

Collaborating across the Health and Community Sectors to Improve Support Services for Trans Survivors of Sexual Assault

Janice Du Mont and Megan Saad (presenters)

Joseph Friedman Burley, Melissa Miljanovski, Chett Bradley, & Sheila Macdonald

Canadian College of Health Leaders

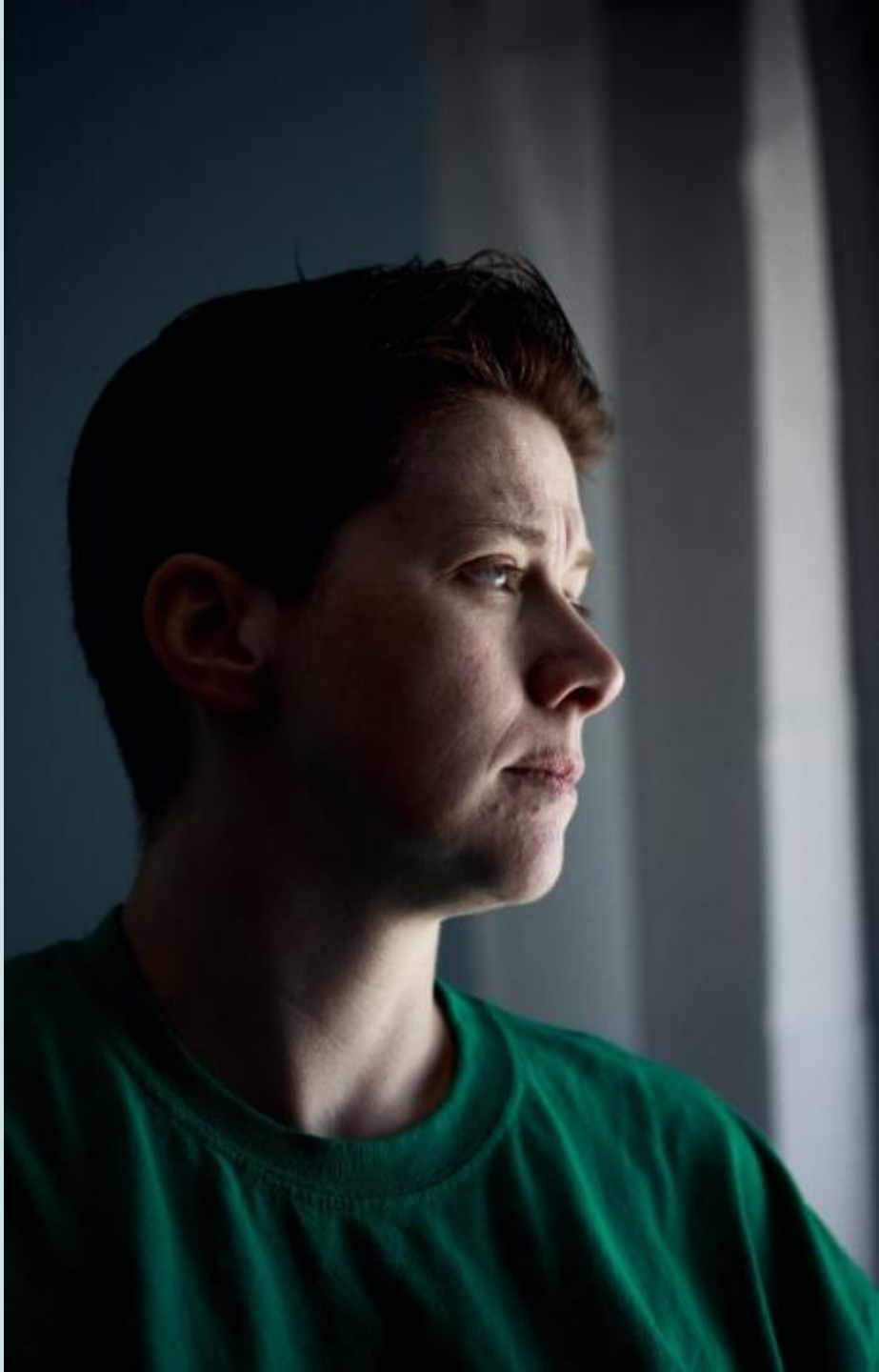
4 March 2020

Outline

- **Context**
- **Program of Research**
- **transLINK Project**
- **Implications for Health Leaders**

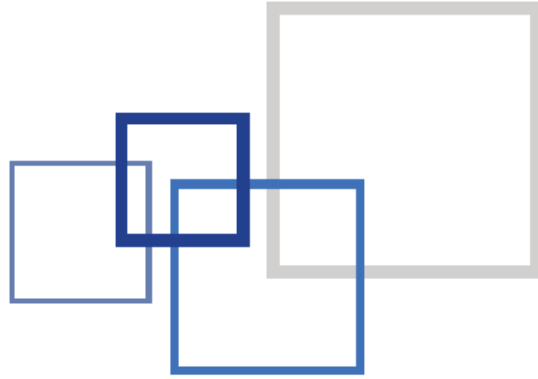


CONTEXT



Transgender

- An umbrella term that describes individuals who do not identify with their sex assigned at birth
- Anyone who is not cisgender (gender identity corresponds with assigned sex at birth); e.g., nonbinary, Two Spirit, gender diverse, genderqueer, genderfluid
- Can be used interchangeably with the shorter term “trans”



THE REPORT OF THE

2015

U.S.

TRANSGENDER

SURVEY



Prevalence of Sexual Assault

- 47% of trans individuals had experiences sexual assault in their lifetimes
- Perpetrators:
 - 34% current or former intimate partner
 - 25% a relative
 - 30% a stranger

Sexual Violence in the Transgender Community Survey (2004)

- 66% of trans persons surveyed had experienced sexual violence
- 43% of survivors indicated they were targeted due to their gender identity

(munson & Cook-Daniels, 2016)

A GUIDE FOR Facilitators of Transgender Community Groups: Supporting Sexual Violence Survivors



PHOTO BY LEIGH HOUGHTALING

michael munson
Executive Director

Loree Cook-Daniels
Policy and Program Director

FORGE

SPRING 2016

National College Health Assessment Survey (2014)

Past 12 months	Sexual touch*	Attempted penetration*	Completed penetration*	Relationship Sexual abuse*
Male+	3.7	1.3	0.8	1.1
Female	12.1	5.3	3.1	2.7
Trans	13.9	6.3	3.8	6.3

Note: + reference category, *statistically significant

Trans persons:

- 4x more likely to experience rape (completed penetration) than males
- 2x more likely to experience relationship sexual abuse than females

Ontario-based Trans-PULSE survey:

- Approximately 20% of trans Ontarians have experienced lifetime sexual and/or physical violence as a direct result of their gender identity



IN THIS CENSUS, TRANS & NON-BINARY PEOPLE COUNT!

Trans PULSE Canada is a community-based research survey for all trans and non-binary people aged 14+ in Canada.



TO FIND OUT MORE OR PARTICIPATE
(online or on paper, in English, French, or another language with an over-the-phone interpreter):

Visit transpulsecanada.ca

Email info@transpulsecanada.ca*

Call toll-free at **1-844-972-6772**

Local Peer Research Associate:

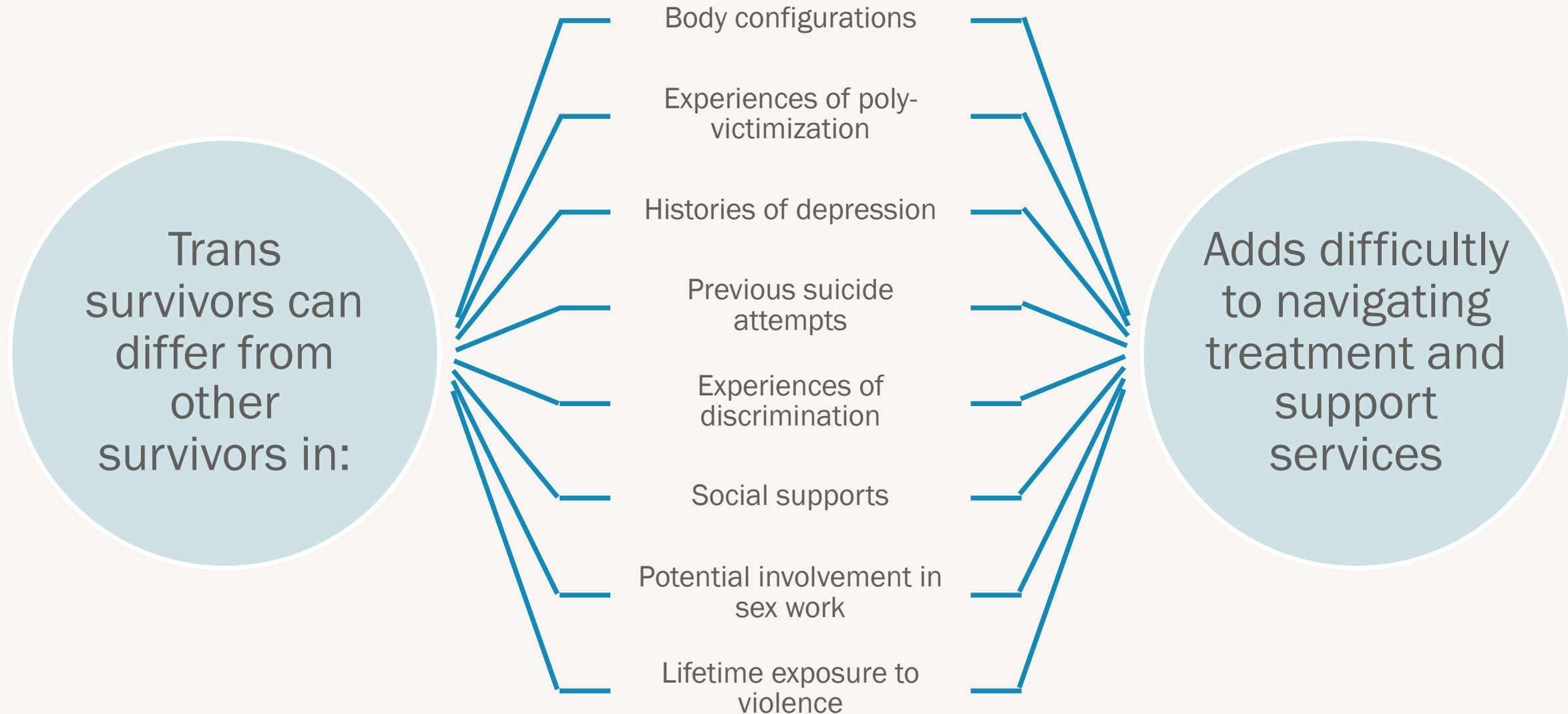


This project is funded by the Canadian Institutes of Health Research.

*Please note email is not a secure form of communication.

Photos by Callie Lugosi.
Graphic design by Ander Swift.

Complex Care Needs



Help-Seeking Post Victimization

- **Trans survivors often do not seek care** (Day, 2014)
- **Sexual Violence in the Transgender Community Survey found only:**
 - 9% of survivors received professional medical care for their physical injuries
 - 14% of survivors received professional emotional support within the first week of being assaulted (munson & Cook-Daniels, 2016)
- **Trans-PULSE Survey:**
 - 21% of trans persons surveyed in Ontario had avoided the emergency department when they needed it (Bauer et al., 2014)



Experiences in Healthcare Settings

National Transgender Discrimination Survey (2011)

Trans and gender non-conforming persons, aged 18 to 89, lifetime

Respondents faced significant hurdles to accessing health care, including:	%
Denial of care because of their trans identity/expression	19
Verbal harassment	28
Lack of provider knowledge	50

“I was forced to have a pelvic exam by a doctor when I went in for a sore throat. The doctor invited others to look at me while he examined me and talked to them about my genitals.”



PROGRAM OF RESEARCH

Objective

To work to ensure trans sexual assault survivors receive trans-affirming supports post-victimization

Trans-affirming: Comprises the practices that recognize, account for, and address the unique experiences and needs of trans persons

Ontario Network of Sexual Assault/Domestic Violence Treatment

Centres

Network comprised of 36 hospital-based SA/DVTCs

- First funded in 1984 to address acute post-sexual assault needs of survivors seen at Women's College Hospital in Toronto
- Post-sexual assault services expanded across the province through research to include:
 - Domestic violence care
 - HIV counselling and post-exposure prophylaxis
 - Drug-facilitated sexual assault care



- **Staffed by specially trained nurses**
- **Acute care services offered 24/7 once client medically cleared in ED:**
 - Crisis intervention
 - Medical assessment and treatment
 - Testing and prophylactic treatment for pregnancy and sexually transmitted infections, including HIV
 - Collection and documentation of forensic evidence, including injuries
 - Risk assessment and safety planning
 - Referral to various community agencies for other forms of support (e.g., legal, housing)

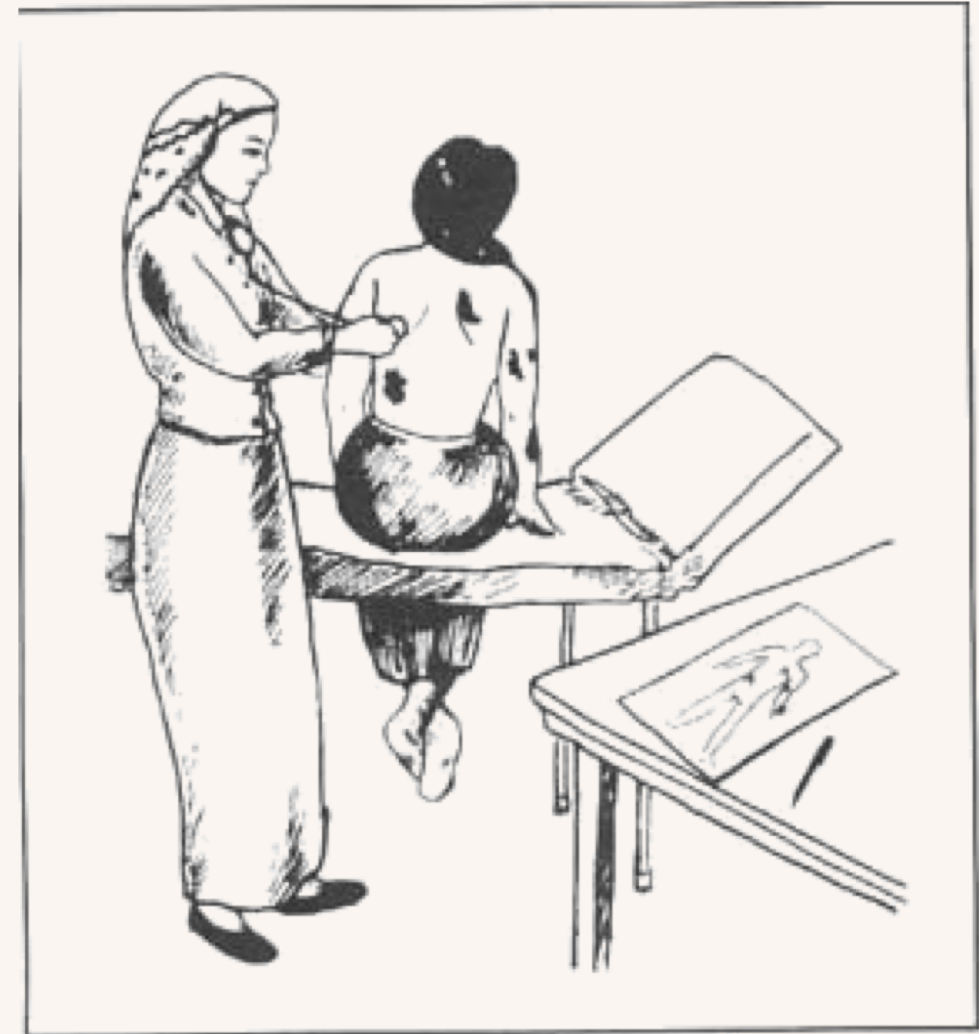


Image: Heise, Ellsberg, & Gottemoeller (1999)

Sequential Studies

PHASE I:
Established need for trans-specific training for nurses at Ontario's SA/DVTCs and increased collaboration with LGBTQI2S+ services



PHASE II:
Developed and evaluated an in-person training with 47 nurses representing the diversity of Ontario's 36 SA/DVTCs




PHASE III:
Adapted in-person curriculum to online format to expand reach to all SA/DVTC nurses across province; evaluation underway



PHASE IV:
Building an intersectoral network on trans-affirming practice to support sexual assault survivors

PHASE I:
Established
need for trans-
specific training
for nurses at
Ontario's
SA/DVTCs and
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services

Toward Affirming Care: An Initial Evaluation of a Sexual Violence Treatment Network's Capacity for Addressing the Needs of Trans Sexual Assault Survivors

Janice Du Mont, EdD,^{1,2} Sarah D. Kosa, MSc,³ 
Rebecca Abavi, MPH,¹ Hannah Kia, MSW, PhD,¹
and Sheila Macdonald, MN³

Abstract

There is a global call to action to improve transgender (trans) health to achieve health equity for people of all gender identities. Trans persons experience high rates of sexual assault and have historically had limited or no access to health care that meets their needs. As an initial step in addressing this, we evaluated a sexual assault treatment network's capacity for addressing the needs of trans sexual assault survivors. Working with an Advisory Group comprising trans community members and their allies who have expertise in trans health, a short online questionnaire was developed and distributed to the program leaders of Ontario's 35 hospital-based Sexual Assault/Domestic Violence Centres (SA/DVTCs). A total of 27 program leaders

Journal of Interpersonal Violence

1–20

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100% of SA/DVTC
program leaders
agreed that the
nurses/ physicians
working within their
programs would
benefit from
(additional) trans-
specific training

BMJ Open Assessment of nurses' competence to care for sexually assaulted trans persons: a survey of Ontario's Sexual Assault/Domestic Violence Treatment Centres

Janice Du Mont,^{1,2} Sarah Daisy Kosa,^{1,3} Shirley Solomon,³ Sheila Macdonald³

To cite: Du Mont J, Kosa SD, Solomon S, *et al*. Assessment of nurses' competence to care for sexually assaulted trans persons: a survey of Ontario's Sexual Assault/Domestic Violence Treatment Centres. *BMJ Open* 2019;**9**:e023880. doi:10.1136/bmjopen-2018-023880

► Prepublication history and additional material for this paper are available online. To view these files, please visit the journal online (<http://dx.doi.org/10.1136/bmjopen-2018-023880>).

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¹Women's College Research Institute, Toronto, Ontario, Canada

²Dalla Lana School of Public Health, University of Toronto, Toronto, Canada

³Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, Toronto, Canada

Correspondence to
Dr Janice Du Mont;
janice.dumont@wchospital.ca

ABSTRACT

Objective Our primary objective was to examine the perceived level of competence and need for additional training among nurses engaged in the care of sexually assaulted trans persons. Among these nurses, a secondary objective was to examine the impact of prior trans-specific training on their perceived level of competence.

Setting An online survey was distributed to nurses working within 35 hospital-based violence treatment centres in Ontario, Canada.

Respondents 95 nurses completed the survey.

Primary and secondary outcome measures The perceived level of competence and need for additional training overall and on 31 specific items associated with initial assessment, medical care, forensic examination and discharge and referral, as well as sociodemographic, work experience and prior training information, was collected and summarised using descriptive and inferential statistics.

Results Almost three-quarters (73.1%) of nurses indicated that they had little or no expertise in caring for trans clients who have been sexually assaulted and 95.7% strongly agreed/agreed that they would benefit from (additional) training. The mean level of competence was 4.00 or greater (strongly agreed/agreed with the statement) for just 9 out of the 31 competencies related to caring for trans clients. Having undergone prior trans-specific training (61.3%) was associated with greater perceived competence in initial assessment ($p=0.004$) and medical care ($p<0.001$).

Conclusion It is of key importance that nurses demonstrate knowledge of and respond competently to the complex and diverse needs of trans survivors of sexual assault. The nurses surveyed overwhelmingly identified a need for additional training to care for sexually assaulted trans clients. It appears that additional training would be beneficial, as prior trans-specific training was associated with higher perceived competence in delivering certain aspects of care.

INTRODUCTION

Although encompassing a diverse community, numerous studies and reviews have found that trans persons are at an increased risk overall of experiencing sexual assault and other forms of violence.¹⁻⁴ For example,

Strengths and limitations of this study

- This is the first study in Canada to assess the perceived level of competence in caring for trans persons who have been sexually assaulted among nurses working in hospital-based violence treatment centres.
- The study's survey was developed with an advisory group comprised of trans community members and their allies with expertise in trans health and violence.
- In this study, we could only measure nurses' perceived competence and not assess their actual performance in the clinical setting.

a recent study conducted by Langenderfer-Magruder *et al*⁵ examined sexual assault in a large convenience sample of lesbian, gay, bisexual, trans and queer adults, stratified by respondents' gender identity (cisgender, trans). Their study findings indicated that trans individuals in the USA reported experiencing sexual assault more than twice as frequently as cisgender LGBQ individuals. Another study by Hoxmeier,⁶ using data from the American 2014 National College Health Assessment, found that among 1805 undergraduate students, trans individuals were approximately five times more likely than those who identified as male to have experienced completed vaginal, anal or oral penetration/rape. In Canada, the Trans PULSE Project, a community-based study on the effects of social exclusion on the health of trans persons, found that 20% of participants had experienced physical or sexual assault over the past year due to their trans identity.⁷

Due to the deleterious physical, psychological and social consequences of sexual assault, including bodily and genital injuries, sexually transmitted infections, post-traumatic stress, depression, anxiety and unintended/unwanted pregnancy,^{8,9} it is critical that trans and other

97% of nurses indicated that they would benefit from being better able to consult with and refer to “available trans-positive resources and service providers in the community for a trans client requiring external support.”

(Du Mont *et al.*, 2019, p. 8)

Sequential Studies

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PHASE IV:
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Introduction to New Training



Providing Trans-Affirming Care for Sexual Assault Survivors

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PROVIDING TRANS-AFFIRMING CARE FOR SEXUAL ASSAULT SURVIVORS

e-Learning Curriculum

Funded by:



MENU GLOSSARY



▼ Introduction

Providing Trans-Affirming Care for Sexual Assault Survivors

e-Learning Curriculum Development

Curriculum Features

Curriculum Outline

References

▶ Section 1: Introduction to the Issues

▶ Section 2: Core Elements of the Curriculum

▶ Conclusion

☰ Providing Trans-affirming Care Sexual Assault e-Learning Curriculum

CURRICULUM OUTLINE

Section 1: Introduction to the Issues

- **Lesson 1:** Key Terms
- **Lesson 2:** Experiences of Sexual Assault
- **Lesson 3:** Interactions with Healthcare

Section 2: Core Elements of the Curriculum

- **Lesson 4:** Initial Assessment
- **Lesson 5:** Medical Care
- **Lesson 6:** Forensic Examination
- **Lesson 7:** Discharge and Referral



< PREV

NEXT >



PROVIDING TRANS-AFFIRMING CARE FOR SEXUAL ASSAULT SURVIVORS

e-Learning Curriculum



Funded by:  WOMEN'S COLLEGE HOSPITAL
women'sxchange



▼ Introduction

Providing Trans-Affirming Care for Sexual As...

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Section 2: Core Elements

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- **Lesson 5:** Medical Care
- **Lesson 6:** Forensic Examination
- **Lesson 7:** Discharge and Referral





Gender

A system of classification that typically refers to culturally recognized roles, norms, and expectations, often based on an assigned sex at birth and socially associated with being a man or a woman. Currently, gender is often considered to exist across a broader spectrum, not solely within the binary of being a man or woman.

Gender Diversity

Describes gender expression that may not correspond to one's externally perceived sex/gender and/or one's gender identity. In other words, gender diversity can be perceived externally by the outside world, internally by a person who believes they are gender diverse, or both. Also sometimes referred to as gender nonconformity, but often considered outdated.

Gender Dysphoria

The discomfort or distress that some trans persons experience as a result of the discrepancy between their gender identity and sex assigned at birth, associated gender roles, and/or primary and secondary sex characteristics. In some circles, this experience may also be referred to as gender incongruence: that is, the incongruence a person may experience with their identified gender and sex assigned at birth.

Gender Expression



CURRICULUM OUTLINE

Section 1: Introduction to the Issues

- **Lesson 1:** Key Terms
- **Lesson 2:** Experiences of Sexual Assault
- **Lesson 3:** Interactions with Healthcare

Section 2: Core Elements

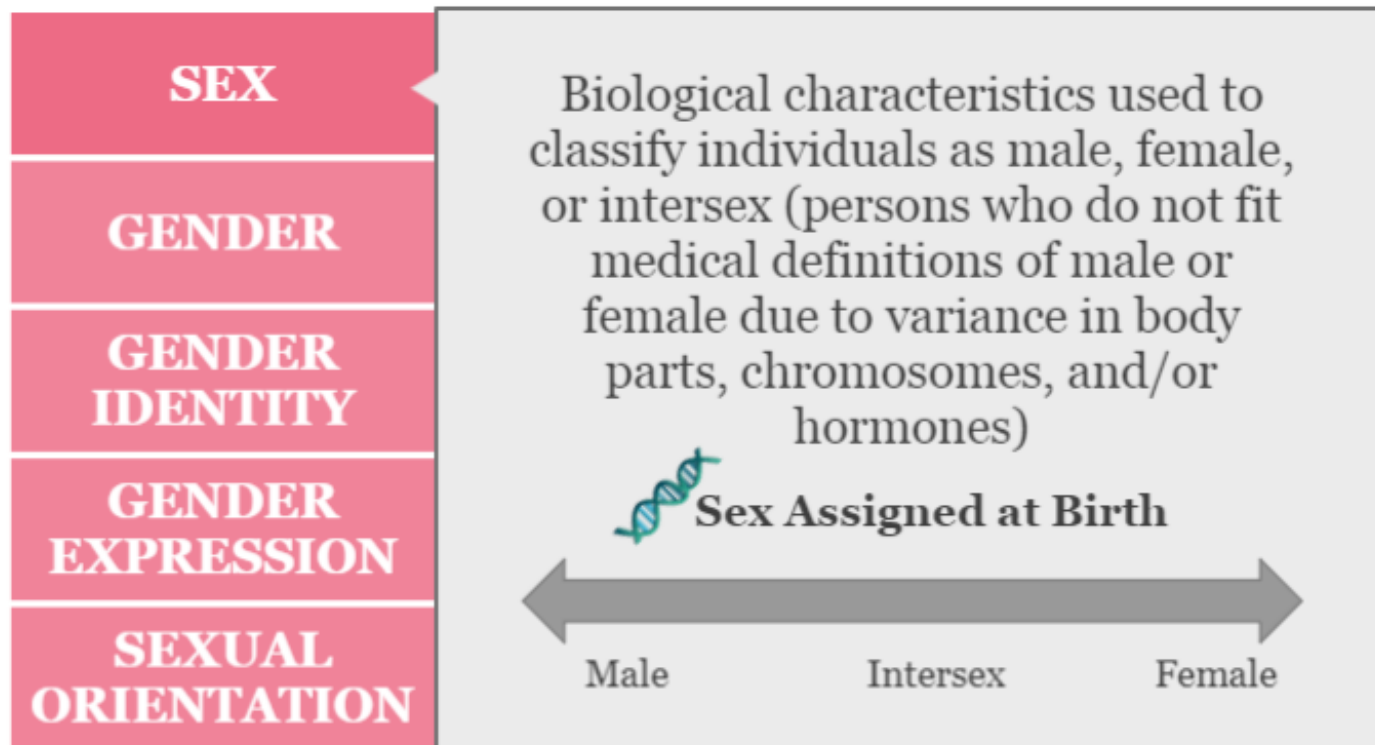
- **Lesson 4:** Initial Assessment
- **Lesson 5:** Medical Care
- **Lesson 6:** Forensic Examination
- **Lesson 7:** Discharge and Referral





- ▶ Introduction
- ▼ Section 1: Introduction to the Issues
 - ▼ Lesson 1: Key Terms
 - Learning Objectives
 - Core Concepts
 - Definitions**
 - Transfeminine and Transmasculine
 - Correct Terminology
 - Knowledge Check
 - References
 - Summary
 - ▶ Lesson 2: Experiences of Sexual Assault
 - ▶ Lesson 3: Interactions with Healthcare
- ▶ Section 2: Core Elements

DEFINITIONS



Definitions adapted from Coleman et al. (2012), Davidson (2016), and Planned Parenthood (2016)



Learning Objectives

Hormone Replacement Therapy

HRT and STI Treatment

Emergency Contraception

Transition-related Surgeries

HIV Risk Assessment

Supporting Trans Clients Living with HIV

Introduction to Case Study

Case Study: Alex

Reflection Questions

Knowledge Check

References

References

Summary

▶ Lesson 6: Forensic Examination

TRANSITION-RELATED SURGERY



Masculinizing Surgeries

- Mastectomy
- Hysterectomy (with or without bilateral salpingo-oophorectomy)
- Clitoral release
- Metoidioplasty
- Scrotoplasty
- Vaginectomy

Feminizing Surgeries

- Augmentation
- Mammoplasty
- Orchidectomy
- Labiaplasty



Detailed information including surgical techniques, options, risks, and complications.

(Ministry of Health and Long Term Care, 2016)

- ▶ Introduction
- ▶ Section 1: Introduction to the Issues
- ▼ Section 2: Core Elements
 - ▼ Lesson 4: Initial Assessment
 - Learning Objectives
 - Appropriate Name and Pronoun Use
 - Pronouns and Language
 - Gender-neutral Language
 - Boundaries
 - Documentation
 - Introduction to Case Study**
 - Case Study: Jae
 - Reflection Questions
 - Gender Dysphoria and Trauma

INTRODUCTION TO CASE STUDY



Jae



- ▶ Introduction
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REFLECTION QUESTIONS

1. Is Jae trans? Why or why not?
2. What are some **assumptions** that might be made, either correctly or incorrectly, about Jae?
3. How might Jae be feeling in this situation?



- ▶ Introduction
- ▼ Section 1: Introduction to the Issues
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 - Correct Terminology
 - [Knowledge Check](#)
 - References
 - Summary
 - ▶ Lesson 2: Experiences of Sexual Assault
 - ▶ Lesson 3: Interactions with Healthcare
- ▶ Section 2: Core Elements

KNOWLEDGE CHECK

Please match each term with the correct definition.

	A system of classification that typically refers to culturally recognized roles, norms, and expectations, often based on an assigned sex at birth and socially associated with being a man or a woman
	One's individual identification with being a man, woman, or an alternative gender (e.g., nonbinary, genderqueer)
	Persons who do not fit medical definitions of male or female, which may be due to variance in body parts, chromosomes, and/or hormones
	Biological characteristics, including genitals, hormones, and chromosomes, that classify individuals as male, female, or intersex
	The manner in which one expresses their gender to the world through social cues, for example, through clothing and behaviour
	One's identity in relation to groups they are attracted to

-
- | | | | | | |
|------------|-----------------|---------------|------------------------|--------------------------|---------------------------|
| Sex | Intersex | Gender | Gender Identity | Gender Expression | Sexual Orientation |
|------------|-----------------|---------------|------------------------|--------------------------|---------------------------|



▶ Introduction

▶ Section 1: Introduction to the Issues

▼ Section 2: Core Elements

▼ Lesson 4: Initial Assessment

Learning Objectives

Appropriate Name and Pronoun Use

Pronouns and Language

Gender-neutral Language

Boundaries

Documentation

Introduction to Case Study

Case Study: Jae

Reflection Questions

Gender Dysphoria and Trauma

GENDER-NEUTRAL LANGUAGE

Instead of:	Use:	Example:
Boyfriend/ Girlfriend or Husband/Wife	Partner	“Are you currently living with a partner?”
Man/Woman or Male/ Female	Person/ Individual	“A person who has been sexually assaulted commonly struggles with whether to contact police. Are you comfortable discussing options for contacting law enforcement?”
Penis/Vagina	Genitals/ Genital Region	“In order to provide a thorough assessment of your injuries, I may need to conduct a genital examination. Are you comfortable with this?”
Male/Female Hormones	Testosterone /Estrogen	“HIV Post-Exposure Prophylaxis is available free of cost at this centre. This medication will help reduce your chance of acquiring HIV after potential exposure. This will not affect the current estrogen therapy you are taking.”



Providing Trans- Affirming Care for Sexual Assault Survivors

TRAINING MANUAL

June 2019

Sequential Studies

PHASE I:
Established need for trans-specific training for nurses at Ontario's SA/DVTCs and increased collaboration with LGBTQI2S+ services



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Building an intersectoral network on trans-affirming practice to support sexual assault survivors

PHASE IV:
Building an
intersectoral
network on trans-
affirming practice
to support sexual
assault survivors
(trans-LINK
Project)



Social Sciences and Humanities
Research Council of Canada

Conseil de recherches en
sciences humaines du Canada

Canada



trans-LINK

P R O J E C T



Community Partner

Egale

“to improve the lives of LGBTQI2S people...by informing public policy...and promoting human rights and inclusion through research, education and community engagement.”

Advisory Group

- Angel Gladdy
- Robyn Hodgson
- Hannah Kia
- Tara Leach
- Jack Woodman



Rainbow Health Ontario
Santé arc-en-ciel Ontario



THE UNIVERSITY
OF BRITISH COLUMBIA

H.E.A.L.T.H. Health's most
essential
community
linkage
trauma informed
healing

WCH
WOMEN'S COLLEGE HOSPITAL
Healthcare | REVOLUTIONIZED

Guiding Framework: Lifecycle Model for Network Development

PLANNING	FORMATION	MATURATION	SUSTAINABILITY	TRANSITION
Connect key members Define purpose Discuss value	Develop collaborations Negotiate identity & focus Exchange knowledge Develop sense of collective and shared ownership	Focus & expand	Continue activities considered effective	Identify when effectiveness has diminished and transition to other issues or goals

Planning Stage

PLANNING

Connect key
members

Define purpose

Discuss value

- **Regionally:**
 - **Linked trans-positive community organizations with SA/DVTCs for the purpose of establishing longer term referral relationships, increasing collaboration, and enhancing the continuum of care for trans survivors**
- **Provincially:**
 - **Identified the purpose and value of the proposed network**
 - **Facilitated dialogue about how such a network could strengthen services and supports**

Regional Meetings

- Identified trans+ health and social services and supports in communities across Ontario
- Connected leaders from these services and supports to managers of Ontario's SA/DVTCs in 7 regional meetings held from June to July 2019
- 106 representatives from 96 distinct SA/DVTCs and trans+ community organizations across Ontario attended meetings



Guiding Principles

- Recognize position in the world and in the dialogue
- Centre voices and experiences of trans people in the discussion/have an intersectional lens
- No one knows everything, together we know a lot!
- Acknowledge the differences between intent and impact
- Make this is a safe and open space

Session Agenda

Registration & Refreshments		9:30 am
Welcome	Sandra Smith Vice President, People, Culture and Equity	9:45 am
Purpose of Meeting	Janice Du Mont	9:50 am
Guiding Principles & Organizational Introductions	Joseph Friedman-Burley, All Attendees	9:55 am
PART 1. KNOWLEDGE MOBILIZATION		
Introduction to SA/DVTCs	Sheila Macdonald	10:25 am
<ul style="list-style-type: none"> Description of network, programs, and services offered 		
Introduction to New Curriculum	Janice Du Mont, Megan Saad	10:30 am
<ul style="list-style-type: none"> Overview of its development, pilot, and evaluation 		
PART 2. COMMUNITY ENGAGEMENT		
Pressing Issues and Collaborations	All Attendees	11:00 am
<ul style="list-style-type: none"> Guided conversations to generate collaborative dialogue on the issue of sexual violence against trans communities and avenues for potential collaboration Debrief 	Megan Saad, Joseph Friedman-Burley, Sheila Macdonald (hosts)	
Lunch and Informal Networking		12:00pm
Plans for Intersectoral Network	All Attendees	12:45pm
<ul style="list-style-type: none"> Activity to determine Mission, Vision, Values, etc. of a potential network Debrief 	Megan Saad, Joseph Friedman-Burley (facilitators)	
Closing Remarks & Sign Up		1:30pm-1:45pm

Meeting Design

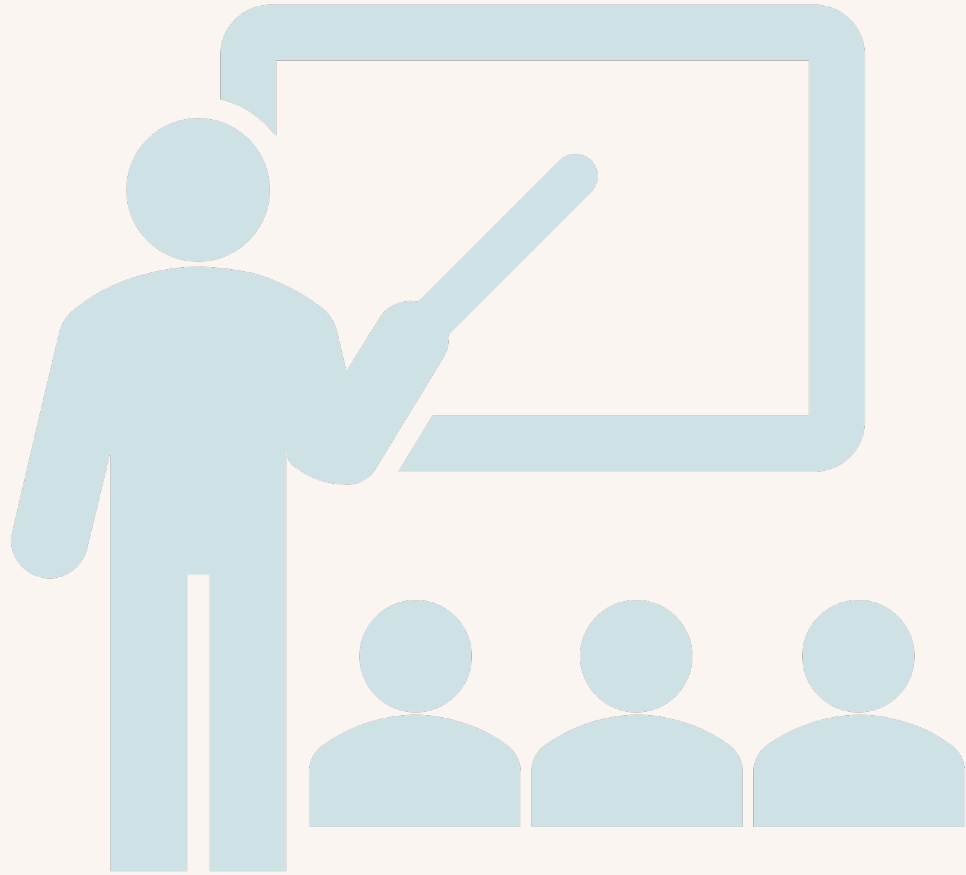
- **Drew on community development literature** (Gilchrist, 2009)
- **Small group World Café Conversations in which participants explored:** (Brown & Isaacs, 2005)
 - current and potential opportunities for intersectoral collaboration
 - barriers and facilitators to collaboration
 - how emerging relationships could work to enhance practice, policy, research, & education
- **Mission, vision, and values activity adapted from design-thinking literature** ((Axner, 2018; Valentine et al., 2017)
- **Insights synthesized in full group discussion**



Key Insights

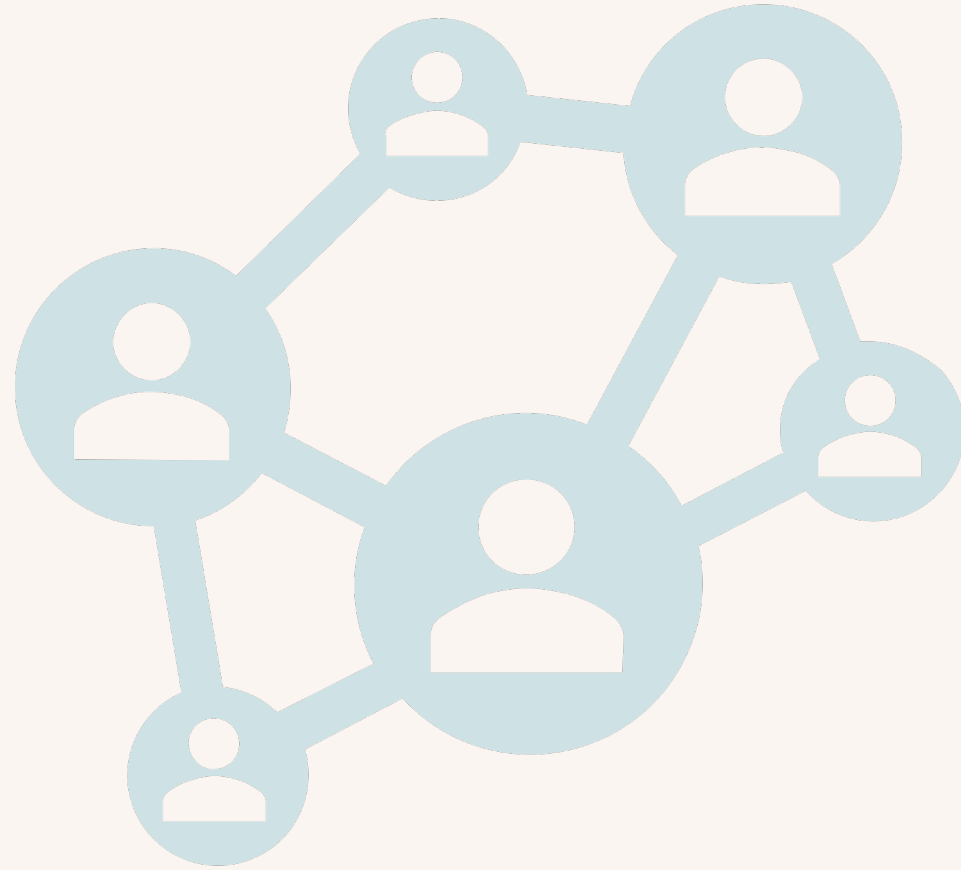
- 97% participating organizations expressed interest in remaining part of the network's development
- Participants indicated a need for the network to act as a platform for collaborative health leadership in the response to sexual assault against trans communities
- Priority areas for network development, focus, and action were reflected in 18 core themes





Education/Training

Develop cross-sector training and professional development opportunities for intersectoral network members and other professionals (e.g., law enforcement, ED staff) to improve the provision of trans-affirming supports to survivors



Peer Involvement

- **Centre the voices, experiences, and needs of trans community members in the continued development of the network and in partnership building within and among regions**
- **Empower trans communities and adequately acknowledge and compensate peer workers and advocates**

Advocacy



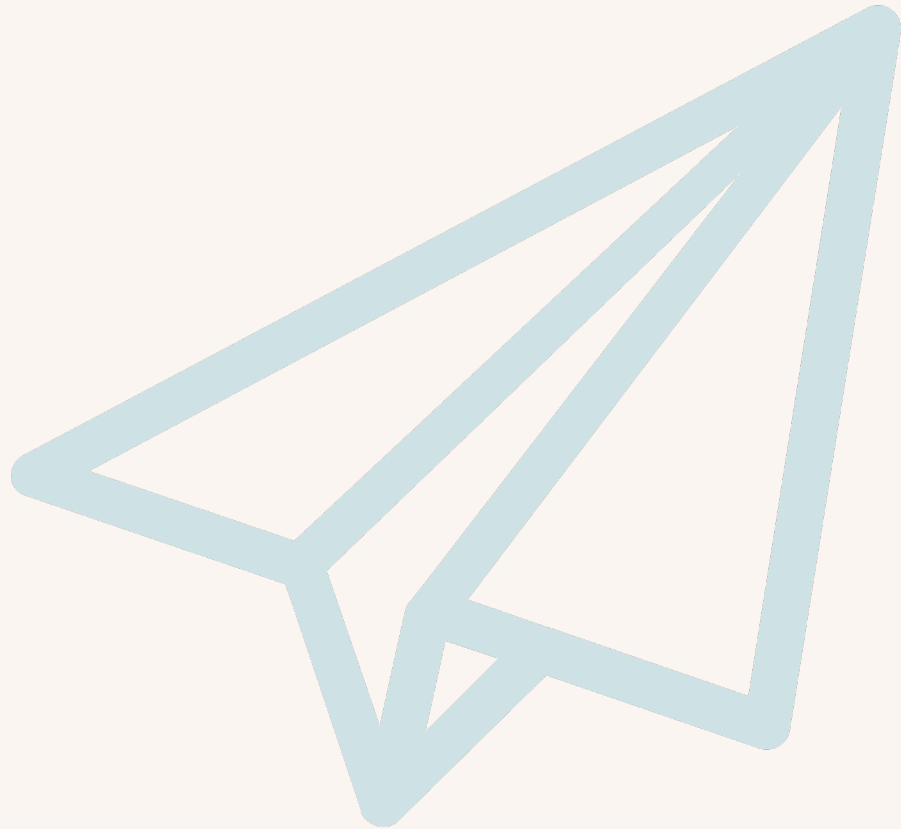
- **Advocate for broader and lasting change in the response to sexual violence against trans communities as a key role for the Network at both the:**
 - Institutional level (e.g., developing hospital policies/procedures to ensure safer environments for trans survivors)
 - Structural level (e.g., promoting policies that address the underlying social causes of violence against trans communities)

Accessibility



- Enhance the geographical, physical, and/or social accessibility of services and supports for trans survivors as a focus of the network
- Address the ED as a barrier specifically to accessing healthcare services, including those offered by the SA/DVTCs, as trans persons often perceive the ED to be unsafe

Knowledge Exchange



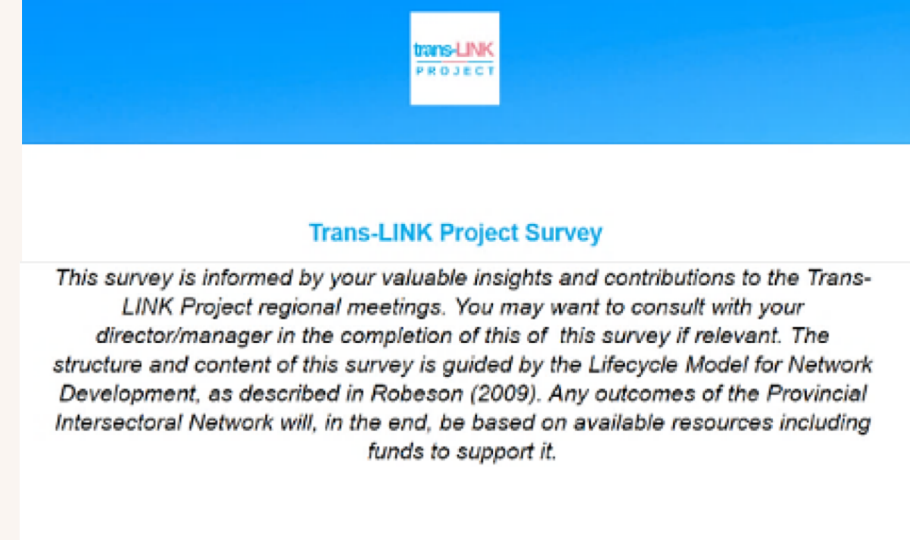
- **Identify modes of effective communication and knowledge mobilization among service providers and supports that form the network**
- **Share resources through digital platforms that could be accessed by all network members for training and communication**
- **Develop a comprehensive, up-to-date, and accessible resource list to facilitate more seamless referrals among services and supports and opportunities for consultation more broadly**

Next Steps: Formation, Maturation, and Sustainability

PLANNING	FORMATION	MATURATION	SUSTAINABILITY	TRANSITION
Connect key members Define purpose Discuss value	Develop collaborations Negotiate identity & focus Exchange knowledge Develop sense of collective and shared ownership	Focus & expand	Continue activities considered effective	Identify when effectiveness has diminished and transition to other issues or goals

Formation Stage (In Progress)

- Developed and circulated online survey to all meeting participants to:
 - gather further information on perceived barriers to forming collaborations and providing reciprocal referrals across regions
 - solidify expectations, structure, and leadership of the network
- Survey data being analyzed and will provide the baseline from which to evaluate success of the network
- Developed resource directory



Trans-LINK Project Survey Respondents from Collaborating Organizations

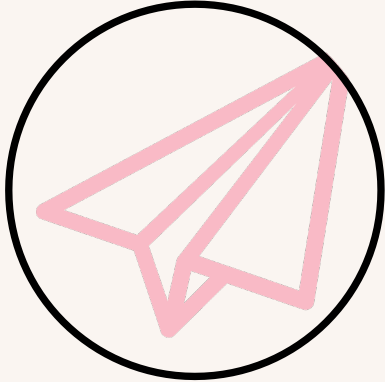
**What is your gender identity?
(Please select all that apply)**

Woman	74.7%
Man	8.5%
Trans man	5.6%
Trans woman	4.2%
Transfeminine	2.8%
Transmasculine	9.9%
Genderqueer	8.5%
Agender	4.2%
Non-binary	14.1%
Gender fluid	1.4%
Two-Spirit	2.8%
Other (please specify)	2.8%

Maturation and Sustainability Stages



Consolidate membership and structure, foster growth, and create ongoing opportunities for interaction



Advance and mobilize knowledge through development of communications plan



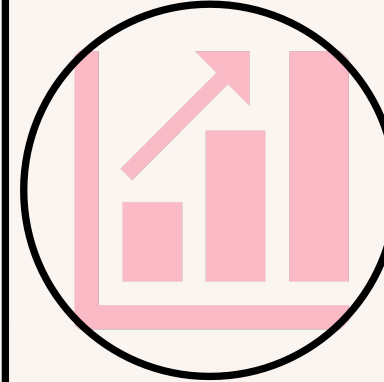
Strengthen professional practices by identifying gaps in knowledge and co-creating tangible resources



Enhance capacity of policymakers to advocate for system change to address this issue



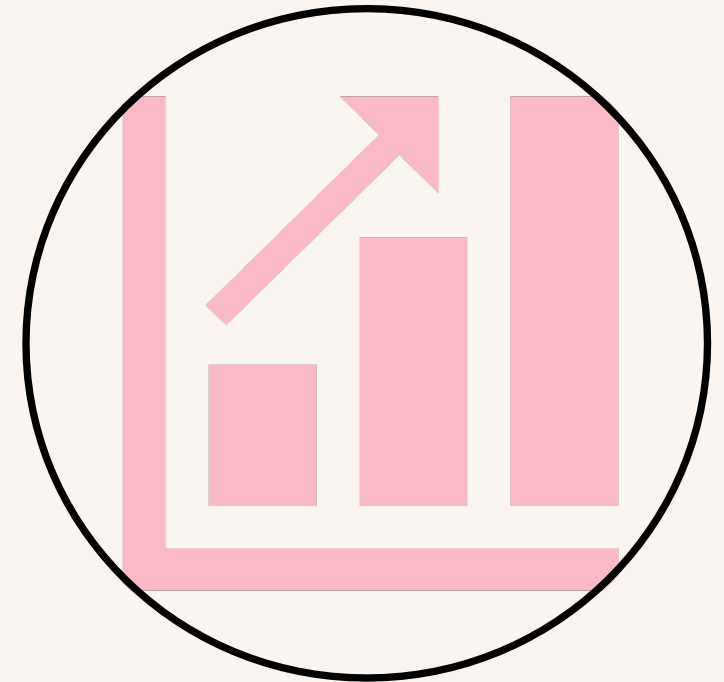
Strengthen research partnerships by determining priorities to advance knowledge, practice, and policy



Ensure effective collaboration by conducting process and structure evaluations

Potential Impact of the Network

- Take a provincial lead in addressing this issue
- Champion a robust and coordinated effort that ensures provision of up-to-date and sensitive care and support
- Inform new and enhanced partnerships leading to future research, training initiatives, programming, and policy in this area
 - Relationships could be scaled up and formalized nationally and internationally
 - Collaborations can lead to enriched professional and public discourse on gender identity and sexual assault





IMPLICATIONS FOR HEALTH LEADERS

A network of health and community leaders has a significant role to play in

Addressing the problem of sexual violence against trans persons

- **Improving health equity for people of all gender identities**



Findings serve to advance health leadership practice by:

Demonstrating

clear imperative to advance policy in area and engage with leaders in the community to reduce barriers to accessing appropriate post-sexual assault services for trans persons

Identifying

priority issues facing trans communities

Exemplifying

how to effectively collaborate with community leaders

Providing

impetus for the creation of educational initiatives aimed at training diverse health professionals in the care of trans survivors of sexual assault



Thank you
and
please
help us further share
this study among
managers and staff in the
health sector, outlining the
importance of advocacy,
peer involvement,
accessibility, and
knowledge exchange in
advancing the patient-
centered care of trans
survivors

Link:

<https://journals.sagepub.com/doi/full/10.1177/0840470419883661>

ORIGINAL ARTICLE

Planning an intersectoral network of healthcare and community leaders to advance trans-affirming care for sexual assault survivors

Megan Saad, MPH^{1,2} ; Joseph Friedman Burley, BSc^{1,3};
Melissa Miljanovski, BA¹; Sheila Macdonald, MN²;
Chett Bradley, MEd⁴; and Janice Du Mont, EdD^{1,3} 

Abstract

Sexual assault against transgender (trans) persons is a complex public health issue requiring the coordinated effort of multiple sectors to address. In response to a global call to improve health equity for persons of diverse gender identities, leaders across health and social service sectors need to enhance collaboration to champion trans-affirming care for sexual assault survivors. In collaboration with Egale Canada Human Rights Trust and the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres, we have undertaken the development of an intersectoral network to connect trans-positive community organizations with hospital-based violence treatment centres to improve support services for trans survivors across Ontario. Guided by the Lifecycle Model for network development outlined by the National Collaborating Centre for Methods and Tools, we describe our approach to planning the intersectoral network, including key insights learned thus far and the potential of the network moving forward.

Introduction

Transgender (trans) persons experience high rates of sexual assault, have limited access to healthcare services that are safe and appropriate, and may have unique care needs after a sexual assault.^{1,2} As a complex public health issue, sexual assault against trans persons requires the coordinated effort of leaders from multiple sectors to address. As there is often a lack of appropriate, stigma-free healthcare services sensitive to the needs of trans communities,³ intersectoral collaboration, policy development, and research aimed at improving access to trans-affirming healthcare services are necessary to advance the response to sexual assault against trans persons and critical to the promotion of health equity for trans communities globally.^{3,4} Trans-affirming care, in this context, refers to “practices that recognize, account for, and address the unique experiences and needs of trans sexual assault survivors.”^{5(p21)}

adverse health consequences, such as increased risk for alcohol and illicit substance abuse, suicidal ideation, and suicide attempts.⁷ However, many trans persons avoid acute healthcare services generally because of past and/or anticipated experiences of stigma and discrimination in healthcare settings⁸ and may not seek support following sexual assault specifically due to fear of mistreatment, judgment, and further abuse.² They also may be unaware of supports, resources, and services that they can access to mitigate the impacts of violence and prevent further victimization.⁹

Research and practice in the area of sexual violence frequently fail to account for the social conditions and experiences of trans persons and their often complex care needs in the context of sexual assault.^{1,2} Indeed, there is a dearth of research globally on the experiences of these survivors, their needs post-victimization, and how health and



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