These pre-established procedures incorporate steps to reduce researcher bias by ensuring researchers reflect on their positionality or by requiring researchers to consult with one another and come to consensus. Unfortunately, not all studies maintained the same rigor, with McAulay (2024) not indicating any formal plan for thematic analysis, nor utilizing strategies to increase validity, such as having multiple coders.

Limitations

The first limitation noted within this sample of studies was the lack of identifying researcher positionality, an important step in qualitative research. Brandt and Stults (2023), Lim et al. (2023), and Ummak, Türken, and Akin (2024) were the only studies to mention their positionality and commented on how this may have influenced their research. Surprisingly, Turner and Hammersjö (2024), who utilized an IPA approach, spoke at length about how spoken knowledge can only be acquired from participants through conversation with a researcher, creating two lenses through which the information must be interpreted, one is of participants and the other is of researchers. Despite this acknowledgement, Turner and Hammersjö did not comment on how their identities may have influenced the data collection and analysis process. Given the lack of identifying researcher positionality, readers should be mindful that findings could be biased by researcher's identities and perspectives.

While the sample sizes noted above were an area of strength, the sampling procedures presented some limitations. All the reviewed studies used either purposive or convenience sampling, which each present their own strengths and limitations. Purposive sampling allows researchers to create purposefully diverse samples, with three studies reporting samples with a range of racial backgrounds (Brandt & Stults, 2023; Reeves et al., 2025; Ummak, Türken, & Akin, 2024), and five reporting samples with a range of gender and sexual orientations (Donovan & Barnes, 2020; Lim et al., 2023; Reeves et al., 2023; Reeves et al., 2025; Turner and Hammersjö, 2024). Increased representation within the samples increases the generalizability of their findings to a larger group of people. Despite this, purposive sampling creates the possibility for bias as participants are not being selected randomly. Additionally, two of the studies that used purposive procedures acquired their participants from previous studies or large pools of people who had signed up for any studies available (Brandt & Stults, 2023; Lim et al., 2023). Both these studies noted how this method of recruitment allowed them to select participants who fit the parameters of their study or ensured their sample was diverse in its representation, however, these methods are limited in generalizability as they are dependent on the procedures of the previous study, or only consist of people who have interest in completing studies.

Studies that used convenience sampling often recruited participants online or through queer organizations (Donovan & Barnes, 2020; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2023; Reeves et al., 2025; Turner & Hammersjö, 2024; Ummak, Türken, & Akin, 2024). Some of these studies were only able to acquire small samples based on convenience, while others received a large number of responses and were able to apply some purposive procedures to increase the generalizability of their sample. Unfortunately, by acquiring

participants through social media and queer organizations, samples become potentially ungeneralizable to queer people who do not access those services.

When considering the samples themselves, there were additional areas of concern. Two studies did not describe the sociocultural makeup of their sample (McAulay, 2024; Morris et al., 2025), while another two studies mentioned only sexual orientation and gender, excluding race or culture (Reeves et al., 2023; Turner and Hammersjö; 2024). Additionally, three studies consisted predominantly of White participants (Donovan & Barnes, 2020; Lim et al., 2023; Ovesen, 2023), two consisted of mostly gay or lesbian participants (Brandt & Stults, 2023; Ovesen, 2023), two consisted of only men (Brandt & Stults, 2023; McAulay, 2024), and two consisted of only women (Ovesen, 2023; Ummak, Türken, & Akin, 2024). In isolation, these studies have limited generalizability, however fortunately, used together in this review, readers can better understand the experience of a range of queer experiences.

Overall, these studies appear to have appropriate methodology contributing to valid findings. Studies all followed similar appropriate designs, however, could be more transparent in their rationale for the methodological decisions. Researchers could also make more effort to consider their positionality and how this impacts their research. The sampling procedures used by these studies were satisfactory, despite being limited in generalizability, and the sample sizes were an area of strength. The samples on their own were limited in diversity, however, considered as a whole were representative of the larger queer community, making the findings of this current study more generalizable.

Chapter Three: Literature Review

This literature review aimed to answer the research question "What is the experience of intimate partner violence (IPV) for 2SLGBTQI+ victim-survivors?" This question was answered through a thematic analysis and synthesis of literature exploring how 2SLGBTQI+ victim-survivors have experienced violence within their intimate relationships, how that violence has affected them, how they have chosen to support themselves, and how they have experienced the process of seeking support. Through this thematic analysis of peer-reviewed articles, a total of 5 themes and 17 sub-themes were identified, outlined in Table 1. Each theme, explored in detail below, was concluded with a critical analysis of the literature reviewed. The second part of this chapter will discuss the literature's adherence to ethical guidelines to support the validity of the findings of this review.

Table 1

Themes from the Literature Review

Theme	**Topic**
Theme 1	Types of IPV
Subtheme 1a	*Psychological Abuse*
Subtheme 1b	*Physical Abuse*
Subtheme 1c	*Sexual Abuse*
Subtheme 1d	*Economic Abuse*
Subtheme 1e	*Identity Abuse*
Theme 2	Consequences of Abuse
Theme 3	Coping with Abuse
Subtheme 3a	*Distraction and Escapism*
Subtheme 3b	*Emotional Expression*

Subtheme 3c	*Knowledge of Abuse*

Theme	**Topic**
Subtheme 3d	*Resilience*
Theme 4	Sources of Support
Subtheme 4a	*Professional Support*
Subtheme 4b	*Legal System*
Subtheme 4c	*Social Support*
Subtheme 4d	*Family Support*
Theme 5	Experience in Navigating Support Systems
Subtheme 5a	*Stigma, Discrimination, and Minority Stress*
Subtheme 5b	*Distrust of Legal System*
Subtheme 5c	*Shame*
Subtheme 5d	*Isolation*

Theme 1: Types of IPV

The types of IPV experienced by 2SLGBTQI+ victim-survivors were identified within the literature from almost every source within this literature review. These types of IPV consisted of the different ways the perpetrating partner would harm or control the victim-survivor. This theme included forms of abuse such as psychological, physical, sexual, and economic, which can affect any person who experiences IPV, as well as identity abuse, a unique form of abuse in which an individual's identity is used as a source of control (Woulfe & Goodman, 2021).

Subtheme 1a: Psychological Abuse

Psychological abuse was the most commonly referenced and broadly defined form of IPV identified within the literature. Multiple sources also referenced it as the most commonly reported form of abuse by their participants (Oveson, 2021; Shayesteh Ast, 2023; Ummak, Türken, & Akin, 2024). Psychological abuse included attempts to emotionally harm one's partner, such as degrading, name-calling, making fun of, humiliating, putting down, insulting, commenting on one's insecurities (particularly appearance or weight), denigration, criticism, and belittling (Bates, 2019; Fuchs, 2024; Kelly-Teare, 2020; Ovesen, 2023; Seahorn, 2020; Stults et al., 2022; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). Many victim-survivors commented on the use of coercive control to influence what they do, who they spend time with, what they wear, or where they go, all of which restrict their access to sources of support (Bates, 2019; Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; McAulay, 2023; Shayesteh Ast, 2023; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024).

If victim-survivors did not abide by their perpetrator's rules, guilt tripping or punishments were often used towards them, such as ignoring them, posting intimate photos or information online, passive-aggression, and eye-rolling (Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; McAulay, 2023; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, & Akin, 2024). Additional punishments identified by victim-survivors included threats, such as threats of harm towards the victim-survivor, or their family and friends, threats to call police, or threats to self-harm. Other punishments included fear-inducing behaviours such as intimidation, yelling, screaming, raging, throwing things, slamming doors, driving recklessly, and stalking (Bates, 2019; Brewer et al., 2024; Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; Kumar, 2022; Ovesen, 2021, 2023; Shayesteh Ast, 2023; Stults et al., 2022). Notably, victim-survivors also regarded

public forms of physical abuse as a form of psychological abuse as it created additional humiliation (Callan, 2024; Fuchs, 2024). These forms of abuse served to control the victim-survivor's behaviour by instilling fear of consequence. Sometimes, this control was also overt, for example, taking the victim-survivor's phone or trapping them inside a room or outside of their home (Fuchs, 2024; Kumar, 2022).

Psychological abuse also included attempts to create doubt in the victim-survivor, such as manipulating, gaslighting, blaming them for abuse, not taking accountability for abuse, lying, or making accusations of infidelity (Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; Stults et al., 2022; Ummak, Türken, & Akin, 2024). By creating doubt, victim-survivors had difficulty identifying their experiences as abusive and remained dependent on the perpetrating partner. This theme remained prominent throughout the literature, with victim-survivors often labelling their experiences as non-abusive. Their social construction of abuse stemmed from heteronormative beliefs about relationships, that perpetrators are strong men and victims are weak women (Donovan & Barnes, 2020; McAulay, 2024; Ovesen, 2021). Since queer relationships are not represented by heteronormative relationships, victim-survivors often believed that queer experiences of psychological abuse could not be classified as IPV. Without a queer reference for IPV, the experience becomes non-existent.

Subtheme 1b: Physical Abuse

Physical abuse was also commonly referenced within the literature, however, there was a discrepancy in terms of its prevalence compared to other forms of IPV. For example, Bates (2019) cited physical abuse as the most reported form of abuse, however, Shayesteh Ast (2023) determined it was the least commonly reported form, notably only used by cisgender male perpetrators. This discrepancy may again be due to how the participants perceived IPV, as many

victim-survivors had shared doubts about whether their experiences counted as abuse (Brandt & Stults, 2023; Ovesen, 2023), likely due to the lack of a socially constructed concept of queer IPV.

Physical abuse was identified by Ummak, Türken, and Akin (2024) as "actions… that could cause… some form of physical harm" (p. 1281) and included punching, biting, beating, slapping, throwing items, grabbing, scratching, choking, cutting, physically restraining, kicking, spitting, wrestling, and pushing (Bates, 2019; Brewer et al., 2024; Callan, 2024; Kelly-Teare, 2020; Kumar, 2022; McAulay, 2024; Ovesen, 2021, 2023; Salter et al., 2021; Seahorn, 2020; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, & Akin, 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). Physical abuse was often identified as a form of punishment for not complying with rules set out by the perpetrating partner, or occurred during an altercation between the partners. Despite describing a variety of physically violent acts, many 2SLGBTQI+ victim-survivors continued to minimize their experiences and suggest they were non-abusive as their identity prevented them from fitting the role of a typical victim (Donovan & Barnes, 2020; McAulay, 2023; Ovesen, 2021). Much like Johnson's (2008) theory of IPV, physical violence was used as a coercive tool to control the victim-survivor, however, as suggested by Bermea and van Eden-Moorfield (2024), the categorization of IPV as a tool used by cisgender men to victimize cisgender women limited queer people from including themselves in that construction.

Subtheme 1c: Sexual Abuse

Sexual abuse was referenced less often and included a range of behaviours; the most overt forms of sexual abuse were sexual assault, forced sexual acts or sex, and non-consensual sex (Bates, 2019; Reeves et al., 2025; Salter et al., 2021; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). Sexual abuse also included sexual acts that

were initially consensual but became non-consensual either due to withdrawn consent or the inclusion of non-consensual physical or emotional violence such as biting or insulting (Brewer et al., 2024; Fuchs, 2024; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, & Akin, 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024).

Victim-survivors also identified how their partners would pressure or coerce them into sexual acts through implied or threatened violence, guilting, shaming, or crying (Ovesen, 2021; Salter et al., 2021; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). For example, one participant described how her partner would frequently cry and ask if the participant wanted to have sex with her, leading the participant to feel obligated to have sex to appease her (Shayesteh Ast, 2023). Callan (2024) also identified occasions where physical abuse decreased victim-survivors' interest in sex, leading to pressure or coercion to engage in sex. Overall, the use of sexual abuse served to exert further control over the victim-survivor by demonstrating their ownership over the victim-survivor's body, again resembling Johnson's (2008) theory of IPV. This became complicated for victim-survivors who engaged in bondage and discipline, domination and submission, sadism, and masochism (BDSM), as the line between consensual and non-consensual sex was blurred (Brewer et al., 2023). This further demonstrated the divide between the social construction of IPV as a heteronormative experience and the reality of queer relationships, leaving victim-survivors without the language to describe their abuse.

Some forms of sexual abuse that were unique to 2SLGBTQI+ victim-survivors were the non-consensual transmission of sexual infection, particularly HIV, forcing anal intercourse or painful anal intercourse, and non-consensual internal ejaculation (Callan, 2024; Shayesteh Ast, 2023; Ummak, Türken, & Akin, 2024; Wellock & Tarpey, 2023). The use of anal intercourse as

a form of IPV was described as a way to hold power by forcing the partner into a submissive role, particularly for male victim-survivors, noting how this doubled as a form of psychological abuse as it targeted the victim-survivor's view of self and gender identity (Callan, 2024; Ummak, Türken, & Akin, 2024). Callan (2024) identified the use of non-consensual internal ejaculation with a transgender male participant, who noted they were still capable of getting pregnant, highlighting how this specific act of violence served to exert control over the victim-survivor's body as well as their gender identity. It is interesting to note how even in descriptions of blatantly queer IPV, 2SLGBTQI+ victim-survivors' experience of IPV seemed to resemble heteronormativity, forcing the victim-survivor into a feminine role. It is possible victim-survivors were better able to label these particular experiences as IPV because of their proximity to heteronormativity, leaving other abusive behaviours unacknowledged.

Subtheme 1d: Economic Abuse

Economic abuse was the least common form of IPV reported by victim-survivors. One possible reason for the lack of economic abuse referenced by this population could be due to an inability to recognize this form of abuse as IPV, as noted by Fuchs (2024). Economic abuse included overt acts that targeted an individual's property such as stealing, breaking, or hiding belongings (Callan, 2024; McAulay, 2023; Stults et al., 2022; Ummak, Türken, & Akin, 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). It also included attempts to interfere with the victim-survivor's employment or living arrangements by showing up at their work or making it difficult to be at home (Bates, 2019; Kumar, 2022; Ovesen, 2021; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024).

One of the most frequently mentioned forms of economic abuse was forcing or coercing victim-survivors to pay for expenses, even if the perpetrator had the means to do so (Callan,

2024; Fuchs, 2024; Shayesteh Ast, 2023; Stults et al., 2022). This coercion often led victim-survivors to feel responsible for their abuser's financial well-being, creating an obligation to remain in the relationship. Compared to Johnson's (2008) heteronormative depiction of the victim-survivor as dependent on their perpetrator, the perpetrator within queer relationships is perceived by the victim-survivor as helpless and in need of rescuing. This calls back to Bermea and van Eden-Moorfield's (2024) theory of queer IPV, in which they propose queer people can use their varied levels of privilege to enact abuse, rather than relying on male privilege. Because the victim-survivor perceived themselves as having privilege over the perpetrating partner, through the heteronormative lens of IPV, the abuse they experience is invisible.

Subtheme 1e: Identity Abuse

Identity abuse, as mentioned above, is a unique form of IPV that uses an individual's identity as a source of control. For 2SLGBTQI+ victim-survivors, identity abuse targeted their sexual identity, gender identity, and race, highlighting how one's intersectionality creates particular vulnerabilities that can be exploited by one's abuser.

Identity abuse targeting sexual identity included using slurs, threats to out one's sexuality or relationship status, actually outing one's sexuality, accusations of infidelity based on being bisexual or pansexual, and denial of one's sexuality, particularly bisexuality or asexuality (Bates, 2019; Brewer et al., 2024; Kelly-Teare, 2020; Kumar, 2022; Ovesen, 2021; Shayesteh Ast, 2023). Identity abuse towards bisexual or gay women was particularly salient, often focusing on their perceived promiscuity and sexual interest in men, either by punishing or preventing them from forming relationships with men, or by requiring them to prove they are gay (Brewer et al., 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). Sexual identity abuse also included controlling the level of public displays of affection, either restricting it because the perpetrator is

not publicly out, or enacting public affection when the victim-survivor is not out in order to harm them, for example, holding hands around peers (Ovesen, 2021, 2023). Akin to sexual abuse, identity abuse served to reinforce the control the perpetrating partner had over the victim-survivor throughout their public life.

Identity abuse targeting one's gender identity included purposeful misgendering, deadnaming, threatening to out, forcing them to present their gender in a way opposed to their identity, and commenting on their body in a way that purposefully induced dysphoria (Brewer et al., 2024; Fuchs, 2024; Shayesteh Ast, 2023). Alternatively, identity abuse targeting one's racial identity included using slurs, minimizing one's blackness, ridiculing based on race, threats based on race, and criticizing one's language ability (Kumar, 2022; Ovesen, 2021; Stults et al., 2022; Ummak, Türken, & Akin, 2024). Identity abuse targeting one's gender identity appeared to act as punishment, resembling the use of physical abuse to reinforce rules established by the perpetrating partner. Comparatively, identity abuse targeting one's race appeared to resemble psychological abuse, reinforcing the control the perpetrating partner had over the victim-survivor by making them feel vulnerable and dependent.

Both identity abuse and the other forms of IPV outlined within this theme aimed to control the victim-survivor coercively, resembling Johnson's (2008) theory of IPV. Many 2SLGBTQI+ victim-survivors had difficulty labeling these coercive behaviours as IPV due to IPV's heteronormative social construction. When 2SLGBTQI+ peoples' personal experiences more obviously overlapped with the broader social construction, such as when abuse was blatantly physically violent, they were able to label these behaviours as IPV. Alternatively, more covert forms of abuse, such as pressuring one's partner into paying for things, did not as easily map onto heteronormative depictions of IPV and were therefore disregarded. Evidently,

2SLGBTQI+ victim-survivors' construction of IPV is limited by the public discourse of IPV, resulting in a belief that violence within queer relationships is normal and therefore not abuse.

It is to be noted that researchers often recruited participants based on them identifying that they had been in a relationship that had been abusive, particularly physically abusive. For example, Morris et al. (2024) asked participants "Have you ever had a past ongoing romantic or sexual relationship where a same sex or trans partner hit, punched, kicked, verbally abused, sexually abused, controlled or threatened you?" (p. 492). Providing examples helps participants who may not recognize their relationship as abusive understand what researchers are looking for, however, this is not an exhaustive definition of abuse and some victim-survivors who did not perceive their relationship as involving IPV may have self-excluded. Notably, Brandt and Stults (2023) used modified items from the Revised Conflict Tactics Scale (CTS2; Straus et al., 1996, as cited in Brandt & Stults, 2023) to screen their participants. This scale has been demonstrated to be a valid tool for working with sexual and gender diverse peoples however lacks an assessment of coercive control (Dyar et al., 2021), resulting in the same problem noted in Morris et al.'s (2024) study. These issues noted within the sampling procedures limit the generalizability of the data within this review to victim-survivors who recognize at least some part of their relationship as abusive, therefore practitioners should be mindful when interpreting this data for use with clients who do not identify their relationship as abusive. Additionally, while the sample sizes within these studies are appropriate for qualitative studies, they are meant to represent a specific group within a given place at a given point in time, therefore practitioners should be cautious when applying these findings to their clients who may not fit within these parameters. Queer victim-survivors will all have their own unique experience of IPV and may not experience violence in all the ways found in this review, making these findings useful in clinical settings to

inform readers about how abuse may present in queer relationships, but should not act as a sole definition for it.

Theme 2: Consequences of Abuse

After experiencing abuse, victim-survivors reported changes in themselves resulting from their abuse which made their lives more difficult. Through learning how 2SLGBTQI+ victim-survivors perceive the difficulties they experienced following IPV, researchers and practitioners can understand what this community believes to be a problem. Many victim-survivors reported persistent mental and physical symptoms following their experiences of abuse (Bates, 2019; Callan, 2024; McAulay, 2023; Reeves et al., 2025; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). Mental symptoms included panic, fear, depression, disordered eating, suicidal ideation, nightmares, trust issues and lower self-esteem, while physical symptoms included sleep deprivation, fatigue, sexually transmitted illnesses, and weight loss (Bates, 2019; Callan, 2024; McAulay, 2023; Reeves et al., 2025; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). Some victim-survivors reported diagnostic disorders including post-traumatic stress disorder (PTSD) and traumatic brain injury (Bates, 2019).

Victim-survivors also reported symptoms became escalated when exposed to reminders of their abuser, leading some individuals to change their behaviour by avoiding relationships, recording conversations, or increasing their use of substances (Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Reeves et al., 2025; Salter et al., 2021; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). Many of these symptoms are in line with the diagnostic criteria for PTSD within the Diagnostic and Statistical Manual of Mental Disorders (Fifth Edition, Text Revision [DSM-V-TR]) including the avoidance of triggering stimuli (American Psychiatric Association, 2022), demonstrating the severity of these victim-survivors' abuse.

2SLGBTQI+ victim-survivors clearly perceived the consequences of IPV in terms of how it affected their functioning, whether that be their mental well-being or their ability to navigate other relationships. This correlated with victim-survivors' ability to recognize abuse when it was more severe, as it created more disruption to these domains. The extent of these consequences is hard to determine since some of the participants were interviewed within five years of the abuse they experienced (Brandt & Stults, 2023), while others did not specify when the abuse occurred (Reeves et al., 2025; Turner & Hammersjö, 2024). Without follow up with those victim-survivors, it is impossible to discern whether these consequences would worsen or improve with time. Additionally, most studies did not include interview guides, only themes or examples of questions, since interviews were semi-structured (Brandt & Stults, 2023; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2023; Reeves et al, 2025; Turner and Hammersjö, 2024). The lack of an interview guide makes it is hard to determine whether there are additional consequences that were unmentioned because they were not asked about.

Theme 3: Coping with Abuse

Victim-survivors identified a number of methods they used to survive and cope with IPV and the consequences of such. These strategies existed at the time of their abuse, however, were also present after the relationship had concluded as a means of managing the lingering effects of victimization. Coping strategies appeared to provide victim-survivors with a sense of control that had been lost through experiencing IPV. Some researchers provided examples of questions they asked participants related to coping, emphasizing the use of open-ended questions to allow participants to define coping in their own terms (Brandt & Stults, 2023).

Subtheme 3a: Distraction and Escapism

The most prevalent method of coping with abuse was through distracting oneself from their pain. Many victim-survivors described engaging in some kind of substance use to comfort themselves and numb the distress caused by IPV (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Shayesteh Ast, 2023). The most common substances used to cope were alcohol, marijuana, and cocaine, however, some victim-survivors also reported using tobacco, methamphetamines, and hallucinogens. These substances, particularly alcohol, served to catalyze violent conflict between partners, especially when used by both the perpetrating partner and victim-survivors (Fuchs, 2024; Salter et al., 2021). Distraction also included non-substance related behaviours such as casual sex and dating, or disordered eating, such as restriction of food (Brandt & Stults, 2023; Callan, 2024).

Escapism was another form of distraction prevalent within the literature, with some victim-survivors describing frequenting places outside of their home to get away from their partner, such as work, school, the hospital, or the gym (Brandt & Stults, 2023; Ovesen, 2021). Escapism was also used in combination with substances, described as going to bars or partying (Bates, 2019; Seahorn, 2020). The use of distraction and escapism appeared to be a method of gaining control, as victim-survivors were able to make decisions about how they felt, what they did, and where they went.

Subtheme 3b: Emotional Expression

A less common form of coping with IPV involved finding ways to express the painful emotions that arose from experiencing abuse. Of the victim-survivors who engaged in this form of coping, many described writing either in private settings, such as in a diary, or in public settings, such as through a blog (Brandt & Stults, 2023; McAulay, 2023; Ovesen, 2021). Other

forms of expression included physical exertion, such as punching or breaking things, representative violence through video games, emotional release through crying, or artistic expression through painting. Expressing emotions in these non-abusive forms appeared to allow victim-survivors to say or do things they felt unable to do within their relationship, again regaining a sense of control.

Subtheme 3c: Knowledge of Abuse

Some victim-survivors demonstrated a knowledge of IPV that served to support them throughout their experience of abuse. This knowledge included understanding consent and recognizing red flags that indicated a relationship or situation was becoming abusive (Bates, 2019; Brewer et al., 2024). This form of coping was minimally represented within the research, possibly due to the lack of knowledge 2SLGBTQI+ victim-survivors had about queer relationships. Most often, when victim-survivors were able to identify a situation as abusive, it was because they had knowledge of queer-adjacent concepts, such as BDSM, that provided them with a construction of what is okay and what is not. As noted in Theme 1: Sources of IPV, 2SLGBTQI+ victim-survivors often dismissed their experiences as they were not in alignment with how the public defines IPV. It seemed 2SLGBTQI+ victim-survivors who were able to identify IPV, did so because they had queer sources of knowledge to reference from.

Subtheme 3d: Resiliency

Victim-survivors also reported a sense of resiliency that supported them in surviving the abuse they experienced. Some victim-survivors described a change in how they viewed themselves, foregoing the label of victim and instead having a better understanding of who they are (Brandt & Stults, 2023). These individuals also reported more knowledge of IPV and a desire to protect themselves from future danger by remaining optimistic and aware of signs of abuse

(Brandt & Stults, 2023; Shayesteh Ast, 2023). Other victim-survivors reported a desire to help others by sharing their knowledge of IPV or intervening when they are aware that someone is in an abusive relationship (Fuchs, 2024; McAulay, 2023; Salter et al., 2021). These victim-survivors had a more concrete understanding of how IPV presented in their relationships, rather than focusing on the heteronormative construction of IPV.

These coping strategies noted above, such as using intoxicating substances (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Shayesteh Ast, 2023), appeared to involve attempts by 2SLGBTQI+ victim-survivors to distance themselves from the abuse. The use of distraction and escapism allowed victim-survivors to numb their pain, while emotional expression provided victim-survivors the opportunity to share their inner thoughts without confronting the perpetrating partner. Even the choice to forego the label of victim demonstrated a separation from the abuse, viewing oneself as beyond it. For 2SLGBTQI+ victim-survivors, creating distance from their suffering seemed to allow them bereavement and the opportunity to view their experience separate from the coercive influence of the perpetrating partner.

While the results identified within this theme are sourced from queer people, their generalizability is still limited. As noted above, the sample sizes used are appropriate for qualitative studies, however, generalizability to other contexts is limited. For example, Brandt and Stults (2023) and Salter et al. (2021) included only men in their studies, while Shayesteh Ast's (2023) sample was much more diverse, consisting primarily of non-binary identifying individuals. The findings as a whole are therefore representative of the spectrum of the 2SLGBTQI+ community, however, not all the findings will be applicable to all 2SLGBTQI+ peoples. Additionally, all studies only included participants who reported being in a relationship that had been abusive, therefore individuals who do not recognize their relationship as abusive

are not represented by the results of this study. Victim-survivors who do not recognize the abuse may utilize different coping strategies than those who are able to identify their circumstances as abusive, something practitioners should be mindful of. Lastly, the use of semi-structured interviews and the lack of disclosed interview guides makes it difficult to determine whether victim-survivors used additional coping strategies that went unmentioned. When utilizing these findings in clinical settings, practitioners should avoid making assumptions and instead use these results as a jumping off point for identifying the strengths in their clients.

Theme 4: Sources of Support

In addition to personal coping strategies, 2SLGBTQI+ victim-survivors described a variety of sources they reached out to for support. External supports were accessed in order to gain emotional validation or as an attempt to leave the relationship. Supports included professional supports, such as counselling, legal supports, such as law enforcement, personal support, such as peers, and family support.

Subtheme 4a: Professional Support

Professional supports included counsellors, psychiatrists, nurses, doctors, and IPV-specific services, were a common source of support accessed by victim-survivors, with some articles indicating professional support was the most common external source of support (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; Lim et al., 2023; McAulay, 2023; Ovesen, 2021, 2023; Parker, 2021; Turner & Hammersjö, 2024). Counselling or therapy appeared to be the most common of these sources, including individual, couples, and group therapy, and was mostly a positive experience (Bates, 2019; Brandt & Stults, 2023; McAulay, 2023; Ovesen, 2021, 2023). Victim-survivors identified individual therapy as a space where they could speak openly about the violence they experienced, something they felt restricted from doing in less private spaces

where there was a perceived obligation to keep their experiences to themselves (Ovesen, 2023). Others described therapy as helping to label their experiences as IPV and understand that what was happening was not their fault (Bates, 2019; Lim et al., 2023). For one victim-survivor who sought couples counselling with their partner, this process provided them with a safe space where they could end the relationship (Ovesen, 2021).

Non-counselling professional supports accessed by 2SLGBTQI+ victim-survivors included health professionals, phone helplines, and non-governmental organizations (Bates, 2019; Fuchs, 2024; Kelly-Teare, 2020; Ovesen, 2021; Turner & Hammersjö, 2024). These services were appreciated due to prioritizing discretion and using an affirming approach, with victim-survivors in countries where queerness is illegal commenting on how public services were dangerous for them to access. Overall, 2SLGBTQI+ victim-survivors sought out professional supports as a means of receiving validation of their suffering. This makes sense given the persistent theme of dismissing their experiences as non-abusive. Professional supports were able to queer the definition of IPV and provide 2SLGBTQI+ victim-survivors with the validation that their circumstances were unfair.

Subtheme 4b: Legal System

The legal system was mentioned by a number of 2SLGBTQI+ victim-survivors as a source of external support, however, many described negative experiences or noted that involving the legal system was not their choice (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; Kelly-Teare, 2020; Lim et al., 2023; Ovesen, 2021; Reeves et al., 2025; Ummak, Türken, & Akin, 2024). Accessing the legal system primarily involved contacting police due to immediate violence, contacting police to report past violence, or navigating the court system.

Victim-survivors who contacted police due to immediate violence described mixed experiences. Some victim-survivors indicated police were helpful in creating immediate safety, while others described discriminatory behaviour or felt their circumstances were not treated seriously because they were queer (Bates, 2019; Lim et al., 2023; Reeves et al., 2025). Victim-survivors who accessed police services to report past violence also described mixed experiences. Those who received support noted they were able to provide sufficient proof of the abuse they experienced, while those who described poor experiences reported being turned away because too much time had passed or it did not seem like police were taking action (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; Ovesen, 2021). The requirement for victim-survivors to provide sufficient proof of their victimhood creates additional barriers to receiving support and is exacerbated for 2SLGBTQI+ victim survivors who are already experiencing other barriers. When 2SLGBTQI+ victim-survivors did describe positive experiences with police, they reported feeling like police went above and beyond to create safety by providing ongoing safety checks, guiding victim-survivors on how to speak with perpetrators, or suggesting additional resources (Kelly-Teare, 2020; Ovesen, 2021; Reeves et al., 2025). Unfortunately, these positive experiences seemed contingent on the individual officers who were willing to take those extra steps.

The limitations of the legal system in supporting 2SLGBTQI+ victim-survivors can be seen in the experiences of those who had to navigate the court system. Victim-survivors reported limited queer-specific services and being faced with individuals who had little knowledge of queer experiences (Lim et al., 2023; Reeves et al., 2023). One victim-survivor shared how their lawyer had advised them not to escalate their legal issue due to the personal views of the judge, while another recalled how the judge frequently confused the perpetrator and victim-survivor due

to them both being men. It appears that the legal system has prioritized the experiences of non-queer people through how it is organized and who it employs. Unfortunately, this reinforces the heteronormative construction of IPV. Prior to accessing the legal system, 2SLGBTQI+ victim-survivors had already minimized their experiences as non-legitimate due to being queer, leading the court system to reinforce this belief. Without an understanding of queer relationships, the legal system becomes a source of harm rather than a source of support, especially given 2SLGBTQI+ victim-survivors' involvement with the legal system is often not their choice.

Subtheme 4c: Social Support

Non-professional supports, such as peers, appeared to be the most common source of support within the literature for 2SLGBTQI+ victim-survivors (Bates, 2019; Brandt & Stults, 2023; Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; McAulay, 2023; Ovesen, 2021, 2023; Seahorn, 2020; Turner & Hammersjö, 2024). Some victim-survivors described seeking peer support as a source of non-judgmental emotional support and were not interested in leaving their relationship, instead seeking comfort, reminiscent of the coping method of distraction described above (Bates, 2019; Brandt & Stults, 2023; Ovesen, 2021; Seahorn, 2020; Turner & Hammersjö, 2024). Other victim-survivors sought peer support as a source of safety, either by accessing a place to stay temporarily, or to develop a plan to become safe (Brandt & Stults, 2023; Callan, 2024; Fuchs, 2024; Ovesen, 2021). Unfortunately, some victim-survivors described negative experiences after disclosing IPV to their peers, either because peers did not know what to do and therefore did nothing, or because they responded with anger that the victim-survivor was remaining in the relationship (Brandt & Stults, 2023).

Subtheme 4d: Family Support

Family was the least accessed external support mentioned within the literature, primarily due to a perception that family would be unsupportive or discriminatory (Seahorn, 2020). Some victim-survivors reported having positive relationships with family and were able to reach out to gain emotional support, while others reported having strained relationships with their family due to their queerness and therefore did not view them as available for support (Brandt & Stults, 2023; Fuchs, 2024). One victim-survivor reported not wanting to reach out to family due to shame and wanting to avoid burdening their family (Kelly-Teare, 2020). Another victim-survivor described how their mother expressed concern about abusive behaviour she observed (Ovesen, 2021). It seems family supports were accessed in a similar way to peers, as a source of emotional support or safety, however, occurred at a lower frequency than peer support due to the strained relationships many victim-survivors had with their families.

The process of accessing external support was often complicated for 2SLGBTQI+ victim-survivors as these individuals often wanted their support systems to validate their experience while allowing them to maintain their autonomy (Bates, 2019; Brandt & Stults, 2023; Ovesen, 2021; Seahorn, 2020; Turner & Hammersjö, 2024). Given that IPV relies on controlling the actions of the victim, it makes sense that victim-survivors would respond positively to supports that enhance their autonomy. Despite this desire for validation, 2SLGBTQI+ victim-survivors often viewed these supports as oppressive, either because they reinforced heteronormative constructions of IPV, or because they removed the ability to choose for oneself. This theme highlights not only the sources of support 2SLGBTQI+ turn to, but also their desire for validation and representation.

It is important to note that the results of this theme are limited in generalizability due to the sampling procedures used. While some researchers used purposive sampling to ensure a

diverse group of participants (Reeves et al., 2025; Turner & Hammersjö, 2024), many researchers used convenience sampling, acquiring participants from 2SLGBTQI+ organizations or online queer spaces (Bates, 2019; Ovesen, 2023; Ummak, Türken, & Akin, 2024). Since participants would have already accessed some form of support before joining the study, it is possible that the individuals in these samples were more likely to reach out to support services compared to other victim-survivors. Other 2SLGBTQI+ victim-survivors may also access different forms of support or may access these supports at differing rates. Fortunately, the sample sizes used within many of these studies were relatively appropriate for qualitative studies, adding validity to the findings (Ovesen, 2023; Ummak, Türken, & Akin; 2024). Despite these appropriate sample sizes, findings are still limited in generalizability as qualitative studies are intended to provide in depth knowledge on a specific group within a specific place. For example, Brandt and Stults (2023) recruited participants in the Greater New York area, while Ovesen (2023) recruited participants in Sweden, with each of these locations having different available resources. Applying these findings to clinical settings will require clinicians to consider the availability of resources within the region their clients are located in, and the unique sociopolitical barriers faced by 2SLGBTQI+ peoples within that area.

Theme 5: Experience Navigating Support Systems

2SLGBTQI+ victim-survivors faced many barriers while accessing external supports, which this theme will explore in more detail. Barriers were often due to external factors, such as discrimination or the limited services available. Individual factors, such as isolation, shame, and distrust of service, also contributed to these barriers.

Subtheme 5a: Stigma, Discrimination, and Minority Stress

Based on the research findings, the most prevalent barrier to accessing support was a fear of being stigmatized or discriminated against, or actual experiences of stigmatization or discrimination. Victim-survivors described avoiding getting support from family and the legal system due to an expectation they would not be believed, or would be treated differently for being queer and because their experience did not align with the heteronormative construction of IPV, meaning they were a male victim or experienced violence from a female perpetrator (Bates, 2019; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2023; Morris et al., 2025; Parker, 2021; Reeves et al., 2025). Perpetrators of abuse would use this expectation of discrimination as a form of coercive control, for example, a male perpetrator telling his male victim-survivor that police will not believe him because he is a man (Kelly-Teare, 2020). Unfortunately, this expectation was often accurate, as many victim-survivors described real experiences of discrimination, for example, police being non-responsive, making anti-gay statements, or arresting the victim-survivor because they were perceived as more masculine and not White (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023). Lim et al. (2023) noted how experiences of discrimination were especially common among people of colour and transgender or gender non-conforming victim-survivors.

Victim-survivors also described stigmatizing experiences, particularly microaggressions, which are brief forms of discrimination that can be intentional or unintentional (American Psychological Association, n.d.). Microaggressions within the legal system included assuming the gender of the victim-survivor's partner, being asked which partner is the husband, or denying queerness by referring to one's partner as a housemate (Lim et al., 2023; Ovesen, 2021; Reeves et al., 2025). Microaggressions are often due to heteronormative expectations, meaning people

are assumed to be heterosexual until they suggest otherwise. These assumptions place additional minority stress on 2SLGBTQI+ victim-survivors as they must take additional steps to disclose their identity, and sometimes educate service providers about their identity, on top of needing to disclose their experience of IPV. Minority stress is a term defined by Meyer (2003), suggesting that people belonging to marginalized groups experience additional discrimination and stigma which creates additional stress, making traumatizing experiences more impactful compared to non-marginalized people. 2SLGBTQI+ victim survivors within the literature described having to educate various support services, particularly the legal system, about their identities before receiving care (Lim et al., 2023). The need to educate service providers can lead to a lack of trust in the service's ability to provide effective care, with some victim-survivors reporting misgendering themselves in order to align with heteronormative expectations and receive proper care and avoid needing to educate providers (Fuchs, 2024; Lim et al., 2023; Turner & Hammersjö, 2024). Misgendering was most prevalent for transgender women or non-binary people who would pretend to be cisgender women, however, this was only possible due to being able to fit within the heteronormative expectations of what a cisgender woman looks like. 2SLGBTQI+ victim-survivors who do not fit within that box are not able to avoid disclosure and discrimination, highlighting the role intersectionality plays in deciding who gets access to care.

Subtheme 5b: Distrust of Legal System

2SLGBTQI+ victim-survivors shared an overarching distrust in the ability of the legal system to address IPV and queer people with respect and without discrimination, leading them to avoid accessing support from police (Brandt & Stults, 2023; Lim et al., 2023, Ovesen, 2021; Reeves et al., 2023, 2025; Turner & Hammersjö, 2024; Wellock & Tarpey, 2023). This distrust was upheld by the belief that police actively discriminate against queer people and reinforced by

the experiences of discrimination noted in Subtheme 6a (Lim et al., 2023; Parker, 2021; Wellock & Tarpey, 2023). Distrust also stemmed from victim-survivors' minimization of the violence they experienced, believing their issues were not serious enough to warrant police response, and therefore police would be unwilling or unable to support (Kelly-Teare, 2020; Ovesen, 2021; Reeves et al., 2025). This concern was often confirmed when victim-survivors reached out to police for support, as police did not believe there was sufficient evidence to take action (Reeves et al., 2025). Many of the victim-survivors who shared doubts about the seriousness of their victimization were experiencing psychological abuse, something the law is not capable of reprimanding.

Peer supports and the community surrounding 2SLGBTQI+ victim-survivors also contributed to distrust of the legal system. Some victim-survivors described how the queer community has a general distrust of police, and reaching out to police for support could lead to being rejected by peers (Lim et al., 2023; Reeves et al., 2025; Wellock & Tarpey, 2023). Victim-survivors also shared concern that contacting police could lead to their partner being harmed (Morris et al., 2025; Turner & Hammersjö, 2024). One victim-survivor described the idea of contacting the police regarding their partner's behaviour as "weaponizing a legacy of discriminatory policing against another LGBTQ individual" (Lim et al., 2023, p. 187). This idea demonstrated how 2SLGBTQI+ victim-survivors recognize that accessing police services can sometimes be beneficial in providing them with immediate safety, however, the engrained camaraderie to the queer community and distrust in how the legal system treats those considered perpetrators, makes that option seem unavailable.

Distrust of police services was also reflected in 2SLGBTQI+ victim-survivors' fear of retaliation from their partner if they were to reach out for support (Bates, 2019; Kelly-Teare,

2020; Morris et al., 2025; Seahorn, 2020). There was concern that police intervention would not be sufficient in preventing harm to themselves or their loved ones, with one victim-survivor sharing how their experience reaching out to police did result in further violence (Reeves et al., 2025). This fear extended to concerns about confidentiality with some victim-survivors sharing concern that if they were to reach out to police they would be outed (Seahorn, 2020). In addition to the belief that police services would mistreat who they perceive to be a perpetrator, there was also the belief that police services are not qualified in providing the service they are intended to provide, maintaining safety.

2SLGBTQI+ victim-survivors generally held a constructed view of police services as incapable of providing support in a way that would not create further harm. This perspective further isolated victim-survivors by limiting their options for support or by creating new abuse. Additional isolation and new forms of abuse may have contributed to further consequences to their mental functioning, as a form of minority stress.

Subtheme 5c: Shame

Shame was another powerful deterrent to reaching out to external supports for 2SLGTBQ+ victim-survivors. Many victim-survivors associated shame with being a victim, i.e. feeling shame because labeling oneself as a victim means one was not able to prevent their victimization (McAulay, 2023; Ovesen, 2021, 2023; Seahorn, 2020; Ummak, Türken, & Akin, 2024). These victim-survivors described a sense of responsibility for remaining in the relationship and allowing the abuse to happen, suggesting they should have had the ability to stop it on their own (Fuchs, 2024; Kelly-Teare, 2020; Seahorn, 2020). Victim-survivors who had been in previous abusive relationships voiced additional shame for allowing themselves to enter into another abusive relationship, attributing their repeated victimization to some innate quality

in themselves (Bates, 2019; Kelly-Teare, 2020). The same was seen in victim-survivors who remained in their relationships after accessing IPV-related supports, with some sharing how police services shamed them for remaining (Brandt & Stults, 2023; Callan, 2024). Shame about victimization was especially prevalent for male victim-survivors whose shame was doubled by their belief that being a victim was in opposition to being a man (McAulay, 2023; Morris et al., 2025; Parker, 2021; Seahorn, 2020). These men identified themselves as being independent and strong, therefore being victimized or seeking external support would negate those qualities.

Another common source of shame was a feeling of disappointing the queer community. 2SLGBTQI+ victim-survivors discussed a feeling of representing queer relationships, and by allowing the public to view IPV within queer relationships, they will be tainting the public narrative of 2SLGBTQI+ people (Donovan & Barnes, 2020; McAulay, 2023; Ovesen, 2021, 2023). This viewpoint was especially prevalent for victim-survivors with children as they believed if people were aware there was IPV within their relationship, the general public may believe 2SLGBTQI+ people should not have children (Ovesen, 2023). These concerns were reinforced by negative responses some victim-survivors received after disclosing their experience of IPV to family, for example, being told the IPV occurred because they are queer (McAulay, 2023).

At the center of this theme, victim-survivors appeared to be describing a feeling of disappointing themselves by being unable to maintain a healthy relationship, with many specifically referring to themselves as having failed (McAulay, 2023; Ovesen, 2021). 2SLGBTQI+ victim-survivors appeared to categorize a successful relationship as one that lasts forever. For these victim-survivors to seek support to leave their relationship, they are failing to live up to what they believe a relationship is supposed to be.

Subtheme 5d: Isolation

2SLGBTQI+ victim-survivors felt additionally restricted from accessing supports due to perceived or actual isolation as a result of the abuse they experienced. Many victim-survivors described how the abuse they experienced led to a distance between themselves and their support system (Brandt & Stults, 2023; Callan, 2024; Donovan & Barnes, 2020; Fuchs, 2024). For some victim-survivors, distance from their supports was a direct result of abuse, meaning their abuser physically prevented them from having contact with supports (Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Ovesen, 2021). Other victim-survivors described changes in their behaviour as a result of abuse that led to distance from their supports, for example, spending more time with their partner because of fear of violence leading them to neglect other relationships (Donovan & Barnes, 2020; Ovesen, 2021).

Victim-survivors also described feeling like they needed to remain in their abusive relationship in order to maintain the limited connections they had. Some victim-survivors shared how they felt lonely prior to entering their relationship and did not want to lose the connection they believed they had with the person who was abusing them, something especially prevalent for victim-survivors who were immigrants (McAulay, 2023; Seahorn, 2020; Turner & Hammersjö, 2024; Ummak, Türken, & Akin, 2024). One non-binary victim-survivor shared their abusive relationship was the first time they felt their identity was understood by another person, as their partner was also non-binary (Shayesteh Ast, 2023). Other victim-survivors shared that as their relationships with previous supports dwindled, they became closer with the friends of their partner, leading them to believe that if they left the relationship they would be without peers (Brandt & Stults, 2023; Stults et al., 2022). This dynamic was complicated due to the queer community being small, as some victim-survivors shared their worry that leaving their

relationship could lead to them being ostracized from the queer community as a whole, if their partner held influence within that space (Parker, 2021; Shayesteh Ast, 2023). All of these interconnections contribute to the victim-survivor's dependency on the perpetrating partner, as without the relationship, the victim-survivor loses access to resources, creating a necessity for the partnership to continue.

Feelings of loneliness were amplified by the responses victim-survivors received from the supports around them. Some victim-survivors highlighted how they disclosed their victimization to peers, or their peers witnessed instances of IPV, yet did not react, leading victim-survivors to feel that others did not care for them or did not believe their relationship was abusive (Fuchs, 2024; Kelly-Teare, 2020; Salter et al., 2020). Similar responses were noted from professional supports, with one victim-survivor sharing how they repeatedly accessed hospital services, yet were never asked about IPV (Ovesen, 2021). These rejections led victim-survivors' experience of abuse to feel unseen and unimportant, making them less likely to seek further help.

Feelings of isolation were also created by the limited resources available to support queer people experiencing IPV, especially for those who lived in rural areas or who were not White (Parker, 2021; Shayesteh Ast, 2023). Many victim-survivors reported being unaware of what resources were available to them, with some sharing that the IPV-specific resources that were available either seemed to be meant for cisgender heterosexual women, or actively discriminated against transgender women and gender non-conforming people (Brandt & Stults, 2023; Donovan & Barnes, 2020; Kumar, 2022; Lim et al., 2023; McAulay, 2024; Morris et al., 2025; Turner & Hammersjö, 2024; Wellock & Tarpey, 2023). Accessing resources became more complicated by various financial, locational, or queer-specific factors. Individuals who lived in more rural areas felt they had less privacy when accessing supports as their peers would be aware that they had

reached out to an IPV-specific or queer-specific resource (Kumar, 2022). Other victim-survivors described financial limitations, sometimes due to being kicked out of their home for being queer, which led them to live with their partner or rely on them financially (Brandt & Stults, 2023; Kumar, 202; Seahorn, 2020). For these individuals, leaving the relationship meant taking on new stressors in addition to the challenge of leaving a relationship. Victim-survivors who were in relationships in which either themself or their partner was closeted faced additional feelings of isolation, as disclosing their experience of abuse also meant disclosing their identity or their partner's identity (Donovan & Barnes, 2020; Fuchs, 2024; Ovesen, 2021). For some of these individuals, their partner would use their closeted identity as a threat to keep them isolated (Donovan & Barnes, 2020). Their unique circumstances demonstrate how varied the needs of 2SLGBTQI+ victim-survivors can be and how the limited resources available for this community are not capable of sufficiently meeting those needs.

2SLGBTQI+ victim-survivors' experience navigating external supports was wrought with perceived barriers that made the process more difficult. These barriers separated 2SLGBTQI+ victim-survivors from non-queer victim-survivors due to feelings that they did not belong, whether it be due to stigma, discrimination, or shame. Isolation that stemmed from minority stress compounded these barriers, limiting the number of options available, and creating a construction of external supports as being unreachable.

Like the other themes identified within the literature, the generalizability of this theme is also limited. Studies had mostly sufficient sample sizes (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2025) and many included diversity in the areas of race, gender, and sexual orientation, increasing how representative their sample was (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et

al., 2023; Reeves et al., 2023; Reeves et al., 2025; Ummak, Türken, & Akin, 2024; Turner and Hammersjö, 2024). Unfortunately, as samples become more diverse, they become less relevant to specific individuals. Many studies identified within this review were located across the globe, with the sociopolitical makeup of each of these locations differing. For example, Kumar (2022) sampled women from Guyana and cited a more overtly homophobic culture, whereas Ovesen (2023) sampled women from Sweden and cited a more accepting culture of queer people. Gathering perspectives from each of these places contributes to a universal understanding of the queer experience of IPV, however when interpreting these findings for practical use, it is important to keep in mind that each individual is going to have a unique social location that influences their unique experience of accessing support.

Summary of Themes and Gaps in the Literature

The themes outlined in this literature review have highlighted the experience of isolation common to 2SLGBTQI+ victim-survivors of IPV (Brandt & Stults, 2023; Callan, 2024; Donovan & Barnes, 2020; Fuchs, 2024). These individuals presented an over-arching belief that their experience of IPV was illegitimate as it did not align with the heteronormative construction of IPV outlined in the literature (Donovan & Barnes, 2020; McAulay, 2024; Ovesen, 2021), reminiscent of Bermea and van Eden-Moorfield's (2024) criticism of Johnson's (2008) theory of IPV. Despite experiencing a large variety of sources of IPV, including both the coercive control described by Johnson, and violence unique to queer people, the participants in the literature appeared to struggle to view such as IPV (Donovan & Barnes, 2020; McAulay, 2024; Ovesen, 2021), potentially because they did not have sufficient representation to compare their experience to. 2SLGBTQI+ victim-survivors described traumatic symptoms resulting from their victimization which they coped with by attempting to distance themselves from the violence

(Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Shayesteh Ast, 2023). They also sought support externally as a means of acquiring validation of the violence they were experiencing, which was made difficult due to a variety of barriers, often in the form of beliefs that supports were inaccessible or unwelcoming (Bates, 2019; Brandt & Stults, 2023; Ovesen, 2021; Seahorn, 2020; Turner & Hammersjö, 2024). This emphasizes the importance of queering the social constructs within our society, especially IPV, to support 2SLGBTQI+ victim-survivors in feeling seen.

While this review has provided a wide understanding of the unique experiences of 2SLGBTQI+ victim-survivors, this community is broad and includes a multitude of individual experiences as well. Further research could explore how bisexual, transgender, gender non-conforming, and racially diverse victim-survivors' experiences may vary from other 2SLGBTQI+ victim-survivors. This review has already highlighted some of the unique circumstances met by these individuals, such as bisexual victim-survivors facing different forms of identity abuse due to their sexual identity (Brewer et al., 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024), however, many studies only included gay or lesbian participants (Brandt & Stults, 2023; McAulay, 2024; Ovesen, 2023), excluding a plethora of individuals with differing sexual identities. By focusing on a limited section of the queer community, the experiences of more marginalized groups are excluded.

Ethical Considerations

When completing research involving human beings, it is important that researchers abide by appropriate ethical guidelines to ensure the safety of those being researched. This is especially important when working with marginalized communities as they are already made vulnerable by their experiences of discrimination (Meyer, 2003). Abiding by ethical guidelines ensures

vulnerable individuals are protected from further harm caused by the research process. A sample of articles within this literature review were used to analyze their ethical adherence, guided by the *Canadian Code of Ethics for Psychologists (*Canadian Psychological Association [CPA], 2017) and the *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans* (Canadian Institutes of Health Research [CIHR] et al., 2018). These documents highlight the importance of informed consent, mitigating risks, maintaining fairness and equity, maximizing privacy and confidentiality, and considering conflicts of interest, which will act as the points of ethical analysis for this review.

Informed Consent

Informed consent is outlined within CPA's (2017) *Principle I: Respect for the Dignity of Persons and Peoples* and CIHR et al.'s (2018) *Policy 3: The Consent Process.* It is a process by which individuals can voluntarily choose to participate in an activity based on understanding its purpose and the potential risks and benefits, including the option to withdraw consent at any time. Only some of the reviewed studies described acquiring informed consent from their participants (Brandt & Stults, 2023; Lim et al., 2023; Morris et al., 2024; Ovesen, 2023), while others mentioned providing information to participants about the study despite not noting that participants provided their consent to participate (Turner & Hammersjö, 2024; Ummak, Türken, & Akin, 2024). Of the studies that did not mention informed consent, a few noted that their study had been approved by an ethical review board, suggesting they met the requirements for acquiring informed consent from participants, although this is left up to the reader's interpretation. One study, McAulay (2024), did not mention acquiring informed consent, nor mentioned approval via an ethical review board, raising concern over whether participants were aware of the potential risks of participation and their right to cease participation once begun. As

per Levenson et al. (2021), informed consent is a necessary part of trauma-informed care as it allows participants to be aware of any potential harms that may arise from their participation, and ensures they understand they are allowed to cease participation at any point. Since victim-survivors have often been subject to coercive control, they may be especially vulnerable to participating in activities they do not fully consent to, therefore ensuring these individuals have the autonomy to decide to participate of their own accord is paramount to avoiding causing further harm.

Mitigating Risks

Avoiding causing harm also includes minimizing the risks and maximizing the benefits caused by participating in research as outlined within CPA's (2017) *Principle II: Responsible Caring* and CIHR et al.'s (2018) *Policy 2: Scope and Approach.* While the informed consent process aims to ensure participants have the choice to accept any risks, it is also a researcher's ethical duty to correct any harm caused by those risks. Many articles in this ethical analysis did not mention any efforts made to mitigate risks, however, Brandt and Stults (2023) and Donovan and Barnes (2020) gave participants a list of supports they could reach out to, and Turner and Hammersjö (2024) had a counsellor available for participants to speak with. Both options are beneficial in different ways. A list of supports can help connect victim-survivors with further help, however, does not negate any emotional harms caused by retelling their trauma. Alternatively, providing participants with a counsellor supports them in resolving any immediate distress as a result of participation and could help model a supportive resource in case the victim-survivor's experience with support systems has been poor.

Fairness and Equity

Fairness and equity in research refer to ensuring that all peoples, regardless of identity, are equally represented and are outlined within CPA's (2017) *Principle I: Respect for the Dignity of Persons and Peoples* and CIHR et al.'s (2018) *Policy 4: Fairness and Equity in Research Participation.* CIHR et al. particularly noted the importance of not excluding women without good reason, due to the historical favouring of research focused on men's experiences. Of the articles reviewed, all provided a definition for who was the focus of the study, with only two studies not specifically stating inclusion or exclusion criteria (Lim et al., 2023; Reeves et al., 2023). A portion of the studies chose to include only male or female participants, however, this was with the intention of better understanding the unique experiences of the observed gender (Brandt & Stults, 2023; McAulay, 2024; Morris et al., 2024; Ovesen, 2023; Ummak, Türken, & Akin, 2024). Additionally, some studies (Lim et al., 2023; Morris et al., 2024; Reeves et al., 2025; Turner & Hammersjö, 2024) reported the use of purposive sampling which aims to better capture diverse experiences by purposefully including participants with varied socio demographic backgrounds, ensuring equitable representation.

A few studies (McAulay, 2024; Ovesen, 2023; Reeves et al., 2025) reported excluding participants who identified as 2SLGBTQI+, however, experienced IPV while in a non-same-sex relationship. This was not the case for other studies, merely requiring that participants identify as 2SLGBTQI+ and have experienced IPV in any relationship (Brandt & Stults, 2023; Ummak, Türken, & Akin, 2024). The decision to exclude violence which occurred within a non-same-sex relationship ignores the experiences of bisexual people who may experience queer-related violence despite being in a relationship that does not present as queer, however, does provide a better understanding of the violence that occurs in visibly queer relationships.

Privacy and Confidentiality

Ensuring participant privacy and confidentiality is another necessary piece of ethical research, outlined in CPA's (2017) *Principle I: Respect for the Dignity of Persons and Peoples* and CIHR et al.'s (2018) *Policy 5: Privacy and Confidentiality*. Most of the reviewed studies reported the use of pseudonyms to protect the privacy of their participants, while the two studies that did not use pseudonyms (Morris et al., 2024; Reeves et al., 2025) referred to their participants using only sociodemographic information, for example, "African American Queer Transgender Woman" (Morris et al., 2024, p. 497). The act of withholding identifying information about participants ensures they do not face repercussions should someone they know read what they have shared. This is especially important for 2SLGBTQI+ victim-survivors as sharing information about an abusive partner could lead to future violence should the perpetrator learn about their disclosure.

Conflicts of Interest

The final ethical axis considered within this analysis is the consideration of conflicts of interest, also referred to as the maintenance of integrity within relationships, which is outlined within CPA's (2017) *Principle III: Integrity in Relationships* and CIHR et al.'s (2018) *Policy 7: Conflicts of Interest*. When an individual participates in a study, they are trusting that the researchers intend to objectively represent the participant's information, however, if researchers hold a position in which they may gain something based on the outcome of a study, they may not accurately represent the information gathered. It is a researcher's duty to identify and disclose any conflicts of interest and address them in a way that reduces or eliminates their impact on the outcome of the study. The same standards apply to practitioners (College of Alberta Psychologists [CAP], 2023), making this ethical duty especially important for research-

practitioners. Practitioners who treat intimate partner violence, such as the writer, may hold expectations about the result of their research, biasing their interpretation of the findings. The same can be said for researchers who may be biased in their treatment by valuing the findings of their personal research over the findings of the literature at large.

All but two of the articles analyzed, Donovan and Barnes (2020) and Ovesen (2023), discussed conflicts of interest, indicating there were none. Unfortunately, only a couple studies disclosed the sociocultural identities of the researchers and commented on how their identities could influence the participants and the analysis of the data (Lim et al., 2023; Ummak, Türken, & Akin, 2024). Identifying and understanding researcher positionality is an important part of qualitative research as failing to understand one's positionality can bias the results of the study, infringing upon the integrity of the relationship between the researcher and the participant (Holmes, 2020).

Chapter Four: Application to Clinical Practice

The results of Chapter 3 have highlighted the unique experiences of 2SLGBTQI+ victim-survivors. Chapter 3 also emphasized the importance of sufficient cultural awareness not only in clinical practice but also in research, to improve the lives of this group globally. This chapter will explore the application of the literature review findings to clinical settings and for use in future research, how these findings may contribute to the well-being of society, and considerations for working with a range of cultural demographics.

Clinical/Therapeutic Applications

The themes identified from the literature review can inform clinicians about queer IPV experiences and outline potential treatment goals when working with these individuals. The first notable application of the literature review findings to clinical practice is the provision of a more thorough understanding of how abuse may present within queer relationships. *Theme 1: Types of Abuse* outlined descriptions of how IPV presents within queer relationships, providing clinicians with examples of abuse they can identify in their clients as well as definitions they can use to inform clients about IPV. Better conceptualizations of queer IPV support clinicians to be more competent when working with this vulnerable population. Competency is an ethical requirement for psychologists outlined by both CAP (2023) and CPA (2017), as practicing psychology without proper training can cause harm unintentionally. Avoiding harm is especially important when working with 2SLGBTQI+ victim-survivors who often describe invalidating experiences with the services they reach out to for support (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023).

The review of literature identified 2SLGBTQI+ victim-survivors struggling to label their experiences as IPV, likely because IPV is primarily viewed as a heterosexual issue (Johnson,

2008; Savage et al., 2022) which is then reinforced through the minimization of queer IPV by support services, particularly the legal system (Lim et al., 2023; Reeves et al., 2023). With queer theory (Nash & Brown, 2010) as a guiding theory for this literature review, it is important to consider how social constructs prioritize heterosexual experiences. The findings in *Theme 1* can therefore help educate professionals on how IPV between queer people is different from IPV within heterosexual couples, ensuring the care they provide is more effective.

The second notable application of this review is that clinicians can gain a better understanding of how 2SLGBTQI+ victim-survivors are impacted by, and cope with IPV. With better understanding, clinicians can create more robust conceptualizations of what these individuals are experiencing and identify more helpful treatment goals. *Theme 2: Consequences of* Abuse identified a variety of physical and psychological harms experienced by 2SLGBTQI+ victim-survivors that mostly aligned with symptoms of PTSD (American Psychiatric Association, [APA], 2022; Bates, 2019; Callan, 2024; McAulay, 2023; Reeves et al., 2025; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). Additionally, *Theme 3: Coping with Abuse* identified how 2SLGBTQI+ victim-survivors coped with these symptoms through distraction as a means of numbing the pain they are experiencing (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Shayesteh Ast, 2023). Distraction, which could also be described as avoidance, is another common factor present in people with PTSD (APA, 2022).

Despite this apparent straightforward presentation, the source of 2SLGBTQI+ victim-survivors' distress is multifaceted. While *Theme 2* and *Theme* 3 demonstrated how 2SLGBTQI+ victim-survivors made changes to their behaviour to avoid situations that reminded them of the abuse they experienced (Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Reeves et al., 2025; Salter et al., 2021; Shayesteh Ast, 2023; Turner & Hammersjö, 2024), *Theme 5:*

Experience in Navigating Support Services noted that victim-survivors avoided potential sources of support due to fear they would experience discrimination (Brandt & Stults, 2023; Fuchs, 2024; McAulay, 2023; Reeves et al., 2025; Salter et al., 2021; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). These mirrored forms of avoidance appear to suggest 2SLGBTQI+ victim-survivors' PTSD symptoms could be influenced by both their experiences of IPV and the discrimination they experience while seeking support. It is therefore important that when clinicians approach treatment for trauma with these individuals, they avoid assuming symptoms are solely due to experiences of IPV, and consider how victim-survivors' interactions with support services may have contributed.

Thirdly, through understanding the difficulties 2SLGBTQI+ victim-survivors experience while seeking support, practitioners can better understand how to make their services accessible for this population. The therapeutic relationship has been demonstrated to be a primary contributor to change in psychotherapy and client wellbeing (Howard et al., 2021; Prusiński, 2022), therefore, if practitioners' services are not welcoming, a therapeutic relationship will never develop, and change will not occur. Alessi et al. (2019) suggested that well-being among queer clients is not only related to the therapeutic relationship but also related to affirmative practice. This aligns with *Theme 4: Sources of Support* which outlined how 2SLGBTQI+ victim-survivors were careful about which sources of support they accessed (Brandt & Stults, 2023; Seahorn, 2020), and *Theme 5: Experience in Navigating Support Services*, which highlighted how 2SLGBTQI+ victim-survivors avoided services out of fear of stigma or discrimination (Bates, 2019; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2023; Morris et al., 2025; Parker, 2021; Reeves et al., 2025), as well as because of feelings of shame about being a victim (McAulay, 2023; Ovesen, 2021, 2023; Seahorn, 2020; Ummak, Türken, & Akin, 2024). *Theme 5*

can support clinicians in understanding how their actions may unintentionally harm the therapeutic relationship, preventing change, and act as inspiration for how to be more affirmative in practice. Many of the sources utilized for the above review also included recommendations for clinicians to be more affirming, such as being more educated on 2SLGBTQI+ IPV, identifying as an ally and demonstrating that in your work, and approaching conversations with queer victim-survivors using a trauma-informed approach (Bates, 2019; Donovan & Barnes, 2020; Parker, 2021; Wellock & Tarpey, 2023).

Ethical Issues in Therapy

When practicing psychotherapy with 2SLGBTQI+ victim-survivors, there are additional ethical standards that should be adhered to. CPA's (2017) *Principle II: Responsible Caring* emphasizes the importance of maximizing benefit and minimizing harm by ensuring one is competent in treating the concern the client is seeking help for. This literature review provides valuable insight into the challenges faced by 2SLGBTQI+ victim-survivors; however, it is not sufficient on its own to act as a guide for treatment. As noted in *Theme 2: Consequences of Abuse*, many 2SLGBTQI+ victim-survivors reported symptoms of PTSD, therefore practitioners who wish to support these individuals should be trained in the treatment of trauma to avoid causing further harm.

In addition to avoiding causing harm, practitioners must also avoid allowing harm to happen if they are aware of such (CAP, 2023). The *Standards of Practice* outline how practitioners may disclose confidential information if they believe it is "necessary to prevent imminent and grave harm" (CAP, 2023, Standard 12.4). For victim-survivors of IPV, this clause would apply if a practitioner were of the belief that a perpetrating partner had intent and means to gravely harm the victim-survivor. Unfortunately, formal risk assessment tools for IPV lack

validation for use with 2SLGBTQI+ victim-survivors, with only one study demonstrating the use of any IPV risk assessment tool with non-heterosexual people (Glass et al., 2008). Additionally, as noted in this review, IPV perpetrated by women are often viewed as less dangerous (Parker, 2021), therefore practitioners should be mindful of any countertransference they experience which may bias their perspective of risk. To accurately determine the potential for harm, practitioners should rely on a variety of sources such as formal risk assessment, clinical consultation, and consultation with the victim-survivor, in addition to following the ethical decision-making model (CPA, 2017) before making decisions about intervention.

Given the harm experienced by 2SLGBTQI+ victim-survivors by police services, practitioners should also be cautious about how they choose to breach confidentiality, should they determine this necessary, to avoid perpetuating further harm. Levenson et al. (2021) emphasizes the importance of working collaboratively with 2SLGBTQI+ clients, therefore identifying a number of support options, such as police, shelters, or safety planning, allows the victim-survivor to decide for themselves while still maintaining safety. When safety planning, resources are available to support clinicians in working with 2SLBGTQI+ clients (Ending Violence Association of BC, 2021), emphasizing the importance of considering the risks that come with disclosing one's sexual or gender identity, the availability of inclusive services, and how experiences of discrimination may affect the individual's ability to cope. As with risk assessment, clinicians should also ensure they are mindful of how their own sociocultural location may lend to countertransference and bias what they consider important in safety planning. Alternatively, clinicians should also consider how a client's experience of transference may influence how much information they are willing to disclose about their circumstances,

emphasizing the importance of maintaining the therapeutic relationship and supporting the client's autonomy.

Contributions to Scientific Knowledge

The literature available on 2SLGBTQI+ IPV victim-survivors is much less robust compared to research on the experiences of non-queer IPV victim-survivors (Wathen et al., 2025). Having a wide availability of research supports both clinicians and researchers in treating and further understanding a given topic. The findings of this study contribute to this base of knowledge by synthesizing the phenomenological work completed with this vulnerable group of people, creating an additional stepping stone from which future research can develop. Researchers can use this review to generate future research questions by recognizing areas that are well understood, such as the types of abuse 2SLGBTQI+ victim-survivors experience, as well as areas that require further exploration.

The findings of this literature review also support researchers in developing safer and more trauma-informed approaches to conducting research with 2SLGBTQI+ victim-survivors. This review has highlighted how minority stress and discriminatory experiences are engrained throughout the lives of IPV victim-survivors, within the abuse they experience from their partners, as well as within the services they seek support from. Researchers working with human beings are obligated to maximize the benefits of research while minimizing and offsetting any harms (CAP, 2017). The findings gathered within this review, along with the ethical critique of the sources, highlighted a lack of prudence in addressing this ethical necessity throughout many of the studies. Researchers and support services often neglected to assist victim-survivors in connecting with resources that genuinely supported them (Lim et al., 2023; McAulay, 2024; Morris et al., 2024; Ovesen, 2023; Reeves et al., 2023; Reeves et al., 2025). Future researchers

can learn from this by ensuring they sufficiently offset any harm created within their studies by offering queer-friendly resources.

Contributions to the Well-being of Society

While the findings of this study are most applicable to clinical and research settings, it is hoped that these findings will also benefit society as a whole. The primary goal of this literature review was to provide a voice to an underrepresented group within the clinical field of IPV, highlighting the unique difficulties faced by this population, such as the stigma and discrimination they experience when accessing supports (Bates, 2019; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2023; Morris et al., 2025; Parker, 2021; Reeves et al., 2025). As clinicians and researchers become more aware of these unique barriers, they can improve their services by educating their staff on how to provide affirming and trauma-informed care to 2SLGBTQI+ victim-survivors, or by advocating for these individuals with other services, further improving the lives of these individuals. This review also encourages clinicians to consider personal biases they hold regarding IPV. With more awareness of how clinician's beliefs and attitudes about IPV, the experiences of discrimination and stigma perpetrated by clinicians can hopefully also be reduced.

Cultural/Diversity Considerations

The findings of this study are somewhat generalizable to a variety of peoples within the 2SLGBTQI+ community. As noted above, studies were mixed in terms of how representative their samples were. Some studies included primarily White or male participants (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2024; Ovesen, 2023), while others included a range of racial, gender, and sexual diversity (Brandt & Stults, 2023; Reeves et al., 2025; Ummak, Türken, & Akin, 2024). Findings noted how bisexual, transgender, and gender

non-conforming individuals appeared to experience more harm compared to gay or cisgender individuals (Brewer et al., 2024; Lim et al., 2023; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). Additionally, non-White participants reported compounded minority stress due to their racial and cultural identities (Lim et al., 2023). Future research should focus on the experiences of these marginalized groups to better understand the harms they experience not only from IPV, but also from navigating societal structures such as the mental health system. Clinically, the findings emphasize the importance of recognizing the intersectional experience of any client you are working with. 2SLGBTQI+ victim-survivors from different ethnicities described not only abuse and discrimination regarding their identity as queer, but also as a person from different ethnicities (Kumar, 2022; Ovesen, 2021; Stults et al., 2022; Ummak, Türken, & Akin, 2024). Bisexual, transgender, and gender non-conforming people also reported experiencing more violent forms of abuse as well as more experiences of discrimination (Amos et al., 2023; Woulfe & Goodman, 2021). When working with individuals whose identities are marginalized even within the 2SLGBTQI+ umbrella, it will be especially important for clinicians to practice trauma-informed care and recognize any biases they may hold about IPV. These groups would also benefit from further research that could elucidate their experiences of IPV.

Chapter Five: Conclusions and Recommendations

The purpose of this literature review was to examine qualitative studies focused on 2SLGBTQI+ victim-survivors of IPV in order to answer the question: "What is the experience of IPV for 2SLGBTQI+ victim-survivors?" This final chapter will outline the findings of the literature review and provide a synthesized answer to the research question. This chapter will conclude with recommendations for clinicians and researchers who may work with 2SLGBTQI+ victim-survivors of IPV and for future research with this population.

Conclusions from Literature Analysis

2SLGBTQI+ victim-survivors experience a range of IPV, particularly physical, psychological, and identity abuse (Bates, 2019; Brewer et al., 2024; Callan, 2024; Fuchs, 2024; Kelly-Teare, 2020; Kumar, 2022; McAulay, 2024; Ovesen, 2021, 2023; Salter et al., 2021; Seahorn, 2020; Shayesteh Ast, 2023; Stults et al., 2022; Ummak, Türken, & Akin, 2024; Ummak, Türken, Jessen, & Toplu-Demirtaş, 2024). These forms of abuse appear to aim to coercively control the victim-survivor, resembling Johnson's (2008) theory of IPV. Despite the presence of this abuse, 2SLGBTQI+ victim-survivors tend to struggle to identify the violence they experience as IPV due to a lack of representation of queer IPV (Brandt & Stults, 2023; Donovan & Barnes, 2020; McAulay, 2023; Ovesen, 2021, 2023), resembling Bermea and van Eden-Moorfield's (2024) criticism of Johnson's (2008) theory of IPV. They were more capable of recognizing IPV when it was physically violent (Fuchs, 2024; McAulay, 2024; Reeves et al., 2025), likely because this form of IPV is more aligned with the broader social construction of IPV. Bisexual, transgender, and gender non-conforming individuals, as well as people belonging to ethnic minority groups, face identity-specific forms of IPV in addition to more general forms of IPV (Brewer et al., 2024; Fuchs, 2024; Kumar, 2022; Ovesen, 2021; Shayesteh Ast, 2023;

Stults et al., 2022; Ummak, Türken, & Akin, 2024), however, these experiences are under-represented in research.

Many 2SLGBTQI+ victim-survivors describe experiencing symptoms that align with the diagnostic criteria for PTSD, noting deficits in their abilities to function appropriately in future relationships (Bates, 2019; Brandt & Stults, 2023; Callan, 2024; Fuchs, 2024; McAulay, 2023; Reeves et al., 2025; Salter et al., 2021; Shayesteh Ast, 2023; Turner & Hammersjö, 2024). They described coping with their victimization by distancing themselves from the abuse through the use of distraction, escapism, or emotional expression in settings where their abuser is absent, which appeared to provide relief from their distress (Bates, 2019; Brandt & Stults, 2023; Callan, 2024; Fuchs, 2024; McAulay, 2023; Ovesen, 2021; Shayesteh Ast, 2023). 2SLGBTQI+ victim-survivors also accessed professional supports, the legal system, friends, and family, finding these sources more helpful when they validated the abuse being experienced while allowing victim-survivors to maintain their autonomy (Bates, 2019; Brandt & Stults, 2023; Lim et al., 2023; Ovesen, 2021; Seahorn, 2020; Turner & Hammersjö, 2024).

Expectations of stigma and discrimination, such as one's victimhood being denied due to being in a relationship with a woman as a woman, were barriers to reaching out to external supports (Bates, 2019; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2023; Morris et al., 2025; Parker, 2021; Reeves et al., 2025). These expectations of discrimination were often reinforced by legitimate experiences of discrimination, particularly from the legal system (Bates, 2019; Brandt & Stults, 2023; Fuchs, 2024; Lim et al., 2023; Ovesen, 2021; Reeves et al., 2025). These beliefs tended to be shared by victim-survivors' peers, adding to their distrust (Lim et al., 2023; Reeves et al., 2025; Wellock & Tarpey, 2023). Denial of the abuse 2SLGBTQI+ victim-survivors experience from external supports, along with the mental impacts of experiencing

abuse, then lead many victim-survivors to feel isolated (Brandt & Stults, 2023; Callan, 2024; Donovan & Barnes, 2020; Fuchs, 2024; Ovesen, 2021). Isolation can also be reinforced by factors related to their queer identity, such as being closeted, rejected by family, or having limited peers, further contributing to the mental impacts of the abuse (McAulay, 2023; Seahorn, 2020; Turner & Hammersjö, 2024; Ummak, Türken, & Akin, 2024).

Conclusions from Methodological Analysis

All studies reviewed utilized a phenomenological design, which was appropriate for the research questions being explored as researchers were able to gain understanding of the participants' experiences directly from them. Sample sizes were largely appropriate for qualitative research (Hennick & Kaiser, 2022), adding to the transferability of the results, while the use of exclusion criteria was appropriate, ensuring those included had experienced historical IPV and were not actively experiencing IPV (Donovan & Barnes, 2020), reducing potential for further harm. The methods used to identify themes were also sound, often utilizing teams of researchers to increase inter-rater reliability (Brandt & Stults, 2023; Morris et al., 2025, Reeves et al., 2023; Reeves et al., 2025; Turner and Hammersjö, 2024; Ummak, Türken, & Akin, 2024), and abiding by established procedures for thematic analysis to prevent bias.

Researcher positionality was under-represented within the studies reviewed, suggesting the results could have been influenced by researcher bias. Sampling procedures may have also been biased due to the use of convenience sampling, with many samples representing homogenous groups, such as all male or all White participants (Brandt & Stults, 2023; Donovan & Barnes, 2020; Lim et al., 2023; Ovesen, 2023). Despite these limitations, methods were largely appropriate and made efforts to reduce bias; however, they could have increased transparency regarding researcher positionality.

Recommendations at the Clinical/Therapeutic Level

Clinicians can utilize these findings to improve their work with 2SLGBTQI+ victim-survivors of IPV by becoming more aware of 2SLGBTQI+ people's experiences and reducing ways in which they may unintendedly create barriers for this population. Some victim-survivors recommended clinicians queer their practices by increasing their knowledge of queer lives and experiences, especially queer experiences of IPV, and making themselves aware of local queer-inclusive support services (Bates, 2019; Donovan & Barnes, 2020; Parker, 2021; Wellock & Tarpey, 2023). Increased knowledge of this population's culture reduces the minority stress placed on these individuals when they must educate providers. Clinicians may also wish to incorporate symbols of allyship into one's practice by displaying pride flags or stickers, or by vocalizing one's support for the queer community, to reduce expectations of discrimination for victim-survivors. Displays of allyship should be backed up by actions demonstrating one's support for this community. Additionally, clinicians should take active steps to recognize and manage their countertransference and internal biases related to queer people and IPV to reduce the possibility of contributing to experiences of stigma.

When planning treatment, it is suggested that clinicians utilize affirmative practices regarding both queer identity and experiences of abuse, as much of 2SLGBTQI+ victim-survivors' distress when help-seeking was due to fear of discrimination or rejection (Bates, 2019; Donovan & Barnes, 2020; Lim et al., 2023; McAulay, 2023; Morris et al., 2025; Parker, 2021; Reeves et al., 2025). Research also demonstrates the benefits of affirmative care with queer clients (Alessi et al., 2019). Trauma-informed approaches may also be important (Levenson et al., 2023; Substance Abuse and Mental Health Services Administration [SAMHSA], 2014),

including collaborative decision-making, to avoid contributing to the coercive harms 2SLGBTQI+ victim-survivors may have already experienced.

Recommendations for Future Research

The findings of this literature review have highlighted limitations within the current available research that future researchers can learn from, as well as several areas that can be explored more thoroughly in future research. Considering limitations, few studies within this review were explicit about their researcher positionality (Brandt & Stults, 2023; Lim et al, 2023; & Ummak, Türken, & Akin, 2024). Future researchers should be more explicit about reporting their positionality and exploring how this could potentially influence data collection and analysis, thereby reducing potential bias in researcher findings.

The topics identified within this review as requiring additional research focus primarily on marginal identities. For example, the experiences of IPV among bisexual, transgender, and gender non-confirming individuals are of particular interest due to their propensity to experience more identity-related abuse (Brewer et al., 2024; Fuchs, 2024; Shayesteh Ast, 2023). Researchers could specifically examine IPV experiences for bisexual, transgender, and gender non-confirming individuals in non-queer-presenting relationships to capture more varied experiences of abuse for this group. Conducting research with more ethnically and culturally diverse samples would also improve generalizability of the field of IPV research and lend a better understanding to how these individuals' intersectionality influence their experience of abuse (Kumar, 2022; Ovesen, 2021; Stults et al., 2022; Ummak, Türken, & Akin, 2024). Research including more diverse samples could bring more understanding to how the intersection of multiple identities, such as ethnicity, gender, and sexual orientation, may influence these individuals' understanding of the abuse they experience.

Limitations and Reflections

The above findings should be considered with the following limitations in mind. Firstly, this study incorporated only qualitative studies within the literature review to provide a phenomenological understanding of the initial research question. Qualitative studies often include smaller sample sizes with the intention of more thoroughly understanding a specific population, rather than generating simpler conclusions that relate to a more diverse group of people (Creswell & Poth, 2018). With this in mind, the findings of this study relate specifically to 2SLGBTQI+ victim-survivors of IPV, however, will not be representative of every individual within that community and should be utilized as a starting point for clinical work, rather than as a guide. Secondly, the sampling approaches utilized by the selected studies create additional limitations to the generalizability of the findings. Many researchers incorporated convenience sampling by recruiting participants from social media or queer organizations (Donovan & Barnes, 2020; McAulay, 2024; Morris et al., 2025; Ovesen, 2023; Reeves et al., 2023; Reeves et al., 2025; Turner & Hammersjö, 2024; Ummak, Türken, & Akin, 2024). This approach can introduce bias as 2SLGBTQI+ victim-survivors who do not use social media or have not accessed queer organizations would not be represented by the sample. Practitioners should utilize clinical judgment when determining how applicable the findings of this study is to their client's unique social position.

This exploration of the experience of IPV for 2SLGBTQI+ victim-survivors has emphasized the importance of acquiring a phenomenological understanding from underrepresented populations. Quantitative research can describe trends and provide a macro level understanding of how IPV impacts groups of people, for example, demonstrating that bisexual people experience more IPV compared to gay or lesbian people (Amos et al., 2023),

however, qualitative research can provide findings that are more utilizable in clinical practice. The distress experienced by this group of individuals was exacerbated by the isolation stemming from how IPV is perceived socially, as a heterosexual and male problem (Fuchs, 2024; Kelly-Teare, 2020; Ovesen, 2021; Salter et al., 2020). Comparatively, the phenomenological research within this study demonstrated how having a safe and affirmative space to share about their experiences was beneficial for these individuals to navigate their victimization (Bates, 2019; Lim et al., 2023; Ovesen, 2023). For this writer, this study has been an insightful reminder into the importance of storytelling between client and practitioner; one can only truly understand an individual's life through listening to their words. The field of psychology relies on listening to and understanding the clients whom the field serves, and it is their voices that must be centered. It is hoped that future clinicians and researchers can utilize the knowledge gained from this study to continue to improve the lives of this vulnerable population through improving services and in turn, contribute to a more open-minded and welcoming society.

References

Alessi, E. J., Dillon, F. R., & Van Der Horn, R. (2019). The therapeutic relationship mediates the association between affirmative practice and psychological well-being among lesbian, gay, bisexual, and queer clients. *Psychotherapy, 56*(2), 229-240. https://psycnet.apa.org/doi/10.1037/pst0000210

American Psychiatric Association. (2022). *Diagnostic and statistical manual of mental disorders* (5th ed., text rev.). https://doi.org/10.1176/appi.books.9780890425787

American Psychological Association. (n.d.). *APA dictionary of psychology.* Retrieved April 27, 2025, from https://dictionary.apa.org/

Amos, N., Hill, A., Donovan, C., Carman, M., & Parsons, M. (2023). Family violence within LGBTQ communities in Australia: Intersectional experiences and associations with mental health outcomes. *Sexuality Research & Social Policy, 20*, 1316-1327. https://doi.org/10.1007/s13178-023-00822-2

Basting, E. J., Medenblik, A. M., Garner, A. R., Sullivan, J. A., Romero, G. J., Shorey, R. C., & Stuart, G. L. (2024). Intimate partner violence perpetration among sexual minority young adults: Associations with alcohol use, PTSD symptoms, internalized homophobia, and heterosexist discrimination. *Journal of Interpersonal Violence, 39*(1-2), 312-340. https://doi.org/10.1177/08862605231197152

Bates, K. R. (2019). *Experiences of intimate partner violence among LGBTQ+ individuals and the perceptions of professional services.* [Master's thesis, Texas State University]. Texas Digital Library. https://digital.library.txst.edu/server/api/core/bitstreams/46273c88-f968-4e74-ab92-9d3671d8718b/content

Bourne, A., Amos, N., Donovan, C., Carman, M., Parsons, M., Lusby, S., Lyons, A., & Hill, A. O. (2023). Naming and recognition of intimate partner violence and family of origin violence among LGBTQ communities in Australia. *Journal of Interpersonal Violence, 38*(5-6), 4589-4615. https://doi.org/10.1177/08862605221119722

Brandt, S. A., & Stults, C. B. (2023). Coping with intimate partner violence among young sexual minority men: A qualitative approach. *Sexual and Gender Diversity in Social Sciences, 36*(2), 170-207. https://doi.org/10.1080/10538720.2023.2251142

Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology, 3*(2), 77-101. https://doi.org/10.1191/1478088706qp063oa

Brewer, N. Q., Thomas, K. A., & Guadalupe-Diaz, X. (2024). "It's their consent you have to wait for": Intimate partner violence and BDSM among gender and sexual minority youth. *Journal of Interpersonal Violence, 39*(1-2), 35-58. https://doi.org/10.1177/08862605231193445

Burdge, B. J. (2007). Bending gender, ending gender: Theoretical foundations for social work practice with the transgender community. *Social Work, 52*(3), 243-250.

Burelomova, A. S., Gulina, M. A., & Tikhomandritskayaa, O. A. (2018). Intimate partner violence: An overview of the existing theories, conceptual frameworks, and definitions. *Psychology in Russia: State of the Art, 11*(3), 128-144. https://doi.org/10.11621/pir.2018.0309

Bytheway, S., & Stephens-Lewis, D. (2024). Heteronormative discourse: Therapist social constructions of intimate partner violence in queer relationships. *Feminism & Psychology, 34*(3), 384-402. https://doi.org/10.1177/09593535241235462

Callan, A. (2024). *The invisible minority: A biographical narrative study of gay men's stories of intimate partner violence* [Doctoral dissertation, Dublin City University]. DCU Research Repository. https://doras.dcu.ie/30142/7/The%20invisible%20minority.pdf

Canadian Institutes of Health Research, Natural Sciences and Engineering Research Council of Canada, & Social Sciences and Humanities Research Council. (2018). *Tri-Council Policy Statement: Ethical Conduct for Research Involving Humans.* Government of Canada. https://ethics.gc.ca/eng/documents/tcps2-2018-en-interactive-final.pdf

Conroy, S. (2021, March 2). *Family violence in Canada: A statistical profile, 2019.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00001-eng.htm

Cotter, A. (2021, April 26). *Intimate partner violence in Canada, 2018: An overview.* Statistics Canada. https://www150.statcan.gc.ca/n1/pub/85-002-x/2021001/article/00003-eng.htm

Cresswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications Inc.

Donovan, C., & Barnes, R. (2020). Help-seeking among lesbian, gay, bisexual and/or transgender victims/survivors of domestic violence and abuse: The impacts of cisgendered heteronormativity and invisibility. *Journal of Sociology, 56*(4), 554-570. https://doi.org/10.1177/1440783319882088

Dyar, C., Messenger, A. M., Newcomb, M. E., Byck, G. R., Dunlap, P., & Whitton, S. W. (2021). Development and initial validation of three culturally-sensitive measures of intimate partner violence for sexual and gender minority populations. *Journal of Interpersonal Violence, 36*(15-16), NP8824-NP8851. https://doi.org/10.1177/0886260519846856

Ending Violence Association of BC. (2021). *Addressing intimate partner violence in LGBT2SQ+ communities across BC: Safety planning with LGBT2SQ+ survivors.* https://endingviolence.org/wp-content/uploads/2022/09/EVABC_IPV_LGBT2SQ_5_SafetyPlanning_2021.pdf.pdf

Fuchs, M. N. (2024). *Oppressive silence; A qualitative study on same-sex intimate partner violence in Namibia and survivors' responses* [Master's thesis, University of Gothenburg]. Gothenburg University Library. https://gupea.ub.gu.se/bitstream/handle/2077/81774/VT24_GS3003_MNF.pdf?sequence=1&isAllowed=y

Glass, N., Perrin, N., Hanson, G., Bloom, T., Gardner, E., & Campbell, J. C. (2008). Risk for reassault in abusive female same-sex relationships. *American Journal of Public Health, 98*(6), 1021-1027. https://doi.org/10.2105/AJPH.2007.117770

Government of Canada. (2024a, May 17). *Family violence*. http://justice.gc.ca/eng/cj-jp/fv-vf/index.html

Government of Canada. (2024b, September 17). *2SLGBTQI+ terminology - Glossary and common acronyms.* https://www.canada.ca/en/women-gender-equality/free-to-be-me/2slgbtqi-plus-glossary.html

Hennick, M., & Kaiser, B. (2022). Sample sizes for saturation in qualitative research: A systematic review of empirical tests. *Social Science & Medicine, 292*, Article 114523. https://doi.org/10.1016/j.socscimed.2021.114523

Holmes, A. G. D. (2020). Research positionality - A consideration of its influence and place in qualitative research - A new researcher guide. *Shanlax International Journal of*

Education, 8(4), 1-10. https://doi.org/10.34293/education/v8i4.3232

Howard, R., Berry, K., & Haddock, G. (2021). Therapeutic alliance in psychological therapy for posttraumatic stress disorder: A systematic review and meta-analysis. *Clinical Psychology & Psychotherapy, 29*, 373-399. https://doi.org/10.1002/cpp.2642

Johnson, M. P. (2008). *A typology of domestic violence: Intimate terrorism, violence resistance, and situational couple violence.* Northeastern University Press.

Kelly-Teare, V. (2020). *'One thing I'd never stand for in a relationship is violence, so when she tried to kill me, that was it': The impact of heteronormativity and assimilation on Domestic Violence and Abuse in same sex women's relationships* [Doctoral dissertation, University of Wolverhampton]. University of Wolverhampton. https://wlv.openrepository.com/server/api/core/bitstreams/5e7cfdd3-ff16-474a-8dfd-d722eab14837/content

Kukla, A. (2000). *Social constructivism and the philosophy of science.* Taylor & Francis Group.

Kumar, P. (2022). Reclaiming power: Women loving women and intimate partner violence in Guyana. *Journal of Indentureship, 2*(2), 6-32. https://doi.org/10.13169/jofstudindentleg.2.2.0006

Langenderfer-Magruder, L., Walls, N. E., Whitfield, D. L., Kattari, S. K., & Ramos, D. (2020). Stalking victimization in LGBTQ adults: A brief report. *Journal of Interpersonal Violence, 35*(5-6), 1442-1453. https://doi.org/10.1177/0886260517696871

Lim, G., Lusby, S., Carman, M., & Bourne, A. (2023). LGBTQ victim-survivors' experiences and negotiations of service worker and service system discrimination. *Journal of Family Violence, 40*, 181-195. https://doi.org/10.1007/s10896-023-00554-2

Levenson, J. S., Craig, S. L., & Austin, A. (2023). Trauma-informed and affirmative mental

health practices with LGBTQ+ clients. *Psychological Services, 20*(S1), 134-144. https://doi.org/10.1037/ser0000540

McAulay, J. P. (2023). *Stories of love, shame, and transformation: Understanding how queer men experience victimhood through intimate partner violence* [Doctoral dissertation, University of Oxford]. Oxford University Research Archive. https://ora.ox.ac.uk/objects/uuid:30e9b408-9b4d-4029-ab64-e8391836ae24/files/d2227mq50d

McAulay, J. P. (2024). Less than ideal victims: Understanding barriers to Queer men's recognition of male-perpetrated intimate partner violence through Christie's 'Ideal Victim' framework. *International Review of Victimology, 30*(2), 282-297. https://doi.org/10.1177/02697580231196165

Merriam-Webster. (n.d). *Merriam-Webster dictionary.* Retrieved May 1, 2025, from https://www.merriam-webster.com/dictionary/

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674-697. https://doi.org/10.1037/0033-2909.129.5.674

Morris, S. M., Gunter, K. E., Jia, J., L., & Baig, A. A. (2025). Factors influencing shared decision-making between healthcare providers and lesbian, gay, bisexual, transgender, and queer people of color about intimate partner violence. *Journal of Interpersonal Violence, 40*(1-2), 489-509. https://doi.org/10.1177/08862605241248434

Nash, C. J., & Browne, K. (Eds.). (2010). *Queer methods and methodologies: Intersecting queer theories and social science research*. Routledge.

National Coalition of Anti-Violence Programs. (2016). *Lesbian, gay, bisexual, transgender, queer, and HIV-affected intimate partner violence in 2015.* https://avp.org/wp-content/uploads/2017/04/2015_ncavp_lgbtqipvreport.pdf

Olmos-Vega, F. M., Stalmeijer, R. E., Varpio. L., & Kahlke, R. (2023). A practical guide to reflexivity in qualitative research: AMEE Guide No. 149. *Medical Teacher, 45*(3), 241-251. https://doi.org/10.1080/0142159X.2022.2057287

Ovesen, N. (2021). *Intimate partner violence and help-seeking in lesbian and queer relationships: Challenging recognition* [Doctoral dissertation, Uppsala University]. Digitala Vetenskapliga Arkivet. https://www.diva-portal.org/smash/get/diva2:1558359/FULLTEXT01.pdf

Ovesen, N. (2023). Layers of shame: The impact of shame in lesbian and queer victim-survivors' accounts of violence and help-seeking. *Journal of Family Violence, 39*, 1365-1377. https://doi.org/10.1007/s10896-023-00626-3

Palmer, J. E., Williams, E., & Mennicke, A. (2022). Interpersonal violence experiences and disclosure patterns for lesbian, gay, bisexual, queer+, and heterosexual university students. *Journal of Family Violence, 37*, 505-519. https://doi.org/10.1007/s10896-021-00268-3

Parker, J. (2021). *"I had no idea where to go", exploring barriers to LGBTQ+ survivors of intimate partner violence accessing service provision in the Illawarra* [Honours thesis, University of Wollongong]. University of Wollongong Thesis Collections. https://doi.org/10.71747/uow-r3gk326m.c.7651169.v1

Prusiński, T. (2022). The strength of alliance in individual psychotherapy and patient's wellbeing: The relationships of the therapeutic alliance to psychological wellbeing,

satisfaction with life, and flourishing in adult patients attending individual psychotherapy. *Frontiers in Psychiatry, 13*, Article 827321. https://doi.org/10.3389/fpsyt.2022.827321

Reeves, E., Iliadis, M., & Pfitzner, N. (2023). LGBTQ+ domestic and family violence victim-survivors' experiences of remote court hearings during the COVID-19 pandemic: The gendered dimensions of safety, independence and visibility. *Criminology & Criminal Justice*. https://doi.org/10.1177/17488958231216561

Reeves, E., McGowan, J., & Scott, B. (2025). 'It was dangerous, corrosive and cruel but not illegal': Legal help-seeking behaviours amongst LGBTQA+ domestic and family violence victim-survivors experiencing coercive control in Australia. *Journal of Family Violence, 40*, 27-38. https://doi.org/10.1007/s10896-023-00569-9

Robinson, B. A. (2016). Heteronormativity and homonormativity. In N. A. Naples (Ed.), *The Wiley Blackwell encyclopedia of gender and sexuality studies* (1st ed.). John Wiley & Sons, Ltd. https://doi.org/10.1002/9781118663219.wbegss013

Salter, M., Robinson, K., Ullman, J., Denson, N., Ovenden, G., Noonan, K., Bansel, P., & Huppatz, K. (2021). Gay, bisexual, and queer men's attitudes and understandings of intimate partner violence and sexual assault. *Journal of Interpersonal Violence, 36*(23-24), 11630-11657. https://doi.org/10.1177/0886260519898433

Sarno, E. L., Smith, M. S., & Newcomb, M. E. (2023). Minority stress and intimate partner aggression among male same-sex couples. *Personal Relationships, 30*(3), 756-772. https://doi.org/10.1111/pere.12482

Savage, M. W., Scarduzio, J., & Milne, K. (2022). News stories of intimate partner violence: An experimental examination of media framing and perpetrator sex in LGBTQ versus

heterosexual relationships. *Journal of Interpersonal Violence, 37*(23-24), NP22226-NP22249. https://doi.org/10.1177/08862605211071143

Scheer, K., & Baams, L. (2021). Help-seeking patterns among LGBTQ young adults exposed to intimate partner violence victimization. *Journal of Interpersonal Violence, 36*(17-18), 8050-8069. https://doi.org/10.1177/0886260519848785

Scheer, J. R., & Poteat, V. P. (2021). Trauma-informed care and health among LGBTQ intimate partner violence survivors. *Journal of Interpersonal Violence, 36*(13-14), 6670-6692. https://doi.org/10.1177/0886260518820688

Seahorn, N. A., (2020). *Lived experiences of gay men and barriers to reporting intimate partner violence* [Doctoral dissertation, Walden University]. Walden Dissertations and Doctoral Studies Collection. https://scholarworks.waldenu.edu/cgi/viewcontent.cgi?article=10071&context=dissertations

Shayesteh Ast, R. (2023). *Quality of life among LGBTQ+ survivors of IPV: An exploratory sequential mixed method approach* [Doctoral dissertation, The State University of New Jersey]. ProQuest Dissertations & Theses. https://www.proquest.com/openview/bae0d92f7d3c7f4c0380c22c0de10ac9/1?cbl=18750&diss=y&pq-origsite=gscholar

Statistics Canada. (2024, October 24). *Trends in police-reported family violence and intimate partner violence in Canada, 2023.* https://www150.statcan.gc.ca/n1/daily-quotidien/241024/dq241024b-eng.htm

Stults, C. B., Brandt, S. A., Hale, J. F., Rogers, N., Kreienberg, A. E., & Griffin, M. (2022). A qualitative study of intimate partner violence among young gay and bisexual men.

Journal of Interpersonal Violence, 37(3-4), NP2251-NP2287. https://doi.org/10.1177/0886260520936365

Substance Abuse and Mental Health Services Administration. (2014). *SAMHSA's concept of trauma and guidance for a trauma-informed approach.* https://library.samhsa.gov/sites/default/files/sma14-4884.pdf

Truth and Reconciliation Commission of Canada. (2015). *Truth and reconciliation commission of Canada: Calls to action.* https://ehprnh2mwo3.exactdn.com/wp-content/uploads/2021/01/Calls_to_Action_English2.pdf

Turner, R., & Hammersjö, A. (2024). Navigating survivorhood? Lived experiences of social support-seeking among LGBTQ survivors of intimate partner violence. *Qualitative Social Work, 23*(2), 242-260. https://doi.org/10.1177/14733250221150208

Ummak, E., Türken, S., & Akin, D. (2024). Understanding intimate partner violence among ethnic and sexual minorities: Lived experiences of queer women in Norway. *Violence Against Women, 30*(5), 1274-1299. https://doi.org/10.11771077801222114791 2

Ummak, E., Türken, S., Jessen, R., & Toplu-Demirtaş, E. (2024). "I just thought maybe this is [the] way of doing things": Exploring lesbian-, gay-, and bisexual-specific intimate partner violence in Norway. *Psychology of Violence, 14*(4), 260-269. https://doi.org/10.1037/vio0000512

United Nations. (n.d.). *What is domestic abuse?* Retrieved November 2, 2025, from https://www.un.org/en/coronavirus/what-is-domestic-abuse

Wathen, C. N., MacGregor, J. C. D., Burd, C., Naeemzadah, N., Ogunpitan, Y. A., & Canie, J. (2025). A scoping review of intimate partner violence research in Canada. *Trauma, Violence, & Abuse, 26*(1), 73-85. https://doi.org/10.1177/15248380241275979

Wellock, S., & Tarpey, E. (2023). LGBTQ+ community perceptions of domestic abuse, responsivity and inclusion within the criminal justice system. *Journal of Gay & Lesbian Social Services, 36*(3), 354-378. https://doi.org/10.1080/10538720.2023.2267480

Whitehead, J., Dawson, M., & Hotton, T. (2021). Same-sex intimate partner violence in Canada: Prevalence, characteristics, and types of incidents reported to police services. *Journal of Interpersonal Violence, 36*(23-24), 10959-10988. https://doi.org/10.1177/0886260519897342

Winstok, Z. (2007). Toward an interactional perspective on intimate partner violence. *Aggression and Violent Behavior, 12*(3), 348-363. https://doi.org/10.1016/j.avb.2006.12.001

World Health Organization. (2021). *Violence against women prevalence estimates, 2018.* https://iris.who.int/bitstream/handle/10665/341337/9789240022256-eng.pdf?sequence=1

World Health Organization. (2022). *Intimate partner violence.* Retrieved March 1, 2025 from https://apps.who.int/violence-info/intimate-partner-violence/

Woulfe, J. M., & Goodman, L. A. (2021). Identity abuse as a tactic of violence in LGBTQ communities: Initial validation of the identity abuse measure. *Journal of Interpersonal Violence, 36*(5-6), 2656-2676. https://doi.org/10.1177/0886260518760018

Appendix 1

Reference List of Studies Critiqued for Methodological Rigor and Ethical Adherence

Authors	Year	Title	Journal
Brandt & Stults	2023	Coping with intimate partner violence among sexual minority men: A qualitative approach.	*Sexual and Gender Diversity in Social Sciences*
Donovan & Barnes	2020	Help-seeking among lesbian, gay, bisexual and/or transgender victims/survivors of domestic violence and abuse: The impacts of cisgendered heteronormativity and invisibility.	*Journal of Sociology*
Lim et al.	2023	LGBTQ victim-survivors' experiences and negotiations of service worker and service system discrimination.	*Journal of Family Violence*
McAulay	2024	Less than ideal victims: Understanding barriers to Queer men's recognition of male-perpetrated intimate partner violence through Christie's 'Ideal Victim' framework.	*International Review of Victimology*
Morris et al.	2025	Factors influencing shared decision-making between healthcare providers and lesbian, gay, bisexual, transgender, and queer people of color about intimate partner violence.	*Journal of Interpersonal Violence*
Ovesen	2023	Layers of shame: The impact of shame in lesbian and queer victim-survivors' accounts of violence and help-seeking.	*Journal of Family Violence*
Reeves et al.	2023	LGBTQ+ domestic and family violence victim-survivors' experiences of remote court hearings during the COVID-19 pandemic: The gendered dimensions of safety, independence and visibility.	*Criminology & Criminal Justice*

Authors	Year	Title	Journal
Reeves et al.	2025	'It was dangerous, corrosive and cruel but not illegal': Legal help-seeking behaviours amongst LGBTQA+ domestic and family violence victim-survivors experiencing coercive control in Australia.	*Journal of Family Violence*
Turner & Hammersjö	2024	Navigating survivorhood? Lived experiences of social support-seeking among LGBTQ survivors of intimate partner violence.	*Qualitative Social Work*
Ummak, Türken, & Akin	2024	Understanding intimate partner violence among ethnic and sexual minorities: Lived experiences of queer women in Norway.	*Violence Against Women*