

Determining research priorities in gender-based violence against trans people: Initial findings from a multistakeholder survey

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CONTEXT

Transgender (trans) people, including those identifying as non-binary and Two Spirit, experience high rates of Sexual Assault (SA) and Intimate Partner Violence (IPV) (Carlton et al., 2016; Garthe et al., 2018; Seelman, 2015)

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

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

Gaps in prevailing research on SA/IPV include:

- Centring of cisgender women (Jordan et al., 2020; Rogers, 2015)
- Erasure of trans experiences in limited research on LGBTQ+ survivors (Jordan et al., 2020; Seelman, 2015)

OBJECTIVE



Address gaps in research by identifying priorities to inform a novel Canadian research agenda on SA/IPV against trans 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 of generation and evaluation of research questions

Stage 1:

- 1) Survey launched March 2021 and closed June 2021, after multiple email reminders
- 2) Respondents reported sociodemographic characteristics and type of expertise as well as submitted up to 5 research priority questions
- 3) Data were cleaned by:
 - a) Dividing double-barrelled questions
 - b) Removing responses that were not questions, not SA/IPV-specific, or deemed "too narrow" or "too broad"
- 4) Cleaned questions were organized into preliminary categories based on content (e.g., Education and training, Direct Care and Supports), revised, and collapsed into broader themes (see results)

RESULTS

SAMPLE CHARACTERISTICS

213 stakeholders responded to the survey:

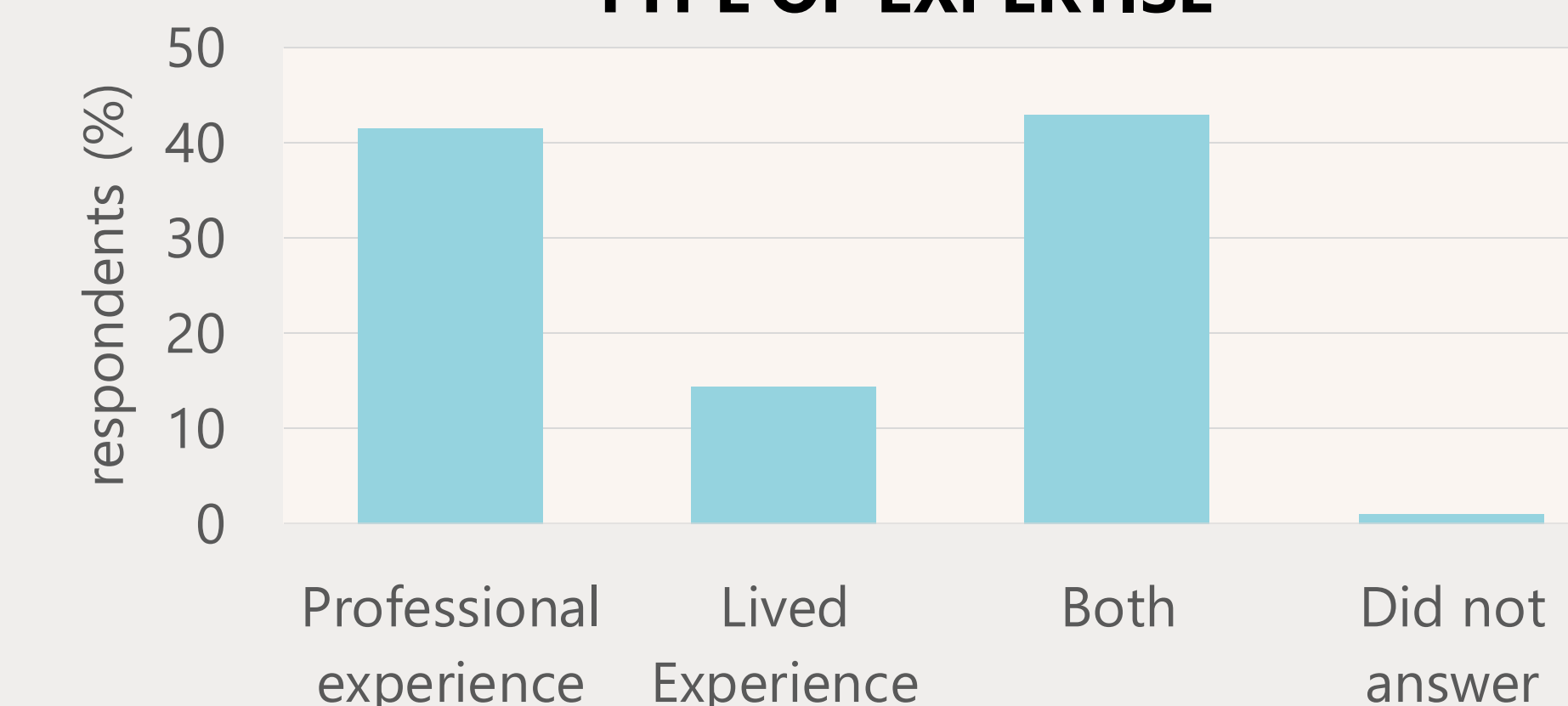
- **Gender*:** Women (64.3%), Non-Binary (21.6%), Cisgender (18.3%), Transgender (13.6%), Transmasculine (10.8%), Genderqueer (10.3%), Men (9.4%), Transfeminine (4.2%), Gender fluid (2.3%), Bigender (0.9%), Agender (0.9%), Two-Spirit (0.5%), Neutrois (0.5%)
- **Sexual orientation*:** Heterosexual (38%), Queer (31.9%), Bisexual (15.5%), Pansexual (13.6%), Lesbian (11.7%), Gay (9.4%), Asexual (1.9%), Omnisexual (0.9%), Two-Spirit (0.5%), Heteroflexible (0.5%), Demisexual/Panromantic (0.5%), and/or did not have a label (0.5%)
- **Race/ethnicity:** White (78.3%), South Asian (5.2%), Black (3.8%), Indigenous (3.3%), Chinese (2.3%), Latin American (1.9%), Mixed Race/ Ethnicity (1.9%), West Asian (0.9%), Korean (0.5%), a background not listed above (0.5%)

*Responses were not mutually exclusive

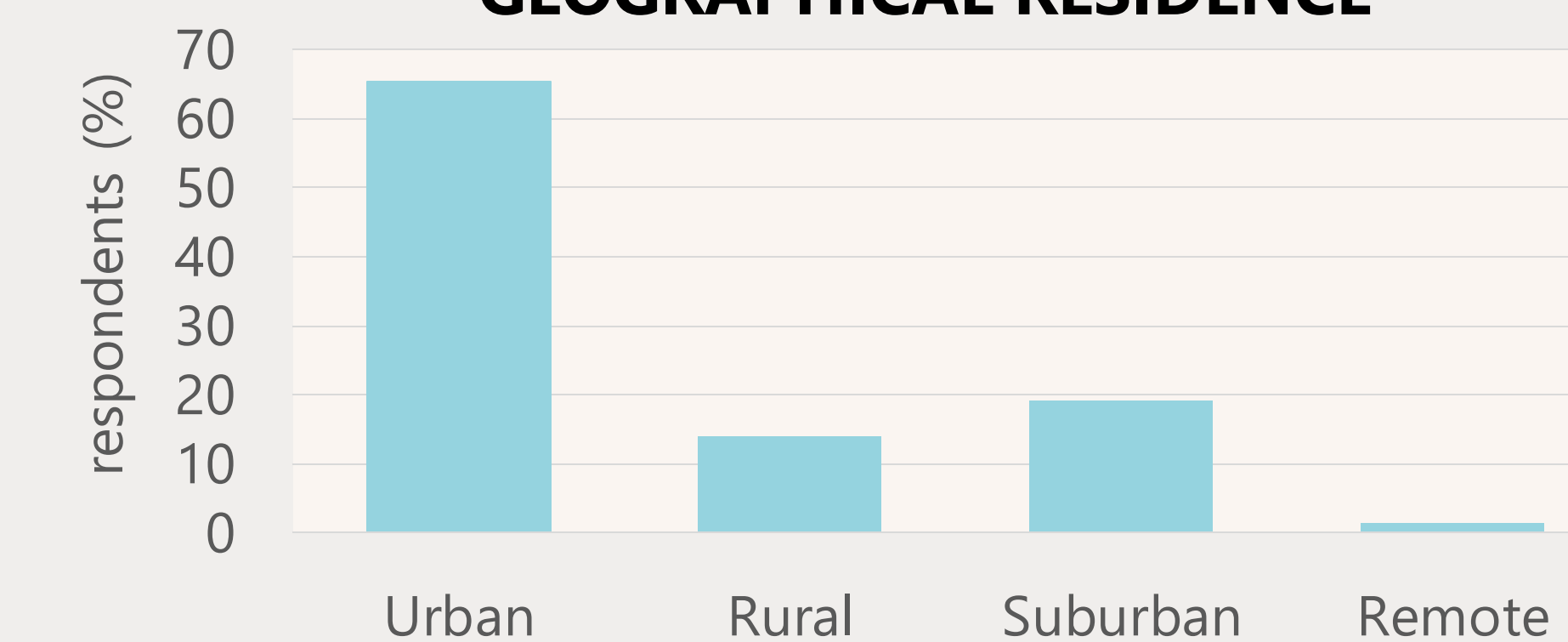
STAKEHOLDER REPRESENTATION

Group*	n	%
Research/academia	42	20
Government/policy	15	7.2
Advocacy	63	30
Healthcare	92	44
Social services	81	39
Professional associations	35	17
Funding agencies	5	2.4
Transgender communities	66	32
Queer communities	1	0.5
Sexual assault/intimate partner violence survivors	76	37
Other, 'private sector'	1	0.5

TYPE OF EXPERTISE



GEOGRAPHICAL RESIDENCE



RESIDENCE IN CANADA

Province	n	%
British Columbia	16	7.5
Alberta	2	0.9
Saskatchewan	4	1.9
Manitoba	4	1.9
Ontario	164	77
Quebec	12	5.6
New Brunswick	2	0.9
Nova Scotia	1	0.5
Prince Edward Island	1	0.5
Newfoundland and Labrador	2	0.9
Yukon	3	1.4
Northwest Territories	2	0.9
Nunavut	0	0

THEMES AND EXAMPLE QUESTIONS

512 research questions generated

20 final questions across **7** themes:

Defining the Scope of the Problem

- How common are sexual assault and intimate partner violence among groups with different gender identities (e.g., cisgender women, transmasculine, transfeminine)?
- 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)?

Increasing Understanding of Contextual and Contributing Factors

- What factors are associated with experiencing sexual assault and intimate partner violence as a trans person? (e.g., sociodemographic characteristics)

Expanding Knowledge of Disclosure and Reporting

- How has the criminal justice system (e.g., police) responded to reports of sexual assault and intimate partner violence by trans survivors?

Enhancing Accessibility and Appropriateness of Supports

- 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?
- How can existing information and resources about sexual assault and intimate partner violence be improved and made more accessible across a variety of settings for trans people (e.g., different cognitive abilities)?

Improving Quality and Implementation of Education and Training

- How can existing 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?

Developing Alternative Models of Response

- 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)?

Advancing Multi-level Interventions for Prevention

- What interpersonal and community interventions can be improved or newly developed to better prevent sexual assault and intimate partner violence against trans people?

NEXT STEPS

Invite stakeholders to evaluate list of 20 research questions using predetermined set of criteria: Answerability, Feasibility, Impact, and Equity



Generate Research Priority Scores and Average Expert Agreement for each evaluated research question



Highest ranked questions will inform Canada's first research agenda on SA/IPV against trans people

