

# Building a research agenda on addressing sexual assault and intimate partner violence against trans and gender diverse people: Differences in priorities by gender

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## CONTEXT

Trans and gender diverse (TGD) people experience high rates of sexual assault (SA) and intimate partner violence (IPV) (Carlton et al., 2016; Garthe et al., 2018; James et al., 2016; Peitzmeier, 2020; Seelman, 2015)

TGD survivors of SA/IPV often receive inadequate care and experience stigma and discrimination when seeking support from healthcare and social service providers (Carlton et al., 2016; Guadalupe-Diaz & Jasinski, 2017; Hyman et al., 2020; Seelman, 2015)

Research can inform the development/improvement of health and social services, policies, and practices to better meet the needs of TGD survivors of SA/IPV

Prevailing research on SA/IPV has often overlooked the experiences of TGD survivors (Jordan et al., 2020; Rogers, 2015; Seelman, 2015)

## OBJECTIVE



The primary objective of this study was to determine priorities for research on SA/IPV against TGD people.

## METHOD

### CHNRI Approach (Child Health and Nutrition Research Initiative)

- Systematic process to set research priorities that accounts for perspectives of diverse stakeholders (Rudan et al., 2008)
- Involves two stages: generation and evaluation of research items/questions

#### Stage 1:

- 1) Survey 1 launched March 2021 and closed June 2021, after multiple email reminders
- 2) **213** respondents generated **512** research items, from which **20** final questions were collated and organized across **7** themes

#### Stage 2:

- 1) Survey 2 launched August 2021 and closed September 2021, after weekly email reminders
- 2) Respondents rated questions on 4 criteria:
  - a) Answerability
  - b) Feasibility
  - c) Impact
  - d) Equity
- 3) Questions ranked using a research priority score (RPS), a composite of the criteria, and compared across TGD and cisgender participants

## RESULTS

### SAMPLE CHARACTERISTICS

#### 79 stakeholders across

Canada responded to and evaluated research priority items:

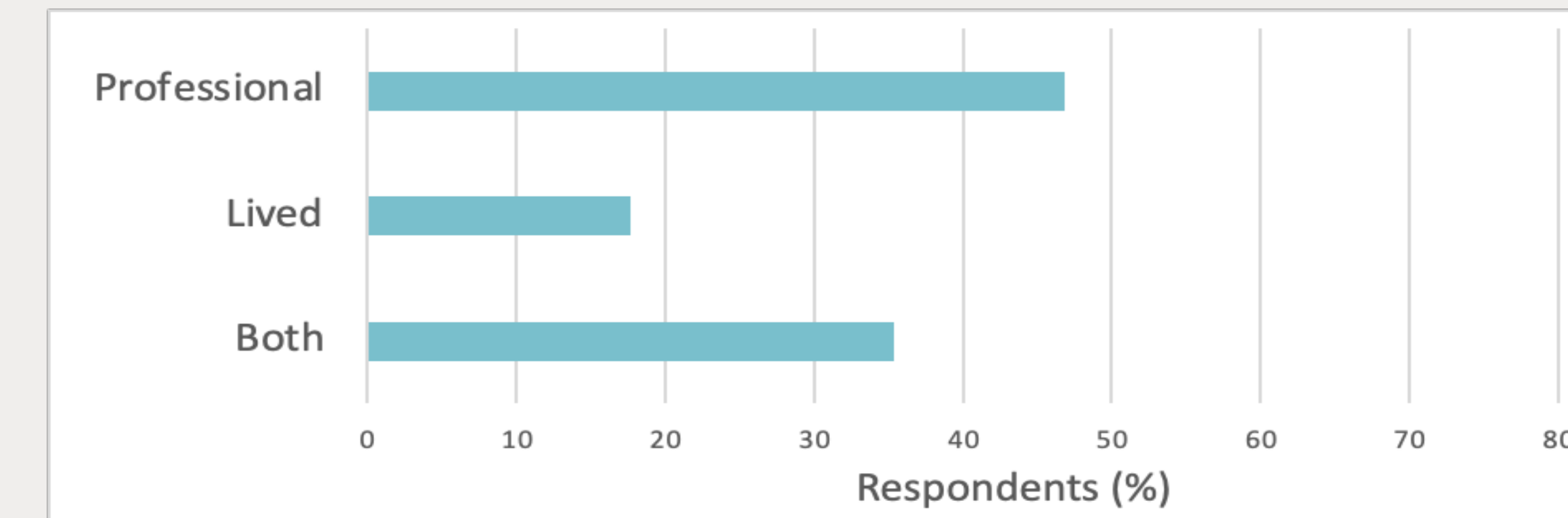
- Gender<sup>\*\*</sup>: Cisgender (66.2%); Transgender and Gender Diverse (33.8%)
- Sexual orientation<sup>\*</sup>: Heterosexual (40.3%), Queer (31.2%), Bisexual (16.9%), Pansexual (16.9%), Lesbian (9.1%), Gay (5.2%), and/or prefer not to answer (1.3%)
- Race/ethnicity: White (77.9%), Black (5.2%), Filipino (1.3%), Indigenous (1.3%), Chinese (1.3%), South Asian (1.3%), other (9.1%), prefer not to answer (2.6%)

<sup>\*</sup>Responses were not mutually exclusive  
<sup>+</sup>Calculated using response to a multi-select item

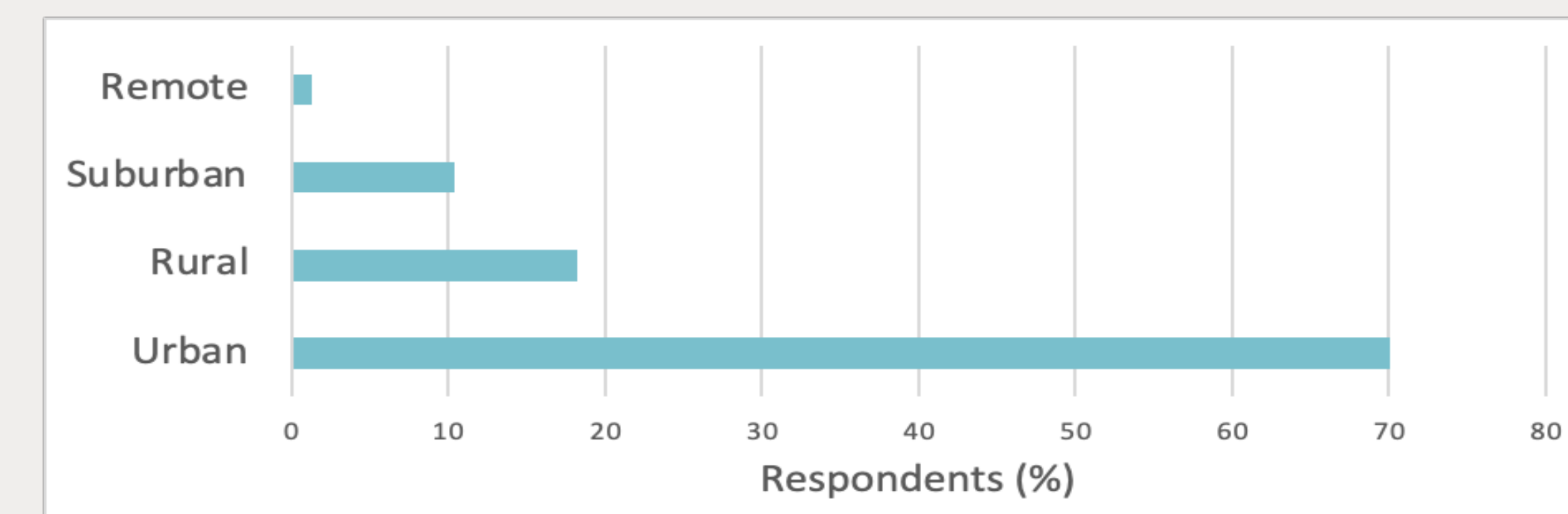
#### STAKEHOLDER REPRESENTATION

Group*	n	%
Research/academia	24	30.4
Government/policy	3	3.8
Advocacy	19	24.1
Healthcare	28	35.4
Social services	23	29.1
Professional associations	13	16.5
Funding agencies	1	1.3
Transgender communities	24	30.4
SA/IPV survivors	26	32.9
Other, 'military,' 'peer support/mentorship'	2	2.5

#### TYPE OF EXPERTISE



#### TYPE OF COMMUNITY LIVED IN



### TOP RANKING RESEARCH QUESTIONS BY GENDER

Questions	TGD		Cisgender	
	Rank	RPS	Rank	RPS
<i>Theme: Defining the scope of the problem</i>				
How do trans people define what constitutes intimate partner violence?	17	87.9%	8	85.4%
How common are sexual assault and intimate partner violence among groups with different gender identities (e.g., cisgender women, transmasculine, transfeminine)?	13	89.8%	9	85.4%
What are the effects (i.e., impacts, recovery) of experiencing sexual assault and intimate partner violence for trans survivors of varying social locations (e.g., transmasculine, transfeminine, disabilities, living situation)?	6	93.5%	11	85.2%
<i>Theme: Increasing understanding of contextual and contributing factors</i>				
What factors are related to diverse trans survivors (e.g., BIPOC, transfeminine, transmasculine) leaving a situation of sexual assault or intimate partner violence (e.g., housing, finances, social supports)?	8	92.1%	13	84.5%
<i>Theme: Expanding knowledge of disclosure and reporting</i>				
What factors impact diverse trans survivors' disclosure of sexual assault and intimate partner violence in healthcare and other support settings (e.g., BIPOC, living in a rural area)?	1	99.7%	2	87.4%
How has the criminal justice system (e.g., police) responded to reports of sexual assault and intimate partner violence by trans survivors?	12	91.0%	5	87.0%
<i>Theme: Enhancing accessibility and appropriateness of supports</i>				
How can information and resources about sexual assault and intimate partner violence be improved and made more accessible across a variety of settings for diverse trans people (e.g., different cognitive abilities)?	7	93.0%	20	79.5%
What barriers and facilitators impact access to hospital, health, social (shelters), and/or legal services for trans survivors of sexual assault and intimate partner violence (e.g., social identity, psychosocial circumstances, systems of oppression)?	11	91.4%	10	85.3%
What qualities/features of providers and services are important to diverse trans people (e.g., BIPOC, sex workers, low income) seeking support after sexual assault and intimate partner violence?	3	96.4%	3	87.2%
Do trans survivors' perceptions and experiences (e.g., barriers, misunderstood, dismissed) of post-sexual assault and intimate partner violence services vary across their differing social locations (e.g., BIPOC)?	2	97.9%	19	80.1%
How can 2SLGBTQIA+ and sexual assault and intimate partner violence services be more responsive to the culture and needs of diverse trans communities and survivors (e.g., BIPOC; queer; sex work positive)?	10	91.8%	4	87.1%
<i>Theme: Improving quality and implementation of education and training</i>				
How can training (e.g., for university/college students, educators, nurses, physicians, social workers, police, lawyers, security guards) be improved to better support trans survivors of sexual assault and intimate partner violence?	5	96.1%	1	89.2%
How can training that facilitates cultural competence and the provision of appropriate care (e.g., attention to gender and race) to trans survivors of sexual assault and intimate partner violence be embedded in academic and workplace settings?	9	91.8%	7	86.3%
<i>Theme: Developing alternative models of response</i>				
What community-based models of emergency and crisis care can be developed to better respond to trans survivors of sexual assault and intimate partner violence (i.e., as opposed to law enforcement models)?	4	96.2%	6	86.4%

## LIMITATIONS

Impossible to ensure that every voice among stakeholder groups was represented, potentially influencing the questions generated as well as their ratings; for example, the survey overrepresented those who identified as white

## SUMMARY & IMPLICATIONS

RPS were generally higher among TGD respondents; 12/20 questions had an RPS of over 90.0% whereas no research questions had scores exceeding 89.2% among cisgender respondents

The top-ranked item for TGD respondents was ranked 2nd for cisgender respondents

However, other top-ranked priority items differed between cisgender and TGD respondents; for example, the 2nd ranked item for TGD respondents was 19th for cisgender respondents



TGD persons have distinct and valuable perspectives that should meaningfully inform priorities in research on SA and IPV against TGD persons



These priorities form Canada's first research agenda on SA/IPV against TGD persons, reflect the insights of TGD and other key stakeholders, and will guide future, much-needed work on the topic.