

Improving Crisis Support Services for 2SLGBTQIA + and BIPOC Communities in Manitoba

Key Findings and Recommendations



In partnership with Public Health Agency of Canada (PHAC), Klinic led a community-based qualitative study to improve crisis support services for BIPOC and 2SLGBTQIA+ communities in Manitoba.

Through 15 interviews and 6 focus groups with support seekers and service providers, the study identified key barriers and highlighted the need for culturally safe, transparent, and inclusive care.

Findings have been used to inform a new training module. We will be sharing our findings with others working within Crisis Services, so others can learn from these voices.

Key Terminology

BIPOC

Black, Indigenous and people of colour.
The term can be used generally to represent the non-white experience, however, many "BIPOC" individuals agree that using specific language when referring to racialized groups or experiences is ideal.¹

2SLGBTQIA+

This acronym represents Two-Spirit, lesbian, gay, bisexual, transgender, queer, intersex, and additional people who identify as part of sexual and gender diverse communities.²



Challenges in Accessing Crisis Support Services in MB



Stigma

Such as fear of judgment, being labelled and non-consensual interventions—especially among immigrant women facing intimate partner violence.

Structural Barriers & Lack of Culturally Responsive Care

Long wait times, repeating trauma over multiple sessions, inadequate long-term care plans, lack of cultural sensitivity and lack of continuity prevent many (especially individuals with low income) from seeking crisis supports.

Discrimination

Especially among 2SLGBTQIA+ and Indigenous individuals, leaving many feeling unsafe and misunderstood, hindering care.

Recommendations to Improve Access to Crisis Support Services



Build Trust & Transparency

Clearly communicate possible interventions and collaborate alongside individuals to build trust, rather than making decisions for them (a personcentered approach).

Improve Training & Representation

Use intersectional, decolonial approaches informed by lived experiences; hire diverse staff and create inclusion.

Expand Access & Support Models

Offer team-based, hybrid and long-term care; invest in rural access and make training more interactive and reflective.

Acknowledgements

Klinic would like to extend its deepest gratitude to the participants who generously shared their lived experiences with honesty, vulnerability, and courage. To the care providers who engaged in thoughtful self-reflection to support this work—thank you. This project would not have been possible without your trust and insights.

We also acknowledge the Public Health Agency of Canada for funding this research, and express sincere thanks to Maryam Lashkari and Quiana Kumar for their dedication to this project's development and preparation.

References

1 Government of Canada. (n.d.). Anti-Racism Lexicon. https://www.canada.ca/en/department-national-defence/services/systemic-racism-discrimination/anti-racism-toolkit/ anti-racism-lexicon.html

2 Women and Gender Equality Canada. (2023). What is 2SLGBTQI+?. https://www.canada.ca/en/womengender-equality/free-to-be-me/ what-is-2slgbtqi-plus.html