"Questioning my identity because I didn't want to deal with the hate*"

*Quote from a participant

Out in Public
and the
Impacts of Public Gender-Based Violence against 2SLGBTQ+Youth

Wisdom2Action
Savoir pour agir

REAFFIRM COLLABORATIVE

Canadian Institutes of Health Research   Instituts de recherche en santé du Canada

SFU HEALTH SCIENCES

Executive summary

The following report captures the methods, findings, and recommendations of a project entitled 'Out in Public: Impacts of Public Gender-Based Violence against 2SLGBTQ+ Youth'. This project was conducted by Wisdom2Action in collaboration with Simon Fraser University's (SFU) Researching Environments that Affirm 2S/LGBTQ+ Identities, Relationships & Mental Health (REAFFIRM) Collaborative team. The project was funded by the Canadian Institute for Health Research (CIHR). The focus of the project was public gender-based violence (GBV) which is any act of physical, sexual, or psychological violence that targets people based on their gender identity or sexual orientation in public spaces. The specific aims of this project were to:

- Strengthen intersectional knowledge of 2SLGBTQ+ young peoples' experiences with public GBV in Canada

- Analyze the impacts of this violence on 2SLGBTQ+ young peoples' mental health and well-being, and

- Use the data for 2SLGBTQ+, youth-serving and anti-GBV organizations across Canada to better understand and thereby address public GBV against 2SLGBTQ+ young people.

Data was collected from participating youth using a survey, focus groups, and semi-structured interviews. Study participants were between the ages of 16-24, self-identified as a member of the 2SLGBTQ+ community, had lived experience with public GBV, and lived in Canada. 400 survey responses were received, three focus groups and eight interviews were conducted during data collection.

The key findings from the survey showed that the most common form of public GBV against queer and trans youth was verbal violence (55.6%). Youth reported that this violence occurred most frequently in the following places: public streets (73.7%), schools (50.6%). formal public spaces such as government buildings, shops, and restaurants (22.27%), and public bathrooms (19.0%). Relatedly, respondents reported that they feared these spaces due to the risk of public GBV. Youth reported that the violence was most often in response to their gender expression (69.5%), trans status (29.7%), and gender identity (53.0%). Youth reported that public GBV was most often committed by strangers (86.8%). However, other forms of violence such as being prevented from seeking support from the 2SLGBTQ+ community (experienced by 25.7% of respondents) and being forced or pressured to do something that did not align with their gender (experienced by 39.1% of respondents) was committed not only by strangers (53.8%), but also friends/acquaintances (44.2%) and parents/caregivers (29.4%). When asked if the violence resulted in youth changing their behaviour, it was found that in the past six months participants had: avoided certain spaces (41.7%), altered their gender expression (28.6%), and altered the time of day they went out (28.6%).

Three major themes emerged from the analysis of the focus group and interview transcripts...

1 ...the first being contextual factors related to public GBV. Youth shared that the risk of experiencing public GBV was impacted by the type of space they were in (e.g. conservative spaces were seen as unsafe), whether they had access to community and friends (e.g. it was safer to go to spaces with friends), and the intended audience of a space (straight-oriented spaces were not seen as safe). For racialized queer and trans youth, there was an additional fear of racism when accessing largely white queer and trans spaces, resulting in more spaces that racialized 2SLGBTQ+ youth had to avoid, to minimize their experiences of public GBV.

2 The second theme to emerge reflected what participants said about their experiences of public GBV and aspects of their identity as queer/trans youth. Youth identified that the trans community was especially at risk, notably for those who do not 'pass' as cis or straight. Within the trans community, racialized and specifically Black trans women were also identified as being at a higher level of risk for public GBV. Another factor that increased risk was being perceived as queer and/ or trans through public displays of affection. Furthermore, spending time in or being associated with queer and trans organizations or spaces also increased the risk of public GBV. Lastly, youth pointed out that race, transphobia, and ableism within the queer community resulted in fewer safe spaces for them and thus the need to avoid more spaces overall.

3 The last theme focused on mental health impacts and other consequences of public GBV. Youth identified that public GBV was traumatic and led to anxiety, depression, fear, and harmful coping mechanisms (e.g., substance use). Social isolation was another reported impact of public GBV, worsening mental health outcomes and affecting their socioeconomic status. Due to spaces such as schools being sites of public GBV, youth reported the increased likelihood of avoidance, dropping out of school, and discontinuing their education. This has led to worsened socioeconomic outcomes for queer and trans youth because of the lack of safety accessing education and the resultant limited employment opportunities that ensue.

Recommendations were sought from the youth in this study, intended for various audiences, namely government, service providers, leaders of businesses and other organizations, people working in educational institutions, parents, and caregivers. The recommendations fall into three categories as outlined below.

Primary prevention:	Early response:	Long term action:
These recommendations focus on immediate actions to prevent public GBV against 2SLGBTQ+ youth. This includes creating safer spaces for 2SLGBTQ+ youth and promoting 2SLGBTQ+ inclusion through education about GBV amongst educators, parents, and in workplaces. Bystander intervention training is also necessary to prevent public GBV.	*These recommendations focus on reducing the impact of public forms of GBV against 2SLGBTQ+ youth after it has already occurred. This includes comprehensive mental health supports, safer spaces for queer and trans youth to heal, implementation of policies to support survivors of public GBV, providing survivors with material supports, and educating those that work with queer and trans youth on how to support them.*	*These recommendations focus on managing the long-term effects of public GBV against 2SLGBTQ+ youth. This includes prolonged and intergenerational counseling, support services and programming, promoting 2SLGBTQ+ inclusion and representation, raising awareness of public GBV, and enforcing legal and policy measures to prevent GBV.*

This study reveals the profound impact of public GBV on 2SLGBTQ+ youth, emphasizing its intersectional nature and highlighting the diverse forms this violence takes. Public GBV is experienced by a large number of 2SLGBTQ+ youth with some more targeted than others because of their intersecting marginalized identities. Intra-group oppression further marginalized racialized, trans, and disabled youth within the 2SLGBTQ+ community and its spaces. The impacts of public GBV are far ranging and reduce the number of spaces youth feel safe in, resulting in significant mental, physical and socio-economic impacts. Recommendations to address public GBV against 2SLGBTQ+ youth focus on education, creating safer spaces, providing resources, support services, and policy and legislations. Effectively addressing public GBV requires those in power to collaborate with youth to implement recommendations, with a focus on considerations for racialized, disabled, low-income, neurodivergent, and gender-queer youth to ensure true inclusivity.

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Glossary of Terms

2SLGBTQ+: An acronym that stands for Two Spirit, lesbian, gay, bisexual, trans, queer, and other identities, representing the diverse spectrum of sexual orientations and gender identities.

2SLGBTQQIA+: An acronym that stands for Two Spirit, lesbian, gay, bisexual, trans, queer, questioning, intersex, asexual and other identities, representing the diverse spectrum of sexual orientations and gender identities.

BIPOC: An acronym standing for Black, Indigenous, and people of colour.

Cisgender: When a person's gender identity matches their sex assigned at birth.

Cisnormative: A term that describes a societal norm that treats cisgender identities as the default, often ignoring or marginalizing transgender and non-binary individuals by enforcing expectations based on being cisgender.

Colonialism: A historical and political system in which a more powerful nation or state extends its control over other regions or territories, often exploiting their resources, imposing its culture, and exerting dominance over indigenous populations. It typically involves economic, political, and cultural subjugation.

Dragged: dragged refers to harassing, making fun of or otherwise devaluing and attacking an individual.

GBA+: An acronym for gender-based analysis plus which is an analytical approach used to highlight the dimensions of power pertaining to relationships based on the social constructs of gender and other aspects of identity.

Gender-based violence (GBV): Any act of physical, emotional, psychological, or economic abuse or violence directed towards individuals based on their gender or perceived gender identity.

Heternormative: A term that describes a societal norm where heterosexuality is considered the default and traditional gender roles and expectations are based on this assumption, often marginalizing non-heterosexual orientations and non-binary identities.

Intersectionality: A concept coined by Kimberlé Crenshaw's that recognizes how various social identities, such as race, gender, and class, intersect to shape a person's experiences of privilege and oppression.

Microaggressions: Subtle, indirect, or unintentional discriminatory remarks, behaviors, or actions that com

MMIWG: An acronym that stands for 'Missing and Murdered Indigenous Women and Girls'.

Passing: The ability to appear to be part of a dominant group because one's marginalized identities are not (always) visible or can be actively hidden.

Patriarchy: A social system in which men hold primary power and roles of authority, with women and non-binary individuals often facing systemic oppression and limited access to power and resources. It is characterized by male dominance in various aspects of society.

Public (or Public forms of) Gender-Based Violence (or GBV): Any acts of physical, sexual, or psychological violence that target people based on their gender identity or sexual orientation in public spaces. This includes harassment, discrimination, or assault, perpetuated due to societal prejudices, hindering the safety and freedom of 2SLGBTQ+ individuals in public spheres. Examples of public spaces include workplaces, educational institutions, the internet, streets/sidewalks, and recreation spaces such as clubs and bars.

1. Overview

Gender-based violence (GBV) has been researched and addressed for many years, however it is often perceived as an issue experienced by cisgender women in heterosexual relationships to the exclusion of other populations. 2SLGBTQ+ people have historically not been considered as impacted by the issue. In the recent emergence of literature that does examine GBV pertaining to 2SLGBTQ+ people, there remains a gap related to queer and trans youth.

Despite our understanding of how prevalent and violent homophobia, transphobia, and similar forms of bigotry can be, it is not accurately conveyed as GBV. GBV against 2SLGBTQ+ youth can occur within public spheres, reducing the number of places queer and trans youth can safely exist. Despite the great threat that public GBV poses to queer and trans youth, the research and resources on the issue remain minimal, demonstrated in the literature review contained within this document. The lack of attention to GBV against 2SLGBTQ+ youth puts them at greater risk of harm by failing to acknowledge the impact it has physically, mentally, emotionally, and spiritually as well as in the allocation of resources to address it.

GBV is taken seriously, as it should be, for cisgender women. Campaigns to discourage violence against women (VAW) are commonplace in Canada alongside networks of support that provide victims with safer places to stay and other measures to address their needs. It is worth noting that not all VAW campaigns and resources exclude trans, gender-diverse, queer and/or bi women, but in comparison, 2SLGBTQ+ youth, rarely have their experiences of violence recognized as GBV despite being directly in response to their actual or perceived sexual orientation, gender identity, and gender expression. While there are resources in place to support 2SLGBTQ+ youth in a general way, youth who have experienced GBV related to their gender identity, gender expression or perceived gender, remain underserved.

In response to this, Wisdom2Action (W2A) launched a research project entitled "Out in Public: Impacts of Public Gender-Based Violence against 2SLGBTQ+ Youth." This project was funded by the Canadian Institute for Health Research (CIHR) and completed in collaboration with Simon Fraser University's (SFU) Researching Environments that Affirm 2S/LGBTQ+ Identities, Relationships & Mental Health (REAFFIRM) Collaborative team. The goals of this study were to:

Strengthen intersectional knowledge of 2SLGBTQ+ young peoples' experiences with street harassment and other forms of public gender-based violence in Canada
Analyze the impacts of this violence on 2SLGBTQ+ young peoples' mental health and well-being
Use this data to provide insights for 2SLGBTQ+, youth-serving and anti-GBV organizations across Canada to better understand and thereby address public gender based violence against 2SLGBTQ+ young people.

Ultimately this project aimed to fill a gap in the literature on GBV and the lack of awareness about the experiences of 2SLGBTQ+ youth. The study not only produced pertinent data on the issue but can also serve as a tool to challenge the narrative that GBV largely only impacts cisgender, heterosexual women.

To achieve the objectives of the study, data was collected from Canadian youth who identified as part of the 2SLGBTQ+ community. This report is a summary of the research project and its findings.

2. Introduction to the Research Team

2.1. Wisdom2Action

Wisdom2Action (W2A) is a consulting firm with a social enterprise commitment that works with non-profit and governmental organizations as well as other businesses to facilitate positive change and strengthen communities. W2A was founded in 2011 as the Children and Youth in Challenging Contexts (CYCC) Network at Dalhousie University through the federal government's Networks of Centres of Excellence Knowledge Mobilization Network program. It operated as CYCC until 2018 when it became W2A. W2A's work has evolved over the years having initially focused on youth mental health. Wisdom2Action services include research and knowledge mobilization, capacity building and organizational development, and community and stakeholder engagement. W2A's work primarily focuses on the themes of mental health and substance use, gender justice and 2SLGBTQ+ inclusion, as well as children's rights and youth engagement. W2A undertakes work that is aligned with, and guided by, our organizational values. W2A's work is based on evidence, driven by community engagement, and committed to addressing and preventing oppression in all its forms.

2.2. Dr. Travis Salway and Simon Fraser University (SFU)

Dr. Travis Salway, Assistant Professor at SFU is a social epidemiologist with 18 years of experience working with sexual minority communities to inform and improve public health interventions. Dr. Salway's research has resulted in an improved understanding of patterns and causes of mental health outcomes among sexual minority populations. In 2019, he presented this research to the Canadian House of Commons Standing Committee on Health, in the context of their historic study on LGBTQ2 Health in Canada. Dr. Salway is the co-founder and facilitator of The Roundtable: BC's LGBTQ2S Mental Health & Substance Use Networking Space. He is a Michael Smith Scholar (2019-2024) and an Affiliated Researcher/Faculty at the British Columbia Centre for Disease Control, the Centre for Gender and Sexual Health Equity, and the Community-Based Research Centre.

3. Literature Review

It is not surprising that powerful institutions aim to silence the voices of the marginalized and twist their truths to benefit their own narrative. Neither is it surprising how stereotypes are reproduced and maintained to justify discrimination and violence against queer and trans people, and against bodies of colour. How misogyny turns us against women to maintain gender inequality. Those oppressed under systems of oppression are always at the expense of the oppressor's narrative. But the status quo knows the power our stories have to make these systems crumble (Martis, 2021, p. 237).

In Canada, according to Women and Gender Equality Canada (2022) populations that experience high rates of GBV include young women and girls, Indigenous women and girls, Lesbian, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual and people of sexual orientations other than heterosexual (2SLGBTQQIA+), transgender and gender-diverse people, women living in Northern, rural, and remote communities, and women living with disabilities. The disproportionate rates of GBV against the aforementioned populations are not the fault of these communities or individuals, rather, the result of intersecting systems of oppression that favour heterosexual, cisgender men. 2SLGBTQ+ youth in particular report alarmingly high rates of GBV, and this is caused by the systemic oppression of gender expression, gender identity, sexual orientation, and age. Rates of GBV reporting against 2SLGBTQ+ youth are also impacted by systemic barriers and social stigma (Johns et al., 2019).

This literature review analyzes the growing body of research that details the unique and often overlooked experiences of 2SLGBTQ+ communities who face GBV. For the purpose of this project, GBV is defined as "violence perpetrated against someone based on their gender expression, gender identity or perceived gender" (Status of Women Canada, 2018). GBV is the result of a culture of patriarchy, which determines how society from systems and institutions to dominant ideology and interpersonal relations, are shaped by the imbalance of power that places men at its centre (Status of Women Canada, 2018). GBV is perpetrated against individuals and groups that are perceived to transgress societal gender norms, and therefore, this form of violence specifically targets gender as a site of oppression to maintain an established social hierarchy.

It is critical to understand the concept of intersectionality given its relevance to this topic. Intersectionality is a concept coined by Kimberlé Crenshaw (1989) that recognizes how various social identities, such as race, gender, and class, intersect to shape a person's experiences of privilege and oppression. It emphasizes the interconnected nature of these identities and highlights the need to consider them together when addressing social justice issues.

Within the Canadian context, strategies to address GBV have largely adhered to narrow Western, colonial, heteronormative, and cisgender frameworks. This is made evident by the unchanged perception of GBV as an issue that exclusively impacts cisgender, heterosexual women. This has exacerbated GBV against 2SLGBTQ+ individuals and their communities by decreasing the likelihood of their experiences being validated and resulting in their systemic exclusion from responses to GBV. This literature review focused on the gaps in knowledge, services, and resources that acutely impact 2SLGBTQ+ youth who experience GBV in public spaces.

The overwhelming lack of both qualitative and quantitative data collected on the prevalence of GBV as it targets gender identity and expression is a significant limitation in this review. This lack of data leaves a gap in understanding

the overall effect of GBV in public settings against 2SLGBTQ+ youth. Canadian data on the subject is also limited with even fewer sources that cite primary data or have conducted primary data analysis.

This review expands on the definition of GBV stated earlier, as well as identifies the ways that public forms of GBV uniquely harm 2SLGBTQ+ communities. Public spaces identified and discussed in this review include schools, workplaces, healthcare environments, and street settings. Once the scope of public GBV against 2SLGBTQ+ communities has been established, its impacts on this population will be explored. This review will also identify some recommendations to address GBV against 2SLGBTQ+ youth, as well as existing gaps in knowledge and resources. In its conclusion, the review outlines next steps to address GBV against queer and trans youth.

3.1.1. Language

This literature review uses terminology that is often employed in intersectoral analyses on the prevalence and effects of GBV. Focusing on the systemic and social factors that facilitate the targeting of one's gender identity and expression, "gender mainstreaming (GM) is a globally accepted strategy for promoting gender equality" (Hankivsky, Olena and Linda Mussell, 2018). GM highlights the importance of recognizing the unique ways that gender is enmeshed in systems of power and privilege (Hankivsky et al., 2018). Gender-based analysis plus (GBA+) is employed within Canada's GM framework, which is "more responsive to an increasingly diversified Canadian population, and [is] what might be required to better operationalize intersectionality in equality-focused policy contexts" (Hankivsky & Mussell, 2018, p. 304). GBA+ analysis frames the way GBV is presented throughout this literature review, and how it is experienced both institutionally and interpersonally by 2SLGBTQ+ youth accessing programming and resources.

In framing of GBV as a systemic issue, colonialism, cissexism, heterosexism, and patriarchy are the broader power structures which enable GBV against 2SLGBTQ+ youth particularly for their deviation from the normative roles ascribed by these systems (Wirtz et al., 2020). Systemic cissexism is a form of oppression that discriminates against Two Spirit, transgender, and non-binary people. Cissexism permeates institutions and upholds the belief that all people identify with the sex they were assigned at birth and are therefore cisgender. Gender and sexuality are closely linked in connection to social identity thus, heterosexism is a system of oppression closely linked to cissexism. Heterosexism presumes that all people are heterosexual and creates barriers for people who do not align with this dominant expression of sexuality/sexual orientation. The literature compiled in this review aims to not only identify cis-hetero-patriarchy as the root cause of GBV, but to recognize the ways it shapes the social recognition of GBV, access to services and resources, and reporting channels.

Furthermore, the literature in this review recognizes age as an additional source of oppression. We have chosen to address ageism, by focusing on the experiences of 2SLGBTQ+ individuals aged 16-24, henceforth referred to as 'youth.' It is important to differentiate between the GBV experienced by 2SLGBTQ+ youth and the experiences of adults because their life stages lead to differences in understanding and access to support, opportunities, and wealth. For example, as James and his colleagues (2016) note, "the current experiences and needs of transgender youth often differ from those of adults in a number of key areas, including experiences related to education, employment, accessing health care, and updating identity documents" (p. 23). In fact, a study has found that "younger people have

a greater likelihood of experiencing violence than older people" (Lombardi et al., 2002, p. 98). This differentiation also examines a hierarchy between youth and adults, and how adult figures such as parents, legal guardians, family members, foster parents, and service providers can be perpetrators of GBV against 2SLGBTQ+ youth.

3.2. Contextualizing GBV Against 2SLGBTQ+ Youth in Canada

Looking back, the worst part is I couldn't even talk about what was happening. To speak about the violence would mean acknowledging that I was different from the people around me, which would result in more violence. I couldn't talk to my parents about it because I felt like they would stop loving me if they knew that I was different (Vaid-Menon, 2020, p. 19). GBV against 2SLGBTQ+ individuals is both a pervasive and often invisible form of GBV, especially as it is understood through "colonial, cisnormative, and heteronormative frameworks by much of Canada's VAW and GBV sector" (Vaid-Mernon, 2020). As a result, the experiences of 2SLGBTQ+ people, particularly individuals whose gender identity and gender expression are perceived as outside of the normative gender binary, are often unaccounted for when reporting the prevalence of GBV (Bauer & Scheim, 2014). While there are common heteronormative narratives in GBV rhetoric that identify all victims as women and all perpetrators as men, some scholars have recently shifted to include and highlight the heightened prevalence of GBV toward 2SLGBTQ+ people (Leburu et al., 2022, p. 37). Research on these forms of GBV is also becoming more robust, as there is a discursive shift from understanding GBV as an isolated or episodic phenomenon, to a system of oppression that threatens the wellbeing of 2SLGBTQ+ youth, causing "unspeakable harm" (Fileborn, 2019, p. 224). While the impacts of GBV on transgender, non-binary, gender nonconforming, and gender diverse individuals are becoming more well-documented, they still often lack an intersectional framework that considers the unique experiences of Black, Indigenous, and racialized 2SLGBTQ+ youth.

Research gaps on GBV can be associated with considerable harm, given the lack of intersectional and longitudinal data collection on the prevalence of GBV against 2SLGBTQ+ youth in particular despite, an increased risk of violence against them (Crooks et al., 2019). The lack of research and data can be considered as another form of harm against 2SLGBTQ+ youth as it fails to effectively acknowledge their unique experiences and accurately capture the violence they experience as GBV. This leaves queer and trans youth unacknowledged and unsupported by the resources and systems created to address GBV that have been developed because of research.

Data collection methods have been inadequate and most estimates of GBV exclude the experiences of transgender and gender-nonconforming folks even though all transphobic violence is inherently GBV (Wirtz et al., 2020). Transgender Canadians are "more likely to experience inappropriate behaviours in public, online and at work than cisgender Canadians" (Jaffray, 2020, p. 3). While the prevalence of GBV in public places such as workplaces and schools are well-documented as either a symptom of toxic workplace culture or bullying, much of the literature fails to explore whether the GBV is experienced due to the person's actual or perceived 2SLGBTQ+ identity.

Trans and gender-diverse youth "experience elevated levels of harassment, bullying, and physical or sexual violence in school during gender transition and development" (Wirtz et al., 2020, p. 230). In the face of such harm, data, and analysis on the increased violence against trans youth by perpetrators targeting their gender identity is acutely necessary. The victimization of youth who are perceived to be trans is associated with poor health outcomes (Wirtz et al., 2020, p. 231). Low levels of recognition of GBV against 2SLGBTQ+ youth also result in social programming

and violence prevention efforts that are inadequate because they do not have a fulsome understanding of the ways that GBV, particularly intimate partner violence (IPV) can happen to 2SLGBTQ+ youth (Crooks et al., 2019, p. 31).

3.2.1. Systemic GBV and Reporting as a Site of Violence

The low social recognition of GBV against 2SLGBTQ+ youth works in tandem with the prevailing criminal justice strategy that is used to address GBV. Ronagh McQuigg's (2013) call to view and address GBV as a public health problem is a critique of strategies that are heavily reliant on criminal justice systems because "pro-arrest and pro-prosecution policies are in themselves inadequate to support victims" (p. 40). Additionally, many individuals experience GBV within these systems, at the hands of those who work within them. Trans individuals who engage in sex work or are presumed to be sex workers particularly experience this. For instance, police frequently assumed that respondents to the 2015 U.S. Transgender Survey were sex workers (James et al., 2016, p. 14). 86% of those who "interacted with the police either while doing sex work or while the police mistakenly thought they were doing sex work[…]report[ed] being harassed, attacked, sexually assaulted, or mistreated in some other way by police" (James et al., 2016, p. 14). The criminalization of trans women, particularly Black and racialized trans women assumed to be sex workers, is additionally problematic when Black and racialized trans people seek police assistance and are met with suspicion and/or experience GBV.

The basis of violent police interactions against 2SLGBTQ+ people can be found in some of their first interactions with institutions that implement policing initiatives under the guise of behavioural discipline. Schools are an example where 2SLGBTQ+ youth are over-policed. A national longitudinal study in the U.S. found that, "non-heterosexual adolescents, particularly girls, are disproportionately sanctioned by schools and criminal justice authorities, despite the fact that they are not engaging in more law-breaking or transgressive behaviour than their heterosexual peers" (Mountz, 2016, p. 288). In the study, Mountz used community-based participatory research to build on that finding and make sense of how the intersections of gender identity, sexuality, class, and race affect the likelihood of youth interacting with the justice system and experiencing state-sanctioned violence within it. State-sanctioned forms of violence include "those permitted under policies like stop and frisk and the permitted, largely unmonitored use of restraint within correctional facilities" (Mountz, 2016, p. 288). Early in their interactions with an expectedly "safe" institution such as school, 2SLGBTQ+ youth are targeted by punitive measures which sows a deep distrust in policing that follows them into adulthood.

3.2.2. GBV as Colonial Violence Against Indigenous 2SLGBTQIA+ Youth

> " I think about the time an Elder told me to be a man and to decolonize in the same breath. There are days when I want to wear nail polish more than I want to protest. But then I remember that I wasn't meant to live life here and I paint my nails because 1) it looks cute and 2) it is a protest. And even though I know I am too queer to be sacred anymore, I dance that broken circle dance because I am still waiting for hands that want to hold mine too. "
>
> (Billy-Ray Belcourt, 2019, p. 11)

In Canada, where unequal social relations are shaped by the historic and persistent institutionalized settler colonialism, GBV against Indigenous women, girls, and Two Spirit individuals serves as a systemic function of state violence. According to Sarah Hunt (2016), Kwagiulth academic and researcher, "targeting Indigenous bodies as sites of dispossession– non-consensually renaming, re-gendering, and racializing Indigenous children while denying them their cultural roles and teachings – is not coincidental but strategic." 2SLGBTQ+ Indigenous youth experience the unique intersection of a misrecognition of their gender identity, sexuality, and expression, as well as the prevalence of violence against them and their communities through state structures and systems. The gaps in resources and support for 2SLGBTQ+ Indigenous youth are acutely apparent in the inadequate responses to the ongoing crisis of Missing and Murdered Indigenous Women and Girls (MMIWG). For 2SLGBTQ+ Indigenous youth in particular, public forms of GBV are a frequent occurrence when interacting with services that only operate through a colonial, cisgender, and heteronormative framework (2SIMS, 2021, p. 27). The narrow institutional and social understanding of GBV in state, and state-sponsored mechanisms not only negatively shapes Two Spirit, queer and trans Indigenous youth experiences navigating services, but also contributes to their broader societal exclusion.

According to the 2SLGBTQQIA+ Sub-Working Group of the MMIWG2SLGBTQQIA+ National Action Plan, Indigenous concepts of gender identity prompted the inquiry on missing and murdered Indigenous women and girls to include Two Spirit and Indigenous LGBTQ+ people (Lezard et al., 2020, p. 6). The Sub-Working Group (2020) also identified that "2SLGBTQQIA+ people and kin are erased from mainstream Gender-Based Analysis (GBA)" (p. 25). To fill this crucial gap in strategic planning a 2SLGBTQQIA+ approach to GBA was created. The final report identified GBV as a form of "gendercide", which is "the killing of a specific gender group and is generally used to refer to a generalized history of girls and women as being targeted, but also includes trans and non-binary folks" (p. 13). The authors of the final report demonstrate how gendercide was used to establish colonial rule through reproductive coercion in the form of forced abortions, of infants through infanticide, and of Indigenous women, girls, and Two Spirit people through GBV (p. 6). This tactic directly targeted Indigenous communities' ability to pass their knowledge systems on to their kin, and deliberately prevented births of Indigenous youth who would never become the next generation of knowledge keepers, elders, or Two Spirit community leaders.

Disrupting the immeasurable harm that continues to be perpetrated against Indigenous 2SLGBTQ+ youth remains at the forefront of several Indigenous-led efforts to combat both lateral and systemic GBV. There are promising interventions in trauma-informed responses to GBV against 2SLGBTQ+ Indigenous youth. Indigenous-led services and resources are establishing new standards of care in trauma-informed GBV responses, and settler organizations and services must take this as a call-to-action in reviewing their own practices.

Statistics, while painting a grim picture of GBV against Indigenous 2SLGBTQ+ youth, do not begin to capture the full spectrum of resilience and resistance they possess. A theme that is woven throughout the 2SLGBTQQIA+ Sub-Working Group of the MMIWG2SLGBTQQIA+ National Action Plan is the recognition that "2SLGBTQQIA+ youth have a voice that is strong, creative, generous, loving, forgiving, future-imagining, ancestral-holding, with passion and love for their communities" (Lezard et al., 2020, p. 40). This expansive understanding of Indigenous 2SLGBTQIA+ youth advocacy demonstrates how intersectoral gaps are being navigated by this community, with compassion and a commitment to justice for survivors of GBV.

3.3   GBV in Public

In Canada, services that support survivors of GBV often focus on private domains such as households, one-on-one interactions, and places of informed consent such as medical offices. While domestic violence is "one of the most common forms of gender-based violence" and many forms of GBV take place in the private sphere, public GBV is a cause of concern (McQuigg, 2013, p. 40). The Trans PULSE Project found that approximately two-thirds of trans people in Ontario have avoided public spaces such as public washrooms, gyms, malls, schools, and restaurants for fear of being harassed, being perceived as trans, or being outed as trans (Bauer and Scheim, 2015, p. 5). According to the 2015 U.S. Transgender Survey, 14% of respondents were denied equal treatment of service, 24% were verbally harassed, and 2% were physically attacked for being transgender when visiting public spaces where staff either knew or thought they were trans (James et al., 2016, p. 16). That survey also inquired specifically about public washrooms and found that "respondents reported being verbally harassed (12%), physically attacked (1%), or sexually assaulted (1%) when accessing a restroom" and 9% of respondents were denied access to a restroom in the past year (James et al., 2016). The survey itself was open to trans, gender non-conforming and genderqueer people over the age of 18, meaning this data does not fully reflect the experiences of youth as they have been categorized in this report (i.e., people between the ages of 16-24). Additionally, it is an American study. However, this data still captures the experiences of queer and trans youth and may be informative across age categories and borders. It also illustrates that public GBV is indeed experienced by trans and genderqueer individuals. Moreover, the study points to the disproportionately negative health outcomes that GBV in public spaces has on 2SLGBTQ+ youth due to the lack of safety they feel including in reporting these experiences, as well as the limited options that exist for recourse and accountability.

According to Jaffray (2020) the Survey of Safety in Public and Private Spaces (SSPPS) was the first Statistics Canada survey to "debut a new method of collecting write-in information on sexual orientation." The survey took a more detailed approach to collecting data on GBV in Canada which is critically important as GBV survivors do not always report to the police, and anti-trans violence is often misreported as anti-gay/lesbian violence (Cotter and Savage, 2019, p. 24; Lombardi et al., 2002, p. 91). The misnomer 'gay bashing' as a catch-all term for GBV, detracts from non-physical and/or other forms of violence experienced by individuals who are perceived as transgressing the gender binary and norms of gender expression. Misrepresenting GBV solely as homophobia does not accurately reflect how an individual's gender identity and/or expression are targeted particularly because they are not deemed to belong in a cisnormative, heteropatriarchal society.

3.3.1   GBV and Street Harassment

IInitial findings from the seminal Survey of Safety in Public and Private Spaces found that women were more likely than men, "to have experienced unwanted behaviour or violence while on the street versus while in another public place, such as a bar or restaurant" (Cotter and Savage, 2019, p. 24). This survey had only a small sample size of transgender and gender-diverse Canadians' experiences with GBV (Cotter and Savage, 2019, p. 5). This is a consistent limitation of literature that seeks to analyze the prevalence and effects of street harassment as a form of GBV, because violence against 2SLGBTQ+ individuals is understood as a phenomenon adjacent to, but not actual GBV. There is an emergence of literature that centres the experiences of 2SLGBTQ+ people and particularly transgender individuals, which helps to bolster the overall increase in the recognition of transphobia as a form of GBV. 33% of respondents in the 2015 U.S. Transgender Survey reported being verbally harassed in public by a stranger because they were transgender in the past year. This experience is even more frequent for trans women of colour, "particularly multiracial (51%) and Indigenous (47%) women," and transgender individuals who said that others could usually tell they were transgender without being told (55%) (James et al., 2016, p. 202). These findings are important to consider when approaching public GBV against 2SLGBTQ+ youth as it showcases which youth are more likely to be victimized, namely women, feminine-presenting, transgender, and racialized queer youth.

There is evidence that lateral violence has replicated the systemic oppression in which queer and trans people experience street harassment. This can also impact how likely someone will be to report their experiences of street harassment. Bianca Fileborn (2019) argued that disclosing street harassment can be conceptualized as a political process but not all experiences are heard equally. For example, "people of color, LGBTQ+ communities, and those living with disability either believed they were excluded from activist spaces or had direct experience of being excluded from these spaces" (Fileborn, 2019, p. 234). Fileborn (2019, p. 245) found that the predominantly white and privileged participants of her study had an easier time speaking about the street harassment they have experienced and being heard because of their identity. An individual's recognition of their own experiences of GBV are closely related to the sociocultural validation of those experiences as being oppressive and harmful. The experiences of GBV by Black, Indigenous, and racialized 2SLGBTQ+ people are often diminished and silenced, due to the consistent undervaluing of their lived experiences and by extension, their humanity, by a racist, cisgender, heteropatriarchal society.

3.3.2. GBV in Schools

The prevalence of GBV in educational institutions is important because of the unique trends that emerge for 2SLGBTQ+ youth from elementary to secondary school and onwards to post-secondary settings. In the Canadian context, a national survey found that "62% of 2SLGBTQ youth say they feel unsafe at school" (Peter, Campbell & Taylor, 2021). The percentage of trans youth who report feeling unsafe at school is even higher at 83% (Peter et al., 2021). 48% of trans youth reported that they skipped school because they did not feel safe (Peter et al., 2021). The danger for trans youth compared to their cisgender counterparts highlights the unique ways that 2SLGBTQ+ youth experience GBV and being targeted for their gender identity and expression. The 2015 U.S. Transgender Survey found that 77% of trans people who disclosed or had been perceived as transgender while in school (Grade K–12) reported experiencing some form of GBV (James et al., 2016). The survey data goes on to show that among respondents that were out as trans or perceived to be trans in school (K-12) transphobic GBV was experienced "including being verbally harassed (54%), physically attacked (24%), and sexually assaulted (13%)" (James et al., 2016, p. 4). Violence is predominantly perpetrated by classmates, but it also may be perpetrated by teachers and other officials at the institution (Grant et al., 2011). Due to the low recognition of GBV against 2SLGBTQ+ youth, particularly by teachers and school administrators, 2SLGBTQ+ students don't feel safe to report the GBV they experience out of fear of not being believed (Mitchum & Moodie-Mills, 2014).

3.3.3. GBV in Workplaces

Transgender individuals experiencing GBV in the workplace is not a new phenomenon. A 2002 study found that adults who are out as trans at work "are fired, harassed, intimidated or assaulted by supervisors and co-workers, have their privacy violated, have their property defaced and destroyed, or are murdered" (Lombardi et al., 2002, p. 98). Though this study is now over 20 years old, the data from current studies on workplace violence against transgender employees is overwhelmingly similar. Consistent data is found nearly 15 years later with the 2015 U.S. Transgender Survey in which 30% of respondents reported having experienced transphobic mistreatment in the workplace in the year prior to completing the survey (James et al., 2016, p. 4). Mistreatment included being forced to present as the wrong gender at work, verbal harassment, physical attacks, and sexual assaults (James et al., 2016, p. 147). The results of that survey also demonstrated that not all trans workers experience transphobic violence in the

workplace equally. "Respondents currently working in the underground economy (34%), Indigenous respondents (28%), and Middle Eastern respondents (26%) were more likely to report one or more of those experiences in the past year" (James et al., 2016, p. 153). Despite the data reflecting those over the age of 18, these findings present potential risks for younger queer and trans youth, especially Black, Indigenous, and racialized queer and trans youth who find themselves in the workforce. It is also acknowledged that the literature reviewed largely reflects the context of America but is still felt to be informative for the current study, given the limits of Canadian literature.

GBV against 2SLGBTQ+ individuals in the workplace poses a unique challenge for sex workers, many of whom provide services to clients who may fetishize or perceive their gender identity in harmful ways. The dynamic between queer and trans sex workers and their clientele poses a great threat as they are especially vulnerable to physical and sexual acts of GBV. Furthermore, due to their form of work, their experiences of GBV are minimized under some human trafficking discourses that allegedly seek to criminalize clients who solicit sex, but actually harm sex workers by blaming victims and stigmatizing them. Egale Human Rights Trust (2017) echoes a familiar call to action for many sex workers: "introduce appropriate mechanisms for reporting sexual violence that respect sex work as an occupation and eschew heteronormative and cisnormative assumptions surrounding sex work as an industry." It should be noted that not all anti-trafficking efforts perpetuate this harm and that queer and trans youth, in particular those under the age of 18 who experience commercial sexual exploitation, deserve the protection enshrined in the Convention on the Rights of the Child and its Optional Protocol.

3.3.4. GBV in Healthcare

In 1999, the Committee on the Elimination of Discrimination Against Women (CEDAW) explicitly linked GBV with health. This meant not only calling for States to enact laws and health care protocols to address GBV, but also calling for "fair and protective procedures for hearing complaints and imposing appropriate sanctions on health care professionals guilty of sexual abuse of women patients" (McQuigg, 2013, p. 44). In so doing, they acknowledged that health care settings are spaces where GBV can be both addressed and perpetrated. The CEDAW analysis of GBV served as a basis for social health research that sought to establish the negative health outcomes associated with GBV. In this review, this idea is extended to claim that GBV is a critical health issue for 2SLGBTQ+ individuals and youth specifically. Therefore, the training that the Committee advocates for should extend to those populations as well.

In 2016, the call for training for health care professionals continued. Egale Canada Human Rights Trust found that "lesbian, bisexual, and transgender (LBT) women, especially Indigenous women and women with multiple marginalized identities, as well as gender diverse and Two Spirit people" face a heightened risk of GBV (Bucik, 2016, p. 3). In light of this, they recommended that the training "first responders, healthcare professionals, shelter and support service workers, child welfare workers, and victim services" receive eschews "heteronormative and cisnormative assumptions regarding domestic and intimate partner violence" (Bucik, 2016, p. 3). In the qualitative phase of the Trans PULSE project, a participant reported being denied care because they were trans (Bauer and Scheim, 2015, p.4). GBV within healthcare is especially real for those who experience multiple forms of discrimination. For instance, the Trans PULSE project (2015, p. 5) showed "that racism and transphobia can interact synergistically to put trans persons of colour who experience high levels of both at particularly high risk for HIV." 33% of the

respondents of the 2015 U.S. Transgender Survey who saw a health care provider in the past year, "had at least one negative experience related to being transgender, such as being verbally harassed or refused treatment because of their gender identity" (James et al., 2016, p. 5). Mistreatment in health care settings may lead to trans individuals avoiding health care (Bauer and Scheim, 2015, p. 5). Avoiding healthcare due to fear of GBV is a serious and potentially fatal concern for many 2SLGBTQ+ individuals, including youth, and in particular trans patients. This data highlights the queer and trans youth that are most vulnerable to GBV within healthcare additionally exacerbated by their age and the resultant disparity in social power reinforced within formal institutions like hospitals and clinics.

3.4. Effects of GBV on Queer and Trans Youth: Mental Health Outcomes

There is robust evidence showing gender and sexual minority youth are at a higher risk for poorer mental health outcomes than their heterosexual and cisgender peers. Staggeringly, 26.2% of Canadian LGBTQ first-year university students in the prairies were found to have made at least one suicide attempt versus 8.9% for non-LGBTQ respondents and LGBTQ students were 7.2 times more likely to have made a suicide attempt before (Peter & Taylor, 2014). LGBTQ respondents were also "2.6 times more likely to have seriously contemplated suicide" with 23% of LGBTQ respondents having reported to seriously contemplate it as compared to 8.9% of non-LGBTQ respondents (Peter & Taylor, 2014). Peter and Taylor's (2014) data was also split by gender and sexual identity, "gay and bisexual men were 2.1 times more likely than heterosexual men either to have attempted suicide or to have experienced serious suicidal ideation", whereas queer women were 5.6 times more likely than heterosexual women to have attempted suicide or to have experienced serious suicidal ideation". This suggests that gender is an important factor when considering suicidal behaviour in the 2SLGBTQ+ community. Furthermore, in a meta-analysis of 23 population-based studies, results demonstrated that sexual minority youth "have approximately three times the odds of depressive symptoms or a depressive disorder compared with their heterosexual peers" (Lucassen et al. 2017). Four studies included in this meta-analysis showed that the risk was even greater for women and girls who were sexual minority youth (Lucassen et al. 2017). This increased risk was also found in a study involving transgender high-school students in California; the population-based sample showed that transgender youth were significantly more likely to report depressive symptoms and had 2.99 times the risk of "reporting past-year suicidal ideation compared to non-transgender youth (Perez-Brumer et al. 2017). Moreover, transgender youth who also identified as LGB were at an even greater risk for past-year suicidal ideation.

"Depression and school-based victimization partially explained the association between gender identity and suicidal ideation" in this study (Perez-Brumer et al. 2017). Victimization is defined by the American Psychological Association (n.d.) as "the act or process of singling someone out for cruel or unfair treatment, typically through physical or emotional abuse." Several other studies have also linked victimization to the increased suicidal ideation amongst 2SLGBTQ+ youth (Aragon et al. 2014; Greytak et al. 2010; Toomey et al. 2010). Longitudinal research among LGBT students who have experienced multiple forms of violence during childhood (e.g., childhood physical and sexual violence, school-based sexual harassment, bullying victimization, family rejection, etc.) found that these

students experienced higher levels of depressive symptoms, suicidal ideation and attempts, and sexual risk-taking (Hatchel, Espelage, & Huang, 2017; Perez-Brumer, Day, Russell, & Hatzenbuehler, 2017; Robinson & Espelage, 2013; Russell, Ryan, Toomey, Diaz, & Sanchez, 2011). The link between victimization and suicidal ideation amongst 2SLGBTQ+ youth demonstrates one of the impacts GBV can have. The research also shows that there is a need for intersectional analysis when looking into and addressing the disparities in depression and suicidal behaviour amongst 2SLGBTQ+ youth, particularly with attention to gender and dual LGBT identities (Peter & Taylor. 2014; Lucassen et al. 2017; Perez-Brumer et al. 2017). The negative effects of GBV on the mental health outcomes of 2SLGBTQ+ youth cannot be overstated.

3.4.1. Substance Use and Addiction

A population-based study of middle-schoolers and high-schoolers in California, Day et al. (2017) found that transgender youth used substances 2.5 – 4 times more frequently than their cisgender counterparts. This remained true even after adjusting for the known risk factors of victimization (such as bullying and harassment), depressive symptoms, and perceived risk of substance use. The substances included in this study were "alcohol, cigarette[s], marijuana, other illicit drugs, polysubstance use, and heavy episodic drinking" (California, Day et al., 2017). Notably, past 30-day polysubstance use was 4 times higher in transgender youth than cisgender youth. Another study from California has shown that "LGBT people who experience discrimination based on sexual orientation, race, and gender are four times more likely to have a substance use disorder compared to those that have not faced discrimination" (Sérráno et al., 2018). Again, the ties between stigma and poor mental health outcomes are shown here. As Sérráno et al. pointed out, "experiencing discrimination can lead to mental health issues such as anxiety and depression, which can then lead to substance abuse."

3.5. Existing Recommendations to Address GBV Against 2SLGBTQ+ Youth

The 2021 MMIWG2SLGBTQQIA+ National Action Plan Final Report and 2 Spirits in Motion Society (2021) have offered urgent and important recommendations pertaining to 2 Spirit and Indigiqueer people. The National Action Plan includes recommendations regarding police, sex work, schools, incarceration, homelessness and health (Lezard et al., 2020, p. 56). They have called upon governments and services providers to fund and support youth programs, police services to engage in education regarding 2SLGBTQ+ people, to ensure students are educated about 2SLGBTQ+ identities in schools, and for correctional services to ensure that the rights of trans people are protected (Lezard et al., 2020).

The Trans Pulse Project has included recommendations to support trans youth experiencing GBV (Bauer and Scheim, 2015, p. 6-8). These recommendations focus on the need to foster social acceptance of trans youth, especially amongst their families. Things such as formal recognition of gender diversity and expression, personal documents that reflect gender identity, and access to medical transition care allow trans youth to more safely exist in society. Wisdom2Action's Queering Gender-Based Violence Prevention and Response in Canada, synthesized recommendations from a number of sources including insights from its own 2019 report titled LGBTQ2+ Youth

Priorities for Addressing Gender- Based Violence. According to this report, youth articulated many recommendations to improve programs and services to address GBV. The recommendations were not only addressed to programs specifically about GBV prevention, but were also aimed at education, family services, and housing (Falco, Tesolin & Johnstone, 2022, p. 38).

3.6. Gaps in Existing Literature and Future Possibilities

There are significant cross-sectoral gaps in knowledge despite recent efforts to collect qualitative primary data on the experiences of GBV against 2SLGBTQ+ youth. We can then assume similar gaps exist in service provision for queer and trans youth impacted by GBV. In particular, there are significant gaps in data collection about the experiences of GBV against 2SLGBTQ+ youth in the workplace. Especially noteworthy are the ways in which unequal access to employment or the trend of underemployment for 2SLGBTQ+ youth is endemic to the type of social exclusion caused by GBV. In Wisdom2Action's 2020 report Ottawa 2SLGBTQIA+: Service Needs, Gaps, and Recommendations (p. 17), it is noted that "2SLGBTQIA+ communities experience numerous barriers to employment and financial stability, including the prevalence of 2SLGBTQIA+ young people experiencing homelessness, real or perceived employment discrimination, and a lack of safety in many workplaces." The urgent need to collect data on the disparate experiences of GBV against 2SLGBTQ+ youth in the workplace is eclipsed by their consistent exclusion from meaningful and gainful employment opportunities.

The presence of gaps in data and its collection is documented throughout this review, but what has also been overreported and well-documented is the increased risk of GBV against 2SLGBTQ+ youth, and "it is time to move away from this deficit focus and toward strengths-based approaches that work with groups… who are marginalized to design, implement, and evaluate GBV programs" (Crooks et. al, 2019, p.42). 2SLGBTQ+ youth experiences of GBV must be understood in its social contexts, but also analyzed alongside stories of resilience and peer leadership on the issue where service providers have historically failed.

4. The Out in Public Project

With an increased level of understanding of the issue of GBV against 2SLGBTQIA+ youth, based on the literature and its own project work, Wisdom2Action, in collaboration with SFU's REAFFIRM team, funded by CIHR launched the Out in Public Project in 2022.

The following is a description and analysis of the project and its findings.

The primary objectives of the project were three-fold, to:

● strengthen intersectional knowledge of 2SLGBTQ+ young peoples' experiences with forms of public GBV in Canada

● analyze the impacts of this violence on 2SLGBTQ+ young peoples' mental health and well-being, and

● use this data to provide insights for 2SLGBTQ+, youth-serving and anti-GBV organizations across Canada to better understand and thereby address public GBV of 2SLGBTQ+ young people.

4.1. Theoretical Framework

Before delving into the project's methodology and findings, it is critical to outline that our research was grounded in principles and practices of intersectionality and community-based research informing both the way we conducted the research and our analysis.

Intersectionality is an analytical framework that emerged from Black feminist theory, coined by Dr. Kimberlé Crenshaw (1994), to address the intersections of gender, race, and class. Intersectionality studies the relationships between systemic oppressions and the inequalities they manifest. In this project, we used intersectionality to address the diverse lived experiences of 2SLGBTQ+ young people in regards to public forms of GBV and mental health and wellness. We recognize that colonialism, racism, cissexism, heterosexism, classism, and ableism, among other systems of power, shape, compound, and are experienced differently across contexts. By considering and deepening our understanding of the ways in which ethnicity, race, immigration status, religion, language, age, ability, gender identity, gender expression, and sexual orientation shape the experiences of 2SLGBTQ+ young people, we are able to address the respective systems of oppressions and their impacts.

In the spirit of 'nothing about us without us,' Community-Based Research (CBR) principles and practices underpin the project's approaches to knowledge creation, translation, and mobilization. CBR principles of engagement, equal partnership, accountability, and capacity strengthening have been brought to life through our ongoing and reciprocal relationships with 2SLGBTQ+ young people. This was demonstrated in the recruitment of community research assistants and throughout the interview and focus group implementation.

Using the above principles to guide our analysis, we identified 13 themes that were categorized into three sections presented in the findings of this report below. These three sections cover: 1) Experiences of Public GBV and its Relationships to Space, 2) Identity Considerations that Affect Experiences of Public GBV, and 3) Mental Health Impacts and Other Consequences of Public GBV. We have also included a number of recommendations based on the fin

4.2 Methodology

The goal of this project was to better understand the experiences of public forms of GBV against 2SLGBTQ+ youth and the subsequent impacts on their mental health. A mixed methods approach was used for this study and the following data collection tools were employed: focus groups, interviews, and a survey. These tools were chosen as they would allow for the collection of first-hand accounts of GBV from the study's target demographic.

The interviews were semi-structured, allowing participants to freely share information about their experiences. The approach enabled the consistent collection of data from all participants. The focus groups allowed for safer contexts of engagement for individuals with intersecting marginalized identities such as Black 2SLGBTQ+ youth and 2SLGBTQ+ youth with disabilities. This style of closed focus group was designed for community members that have experienced exclusion and lateral violence. This approach was chosen to maximize the sense of comfort and safety, allowing participants to more openly share their experiences of public GBV, including the unique ways GBV has impacted them as a result of their intersecting identities. These methods allowed for rich and meaningful qualitative data that a survey alone would be unlikely to capture. The focus groups and interviews alongside the survey provided a robust set of data and the ability to compare our qualitative and quantitative data to triangulate findings in this study.

The initial intent was to conduct eight focus groups via Zoom, ten individual semi-structured interviews via Zoom, and receive up to 400 responses to the survey. By the end of the study the following numbers had been met:

- Three focus groups with a total of 18 youth

- Eight interviews

- A range of 12 to 507 survey responses (due to all questions being optional and skippable there was a range of response numbers)

Our project team employed the following methodological approaches when designing and carrying out data collection activities:

Appreciative Inquiry:

We took an appreciative, curious, and strength-based approach to our work and identified what people, organizations, and communities needed through appreciative questions, interviews, story sharing, creative exploration, and co-analysis.

Community Development:

We began from a place of profound respect for those with whom we work. Our approaches valued and supported our stakeholders' experiences. We built their involvement into the process and supported their ability to continue the work upon project completion.

● Collective Impact:

Every aspect of our work was driven by our desire to build and strengthen relationships, enhance coordination, and undertake mutually beneficial activities to improve sector-wide capacity. We strove to identify opportunities for system transformation that would strengthen community infrastructure and thereby enhance collective impact.

● Reconciliation & Cultural Safety:

We were committed to further reconciliation between Indigenous and non-Indigenous communities in Canada through our work. We sought out the input and support of Elders and communities to ensure this project fulfilled the TRC commitments. We put in place processes to build cultural safety in our work and the work of our partners.

● Trauma Informed:

Every aspect of our work was driven by our desire to build and strengthen relationships, enhance coordination, and undertake mutually beneficial activities to improve sector-wide capacity. We strove to identify opportunities for system transformation that would strengthen community infrastructure and thereby enhance collective impact.

Due to the large scope of the project and the target population of the project, four community research assistants (CRAs) were hired. The CRAs led the literature review, interviews, focus groups, and analysis, with guidance and oversight provided by the W2A team. Since the project focused on 2SLGBTQ+ youth, CRAs were selected who identified as such, and had lived experience with public forms of GBV. This was an important aspect of the study as the CRA's lived experience and identities ensured that the study would be conducted in a meaningful way and would allow the project to be guided by their wisdom and experience. Having 2SLGBTQ+ youth facilitators was a strategy to provide participants in our focus groups and interviews with an additional sense of safety and comfort as they would be speaking to someone with shared identities and lived experiences thereby supporting the development of rapport. This decision ultimately allowed the project to not only seek knowledge from 2SLGBTQ+ youth but to engage them throughout the life of the project.

An outreach list was created which contained over 200 Canadian organizations that served youth, 2SLGBTQ+ communities, or both. As the scope of the project was Canada-wide, effort was made to share the information with organizations in each province and territory. Since there was a desire to receive input from a wide range of 2SLGBTQ+ youth, organizations were chosen for their ability to reach diverse populations through their services and resources. This included recreation organizations, shelters, resource centers, family and youth groups and organizations that support communities of specific identities such as Indigenous or racialized groups.

Direct email was initially used to distribute information regarding the focus groups to ensure receipt by the right audience. An $80 honorarium was offered to those who participated to acknowledge the value of their knowledge, experience and participation. After a period of 3 weeks, the number of registrations was insufficient compared to the originally planned goal. The promotional material was then distributed through W2A's social media accounts with a link to a registration form. This resulted in upwards of 100 new registrants in the span of just a few days.

Focus groups were coordinated in phases to accommodate the large number to be implemented. Three focus groups took place in the first round, one for disabled 2SLGBTQ+ young people, one for 2SLGBTQ+ young people who were Black and/or of African descent, and another for racialized 2SLGBTQ+ young people. Attendance in these groups totaled five, eight, and five youth respectively and took place in February of 2023. However, the CRAs who conducted these focus groups questioned the legitimacy of participants' identities and lived experiences due to the limited level of engagement during the sessions. Additionally, suspicious responses included overly vague or brief responses and responses that did not reflect an understanding of the experiences of 2SLGBTQ+ youth in Canada (or even in North America). Further reflection revealed that many applications included similarly vague, poorly answered, and/or identical repetition of responses in back-to-back registrations (identified by the time stamp at the time of submission) raising further concern about some participants' legitimacy.

The concern about the legitimacy of participants was subsequently addressed through 'screening calls' prior to selection which received ethics approval prior to implementation. Screening calls consisted of seven questions and were eight to ten minutes in duration. The questions used for the screening were:

- **What is your chosen name?**

- **As a reminder, this study is only open to people who identify as 2S/LGBTQ+, are between 16 and 24, have experienced gender-based violence and live in Canada. Does this apply to you?**

- **Why are you interested in being a part of this study?**

- **What do you hope to achieve by participating?**

- **Our focus groups are centered around specific identities and experiences. Is there a focus group that you are most interested in attending, and if so why?**

- **If you could have 3 dinner guests from either history or current day who would they be and why?**

- **Do you have any questions for me?**

The questions allowed the team to better determine the potential participant's actual interest in the project, an estimation of their ability to share their ideas and demonstrate critical thinking, as well as verifying eligibility. Several participants were screened-out due to responses that were overly brief, vague, or incomplete. Many responses did not reflect that the participants had lived experience as a 2SLGBTQ+ person in Canada.

More challenges resulted: the pool of participants was greatly reduced and completing eight focus groups on time was unfeasible. To ensure good quality qualitative data was gathered, interviews were conducted rather than focus groups. Another round of email outreach ensued using the initial outreach list and materials (edited to specify interviews rather than focus groups). As a result, eight interviews were conducted with youth across Canada from May to June 2023.

Overall, 300 registrations were received and we heard from 26 2SLGBTQ+ youth. We heard from youth living in rural and remote communities, from populated urban areas, from youth with a wide variety of racial and ethnic identities, and from some who worked as service providers. We were also able to capture the experiences of youth with disabilities and neurodiverse youth. The survey responses provided quantitative data that corroborated what was heard in the focus groups and interviews.

Survey data for the study was drawn from the existing Understanding Affirming Communities, Relationships, & Networks (UnACoRN) study, developed and conducted by the REAFFIRM Collaborative team at SFU. The UnACoRN study was a two-phase survey of youth 15-29 years of age living in North America (Canada or the US). Phase one of the survey was conducted in spring/summer 2022. A total of 9679 participants were recruited from paid advertising (on Instagram, Facebook, Pornhub, and municipal buses), unpaid social media posts (Instagram, Facebook, Reddit, and TikTok), and word-of-mouth, especially through 2S/LGBTQ community organizations. 95% of participants identified as 2S/LGBTQ, and over half were trans or non-binary. The phase one questionnaire included the following topics: gender and sexuality; "conversion" practices and other anti-2S/LGBTQ change efforts or pressures; experiences with team sports; mental well-being; and social-demographic characteristics. Participants were invited to provide an email address to be contacted for follow-up surveys. Additional details about the methods of phase one of the study are published elsewhere.

Phase two of the UnACoRN study was conducted in spring/summer 2023. Eligible participants were respondents to the phase one survey who lived in Canada and provided an email address for future contact. Two email invitations were sent to all eligible participants, and a total of 507 people completed the survey. The phase two questionnaire included the following topics: sex education; abortion and contraception; sexual and romantic relationships; and gender-based violence, including questions drafted by the CRAs for the Out in Public study.

Both phases of the study were conducted in English and French. Questionnaires were drafted in English, pilot tested internally by team members, edited for readability, completeness of question response sets, and flow, then translated to French. Study participants were provided social and mental health resource lists for those seeking supports. Phase one participants were given the option to enter a draw to win one of 15 $100 e-gift-cards or a stuffed unicorn. Phase two participants were each provided a $10 e-gift-card. The study protocol was reviewed by the Simon Fraser University Research Ethics Boards.

Ethics approval for the remainder of the study was granted by SFU. The approved application included the focus group and interview guides (see Appendix A and B). Once approval was received, the W2A team, with support from our SFU partners, began its outreach across Canada to encourage 2SLGBTQ+ youth to participate in the study. Activities to support outreach included the creation of a poster and an email template to send to organizations and individuals. The outreach materials included brief summaries of the project, its goals, as well as eligibility requirements to participate, namely: residency in Canada, being between the ages of 16-24, identifying as a member of the 2SLGBTQ+ community, fluency in either English or French, and lived experience with public forms of GBV.

Upon completing the data collection, recordings of the focus groups and interviews were transcribed. All focus groups were used in the data collection, including those of which had participants that were suspected of being illegitimate as the majority of participants had been legitimate. The transcripts were thematically coded for emergent themes (and subthemes). Descriptive statistics were used to summarize the distribution (count and %) of responses to each question of interest and trends were identified in the data.

The themes and subthemes from the focus groups and interviews were further analyzed and condensed to three categories alongside a set of recommendations which will be shared later on in this report. The three categories are:

- **Public Forms of GBV against 2SLGBTQ+ Youth: Contextual Factors**
- **Identity Considerations related to Public Forms of GBV Against 2SLGBTQ+ Youth, and**
- **Mental Health Impacts and Other Consequences of Public GBV.**

The survey data collected, and the trends identified in it, were used to further corroborate the data collected in the focus groups and interviews.

5. Survey Findings and Analysis

5.1. Survey Findings

From the survey responses it was found that the most experienced public form of GBV was verbal harassment when participants had been called offensive or disrespectful names related to their 2SLGBTQ+ identity. 55.1% of respondents experienced this form of GBV, with the second most common being pressured to do things that did not align with their gender or sexuality (39.1%). Other experiences of public GBV included being prevented from accessing or seeking support from others within the queer and trans community (25.7%) and being threatened with exposure of their sexuality (19.9%) or gender (13.6%). Less commonly reported included having items related to gender presentation or transition being stolen, hidden, or destroyed (3.7%), being touched/attempted to be touched without consent to figure out their identity (10.5%), and being forced to participate in sexual behaviours to prove that their sexuality or gender (11.6%) (see Figure D1).

In connection to the question from which the above data was collected, respondents were asked to identify who had committed these acts (see Figure D2). 53.8% of responses indicated it was strangers who enacted these forms of public GBV against them. However, respondents also identified that many of these acts were committed by people they knew, such as a parent or caregiver (29.4%), a friend or acquaintance (44.2%), a relative (16.5%), an intimate romantic or sexual partner (14.2%), or someone in a position of authority (14.2%). The instances of GBV in the above section were carried out least by coworkers (8.6%) and individuals who respondents were unsure of how to classify (3.6%).

When asked if respondents had experienced public forms of GBV, the data shows that verbal violence was the most commonly experienced (see Figure D3). 55Survey Findings.6% of respondents had experienced verbal harassment, of which 39.3% had experienced it in the last six months, while 60.7% had experienced it outside that timeframe. Sexual violence occurred second most frequently with 12.8% of respondents indicating they had experienced it. Among those who had experienced public GBV in the form of sexual violence, a majority had not experienced it in the last six months (85.2%). Physical violence was the least frequently experienced at a rate of 7.4%, and 3.1% respondents identified this violence having occurred in the last six months. Of those who responded to this question, 27.9% shared that they had not experienced GBV of any kind, while 13.3% of respondents reported they had not experienced public GBV at all.

In regard to the experiences of public GBV, participants were asked what this violence was related to (see Figure D4). 69.5% identified that it was related to their gender expression, and 53.0% said it was related to their gender identity. Another 29.7% shared that it was a result of their trans status. 12% were unsure if the violence they experienced was specifically due to gender identity, expression, or trans status. When asked who had been responsible for these acts of public forms of GBV, respondents verified that strangers (86.8%) and friends or acquaintances (18.8%) were among those most frequently who perpetrated this violence (see Figure D5). Coworkers (7.6%), parents and caregivers (6.0%), relatives (3.6%), and intimate partners (3.2%) were also responsible, but at a lower rate.

The survey also asked about locations in which respondents were fearful of and places where they had experienced public forms of GBV (see Figure D6 and D7). They shared that they most frequently felt unsafe on public streets (61.4%), in public bathrooms (46.0%), and school settings (40.8%). This aligned with the places in which respondents shared they had experienced GBV as 73.7% of respondents reported experiencing it on public streets, 50.6%

experienced it within schools and 19.0% in public bathrooms. Respondents also shared that they feared GBV in other places including formal public settings such as restaurants and government buildings (25.7%), and healthcare environments (25.9%). When compared to settings where GBV has been experienced, there is again a similar alignment with 22.3% reported having experienced GBV in formal public spaces and 13.0% in a healthcare setting. Respondents less frequently selected prison/jail (2.2%) and courtrooms/legal proceedings (2.2%) as locations they feared GBV, similarly reflecting actual reported locations in which past experiences had occurred at the rates of 0% and 0.4% respectively. The significantly lower numbers can potentially be attributed to the limited overall experience of youth in these spaces as compared to how often they access, for example, schools and public streets.

The next area of data collection focused on behavioural changes in respondents as a result, and fear of, public forms of GBV. Respondents were asked if they had avoided certain public spaces, changed the time of the day they choose to go out, altered their gender expression or generally changed their behaviour in some way to avoid violence (see Figure D8). The data shows that 64.6% of respondents had avoided certain spaces, with 41.7% having done so in the past 6 months. 45.4% of respondents altered the time of day they went outside to avoid violence, of which 28.5% of respondents had done so in the last 6 months. 49.1% shared that they had changed their gender expression to avoid public forms of GBV, while 26% said they had changed their behaviour to avoid violence in other ways. While this question focused on how youth adapted, the question was also posed if others had intervened to help respondents when they experienced public forms of GBV (see Figure D9). Most respondents identified that no one had tried to intervene while witnessing the violence (84.24%).

Regarding reporting, respondents were asked who they told about their experiences (see Figure D10). The majority of respondents, 78.3%, had told friends or acquaintances, followed by romantic partners/spouses at 45.9%, and parents or caregivers at 35.7%. 22.5% of respondents also reported telling their siblings, social media and/or media sources (18.0%), someone in a position of authority (14.3%), relatives (12.7%), and police (3.7%). Respondents shared that a human rights body, such as a specialized court that handles instances of gender-based discrimination and violence, was confided in, only 1.2% of the time. A remaining 17.2% of respondents had either not told anyone (13.2%) or had told someone not listed in the question (4.1%).

The final set of questions looked at instances of public forms of GBV within the judicial system as well as places where services are provided such as government agencies and private businesses. When asked if they had been harassed by police in public, 5.8% of respondents reported it had happened but not within the last six months, while 0.5% said they had experienced it in the last six months (see Table D11). When asked about police harassment in other settings, we find a similar pattern, 2.6% had experienced it at some point outside of the last six months, 0.3% had experienced it in the last six months, but most respondents (97.1%) had not experienced it at all (see Table D12). For those who had experienced harassment by police, they were asked to identify why they believed they were targeted (see Figure D13). 32.3% said they believed it was due to their gender expression, and 22.6% thought it was due to their gender identity. 16.1% believed it was due to their trans status, while another 12.9% were unsure exactly what the harassment was linked to. Lastly, respondents were asked if they had been discriminated against or refused equal treatment from a place that provides services due to their gender or sexuality (see Figure D13). 9.9% had experienced this discrimination and identified it as being due to their trans identity. Gender identity (9.4%) and gender expression (7.2%) were also identified as the basis of the discrimination in these settings. 7.41% of respondents were either uncertain or believed another reason was linked to their experience of discrimination. 80.2% of respondents shared that none of the reasons listed were the cause of discrimination, meaning they believed it may have been due to something other than their sexual orientation or gender identity (see Figure D14).

5.2. Survey Analysis

The survey results highlighted significant trends in the experiences of public forms of GBV against queer and trans youth. It is important to note that, while the survey received responses from a diverse group with regards to sexual orientation and gender identity, there was less diversity with respect to race/ethnicity/culture. A majority of respondents identified as being white with fewer respondents identifying as Black, Indigenous and Hispanic. While, Black, Indigenous and Hispanic experiences are represented in this data, it is important to be mindful that most experiences will reflect that of white queer and trans youth. It is also significant to note that no respondents identified as living in the Northern territories of Canada. This is relevant as the territories have different cultures, communities, and infrastructures not accurately represented in data collected exclusively from provinces. Nearly half of respondents also identified as being between the ages of 15-19, capturing the perspective of highschool aged youth, and the other half from a wider age cohort, 20-29, capturing youth who have entered adulthood and likely post-secondary education and/or the work sector. The demographics of this survey show a range of diversity amongst respondents but also pose some limitations that are important to consider throughout this analysis. As an intersectional lens has been adopted throughout this report, it is important to understand these demographics and the impact they have on levels of privilege and oppression which shape respondents' experiences of GBV.

Examining the first pieces of data around the experiences of public forms of GBV we see that 2SLGBTQ+ youth are most likely to experience verbal harassment, prevention of seeking support from 2SLGBTQ+ communities, and pressure to do things that do not align with their gender and/or sexual identities. The data also shows that these experiences of GBV are most likely to be perpetrated by strangers, friends, acquaintances, parents and caregivers. These findings paint a troubling picture of what 2SLGBTQ+ youth are experiencing within Canada. These forms of GBV are incredibly harmful and actively isolate youth while also pressuring them to conform to heteronormative and cisnormative standards. The groups responsible for the harm further enhance the effects of this GBV. Strangers being responsible for a significant amount of the harm can cause youth to become fearful of others as there is a risk of harm with anyone they do not know or who they may pass on the street. It is even more troubling to see that parents, caregivers, and friends, as perpetrators, as it illustrates that these relationships that are traditionally seen as sources of safety, comfort, and support, are actively harming queer and trans youth. Furthermore, they prevent youth from accessing 2SLGBTQ+ communities where they could alternatively find this safety, comfort, and support.

Across the data we see that verbal harassment remains the most common form of public GBV both within and beyond the six-month timeframe of the survey. While sexual and physical public forms of GBV were also experienced, they occurred less frequently than verbal violence. This may be attributed to the public settings where perpetrators are less likely to commit other forms of GBV and may be wary of backlash. Verbal attacks are likely easier to commit with little accountability or repercussion and considered less serious or harmful as physical and sexual violence. This point is reinforced by the 80% of respondents who reported that no one attempted to intervene when they had experienced public forms of GBV, reflecting that many perpetrators receive minimal if any retaliation and 2SLGBTQ+ youth receive minimal public support.

Locations of public forms of GBV and locations that 2SLGBTQ+ youth are

fearful of, reflect a powerful reinforcing relationship. Respondents identified the streets, schools, and bathrooms as places where they most commonly experienced public forms of GBV. In turn, these same spaces are where queer and trans youth are most fearful. When considering the most common perpetrators of public forms of GBV, the data is further corroborated. Public streets and bathrooms are places where youth are most likely to encounter strangers, while school is a setting where youth often encounter friends, acquaintances, and strangers. The survey data goes on to show the effects of experiencing public forms of GBV as many respondents identified altering their behaviours when in public spaces out of fear, and a desire for safety. Going as far as changing one's gender expression is an incredibly detrimental impact of public GBV as it puts youth in a harmful position of living inauthentically and denying significant aspects of their identity for the sake of safety.

The data regarding reporting shows that despite parents, caregivers, and friends as perpetrators of public forms of GBV against 2SLGBTQI+ youth, many turned to these same people, alongside romantic partners, to disclose their experiences. Police and human rights bodies were significantly less likely to be reported to. This disparity in reporting may reflect several things. While many youth identified family and friends as sources of GBV, strangers still made up a larger percentage of those who committed these acts. In cases like this where a stranger has committed a public form of GBV, it may be easier for a youth to turn to family and friends for support or may reflect that many still find some solace and safety amongst friends and family. The limited number of youth reporting to police or human rights bodies likely reflect the nature of public forms of GBV that are most commonly experienced. With the small percentage of reported incidents of physical and sexual violence, youth may not feel the need to report to police or human rights body, but rather seek comfort in their personal support systems. This trend also reflects potential barriers to reporting that may exist in relation to police harassment of 2SLGBTQ+ youth. A number of respondents reported that they had experienced harassment from police both in public and other settings including based on their gender identity, gender expression, or trans identity. An additional barrier exists to reporting especially for Black, Indigenous and other racialized youth who often encounter racism in the police and judicial systems alongside harassment and violence related to their sexual and gender identities. It also could be a product of age given the larger percentage of respondents under 20 and therefore less familiar with formal mechanisms of justice and redress.

The multifaceted forms of harm related to public GBV against 2SLGBTQ+ youth are prevalent throughout this data. Queer and trans youth have been put in positions where they are rightfully fearful of public spaces including many which are largely unavoidable. Spaces such as school and public streets are essential for many youth. Navigating those spaces in a safe or relatively safe way must be learned including through changing behaviours and physical presentation/expression of 2SLGBTQ+ young people's gender and/or sexual orientation for fear that otherwise they will experience GBV without support from bystanders. The data collected here paints a picture of what 2SLGBTQ+ youth experience in Canada, and it is one in which not all queer and trans youth are impacted, but many are. For those who are, the fear of public spaces and strangers can be incredibly constraining as they cannot be fully avoided nor should the freedom to access public and social spaces require queer and trans youth to deny their authentic selves.

6. Focus Groups and Interviews: Findings and Discussion

As described above (see, Methodology) three focus groups and eight interviews were conducted as part of the project. The findings from the focus groups and interviews have been compiled by the themes that emerged during the analysis of transcripts within the three categories of:

- *Public Forms of GBV against 2SLGBTQ+ Youth: Contextual Factors*
- *Identity Considerations related to Public Forms of GBV Against 2SLGBTQ+ Youth, and*
- *Mental Health Impacts and Other Consequences of Public GBV.*
- *Additionally, a set of recommendations has been included as well.*

6.1.   Public Forms of GBV against 2SLGBTQ+ Youth: Contextual Factors

In categorizing the emergent themes from the analysis of the focus group and interview transcripts, five related to contextual factors that have been summarized below. The five themes are:

- the forms of GBV in public spaces
- risk factors
- lack of safer spaces
- fear and lack of safety in straight spaces, and
- connections between micro and macro systems of oppression.

6.1.1.   Forms of GBV against 2SLGBTQ+ Youth in Public Spaces

> "**Since there's so much sexualization of like women on women, there tends to be more of a... fetishization of this particular group, whereas if we look at trans people, especially trans women, or gay men, since it's kind of a taboo... subject, or it's stigmatized, there's more likely to be violence that is not based on like the male gaze.**"
>
> (From a participant in the study).

There are various forms that GBV against 2SLGBTQ+ youth can take in public settings.
Those most identified by participants were:

- Sexualization of sapphic/lesbian relationships
- Fetishization of particular bodies based on gender, trans, and racial identities
- Verbal and virtual homophobic, transphobic, racist, sexist and ableist attacks
- Microaggressions and gaslighting related to pronouns and gender/sexual expression, and
- Verbal and physical threats of violence towards visibly queer, trans, racialized, feminine presenting and disabled folks.

6. Focus Groups and Interviews: Findings and Discussion (cont.)

At their root these forms of violence are expressions of homophobia, transphobia, sexism, racism, and ableism. These forms of GBV and their ties to oppressive belief systems can operate separately or together and can change based on locations and/or circumstances. However, these forms shape the experiences of GBV for the participants, such as physical threats and/or acts of violence, verbal harassment, stalking, online bullying, and harassment. These forms of GBV can show up in many contexts, including the workplace, school, online, on the streets, drag shows, clubs, or, as one participant named, "everywhere". This is in-line with our definition of public GBV as participants identified numerous instances of such violence taking place outside of the home.

> " **Like, going to like bars or shows like drag shows and things like that. Online there's a lot of like cyberbullying against the queer community and there's some, I assume there's a lot in offices as well like in the workplace. I think it was really everywhere, but I haven't experienced all of them.** "
>
> (From a participant in the study)

6.1.2. Risk Factors

Risk factors were a key point of discussion in the focus groups and interviews when discussing GBV in public spaces. Many participants indicated that the safety of a space needs to consider:

- location (rural/urban)
- whether a space is designed to make racialized individuals (and/or communities) and those with disabilities to feel welcome and their specific needs considered
- the politics held by others in the space including the presence of far-right politics, and whether they will be in the space alone or with a group.

These factors at their core reflect whether or not a space is more or less likely to tolerate or accept 2SLGBTQ+ youth who are visibly queer and/or trans and whether queer and trans youth can be welcomed within it. For instance, rural areas emerged several times, as youth identified rural towns and communities as being more likely to be politically conservative spaces with limited tolerance for those who defy heteronormativity and cisnormativity. In these areas the impact is exacerbated because of the inability to keep one's sexual orientation, gender identity, and/or expression private, or to be anonymous when engaging with other queer and/or trans people, due to the smaller size of these communities.

> " **I know quite a few people who grew up in small town rural Alberta, [a friend] he knew he was trans his entire life, but he was socialized as a woman. And the fact that he had to grow up in a small town he literally had to almost push down how he wanted to be and who he wanted to be. So, I think being in strenuous environments of that sort can absolutely shatter one's ability to be their true self.** "
>
> (From a participant in the study)

Many commented that risk factors are different for people who are able to "pass" regarding their gender and/or their racial identity, meaning they are able to appear as being part of a dominant group because their marginalized identities are not (always) visible to others or can be hidden. In contrast, those who are visible can have a higher risk of experiencing GBV in public spaces. Visibility also includes those in queer relationships who publicly display affection such as holding hands, as well as simply being connected to queer events, organizations, or doing anything not considered 'straight' (attending a drag show).

> " **I hear stories where like, if they're a couple, and they're like, holding hands, with the same sex, or like, someone who appears to be the same sex and I feel like they're more at risk, or if they're associated with queer events, or if they look like they're queer, like if... they're doing drag in public... like, someone who appears to be cisgender is 'cross dressing' to them.** "
>
> (From a participant in the study)

One of the participants raised the concept of grooming as a risk factor. They mentioned that grooming is common online and can have consequences in public settings, i.e., when agreeing to meet. This is an especially difficult behaviour as the participant explained that youth look up to elders within the queer community. The false sense of safety created between youth and elders within the queer community can be tied to the shared lived experiences and the acceptance and celebration of youth's 2SLGBTQ+ identities by elders. The participant acknowledged that this risk factor is complicated as many 2SLGBTQ+ youth are aware of the possibility of it happening, but it may be difficult to identify when it is happening, thus requiring more support.

> " **Well, I find especially with online that, like just just to be genuine, like queer youth have a bit more of a threat with being groomed in general because you really, really want to trust someone that you consider elder.** "
>
> (From a participant in the study)

6.1.3. Lack of Safer Spaces

As mentioned above, the type of space is critical when discussing experiences of public forms of GBV. The type of space can contribute to how one experiences harassment and/or violence. Many participants spoke about how they can identify if a place is either safe or unsafe by the way the owners or users of that space display their commitment to 2SLGBTQ+ communities. The most obvious are organizations and/or community places that are intended for 2SLGBTQ+ populations such as those that offer support, resources, and connection to queer and trans communities and establishments (like nightclubs) curated specifically for those communities.

However, there is no guarantee that any space is truly safe for everyone. Having an understanding of the organization's safety measures, policies, and/or practices to address GBV, can build trust between queer and trans youth and an organization. This strategy can also be used to build trust by organizations or spaces (for example, employers/workplaces) that are not specifically 2SLGBTQ+ or providing services for the 2SLGBTQ+ communities.

> " **It's most frustrating when a space has been advertised as safe, but it just isn't.** "
>
> (From a participant in the study)

Many participants identified factors that contribute to feeling safe or unsafe in the workplace. These included microaggressions/harassment from coworkers, managers, or customers; and leadership that is uneducated or does not understand how to promote safe spaces at work. Participants described possible coping mechanisms such as: hiding one's sexual orientation and/or gender identity, creating a work persona and not discussing topics that involve queer and trans people or their identities, or finding an outlet for self-expression and coping with GBV experienced at work outside of that context. Many acknowledged that economic factors can affect this experience; for example, many youth may not be in a financial situation to leave their employment when they experience GBV in the workplace. These experiences of GBV can force them to seek safety through the concealment and erasure of their sexual orientation and/or gender identity to align with heteronormative and cisnormative standards. This put 2SLGBTQ+ youth in a precarious situation in which for their own financial security and safety, they must endure unsafe spaces and cope using means that disempower them from their authentic self.

> " **What I meant by socioeconomic factor, you know, it is necessary for me to work. And where I have my job, well, I kind of experience this harassment, but I really don't have a choice. I can't leave yet because I don't have another option. If I had a better option for maybe getting somewhere else to work or something like that, it'll be much more better for me and much easier for me. So this socio economic factor, the economic factor, is that, I can't leave this place because I have responsibilities, I have to take care of myself and all so I can live.** "
>
> (From a participant in the study)

6. Focus Groups and Interviews: Findings and Discussion (cont.)

6.1.4. Fear and Lack of Safety in Queer vs Straight Spaces

Many participants identified spaces that can be hostile or even violent environments for 2SLGBTQ+ youth:

- educational environments focused on science, technology, engineering, and math (STEM)
- conservative/far-right spaces
- spaces within educational institutions that do not prioritize safety and inclusivity, and
- social spaces that have not been specifically created for queer and trans communities (i.e., straight bars and nightclubs).

> **I mean, I work… in STEM and like, the queer community is not a focus of Health Research majority of the time. So…we end up doing research that we don't really want to be doing. But in the hopes of like getting into the system and then being able to do…research we actually want to do. I know like, I personally have like not, for example…including pronouns, the fear of like [not] getting a job interview, because they'll see like, they're not like cis pronouns.**
>
> (From a participant in the study)

Many participants talked about the complex dynamics of safety and risk in spaces such as nightclubs. They discussed how straight nightclubs can be a source of comfort based on if they can 'pass' or if they are with a group of people who make them feel safe and protected in that context. They also discussed how straight nightclubs can easily become unsafe and/or violent, when other patrons sexually assault them and/or threaten them with physical violence based on their gender expression. Many talked about feeling more comfortable in specifically queer nightclubs; however, they noted that there is still a risk of sexual assault by other members of the 2SLGBTQ+ community, and the larger fear of outside violence coming into the space via mass shootings.

> **If they go to a club with their female partner they have experienced "a lot of poking and prodding almost as if like, 'Oh, this is like incredibly hot.' It's like very male gaze-y.**
>
> (From a participant in the study)

Online spaces are another example of a complex space offering both safety and risk. Participants discussed how online spaces can be a source of power and acceptance, because they are a way to find like-minded people. However, online spaces can also enable GBV through targeted hate campaigns that have few repercussions for the attackers who are often able to commit this harm anonymously.

> **I saw someone dragged[2] someone else online purely for being trans.**
>
> (From a participant in the study)

[2]dragged refers to harassing, making fun of or otherwise devaluing and attacking an individual.

6.1.5. Connections Between Micro and Macro Systems of Oppression

Many participants commented on how feelings of safety and experiences of harassment do not exist in a vacuum. Systemic and/or institutional structures and social norms of homophobia, misogyny, transphobia, sexism, racism, ableism, and other forms of oppression result in spaces and environments that are unsafe for 2SLGBTQ+ youth. These can be enacted in government policies and cultural ambivalence that has resulted in Missing and Murdered Indigenous Women, Girls, and Two Spirit people (MMIWG2S). However, they can also be visible in smaller interactions such as workplace culture or interpersonal interactions.

> **I think currently in New Brunswick, there's the problem about Bill 713 Being repealed. And that needs to stay in place with how the government wants... to address the section that says that...parents don't need to be informed about name and pronoun changes with a student's consent. And they're trying to change that to... if students start using a new name or pronouns at school, the parents have to automatically be informed. And that puts kids at risk that puts people in danger.**
>
> (From a participant in the study)

Both micro and macro expressions of oppression are forms of GBV. For example, one participant pointed out that not having a workplace that acknowledges or respects pronouns can create a short and/or long-term experience of distress for an individual which in turn affects their mental health.

> **I'm very lucky to have the relatively like, it's a quite safe workplace. I don't necessarilyspeak about my own sexuality or my gender, like people know... my pronouns, theyrespect them, which is really incredible.**
>
> (From a participant in the study)

6.2. Identity Considerations related to Public Forms of GBV Against 2SLGBTQ+ Youth

The previous section outlined the contextual factors related to public forms of GBV against 2SLGBTQ+ youth. Many participants in our research identified and emphasized how aspects of identity can be related to how public forms of GBV are experienced by queer and trans youth. The following section will examine the main themes that arose from this topic.

6. Focus Groups and Interviews: Findings and Discussion (cont.)

6.2.1. Hypervisibility

Hypervisibilty refers to the stigma placed on certain identities so that those identities are readily perceived and highly visible to others, especially if they are in spaces in which they are a minority (Reddy, 1998). This hypervisibility often leads to discrimination, monitoring, and scrutinization. Specifically in the context of 2SLGBTQ+ communities, hypervisibility is an experience of othering that can lead to GBV. Many participants pointed out that this happens in various ways. Existing outside the white, Western, cis-hetero-patriarchal norm by way of race, gender expression, and/or ability, or any combination of these or other intersecting marginalized identities, is both out of one's control and results in hypervisibility. These identities are markers that may put an individual into danger solely based on the perceptions of others.

> **Trans people of color [are most at risk] because I feel it's very easy to pick them out sort of, they can be identified easily.** (From a participant in the study)

Hypervisibility often comes along with public participation in 2SLGBTQ+ communities. For example, 2SLGBTQ+ youth, and particularly racialized and disabled queer and trans youth, may experience hypervisibility when attending a protest, visiting a queer nightclub, or displaying public affection for a same-gender partner.

> **I think...straight women have automatically have a fear of going into public because things can happen. But then you add queerness or non being white and all like any form of intersectionality is going to just increase that fear.** (From a participant in the study)

Some participants mentioned that passing can be a source of safety. This may be the case for trans people who are perceived as cisgender, non-visibly queer people, people of colour who appear white, and people with invisible disabilities. However, this safety is conditional on hiding one's queer and/or trans identity and similarly avoiding queer spaces, communities, and other individuals as they may create the risk of exposing one's queer and/or trans identity by association. Many participants mentioned how passing can have negative mental health effects due to the need to deny a significant part of one's identity as well as the energy that must go into maintaining a physical appearance or persona that passes in public. While passing provides safety, it internalizes the idea that one's true identity poses a threat to themself and may be negatively received and/or lead to harm from others.

> **...Making yourself look good to make sure, but not only just cause like you want to but also to make sure that you're not going to be at risk for gender based violence. And they had shared that they feel that they have to, like get dressed up to the nines before they leave. Because if not, they get misgendered. So they don't necessarily have the luxury of showing up in like, sweatpants and a hoodie.** (From a participant in the study)

6.2.2. Racism within Queer Communities and Spaces

Hypervisibilty refers to the stigma placed on certain identities so that those identities are readily perceived and highly visible to others, especially if they are in spaces in which they are a minority (Reddy, 1998). This hypervisibility often leads to discrimination, monitoring, and scrutinization. Specifically in the context of 2SLGBTQ+ communities, hypervisibility is an experience of othering that can lead to GBV. Many participants pointed out that this happens in various ways. Existing outside the white, Western, cis-hetero-patriarchal norm by way of race, gender expression, and/or ability, or any combination of these or other intersecting marginalized identities, is both out of one's control and results in hypervisibility. These identities are markers that may put an individual into danger solely based on the perceptions of others.

When asked about experiences with racism and GBV, participants' perspectives were illuminating. Many discussed how intersectional identities can increase or decrease one's safety. For instance, a white, cis-gender, able-bodied man holds more privilege in society compared to a racialized, trans, disabled woman. Many participants pointed out that visibly BIPOC trans women are at most risk of GBV in public, and especially Black trans women. However, one of the interesting points raised by participants was how these intersecting identities, especially those that hold less privilege (i.e., racialized, trans, and disabled individuals) are treated and perceived within the queer community. A white person, regardless of their queer or trans identity can still be racist and perpetuate racism. Similarly, cisgender queer people can still be transphobic. This illustrates how oppression can exist within queer and trans communities.

> **There sometimes is a racial hierarchy in the community.**
> (From a participant in the study)

Several people pointed out that within the 2SLGBTQ+ community, white individuals are often considered the norm in both the public perceptions of queer communities and private interactions with straight individuals. This creates a racial hierarchy within the community that results in BIPOC queer people being a minority within a minority. While not directly tied to experiencing public GBV, this sense of being a minority within a minority reduces the number of spaces that racialized and otherwise marginalized queer and trans youth feel safe to turn to for comfort, support, resources, and safety. For instance, the fear of experiencing racism on top of the GBV that has already been experienced may stop someone from seeking support from a predominantly white queer organization.

> **People think only white people can be trans.**
> (From a participant in the study)

Ultimately this decreases racialized 2SLGBTQ+ youths' sense of safety, community and belonging within queer spaces that are not explicitly created for racialized queer and trans folks. Other ways that racism is apparent is through tokenism within the 2SLGBTQ+ community. Tokenism, especially as it is felt by the individual, further segregates and leads to them being hyper aware of themselves as a 'character' rather than a human being and peer. This alienation drives a wedge between racialized queer and trans youth and the rest of the queer community as they do not feel truly seen or valued and the community becomes a source of racial oppression. This once again leaves racialized 2SLGBTQ+ youth with fewer options in terms of people and spaces they can turn to when experiencing public GBV.

> **...In terms of token character...just based on personal experiences, but almost being downplayed as a person just because like...you kind of stick out from the rest of the people... so let's say for example, a friend group and you're not really understood as a person or ... you're just downplayed as a person like your considerations, your thoughts, the way that you speak and talk are idealized as 'oh, obviously you're from the community' but the way that your contributions aren't taken seriously.**
>
> (From a participant in the study)

6.2.3. Transphobia

> **I find trans women and especially trans women of colour are definitely, or generally trans people, but more so trans women are at risk or any sort of harassment or assault.**
>
> (From a participant in the study)

One of the most frequent topics discussed in all focus groups and interviews was the connection between GBV and transphobia. Many participants mentioned that trans people face higher levels of online hate and other public forms of GBV as compared to their cisgender peers. Participants explained this through personal experiences, anecdotal evidence from community, public news, and research (for example, the rise in hate crimes in Canada documented by Statistics Canada). Many mentioned that BIPOC trans women are most at risk for public forms of GBV based on their visibility.

> **There's obviously an inherent risk for trans people and, you know, trans women have the double detriment of trans misogyny. Like, 'I hate you, because you're trans somehow I also hate you because you're a woman.' So that can be definitely not great .**
>
> (From a participant in the study)

6.3. Section 3: Mental Health Impacts and Other Consequences of Public forms of GBV

The previous sections outlined the factors that affect 2SLGBTQ+ youth's experiences of public forms of GBV. This section will focus on the mental health and related outcomes of these experiences.

6.3.1. Impacts on Mental and Physical Health

There are numerous mental health and physical impacts from public forms of GBV against 2SLGBTQ+ youth that participants identified in the interviews and focus groups, including feeling like they were often on 'high alert' and afraid, especially in public spaces where there was a risk of harassment. Anxiety, depression, and social isolation were also reported by participants after experiencing and/or witnessing public forms of GBV. These mental health issues are related to physical health as being in a state of anxiety, fear, depression or being on high alert have negative short and long-term effects such as an increased likelihood of becoming physically ill (Rawson, Bloomer & Kendall, 1994).

> " **Anxiety is one of the biggest things and then there's a kind of trauma that happens from it, too.**
> (From a participant in the study) "

Participants shared that self-expression was another factor impacted by GBV. Participants spoke about how their self-expression was worsened by living in more conservative or rural areas because of the lack of privacy/anonymity. Participants discussed how trauma and PTSD could accompany GBV. The effects of GBV might further manifest as exhaustion due to being in a constant state of vigilance and maladaptive coping mechanisms. Many participants identified using drugs and/or other substances and the development of addiction as common coping mechanisms within queer and trans communities. Low self-esteem, lack of confidence, feelings of worthlessness or not belonging, and exclusion and isolation were also identified as impacts of GBV.

> " **...The effect it has had on me over the years is like, should I use the word, the self-confidence, I have low self-confidence right now that I usually don't even like contributing anymore. Like, I'll just be in the office. And you know, I'll just be like that. I'm quite young, one of the youngest in the organization, I'm just 23. And, you know, because of the experience and everything I've gone through, I just feel like, I don't need to say nothing. I mean, even if I have a solution to a problem, I just prefer to keep quiet, because I feel like I know the outcome, if I should talk. So self-esteem, it has gone down drastically.**
> (From a participant in the study) "

These experiences can also result in self-doubt with respect to 2SLGBTQ+ youths' sexual orientation and gender identity. As one participant explained, the GBV they experienced was so harmful that they began to doubt the reality of their queer identity to avoid the violence and harm.

> " **From my experience on what happened to me on the days I was experiencing it is, is I was actually starting to question my identity, because I didn't want to deal with the hate that I was getting.** "
>
> (From a participant in the study)

6.3.2. Social and Economic Impacts of Public GBV

As with the previous findings, participants stressed that different individuals experience the impacts of public forms of GBV differently. The mental and physical health consequences of public forms of GBV against 2SLGBTQ+ youth can result in an inability to trust others and feel unsafe in spaces that many youth are able to feel safe in, such as schools.

> " **They probably wouldn't really trust people in general, because then like, if they suffer that kind of violence, like they would just want to avoid interactions with people.** "
>
> (From a participant in the study)

While it is known that dealing with mental health challenges can impact day-to-day life and a person's performance in school and work, for 2SLGBTQ+ youth these places are often the source of their poor mental health because of GBV. This presents a significant challenge because places like schools and work are essential for active participation in society. To function in a society that demands employment for survival and often requires extensive education for employment in many sectors, participation in these spaces is crucial. Furthermore, actively participating in community, recreation, and other leisure activities that are tied to general wellness, can be situations that place youth at the risk of harm through GBV, leading youth to be further isolated which is correlated to overall worsened mental health outcomes (Cacioppo & Hawkley, 2009). Ultimately, experiences of public forms of GBV and the fear, anxiety, depression and other effects that it leads to result in 2SLGBTQ+ youth having a uniquely increased difficulty in partaking in critical aspects of their social and economic world that their straight, cisgender peers do not face in the same way.

> " **...It [GBV] also made me like, stay at my home more... I ended up skipping school for a couple of days. Not even doing work... I got anxious... because I didn't want to go to school. Even waking up I just would keep sleeping.** "
>
> (From a participant in the study)

7. Recommendations

Throughout the interviews and focus groups, 2SLGBTQ+ youth were asked what they would recommend to prevent and address public forms of GBV against queer and trans youth. The resultant recommendations are wide ranging and addressed to various groups and government bodies, including: government, service providers, individuals in leadership positions in businesses and other organizations, people working in educational institutions, parents, and caregivers. *The recommendations have been grouped into three categories:*

● Primary prevention: recommendations that focus on preventing public forms of GBV against 2SLGBTQ+youth

● Early response: recommendations that reduce the impact of public forms of GBV against 2SLGBTQ+youth after it has already occurred

● Long term action: recommendations to manage the long-term effects of public forms of GBV against 2SLGBTQ+ youth

These recommendations are sourced directly from 2SLGBTQ+ youth who have experienced public forms of GBV. It is important to keep in mind that for the utmost success and impact, adoption of these recommendations must be made with careful awareness and consideration of intersectional feminist frameworks. If these recommendations are not adopted with consideration for all 2SLGBTQ+ youth, they will continue to marginalize and further harm racialized, low-income, disabled, trans, and genderqueer youth.

7.1. Primary prevention

Create Safer Spaces for Queer and Trans Youth:

Establish safe spaces where queer and trans youth can feel secure, supported, and free to be their authentic selves without fear of harm. These spaces are especially important for queer and trans youth who have nowhere else they feel safe.

Educate Teachers, Staff, and Parents:

Provide comprehensive 2SLGBTQ+ inclusion education for teachers and school staff, conduct parent education sessions, and offer resources to prepare them for potential backlash, ensuring a supportive environment for queer and trans youth.

Encourage Bystander Intervention Education:

Provide training in bystander intervention for youth and adults (especially those that work with youth), empowering them to intervene and prevent GBV against queer and trans youth.

Destigmatize GBV Conversations:

Encourage open dialogue (in schools, workplaces, social service and healthcare contexts, all levels of government that service youth) to destigmatize discussions on GBV against 2SLGBTQ+ youth, creating an atmosphere where victims can speak out without fear of judgment or reprisal.

Offer Workshops and Employee Resource Groups (ERGs):

Conduct workshops and establish Employee Resource Groups (ERGs) within organizations to promote awareness, understanding, and acceptance of 2SLGBTQ+ youth, and to foster inclusive workplaces.

7.2. Early Response

Provide Comprehensive Mental Health Support:

Offer mental health services tailored for queer and trans youth victims/survivors, including one-on-one therapy and support groups, to help them cope with the aftermath of public forms of GBV effectively.

Establish Safer Healing Spaces for Queer and Trans Youth:

Provide comprehensive 2SLGBTQ+ inclusion education for teachers and school staff, conduct parent education sessions, and offer resources to prepare them for potential backlash, ensuring a supportive environment for queer and trans youth.

Implement Supportive GBV Policies in Schools and Workplaces:

Provide training in bystander intervention for youth and adults (especially those that work with youth), empowering them to intervene and prevent GBV against queer and trans youth.

Destigmatize GBV Conversations:

Develop and enforce school-based or employer-based GBV policies that allow flexibility, such as missed assignments or workdays, for queer and trans youth who have experienced GBV, ensuring their well-being is prioritized. This could include modifying already existing sick leave allocations with an expanded understanding of wellness for queer and trans youth who have experienced GBV.

Provide Material Supports for Queer and Trans Youth Survivors:

Offer material support such as assistance with housing and employment to queer and trans youth impacted by public forms of GBV, addressing their practical needs and empowering them to rebuild their lives. This may require collaborative multi-jurisdictional measures (funding, program implementation by service providers) with political commitments.

Educate Youth and Adults on Supporting Survivors:

Implement educational programs that focus on supporting queer and trans youth who have survived public forms of GBV, to people working with youth, to create a nurturing environment that can address their experiences.

7.3. Long Term Action

Provide Ongoing Counseling and Support Services:

Offer continuous counseling and tailored support to address the long-term effects of trauma to queer and trans youth that have experienced public forms of GBV, including conditions such as PTSD, substance use, and poverty, ensuring holistic, culturally competent care.

Implement Intergenerational Support Programs:

Develop programs that provide support for future generations, aiming to break the cycles of violence through education, awareness, and community initiatives, promoting a safer environment for 2SLGBTQ+ youth.

Promote Education on Diversity, Equity, and Inclusion:

Foster understanding and acceptance through educational initiatives focusing on diversity, equity, and inclusion as it pertains to queer and trans youth, within the 2SLGBTQ+ community.

Promote Public Education and Representation:

Raise awareness of public forms of GBV against 2SLGBTQ+ youth through public education campaigns that inform the public of the harms they experience. Additionally, increase representation of 2SLGBTQ+ people in media to foster understanding and acceptance of queer and trans youth.

Develop and Enforce Legal and Policy Measures:

CIdentify public forms of GBV against 2SLGBTQ+ youth in relevant laws and policies where visibility and clarity are lacking. Ensure that these measures, unequivocally state that all forms of GBV against queer and trans youth are unacceptable. Then, through implementation, hold perpetrators accountable for their actions.

In the quest to address and prevent public Gender-Based Violence (GBV) against 2SLGBTQ+ youth, the recommendations provided by those directly impacted serve as a powerful guiding light. Divided into three crucial categories - primary prevention, secondary prevention, and tertiary prevention - these recommendations form a comprehensive strategy to tackle the issue at its roots and support survivors in the aftermath. However, these recommendations cannot come to fruition and their impacts cannot be experienced without the intentional efforts of those whom these recommendations are directed toward, specifically, those with the ability to create change for queer and trans youth: government, organizational and workplace leaders, educational institutions, and parents and caregivers. Youth themselves have the ability to make change but it is stunted without the support of those in positions of power who have the ability to change laws, policies, practices, and procedures. It cannot be overstated that public forms of GBV against 2SLGBTQ+ youth do not exist in a vacuum and cannot be solved if it is viewed this way. Interpersonal, structural, and systemic changes are needed to effectively address and prevent these forms of violence against queer and trans youth, and it is the responsibility of everyone, especially those with power, to do this work alongside them.

This study sheds light on the profound impacts that public forms of GBV has on 2SLGBTQ+ youth, emphasizing the intersectional nature of those experiences. The findings highlight the diverse forms of public GBV, from sexualization and fetishization to online harassment and physical violence. The themes that emerged within this study were categorized by: the contextual factors related to the experience of public forms of GBV against 2SLGBTQ+ youth, identity considerations connected to those experiences, and the mental health impacts and other consequences that result from them.

The findings emphasize that public forms of GBV can have far-reaching impacts, both on the mental and physical health of 2SLGBTQ+ youth and on their social and economic well-being. These experiences often lead to heightened states of fear, anxiety, depression, and social isolation. These mental health issues can, in turn, have negative consequences on the physical health of queer and trans youth. Additionally, public forms of GBV against 2SLGBTQ+ youth can erode self-esteem, create feelings of worthlessness, and induce a sense of exclusion and isolation. Moreover, the study unveiled the social and economic implications of public GBV. The fear of violence in various settings, including schools and workplaces, can hinder active participation in society, impacting academic and professional success. Furthermore, it disrupts engagement in community, recreational, and leisure activities that contribute to overall well-being of queer and trans youth.

This study also underscored the role of intersectionality in understanding public forms of GBV against 2SLGBTQ+ youth. Intersecting marginalized identities result in differing levels of hypervisibility among queer and trans youth with its effects being especially felt by racialized and disabled individuals, increasing their risk of discrimination and violence. Racism within queer communities and spaces creates additional challenges, with racialized individuals often feeling like a minority within a minority. This study highlighted how oppression can persist within queer and trans communities, as individuals may perpetuate racism, ableism, or transphobia.

It is crucial to point out that public forms of GBV are rooted in deep-seated biases such as homophobia and transphobia and are exasperated by systemic forms of oppression such as racism, sexism, and ableism, which permeate Canadian society. This research, alongside that which was covered by the literature review, underscores the multi-faceted risks faced by 2SLGBTQ+ youth, in conservative environments to online grooming. It emphasizes the critical role of safer spaces, both physical and virtual, in providing respite and support to queer and trans youth. However, as mentioned, racism, transphobia and ableism within queer communities makes a 'one-size fits all' approach to addressing and preventing public forms of GBV insufficient to meet the needs of all queer and trans youth.

This study underscores the urgent need for comprehensive and intersectional approaches to combat public forms of GBV. As outlined in the recommendations, policies, educational programs, and societal attitudes must address the complex interplay of interpersonal, structural and systemic oppression, and biases that contribute to these experiences. Moreover, providing genuine safer spaces, fostering understanding, and challenging discriminatory norms are crucial steps toward creating a more inclusive and secure environment for 2SLGBTQ+ youth. Through these efforts, society can work toward dismantling the systemic oppressions that perpetuate public forms of GBV against queer and trans youth, fostering a future where every individual can be their authentic self without fear or consequence.

9. Contributors

The following individuals (in alphabetical order by organization) contributed to the 'Out in Public Project'. We would like to extend our deepest gratitude to everyone who made the project possible, including through funding provided by the Canadian Institute of Health Research (CIHR).

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Introduction

• Hello everyone! My name is _____ and I use ____ pronouns. I'm a Community Research Assistant at Wisdom2Action and will be facilitating our conversation today.

• Hello everyone! My name is _____ and I use _____ pronouns. I'm also a Community Research Assistant at Wisdom2Action and will be taking notes during today's conversation.

• If you haven't done so already, you can change your Zoom name to include only your first name or a nickname. If you prefer, you can also turn off your camera.

Wisdom2Action

• Wisdom2Action is a 2SLGBTQ+ owned and operated social enterprise and consulting firm specializing in community engagement, creative facilitation, research and evaluation, and knowledge mobilization. Wisdom2Action has partnered with a research team from the Centre for Gender and Sexual Health Equity and Simon Fraser University for this project.

Project Background

• Wisdom2Action is implementing a project called Out in Public: Impacts of Public Gender-Based Violence on 2SLGBTQI+ Communities in collaboration with the Centre for Gender & Sexual Health Equity and Simon Fraser University.

• Project history & objectives

• Methods

• Partners

Honorarium (if accepting)

• As you know, we are offering all participants an honorarium of $80 to honour your time and labour in participating in this focus group.

• One to two days after our focus group, we'll send you an honorarium request form where you can provide your preferred email for receiving your honorarium.

• Honoraria take 3-4 weeks to process, and will be sent via e-transfer. Everyone who has accepted the honorarium and participates today can expect to receive the honorarium in 3-4 weeks time.

Focus Group Summary & Process

• We would like to record this conversation to ensure accuracy in our note-taking.

• The recording will be transferred to the SFU-managed secure storage platform.

• The focus group will last for up to two hours.

• We (research team) will not share information in a way that is identifiable / shares who you are. We ask you to do the same—i.e., respecting the privacy of other focus group members.

• You can answer all, some or none of the questions. You can pass if you do not want to answer.

• You can withdraw at any time without question or penalty by leaving the focus group Zoom room. However, because of the group nature of the discussion we will be unable to remove the contributions that you do provide. Although everything shared will be de-identified, we encourage you to be mindful of this fact during the focus group.

- If you choose to withdraw, you will still receive your honorarium.
- In keeping with Canadian law, the Out in Public research team is required to report certain sensitive information should you disclose it during a focus group, which may force the Out in Public research team to break confidentiality. If you tell us about abuse of a minor (this includes you, if you are a minor; for the purpose of this study a minor is identified under the age of 18) we must, by law, report this to child protection services. As well, if you tell us that you have a plan to seriously harm yourself or someone else we must report this to the police. If this were to happen, the Out in Public team would put you in contact with a counsellor to debrief and provide support.
- Do you have any questions about the consent form or the study?

Consent

We want to remind you that taking part in this study is entirely voluntary. You have the right to refuse to participate in this study. If you decide to take part, you may choose to withdraw from the study at any time without giving a reason.

To indicate your consent, please type your first name, last name, and email address in the chat box **to the facilitator only**. By doing so, you are confirming that you:

- Have received a copy of the Consent Form for your records
- Do not waive any of your legal rights by participating in this study
- Consent to participate in the study

[Once consent has been recorded]
If you would like us to contact you about future research opportunities and project updates, please type 'yes' in the chat.

Context Questions

1. Let's start with introductions - If comfortable, can you share whereabouts you're calling in from, your age (or a short age range), and what you do or how you spend your time?

2. In a few words, what brought you to be part of this focus group?

   Experiences of Public Gender-Based Violence
   Definition: Before we dive into the next questions, I'm going to share a definition of what we mean by public gender-based violence. When we talk about gender-based violence, we mean violence that happens on the basis of gender identity, gender expression, sexuality, and perceived gender or sexuality. It can include verbal, emotional, financial, sexual, and physical violence. This study looks specifically at public gender-based violence, meaning GBV that happens in public spaces. This includes street harassment and cyberviolence but also violence that takes place in school, workplaces, services, stores, and places of worship, for example.

3. Where do you see public gender-based violence showing up in the lives of 2SLGBTQI+ youth in your communities? For example: school, health care, social services, street harassment, online spaces, etc.
   a. Probe for community of focus group

4. What forms of public gender-based violence are most commonly experienced by 2SLGBTQI+ youth?
   a. Probe for community of focus group

5. What groups within the 2SLGBTQI+ community do you feel are most at risk of by public gender-based violence?

6. What factors do you feel increase the risk of experiencing public gender-based violence?
    a.   Probe: immigration status, criminalized work, class, disability

Mental Health Impacts

7. What are the impacts of this public gender-based violence on 2SLGBTQI+ youth?
    a. Parobe for community of focus group
    a. Probe for socioeconomic impacts (isolation, social life, relationships, school performance, work, poverty, houselessness, and sex work)
    a. Probe for emotional and psychological impacts (trauma, disability, mental illness, substance use, addiction)

Recommendations

8. What would you recommend to help prevent and address public GBV? (Probe for public education, service provider trainings)

Introduction

• Hello, nice to meet you! How are you doing?

• Thank you for offering your time and energy to have this conversation.

• Before we dive into questions, there's some introductory information I'd like to share with you to give you an overview of what this conversation is for, who I am, and important information about privacy, consent, and the honorarium.

• How does that sound to you? If you have any questions, feel free to ask along the way.

• If you prefer, you're welcome to turn off your camera. If you haven't already you can also change your Zoom name to include your first name only or a nickname.

Wisdom2Action

• My name is _____ and I use ___ pronouns. I'm a Community Research Assistant at Wisdom2Action and will be facilitating our conversation today.

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• Project history & objectives

• Methods

• Partners

Honorarium (if accepting)

• As mentioned in my email, we are happy to offer you an honorarium of $80 to compensate you for your time and efforts.

• One to two days after this interview, we'll send you an honorarium request form where you can provide your preferred email for receiving your honorarium.

• Honoraria take 3-4 weeks to process and will be sent via e-transfer.
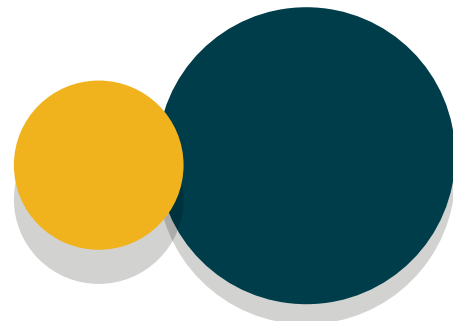
Interview Summary & Process

• We would like to record the interview to assist with transcription and data analysis.

• The recording will be transferred to the SFU-managed secure storage platform.

• The interview will last up to an hour.

• Nothing from this interview will be shared in a way that is identifiable / shares who you are.

• You can answer all, some or none of the questions. You can pass if you do not want to answer.

• Your participation is voluntary and you can withdraw at any time without question or penalty.

• If you choose, you can also ask for us to remove your data from the project up to one week after today.

• If you choose to withdraw, you will still receive your honorarium.

• In keeping with Canadian law, the Out in Public research team is required to report certain sensitive information should you disclose it during an interview, which may force the Out in Public research team to break confidentiality. If you tell us about abuse of a minor (this includes you, if you are a minor; for the purpose of this study a minor is identified under the age of 18) **we must, by law, report this to child protection services.** As well, if you tell us that you have a plan to **seriously harm yourself or someone else** we must report this to the police. If this were to happen, the Out in Public team would put you in contact with a counsellor to debrief and provide support.

• Do you have any questions about the consent form or the study?

Consent

We want to remind you that taking part in this study is entirely voluntary. You have the right to refuse to participate in this study. If you decide to take part, you may choose to withdraw from the study at any time without giving a reason.

To indicate your consent, please state your first name and last name. By doing so, you are confirming that you:

  • Have received a copy of the Consent Form for your records

  • Do not waive any of your legal rights by participating in this study

  • Consent to participate in the study

[records consent]

If you would like us to contact you about future research opportunities, please type your email address in the chat box.

> **"Questioning my identity because I didn't want to deal with the hate."**
>
> *Quote from a participant*

Context Questions

1. In a few words, please share what led you to participate in this project.

   Experiences of Public Gender-Based Violence

   Definition: Before we dive into the next questions, I'm going to share a definition of what we mean by public gender-based violence. When we talk about gender-based violence, we mean violence that happens on the basis of gender identity, gender expression, sexuality, and perceived gender or sexuality. It can include verbal, emotional, financial, sexual, and physical violence. This study looks specifically at public gender-based violence, meaning GBV that happens in public spaces. This includes street harassment and cyberviolence but also violence that takes place in school, workplaces, services, stores, and places of worship, for example.

2. Where do you see public gender-based violence showing up in the lives of 2SLGBTQI+ youth in your communities?

   For example: school, health care, social services, street harassment, online spaces, etc.

3. What forms of public gender-based violence are most commonly experienced by 2SLGBTQI+ youth?

4. What groups within the 2SLGBTQI+ community do you feel are most at risk of by public gender-based violence?

5. What factors do you feel increase the risk of experiencing public gender-based violence?
   a. Probe: immigration status, criminalized work, class, disability

Mental Health Impacts

7. What are the impacts of this public gender-based violence on 2SLGBTQI+ youth?
   a. Probe for socioeconomic impacts (isolation, social life, relationships, school performance, work, poverty, houselessness, and sex work)
   b. Probe for emotional and psychological impacts (trauma, disability, mental illness, substance use, addiction)

Recommendations

8. What would you recommend to help prevent and address public GBVgbv? (Probe for public education, service provider trainings)

Figure C1: Graph of age category responses

AGE CATAGORY BREAKDOWN (N=484)

- 15-29: 45.45
- 20-24: 29.75
- 25-29: 24.79

RE-ORDER(bucket_age, PCT)

PCT
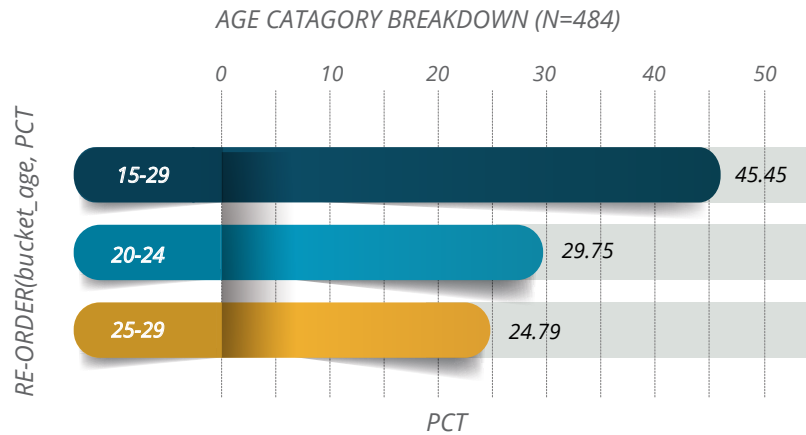
Table C2: Table of gender identity responses

VAR1	Response. Option	Freq	denomintor	PCT
Q4_8	Women	214	503	42.54
Q4_6	Non-binary	183	503	36.38
Q4_5	Man	102	503	20.28
Q4_4	Genderqueer	93	503	18.49
Q4_9	Unsure/questioning/undecided	66	503	13.12
Q4_1	Adender	62	503	12.33
Q4_3	Genderfliud	48	503	9.54
Q4_10	Non of the above. I prefer to self-describe my gender Indentity as:	23	503	4.57
Q4_7	Third Gender	4	503	0.80
Q4_2	Detrans/Detransitioner	2	503	0.40

Figure C3: Graph of trans identity responses

trans_onestep Breakdown (N=503)

- Yes: 50.1%
- No: 40.76%
- Not Sure: 9.15%

RE-ORDER(Q6,PCT)

PCT
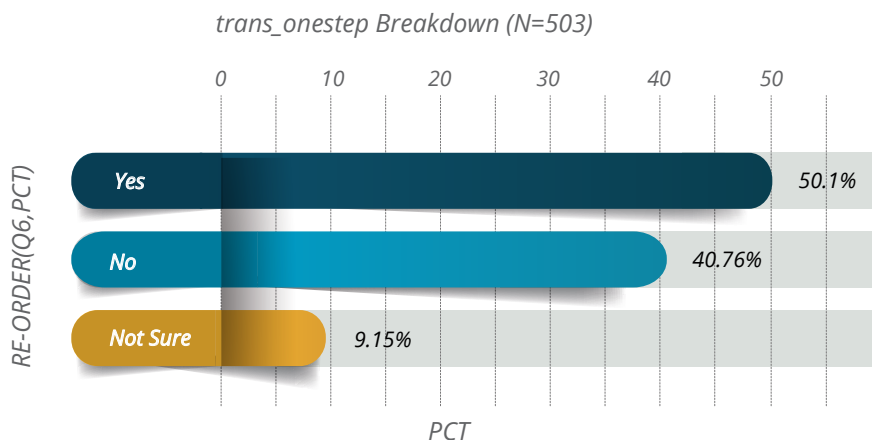
Table C4: Table of sexuality responses

VAR1	Response. Option	Freq	denomintor	PCT
Q9_9	Queer	226	503	45.2
Q9_2	Bisexual	173	503	34.6
Q9_1	Asexual	103	503	20.6
Q9_8	Pansexual	96	503	19.2
Q9_4	Gay	81	503	16.2
Q9_7	Lesbian	74	503	14.8
Q9_10	Unsure/questioning/undecided	44	503	8.8
Q9_3	Fluid	42	503	8.4
Q9_5	Heterosexual/straight	35	503	7.0
Q9_11	Non of the above. I prefer to self-describe my sexuality as:	32	503	6.4
Q9_6	Indigiqueer	3		0.6

Table C5: Table of racial identity responses

VAR1	Response. Option	Freq	denomintor	PCT
Q138_11	White	436	505	86.34
Q138_2	Asian	49	505	9.70
Q138_1	I prefer to describe my race as	19	505	3.76
Q138_8	Indigenous	16	505	3.17
Q138_4	Black	15	505	2.97
Q138_7	Don't know	10	505	1.98
Q138_10	Hispanic	5	505	0.99
Q138_3	Pacific Islander	0	505	0.00

Graph C6: Number of respondents who identified as a racial minority

racial minority Breakdown (N=505)

No — 81.39%
Yes — 18.61%

RE-ORDER(Var1,PCT)

PCT
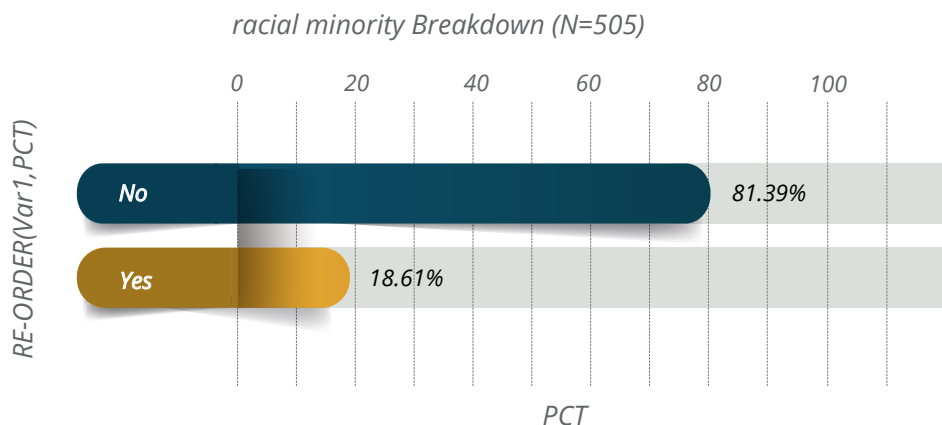
Table C7: Table of provinces that respondents are from

racial minority Breakdown (N=505)

REORDER(Province_Territory, PCT)	PCT
ON	37.6%
QC	26.42%
BC	15.24%
AB	8.94%
SK	3.25%
MB	2.85%
NS	2.24%
NB	1.83%
NL	1.22%
PEI	0.41%
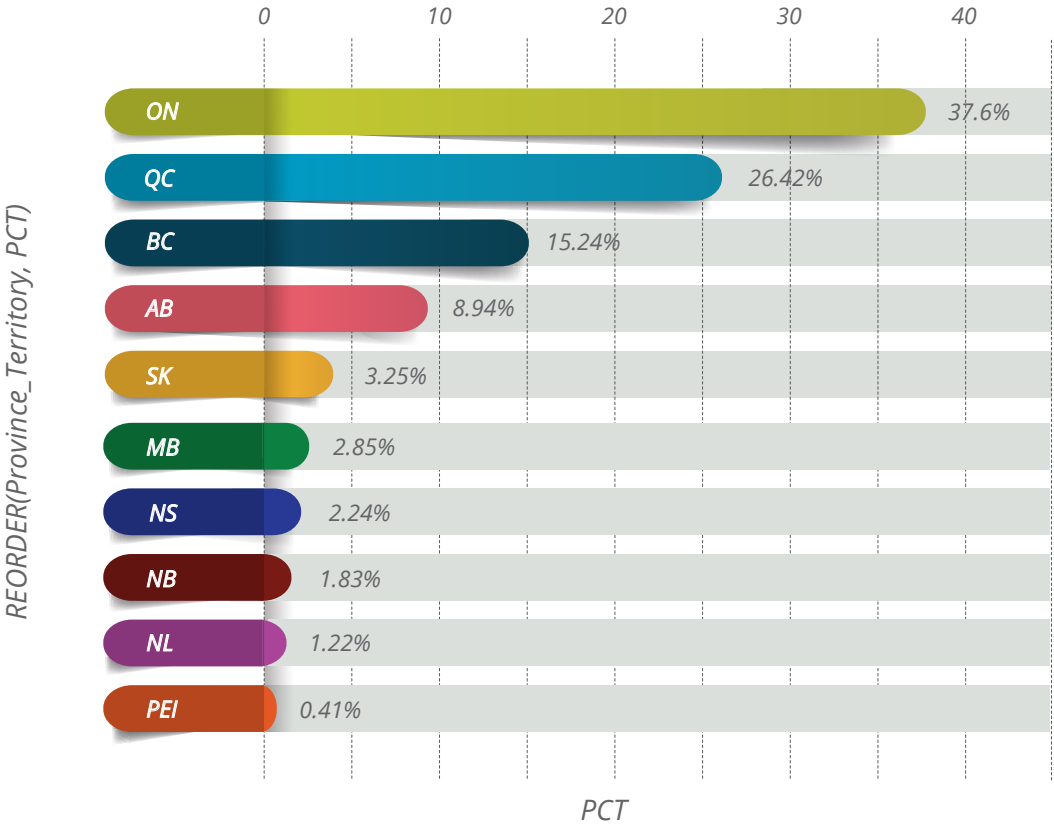
Figure D1: Frequency of experiences of different types of GBV

Q421 Summary

Question

- Someone called you disrespectful or offensive names that have to do with your 2S/LGBTQ+ identity.
- Someone forced or pressured you into doing something that did notagree with your gender, such as pressuring you to use a bathroom that did not align with your gender identity.
- Someone forced you to participate in particular sexual behaviors toprove your gender or sexuality was 'real'.
- Someone hid or destroyed your hormones, prosthetics, chestbinders, clothing, etc., or other item related to your gender transition or presentation.
- Someone prevented you from seeking support from other people within the 2S/LGBTQ+ community.
- Someone threatened to tell people at school, your family, or others about your gender.
- Someone threatened to tell people at school, your family, or others about your sexuality.
- Someone tried to touch you, or did touch you, to try to 'figure out' your gender.

Figure D2: Perpetrators of the GBV specified in Figure D1

racial minority Breakdown (N=505)

Perpetrator	PCT
Someone not known to me/stranger	53.8%
A friend or aquaintence	44.22%
A relative	29.37%
A friend or aquaintence	16.5%
An intimate partner (e.g. sexual or romantic partner)	14.19%
Someone in a position of authority to me (e.g. a coach, teacher ,religious leader, boss)	13.53%
Someone else; please specify	11.55%
A coworker	8.58%
Unsure	3.63%
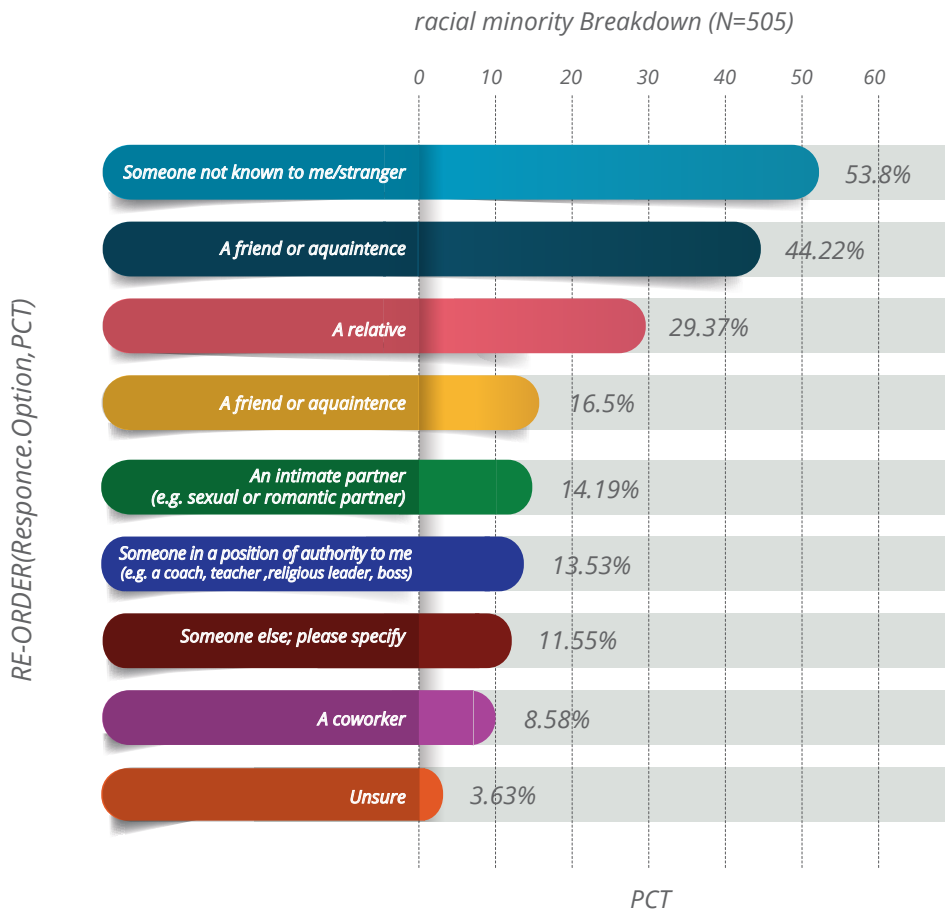
Figure D3: Types of public GBV experienced and when they were experienced
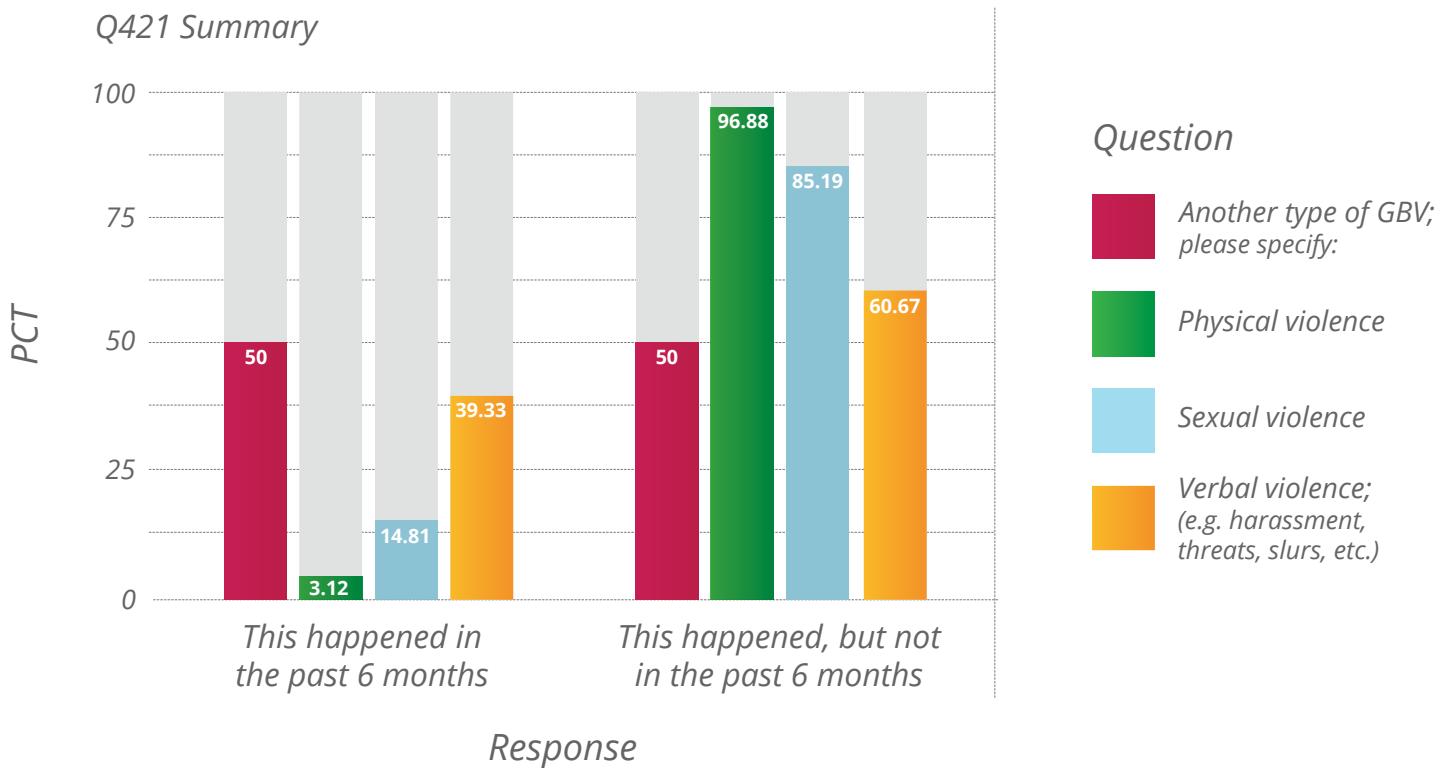
Q421 Summary

Question

- Another type of GBV; please specify:
- Physical violence
- Sexual violence
- Verbal violence; (e.g. harassment, threats, slurs, etc.)

Figure D4: What was the perceived cause of experiencing public GBV

Type_of_Public_GBV Breakdown (N=249)

Response Option	PCT
My gender expression	69.4%
My gender identity	53.01%
My trans status	29.37%
I have experienced violence in public, but I am unsure whether it was due to my trans status, gender identity or gender expression	12.05%
Another reason; please specify	9.24%
None of the above	1.61%
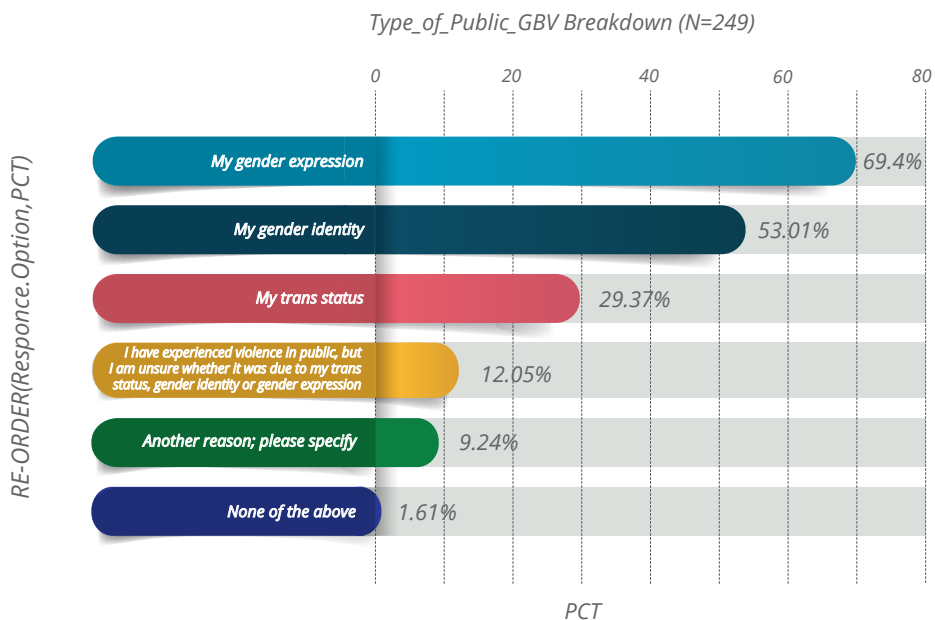
Figure D5: Perpetrators of public GBV that is identified in Figure D3

Who_Perpetrated_GBV Breakdown (N=250)

RE-ORDER(Responce.Option,PCT)	PCT
Someone not known to me/stranger	86.8%
A friend or aquaintence	18.8%
Someone else; please specify	9.2%
A coworker	7.6%
A parent/caregiver	6%
Someone in a position of authority to me (e.g. a coach, teacher ,religious leader, boss)	5.6%
A relative	3.6%
An intimate partner (e.g. sexual or romantic partner)	3.2%
Unsure	1.2%
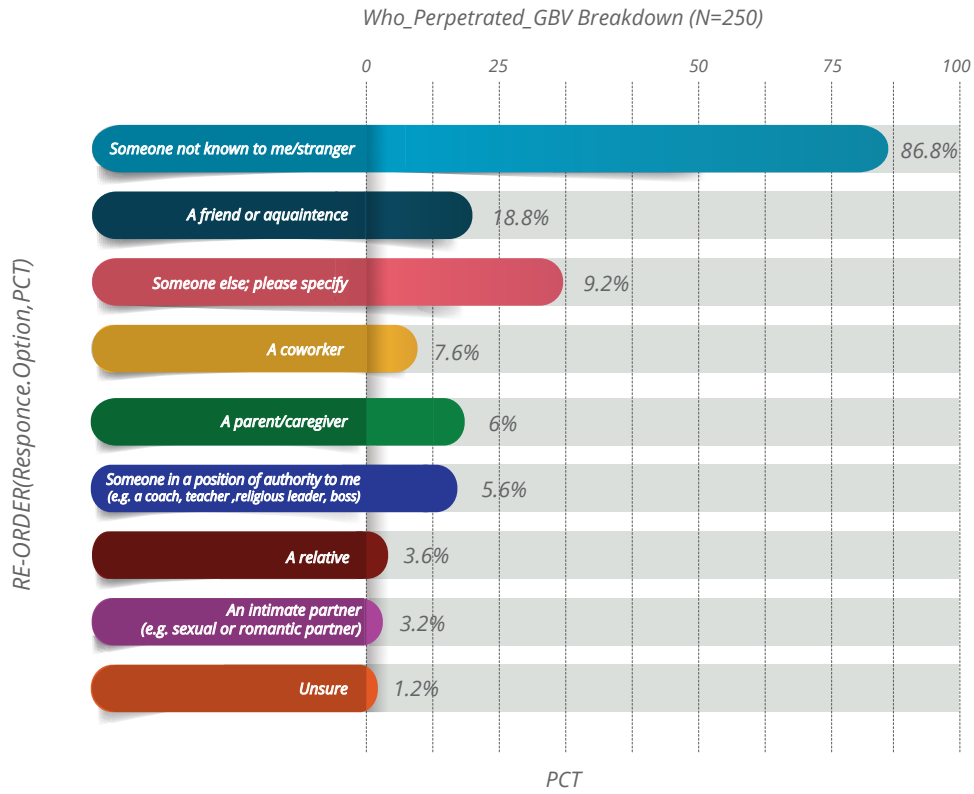
Figure D6: Locations in which respondents are fearful of experiencing public GBV

unsafe_GBV Breakdown (N=417)

RE-ORDER(Responce.Option,PCT)	PCT
Public streets	61.39%
Public washrooms/bathrooms	46.04%
School settings (elementary, middle, high school, or post–secondary)	40.77%
Health care settings	25.9%
Formal public space(s) (e.g.,restaurants, stores, government buildings etc.) Please specify:	25.66%
None of the above	17.75%
Prison or jail	2.16%
Courtroom/legal proceedings	2.16%
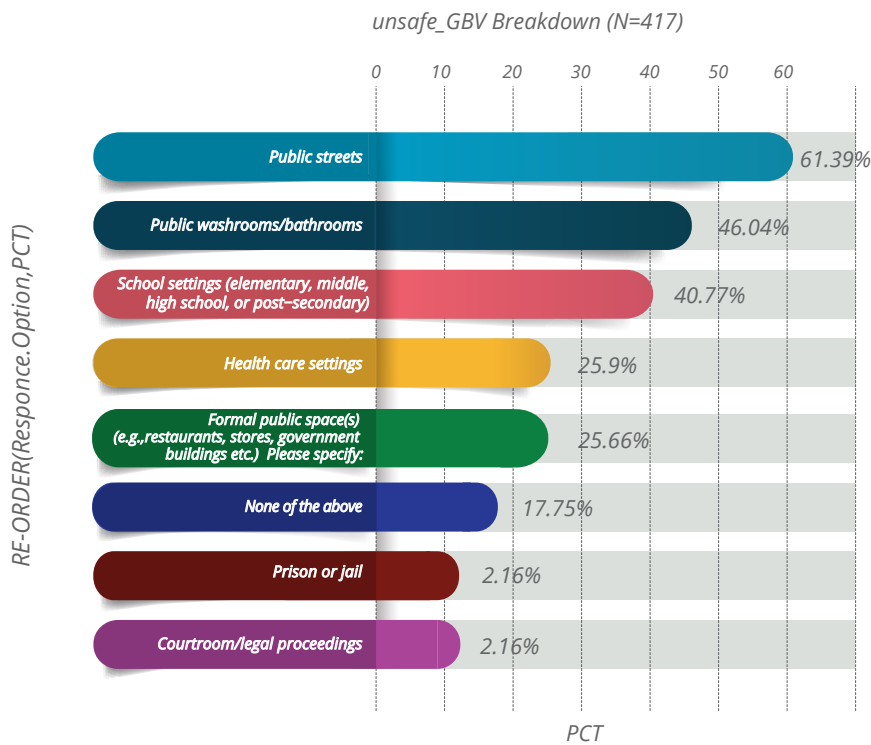
Figure D7: Locations in which public GBV has been experienced

spaces_experience_GBV Breakdown (N = 247)

Location	PCT
Public streets	73.66%
School settings (elementary, middle, high school, or post–secondary)	50.61%
Formal public space(s) (e.g.,restaurants, stores, government buildings etc.) Please specify:	22.27%
Public washrooms/bathrooms	19.03%
Health care settings	12.96%
Another public space; please specify:	8.91%
None of the above	3.64%
Courtroom/legal proceedings	0.4%
Prison or jail	0%

RE-ORDER(Responce.Option,PCT)

PCT

Figure D8: Frequency and recency of behavioural changes resulting from Public GBV

Q188 Summary

Response	Altered the time of day you go outside	Altered your gender expression	Avoided certain spaces (e.g., public washrooms, gyms, malls, schools, restaurants, neighbourhoods, parks)	Changed your behaviour to avoid violence in other ways. Please specify:
Never	54.57	50.94	35.43	74.09
Yes, but not in the past 6 months	16.86	20.42	22.84	5.98
Yes, in the past 6 months	28.57	28.64	41.72	19.93

PCT

Response

Question
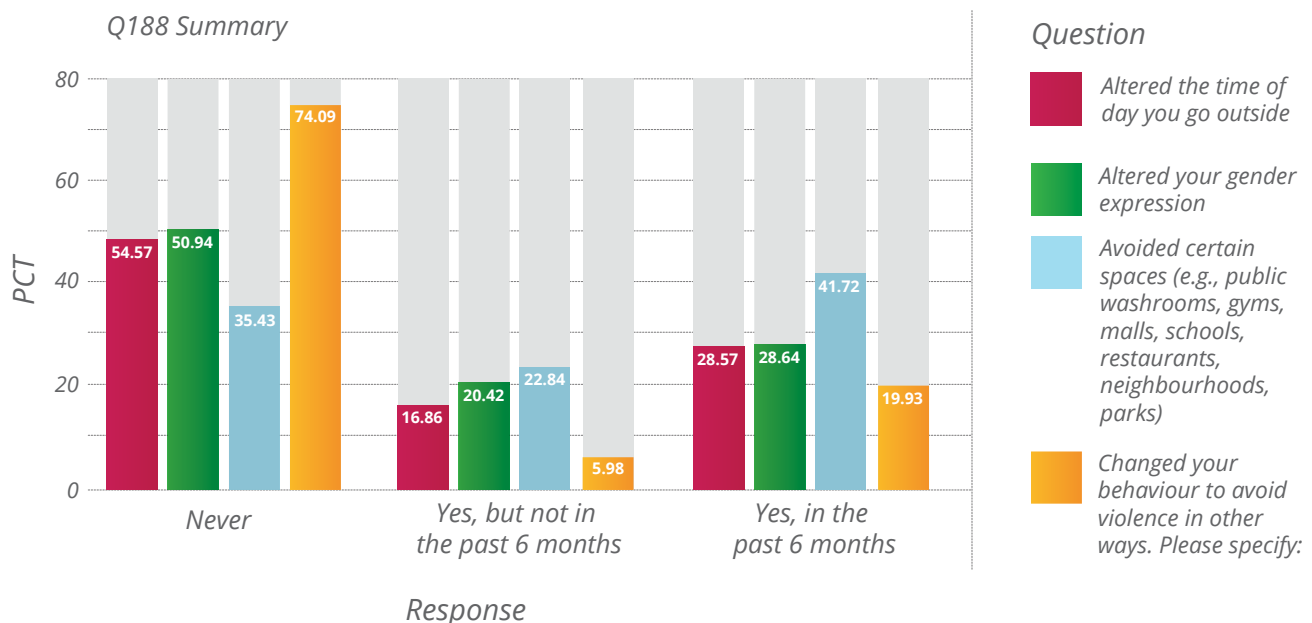
Figure D9: Frequency of bystander intervention when experiencing public GBV

Intervene_Public_GBV Breakdown (N = 165)

- **15.76%** / **84.24%**

■ *No, none of the people who witnessed this intervened or tried to help me.*

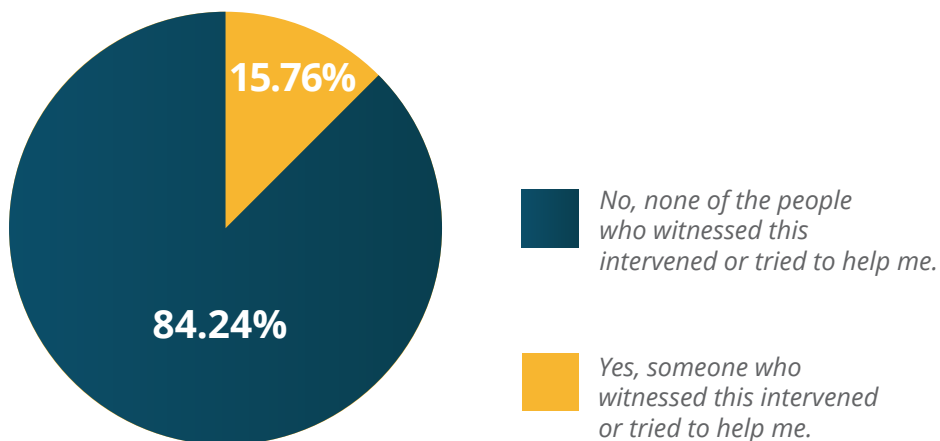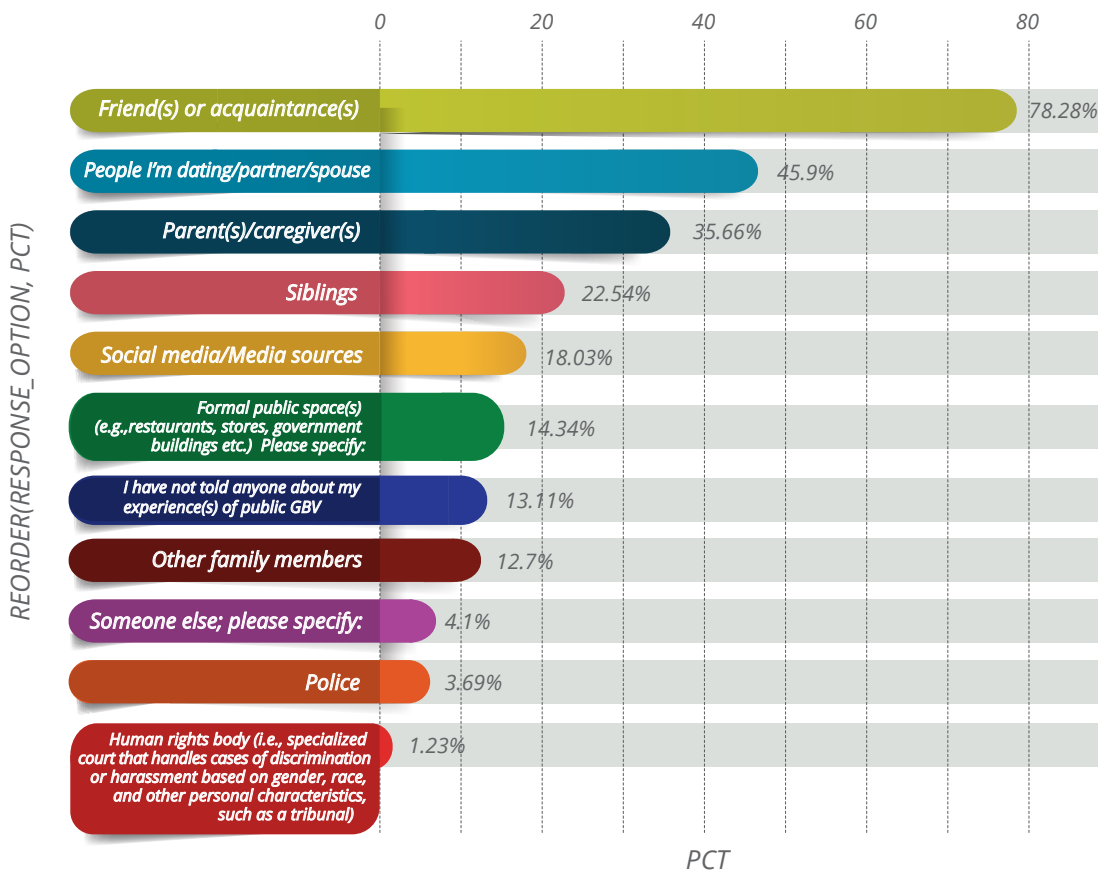■ *Yes, someone who witnessed this intervened or tried to help me.*

Figure D10: Who public GBV was disclosed/reported to

who_disclosed_GBV Breakdown (N = 244)

REORDER(RESPONSE_OPTION, PCT)	PCT
Friend(s) or acquaintance(s)	78.28%
People I'm dating/partner/spouse	45.9%
Parent(s)/caregiver(s)	35.66%
Siblings	22.54%
Social media/Media sources	18.03%
Formal public space(s) (e.g.,restaurants, stores, government buildings etc.) Please specify:	14.34%
I have not told anyone about my experience(s) of public GBV	13.11%
Other family members	12.7%
Someone else; please specify:	4.1%
Police	3.69%
Human rights body (i.e., specialized court that handles cases of discrimination or harassment based on gender, race, and other personal characteristics, such as a tribunal)	1.23%

Table D11: Frequency and recency of police harassment in public

Q191_1	Freq	denominator	PCT
This happened, but not in the past 6 months	25	430	5.81
This has happened in the past 6 months	2	430	0.47
This has never happened to me	403	430	93.72

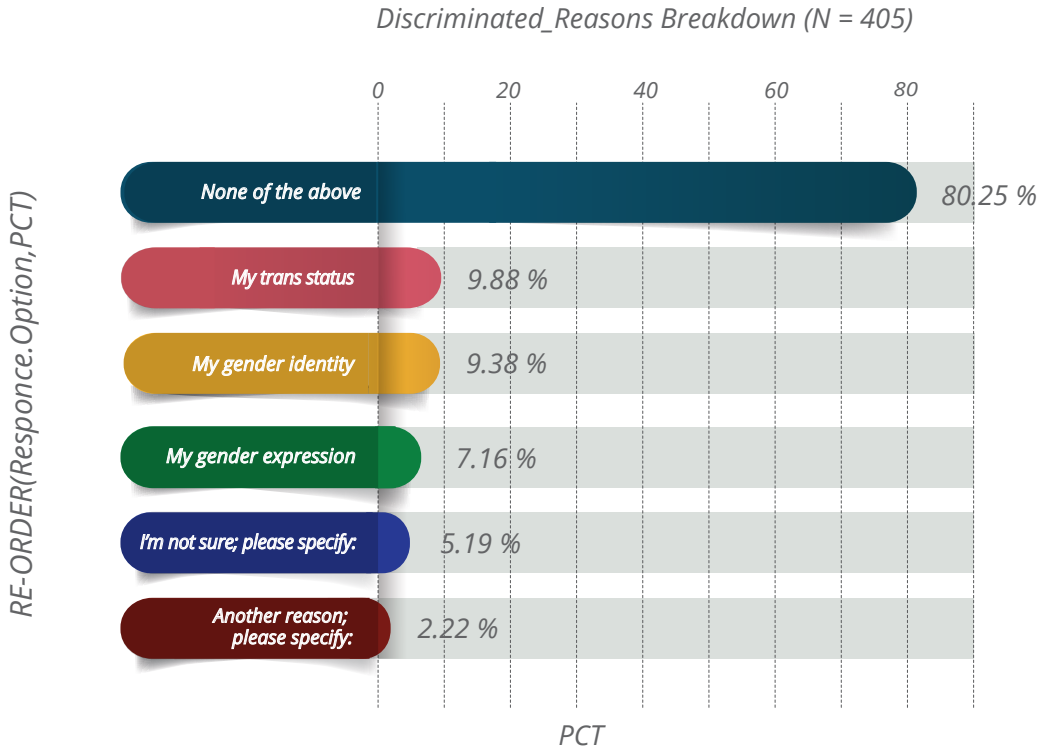## Table D12: Frequency and recency of police harassment in other settings

Q191_2	Freq	denominator	PCT
This happened, but not in the past 6 months	10	383	2.61
This has happened in the past 6 months	1	383	0.26
This has never happened to me	372	383	97.13

Figure D13: Perceived cause of police harassment

Police_Violence_Identity Breakdown (N = 31)
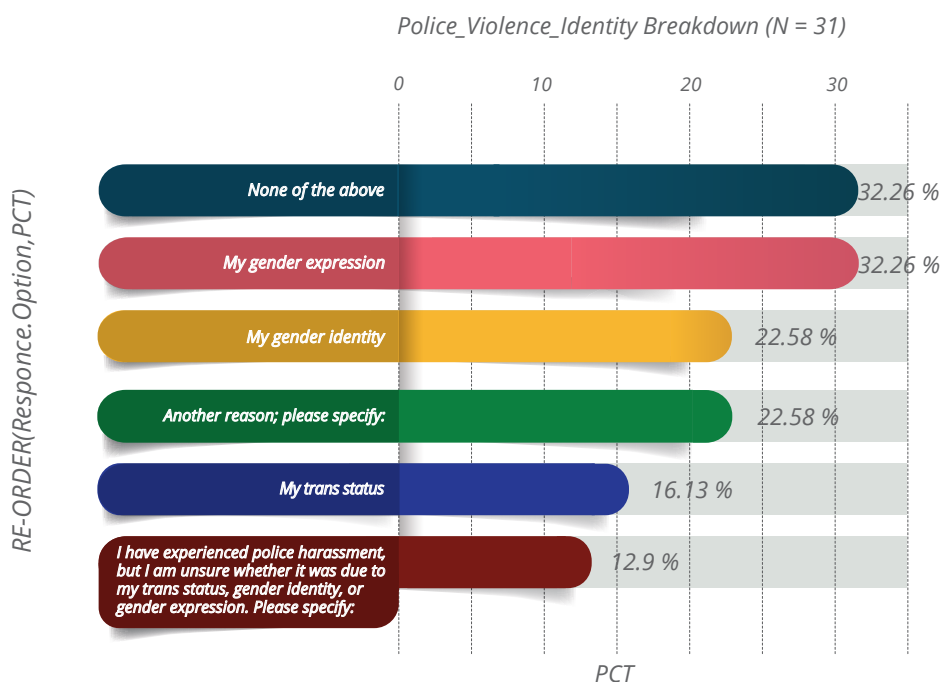
Figure D14: Perceived reasons for discrimination from businesses, service providers, government agencies or other public spaces

Discriminated_Reasons Breakdown (N = 405)

RE-ORDER(Responce.Option,PCT)	PCT
None of the above	80.25 %
My trans status	9.88 %
My gender identity	9.38 %
My gender expression	7.16 %
I'm not sure; please specify:	5.19 %
Another reason; please specify:	2.22 %

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