

**From Misrecognition to Action: Improving Institutional Responses to
Intimate Partner Violence Among 2SLGBTQIA+ Survivors in British Columbia**

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I. Description of the research project

Research Question

How do institutional recognition frameworks shape responses to intimate partner violence among 2SLGBTQIA+ survivors in British Columbia, and how can participatory action research inform improvements at the policy, institutional and community levels?

Sub-questions

1. How do 2SLGBTQIA+ survivors describe their experiences of recognition or misrecognition when interacting with institutions?
2. What institutional, structural and cultural factors shape how IPV in queer and trans relationships is interpreted and responded to?
3. What changes do survivors and community advocates need to improve institutional responses to intimate IPV within 2SLGBTQIA+ communities?
4. How can these insights be translated into the co-development of strategies to improve recognition and responses at a policy, institutional, and community level?

Justification

Intimate partner violence (IPV) is widely recognized as a mayor public health and human rights issue globally in Canada. The Research has increased over the years and demonstrates that violence in intimate relationships produces significant physical, psychological, and social harms for survivors (Rollè et al., 2018). While IPV has

historically been framed primarily through heterosexual and gendered-binary dynamics, growing scholarship shows that sexual and gendered minority groups also experience IPV at rates equal or even higher than heterosexual populations (Rollè et al., 2018; Whitefield et al., 2021). Whitefield et al. (2021), found that lesbian, gay, bisexual and transgendered college students reported higher odds of emotional, physical, and sexual IPV than their heterosexual and cisgendered peer, while Rollè et al. (2018) demonstrates that same-sex IPV has long been minimized by myths, stigma, and under-recognition in both research and service settings.

This issue extends in the Canadian context, where 2SLGBTQIA+ communities experience ongoing health inequities rooted in discrimination, lack of provider competency, non-inclusive institutional structures, and systemic barriers to care (Comeau et al., 2023). These inequities result in delayed treatment, non-disclosure, and avoidance of services in health care environments (Comeau et al., 2023). For trans and nonbinary populations, national Canadian data shows unmet needs, discomfort discussing trans health issues, and continuing inequities in access to primary and gendered-affirming care (Scheim et al., 2021). During the COVID-19 pandemic, Tami et al. (2022) disclose significant resistance of primary healthcare regarding trans and nonbinary people in Canada, finding that poorer mental health was associated with more probability of avoiding care. Together, these studies demonstrate institutional access is a matter of service safety, recognition, and trust.

Recent scholarship has begun to document how these systemic barriers operate in IPV. Farrugia et al. (2025) identifies them both in accessing and providing primary care for LGBTQIA+ survivors, including difficulty recognizing abuse, fear of discrimination,

heteronormative assumptions, inadequate training, and institutional resistance to inclusive care. Similar, Drouillard and Foster (2024) show that 2SLGBTQIA+ people experienced not only physical, psychological, sexual and financial abuse, but also technology violence, while often struggling to see their own experience with IPV. This is specially relevant because they point recognition itself as a barrier, survivors struggled to identify their experiences as abuse in spaces that implicitly treat IPV as a heterosexual phenomenon.

This problem is reinforces at institutional levels. Du Mont et al. (2024) found that health and social service providers had supported trans and gendered-diverted survivors, only a minority had received relevant training. They also warn that in the absence of appropriate training and referral systems, practitioners may unintentionally perpetuate harm. Toccalino et al. (2025) also identifies this as a top priority, pointing the role of cisgenderism, transphobia, and broader structural violence shaping access to healthcare, services and legal sectors. These studies show that institutional failures are not incidental, they are patterned, systemic, and deeply consequential for disclosure, service access, and long-term help-seeking pathways.

Although existing studies have contributed important knowledge regarding prevalence, risk factors, and service barriers, much of this remains descriptive and researcher-driven. Survivors' experiences are often documented through surveys or interviews, but survivors are rarely involved in shaping the research or developing responses to institutional challenges they identify (Wathen et al., 2024; Toccalino et al., 2024).

At the same time, Canadian IPV research still shows important limitations. Wathen et al., (2025) found that recent scholarship lack of theoretically grounded trauma and violence informed research. They also identify gendered and sexual minority underrepresented in these studies. Yakubovich et al., (2022) states that standard IPV practices don't address how violence is experienced across sex and sexual identity, undermining the forms, intensity, and chronicity of violence experienced on marginalized groups. In this sense, the problem is the knowledge systems that fail to capture queer and trans experiences as lived.

Then a structural lens is necessary. Williams et al. (2023) argue that sexual minority women and trans people must be understood in context of structural oppression, including racism, misogyny, homophobia, and transphobia, which shape exposure to harm and access to support. This aligns with Quijano's (2000) concept of coloniality of power that help explain how institutional systems normalize certain identities and harm while rendering others less legitimate. Misrecognition of IPV in 2SLGBTQIA+ survivors is an interpersonal and epistemic problem shaped historically.

Taken together, this shows a clear need for research that goes beyond documenting prevalence and instead examine how institutional recognition frameworks shape responses to IPV in this population. It also shows the need for work that is not only descriptive, but also action oriented. Participatory Action Research (PAR) can address this gap because it enables survivors and community stakeholders to contribute not only in experiences, but also in interpretation and solution-building. This study response directly to the documented need for more inclusive, theoretically grounded, and intervention-oriented research.

II. Methodology

Research Design

This study employs a Participatory Action Research (PAR) design to examine how institutional recognition frameworks shape responses to IPV among 2SLGBTQIA+ survivors in British Columbia, and to collaboratively develop strategies for improving these responses. This approach involves participants as active contributors in the research process, including the generation, interpretation, and application of knowledge.

Within the field of IPV. Lots of research have been made on quantitative or qualitative methods that document prevalence, risk factors, and barriers to access services (Wathen et al., 2024; Whitfield et al., 2018). While these approaches have contributed to valuable insights, they often position survivors as subjects of research rather than collaborators in the development of solutions. This study adopts participatory approach to address this by engaging survivors and community stakeholders in co-producing knowledge and co-developing actionable plans.

Research Settings and Scope

This study will be conducted in British Columbia, because of its diverse population, established gendered-based violence response systems, and significant 2SLGBTQIA+ communities. Focusing on these regions allows an in-depth analysis of institutional responses and supports the development of context-specific recommendations.

Participants and recruitment

Participants will include:

- 2 SLGBTQIA individuals who have experienced intimate partner violence.
- Community advocates and service providers working 2SLGBTQIA+ survivors

Participants will be recruited through:

- Partnerships with community organizations
- 2SLGBTQIA+ support networks
- Social media outreach through specific groups and services

The study will aim to recruit between 15 to 20 participants across both provinces. This sample size will allow meaningful engagement while maintaining feasibility.

Participation will be voluntary, and all participants will provide informed consent (written or verbally). Given the nature of the topic, recruitment materials will emphasize confidentiality, autonomy, and the option to withdraw before their information is used for the co-analysis phase. This stage will be notified to all the participants before it starts to give them time to reflect and fully consent to the usage of their information.

Phase 1: Collective Exploration of Experience.

This phase focuses exploring how 2SLGBTQIA+ survivors experience recognition or misrecognition of IPV within institutional settings.

Data will be collected through focus groups and individual interviews. These discussion will explore:

- Understanding on IPV within their relationships

- Experiences of seeking support from institutions (healthcare, law enforcement, and social services)
- Moments in which violence was recognized, dismissed or misunderstood

This phase will generate an initial set of themes related to patterns of recognition, invisibility, and institutional response.

Phase 2: Co-analysis and Meaning-Making

Here, participants will be invited to engage in participatory workshops to analyze findings from phase 1.

During these sessions, participants will:

- Review synthesized themes obtained from the initial data
- Identify structural and institutional factors shaping recognition of IPV
- Discuss how dominant assumptions about IPV influence responses to queer and trans survivors.

This will support the co-production of analysis of institutional recognition frameworks, identifying how systems may contribute to the misrecognition or invisibility of violence.

Phase 3: Co-creation of Action

This phase focuses on transforming findings into actionable strategies.

Through facilitated workshops, participants will collaboratively develop recommendations to improve responses to IPV at multiple levels:

- Policy level: recommendations for provincial strategies and legal frameworks.
- Institutional level: improvements in service delivery, training, and protocols.
- Community level: development of survivor-informed sources and support strategies.
- Social-level: approaches to increase awareness and shift dominant narratives.

The primary outcome of this phase will be a multi-level action framework improving recognition and response to IPV among 2SLGBTQIA+ populations.

Data Analysis

Initial analysis will be conducted on data from Phase 1 to identify patterns related to recognition and institutional response. These findings will then be brought back to participants in Phase 2 for collaborative interpretation.

This approach ensures that analysis is not solely researcher-driven but recognize participants perspectives in meaning-making. It also empathizes shared authority in the interpretation of data.

Ethical considerations

Given the sensitive subject, this study will adopt a trauma-informed and participant-centered approach.

Key ethical considerations include:

- Ensuring informed consent and voluntary participation
- Protecting participant confidentiality and anonymity
- Allowing participant to withdraw before the data is used to be analyzed
- Provide information about support services for participants who may experience distress
- Availability of a trauma-informed health professional (social worker or crisis therapist) during phase 1 and 2 in case someone requires immediate emotional support.

Facilitated sessions will be design to priority emotional safety, including strategic breaks, decline to answer any question, or participate in ways that feel comfortable to them.

Additionally, care will be taken to avoid reproducing harm through research process by ensuring that participation does not disclose experiences beyond their comfort level.

This study will be reviewed and approved by a Research Ethics Board (REB) before the study begins. All procedures will adhere to the Tri Council Policy Statement: Ethical Conduct Research Involving Humans (TCPS 2) principles of respect for persons, concern of whale fare and justice.

III. Knowledge Mobilization and Dissemination Strategy

This study adopts a multi-level strategy design to ensure that findings are accessible, actionable, and responsive to the needs of these communities, services providers, and policymakers. The dissemination strategy will not be treated as final stage but as ongoing and collaborative process throughout the project.

Community Dissemination

Findings will be translated to accessible survivor-informed formats, including (1) A digital resource toolkit, with key insights on recognizing IPV in 2SLGBTQIA+ relationships and strategies for navigating support systems. (2) Infographics and visual summaries design for social media platforms (instagram, facebook, X, threads) to increase accessibility and reach broader audiences. (3) A short-film video series or podcast episodes featuring anonymized narratives, key findings, and community- informed recommendations.

Institutional and Policy dissemination

Findings will be translated into practical tools and recommendations for services providers including: (1) A polish brief summarizing key findings and recommendations for improving institutional recognition, and (2) A training-oriented workshop outline that can be used by organizations.

Academic Dissemination

Findings will be shared through academic channels to contribute to ongoing scholarly discussions on IPV, queer and trans health, and participatory research methodologies. Potential publications include: Journal of Interpersonal Violence, Violence

against Women, Canadian Journal of Public Health. Also it will be considered an open learning access.

Additionally, findings may be presented at academic conferences focused on gendered-based violence, public health, or 2SLGBTQIA+research, providing opportunities for further knowledge exchange.

Proposed Outcomes

This project is expected to generate: (1) A multi-level action framework outlining strategies to improve recognition and response to IPV in 2SLGBTQIA+ people. (2) Community-informed resources that support awareness, validation, and help-seeking. (3) Police and institutional recommendations tailored to British Columbia (4) Contributions to academic literature on IPV, participatory research, and queer and trans experiences of violence.

By combining academic dissemination with community-based and policy-oriented strategies, this project aims to reduce the gap between research and practice, ensuring that findings contribute to meaningful and sustained improvements in how IPV is recognized and addressed.

IV. Description of Research Team Skills

This project requires a multidisciplinary and community-engaged research team, therefore it will combine academic training with lived-experience-informed and community-based knowledge to ensure ethical and impactful outcomes.

Principal investigator (PI) Skills –

Strong foundation in human rights, social justice, and gendered-based violence, supported by graduate level in interdisciplinary research. Experience in qualitative research design, including semi-structured interviews and knowledge of mobilization strategies. These skills will be developed through a targeted course in the usage of social media and mentorship from faculty supervisors and consultation with experienced researchers in PAR and queer health research.

Research Partners and Community Expertise –

- Community-based organizations and advocacy groups working with 2SLGBTQIA+ populations and survivors of violence. These partners bring essential expertise in frontline service provision, culturally competent care, and community trust-building, and will support participant recruitment, contextual interpretation of findings, and co-development of actionable recommendations.
- A trauma-informed social worker will be available throughout the data collection process to provide emotional support to participants if needed. They will also advise on safe interview practices, grounding techniques, and referral pathways to appropriate support services.
- A two-spirit knowledge keeper will guide the research process when engaging with two-spirit participants and communities. This role ensures that the research is grounded in culturally appropriate, respecting specific protocols, teachings, and relational responsibilities. They will provide guidance on language, engagement practices, and interpretation of findings, helping avoid extractive or culturally inappropriate research practices.

Research Assistant (RA)

Prior experience with REB- approved protocols in Canadian institutional frameworks, familiarity with qualitative research methods, understanding of TCPS 2 ethics guidelines, experience working with sensitive topics and vulnerable populations, strong organizational and communication skills. If needed, RA will receive additional training in trauma-informed research practices and 2SLGBTQIA+ cultural competency.

Overall, the research team is well-positioned to carry out this project through a combination of academic expertise, clinical experience, and community-based indigenous knowledge systems.

V. Budget description and Justification**Personnel Costs*****1. Research Assistant (RA)***

1. The RA will support recruitment, scheduling, transcription coordination, data organization, and preliminary coding. This role is essential to maintain data quality, ensure the progression of the project, and support ethical data handling practices, particularly given the sensitive nature of the topic.

2. Community and support roles

1. Trauma informed Social Worker (Honorarium)- Given the potential emotional distress when discussing experiences of IPV, funds are allocated for a

trauma-informed social worker to be available during data collection. This role ensures immediate emotional support, contributes to the development of safe research protocols, and provides referrals when necessary. This cost is essential to uphold ethical research standards.

2. Two-Spirit knowledge keeper (Honorarium) - To guide culturally appropriate engagement with two-spirited participants. This includes advising on protocols, language, relational practices, and interpretation of findings. This allocation reflects ethical commitments to Indigenous research principles, including respect, reciprocity, and relational accountability.
 3. Community Partner (Honorarium) - Funds are included to compensate community organizations and collaborators for their time and expertise in recruitment, consultation, and co-development of outputs. This recognizes their contribution as knowledge holders.
 4. Participant (Honorarium) - Participants will receive honoraria in recognition of their time, expertise, and emotional labor. This acknowledges their contribution and support equitable participation
3. Training - Workshops and Training for the PI and RA to participate in targeted training in trauma-informed approaches, social and media development.
 4. Software (Qualitative Analysis)- licenses for data analysis software NVivo to support systematic coding and analysis of interview data for ensuring transparency, organization, and rigor in qualitative research.

5. Data collection and Management (1) Transcription services with NVivo to ensure accuracy and confidentiality in handling sensitive interview data in time. (2) Source data storage in an encrypted cloud to for confidentiality and data protection.
6. Knowledge mobilization and Dissemination (1) Digital and community based materials for the development of accessible knowledge, such as digital toolkits, infographics, or multimedia outputs (2) Conference and presentation funds to support dissemination at academic conferences and community events. (3) Website or platform development funds may include the creation of a digital platform to host research outputs. (4) Open access funds to ensure the accessibility in scholar and research settings. (5) Miscellaneous and Contingency funds to address unforeseen expenses and flexibility while maintaining accountability in budget use.

Category	Year 1	Year 2	Total
<u>Personnel:</u>			
1.Principal investigator (Ximena Maldonado)*	\$0	\$0	\$0
2.Co-investigator #1 (name)	\$0	\$0	\$0
3.Co-investigator #2 (name)	\$0	\$0	\$0
4.Trauma-Informed Social Worker			
Salary (X%)	\$9750	\$3250	\$13,000
Fringe benefits (Y%)	\$1,560	\$520	\$2,080
5.Two-Spirit Knowledge Keeper			
Salary (X%)	\$2,000	\$2,000	\$4,000
Fringe benefits (Y%)			
6.Research Assistant Salary			
Salary (X%)	\$8,640	\$6,048	\$14,688
Fringe benefits (Y%)	\$1,382	\$968	\$2,350
7.Participant Honoraria			
Salary (X%)	\$1,500	\$0	\$1,500
Fringe benefits (Y%)			
8.Community Partner Honoraria			
Salary (X%)	\$2,400	\$0	\$2,400
Fringe benefits (Y%)			
Total Salaries & Wages: \$40,018			
<u>Supplies & Expenses:</u>			

VI. Timeline of Major project

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