

trans-LINK Project

Building an Intersectoral Network on Trans-Affirming Practice to Support Sexual Assault Survivors



Funded by:



LAND ACKNOWLEDGEMENT



We recognize that our work takes place on traditional Indigenous territories across Ontario. We also wish to acknowledge that Women's College Hospital is located on the traditional Indigenous territories of the Huron-Wendat, Haudenosaunee, and the territory of the Mississaugas of the Credit First Nations.

Today, the meeting place of Toronto is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work/present in this territory.

HOUSEKEEPING

- Attendees are on mute
- Questions are welcomed in written format
- For more information, please email:
sarahdaisy.kosa@wchospital.ca

PRESENTERS



DR. JANICE DU MONT

Presenter

Senior Scientist, Women's College
Research Institute;
Professor, Dalla Lana School of
Public Health, University of Toronto
Director, Collaborative
Specialization in Women's Health



**JOSEPH FRIEDMAN
BURLEY**

Presenter

MPH Student, Dalla Lana School of
Public Health, University of Toronto
Women's College Research
Institute, Women's College Hospital



DR. DAISY KOSA

Presenter

Research Associate, Ontario
Network of Sexual Assault/Domestic
Violence Treatment Centres



KAVI PARAMESWARAN

Moderator

Research Assistant, Women's
College Research Institute, Women's
College Hospital

RESEARCH TEAM

Academic Lead: Dr. Janice Du Mont

Community Collaborators:

- **Egale Canada** (Helen Kennedy, Chett Bradley, Laura Hui, Rowan Nyman, Lee Cameron)
- **Ontario Network of Sexual Assault/Domestic Violence Centres** (Sheila Macdonald)

Research Staff:

- Daisy Kosa
- Kavi Parameswaran
- Megan Saad
- Shilini Hemalal

ADVISORY GROUP

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



TODAY'S AGENDA:

- 1. PLANNING STAGE OF NETWORK**
- 2. FORMATION STAGE OF NETWORK**
- 3. NEXT STEPS**
- 4. POTENTIAL IMPACT OF THE
NETWORK**
- 5. Q&A**

PURPOSE OF NETWORK

The ultimate goal is a self-sustaining trans-guided and led network that ensures that organizations across Ontario in the health and social service sectors are collaborating to provide up-to-date, appropriate, and sensitive supports to trans survivors of sexual assault

Guiding Framework: Lifecycle Model

Lifecycle Stage	Main Activities
Planning	Connect key members, define purpose of network, discuss value of network to individuals and organizations
Formation	Develop collaborations, negotiate network focus and identity, exchange/share knowledge, develop sense of collective and shared ownership over the network
Maturation	Focus and expand network
Sustainability	Continue network activities considered effective
Transition	Transition to other issues/goals

PLANNING STAGE



PHASE I

PLANNING

1

Connect key members

Define purpose

Discuss value

FORMATION

2

Develop collaborations

Negotiate identity & focus

Exchange knowledge

Develop sense of collective and shared ownership

MATURATION

3

Focus & Expand

SUSTAINABILITY

4

If effective, activity continues

TRANSITION

5

Assess effectiveness & transition accordingly

PLANNING STAGE

PLANNING

1

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



MEETING DESIGN

- Drew on community development literature (Gilchrist, 2009)
- Small group World Café Conversations in which participants explored: (Brown & Isaacs, 2005)
 - Opportunities for intersectoral collaboration
 - Barriers and facilitators to collaboration
 - How emerging relationships could work to enhance practice, policy, research, and education
 - Insights for the mission, vision, and values of the network (Axner, 2018)
- Full group discussion activity adapted from design-thinking literature (Valentine et al., 2017)
 - Insights synthesized

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

KEY INSIGHTS

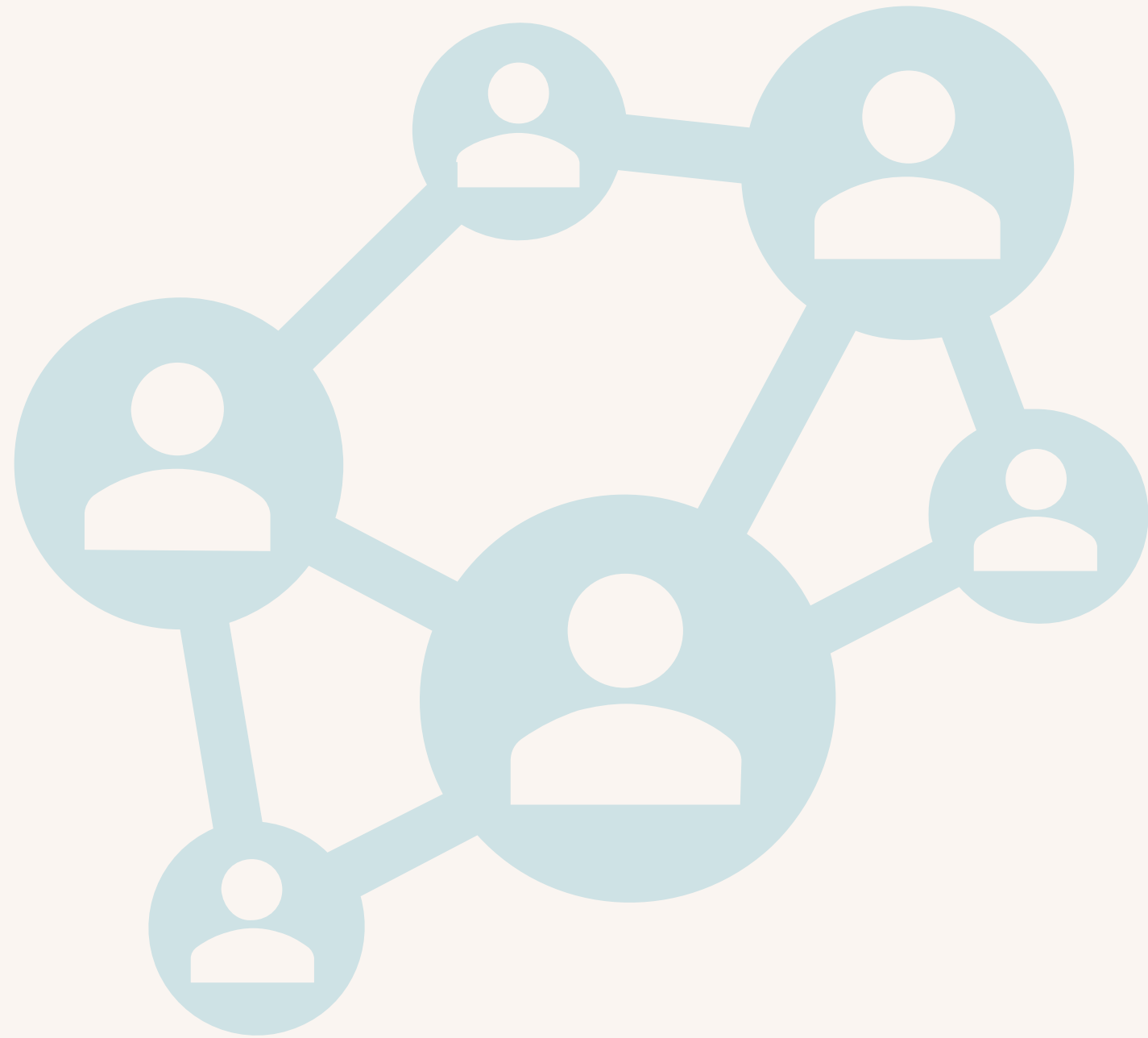
- 97% participating organizations expressed interest in remaining part of the network's development
- Participants indicated a need for the network to act as a platform for collaborative health leadership in the response to sexual assault against trans communities
- Priority areas for network development,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

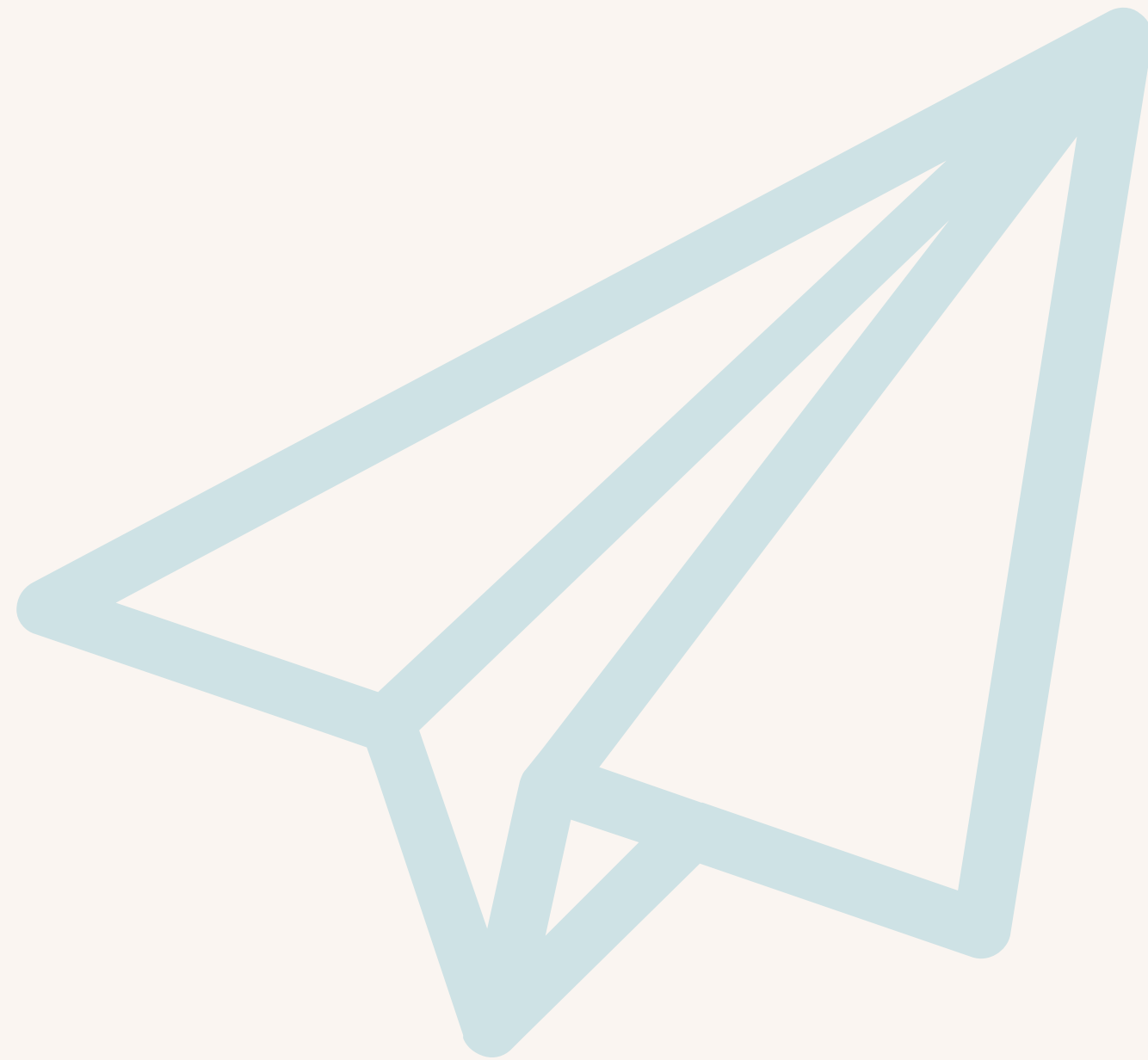
- Advocate for broader and lasting change in the response to sexual violence against trans communities as a key role for the Network at both the:
 - Institutional level (e.g., developing hospital policies/procedures to ensure safer environments for trans survivors)
 - Structural level (e.g., promoting 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 emergency department as a barrier specifically to accessing healthcare services, including those offered by the SA/DVTCs, as trans persons often perceive the emergency department 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

PRODUCTS

- Resource directory
- Research brief
- Journal article
- Webinar hosted for the Canadian College of Health Leaders

Webinar Link:

http://cchl-ccls.ca/site/elearning_forum_transgendersurvivors

September 2019

trans-LINK PROJECT

Building a provincial intersectoral network on trans-affirming practice to support sexual assault survivors: Planning stage

by Joseph Friedman Burley, Melissa Miljanovski, Megan Saad, Sheila Macdonald, Chett Bradley, & Janice Du Mont

What is the problem?

Transgender (trans) persons in Ontario are at significant risk of experiencing sexual violence, may have complex needs post-victimization, and are known to avoid or delay seeking care due to past and/or anticipated experiences of stigma and discrimination in healthcare settings (Bauer, Scheim, Deutsch, & Massarella, 2014).

What has been our response?

Dr. Janice Du Mont of Women's College Research Institute, Women's College Hospital has been collaborating with Egale Canada Human Rights Trust and the Ontario Network of Sexual Assault/Domestic Violence Treatment Centres (SA/DVTCs) on the trans-LINK Project – a multistage, intersectoral initiative devoted to the development of a provincial network on trans-affirming practice to better support sexual assault survivors.

This initiative builds on earlier research in which the need for training on the care of sexually assaulted trans clients among sexual assault nurse examiners working in Ontario's 35 SA/DVTCs (Du Mont et al., 2019) was assessed and, based on the findings, a curriculum on the provision of trans-affirming care developed and evaluated. We discovered that these nurses lacked knowledge about trans-positive services in their communities with whom they could refer or consult. To

What were these meetings about?

The goals of these meetings were to:

- (1) **Mobilize Knowledge** on the newly developed and successfully evaluated curriculum for sexual assault nurse examiners.
- (2) **Engage Community** in collaborative activities to promote dialogue about how an intersectoral network could strengthen services and supports at two interlocking levels of practice:

- Regionally:** Connect SA/DVTCs and trans-positive community organizations to establish longer-term referral relationships, increase collaboration, and enhance the continuum of care for trans survivors.
- Provincially:** Brainstorm the formation of a network to advance research, policy, and practice focused on sexual violence against trans communities.

What were some key insights learned?

Key insights that arose from discussions across the meetings, reflected in 18 core themes, are shown below:

Intersectoral Framework Adaptability
Capacity Building Trans-Inclusivity Accountability Safety
Peer Involvement Stakeholder Networks



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, BASc^{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 and hospital-based violence treatment centres to improve support services for trans survivors across Ontario. Guided by the cycle 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 violence, 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 violence against trans persons requires the coordinated effort of 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, capacity development, and research aimed at improving access to trans-affirming healthcare services are necessary to advance response to sexual assault against trans persons and to call 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)} The 2015 US National Transgender Survey found that approximately one in two trans individuals report having been sexually assaulted at least once in their lifetime.⁶ Although there is a scarcity of Canadian population-based research specifically focused on sexual assault among trans persons, data from the Trans PULSE study have revealed that 1 of 3 trans Ontarians have, at some point in their lives, experienced sexual or physical violence specifically targeted at their gender identity.¹ Because of their exposure to transphobia and other forms of oppression, trans persons may experience additional forms of violence over the life course, including childhood sexual abuse, intimate partner violence, and hate crimes.⁷ These experiences of violence can lead to

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 other service providers can respond appropriately. Given the growing international recognition of trans issues as a salient

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⁴ Egale Canada Human Rights Trust, Toronto, Ontario, Canada.

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trans-LINK PROJECT

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

WCHRI WOMEN'S COLLEGE RESEARCH INSTITUTE
Egale
Ontario Network of Sexual Assault/Domestic Violence Treatment Centres

FORMATION STAGE



PHASE II

PLANNING

1

Connect key members

Define purpose

Discuss value

FORMATION

2

Develop collaborations

Negotiate identity & focus

Exchange knowledge

Develop sense of collective and shared ownership

MATURATION

3

Focus & Expand

SUSTAINABILITY

4

If effective, activity continues

TRANSITION

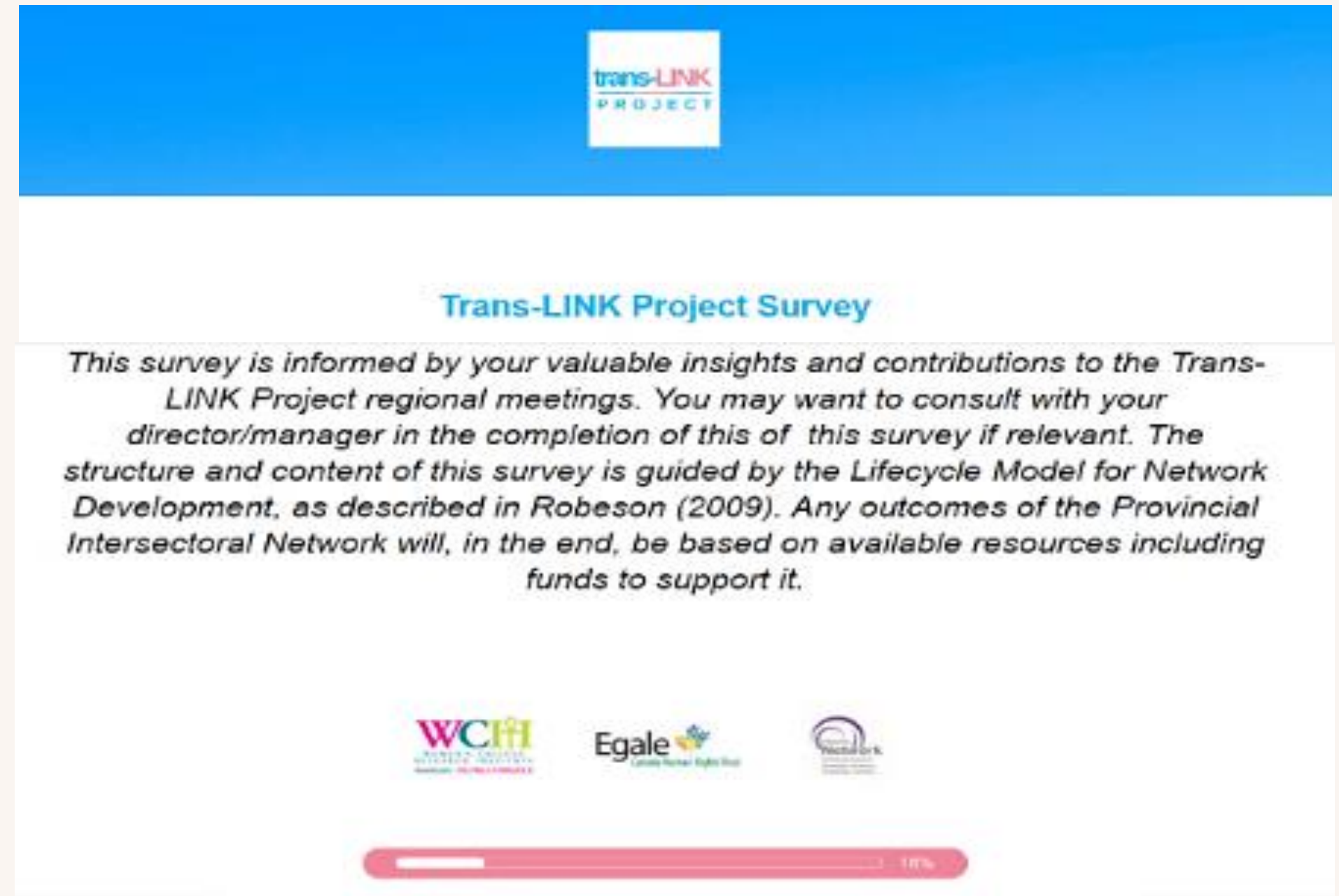
5

Assess effectiveness & transition accordingly

SURVEY

Developed and circulated online survey to all meeting participants to gather information on:

- Respondent and Organization Characteristics
- Barriers and Facilitators to Collaboration
- Network Structure



RESPONDENTS

Invited:



103
leaders from
93
healthcare + trans-
positive community
organizations



Responded:



67
representatives from
64
organizations

Respondent & Organization Characteristics

- Respondent sociodemographic and work experience
- Types of organizations and populations served
- Anticipated level of involvement in the network

AGE GROUP

	%
19-24	9.2
25-34	27.7
35-44	24.6
45-59	33.8
60+	4.6

RACIAL BACKGROUND/ETHNICITY

	%
White	77.3
West Asian	4.5
Black	4.5
Indigenous	4.5
South Asian	4.5
Filipino	1.5
Korean	1.5
Arabic + White	1.5

SOCIODEMOGRAPHICS

SOCIODEMOGRAPHICS

GENDER IDENTITY

	%
Woman	69.2
Woman/trans woman/transfeminine	3.0
Women/genderqueer/non-binary/gender fluid	1.5
Trans woman	1.5
Man	4.6
Man/trans man/transmasculine	1.5
Man/trans man/transmasculine/genderqueer/non-binary	3.0
Transmasculine/non-binary	3.0
Transmasculine/genderqueer/non-binary	3.0
Trans man	1.5
Agender/non-binary	3.0
Genderqueer	1.5
Two-Spirit	3.0

SEXUAL ORIENTATION

	%
Lesbian	4.7
Gay	6.2
Bisexual	6.2
Bisexual/queer	1.6
Bisexual/queer/pansexual	1.6
Queer	25.0
Queer/pansexual	3.1
Queer/gynosexual	1.6
Queer/heterosexual	3.1
Pansexual	1.6
Two-spirit	1.6
Heterosexual	43.7

PARTICIPATING ORGANIZATIONS

KVV Counselling SERVICES "Change is always possible." **POSITIVE SPACE**

Women's Health In Women's Hands Community Health Centre

Centretown Community Health Centre
Centre de santé communautaire du Centre-ville

cclc
newcomers. diversity. community.

WellFort

fred victor

ALPHA COURT

moyo
Health & Community Services

aysp
Associated Youth Services of Peel | Les Services Associés pour les Jeunes de Peel

Quest
Community Health Centre
Every One Matters.

W.E. Trans Support
Transgender and Allied Support

SAVIS
of Halton

AIDS COMMITTEE OF YORK REGION

ONTARIO NATIVE WOMEN'S ASSOCIATION

LGBT youthline
25 YEARS OF YOUTH RESILIENCE

sasc
SEXUAL ASSAULT SUPPORT CENTRE OF WATERLOO REGION
NEVERTHELESS, WE PERSIST.
30 years of resilience, healing, and hope.

Indus Community Services

ARCH
HIV/AIDS RESOURCES & COMMUNITY HEALTH

SAGU
sudbury action centre for youth

SKYLARK

Quinte West Youth Centre

OCRCC
ONTARIO COALITION OF RAPE CRISIS CENTRES

pflag canada.
RENFREW COUNTY, ON

FAMILY SERVICE THAMES VALLEY
RENEWING HOPE. TRANSFORMING LIVES.

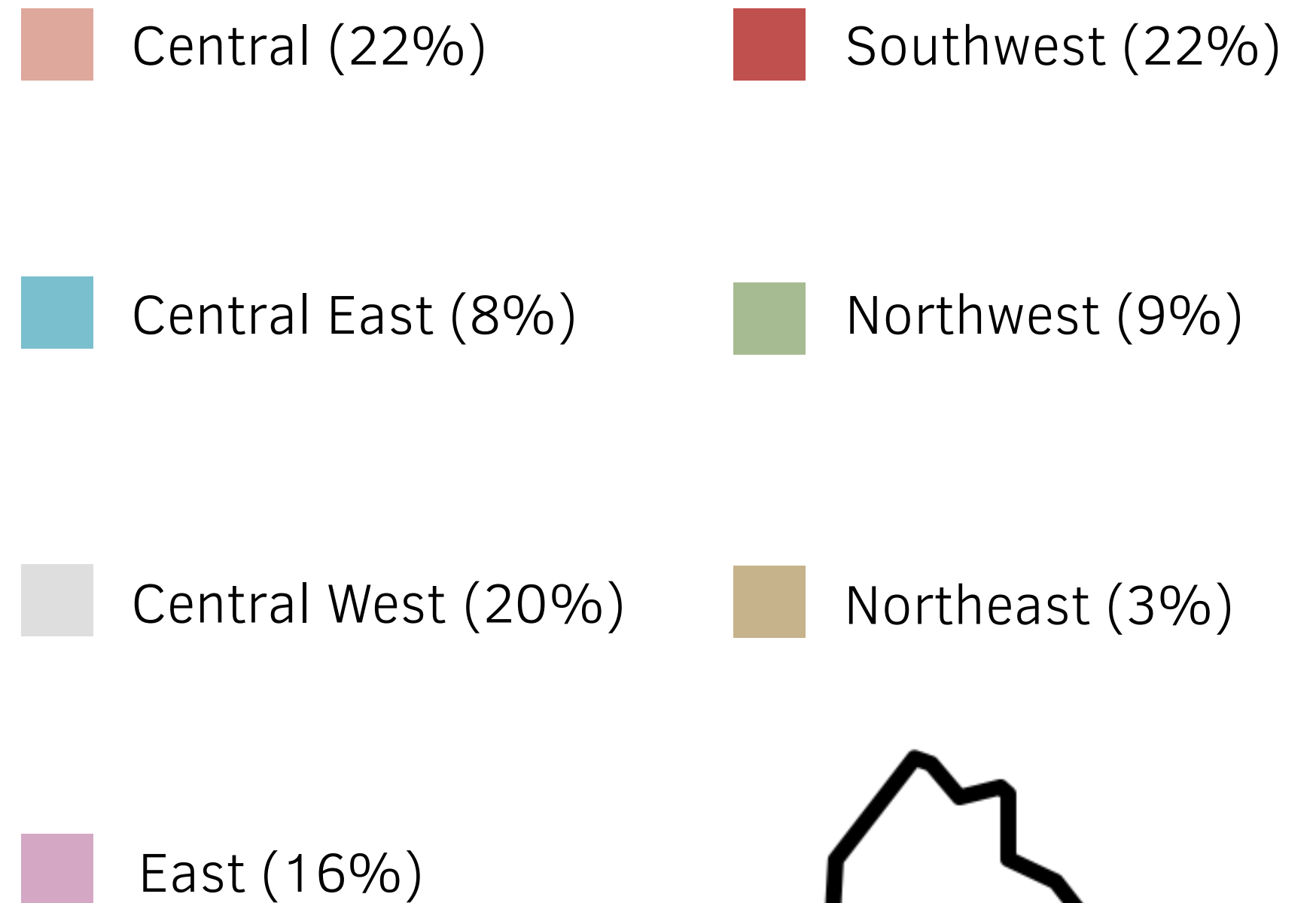
Canadian Mental Health Association
Mental health for all

East Mississauga Community Health Centre
A Branch of LAMP

Ontario Network
of Sexual Assault/ Domestic Violence Treatment Centres

Map of Ontario showing locations: Kenora, Dryden, Sioux Lookout, Thunder Bay, Sault Ste. Marie, Sudbury, North Bay, Renfrew, Cornwall, Ottawa, Lanark County, Brockville, Kingston, Trenton, Orillia, Peterborough, Durham Region, Scarborough, Toronto, Mississauga, Richmond Hill, Orangeville, Owen Sound, Burlington, Hamilton, St. Catharines, Guelph, Waterloo, Brantford, London, Brantford, St. Catharines, Sarnia, Chatham, Windsor.

GEOGRAPHICAL REGION



POPULATIONS SERVED

- In need of mental health support (63%)
- Survivors of sexual assault (61%)
- Women-identified persons (61%)
- Racialized persons (60%)
- Children & youth (60%)
- Persons experiencing other forms of violence (58%)
- Homeless or inadequately housed (54%)
- Persons with substance use/abuse issues (54%)
- Newcomers/immigrants (54%)
- Persons living in poverty (51%)
- Indigenous (51%)
- Persons living with HIV (49%)
- Persons with disabilities (49%)
- Unemployed/precariously employed (44%)
- Older adults (14%)
- Other (5%)



**Categories are not mutually exclusive*

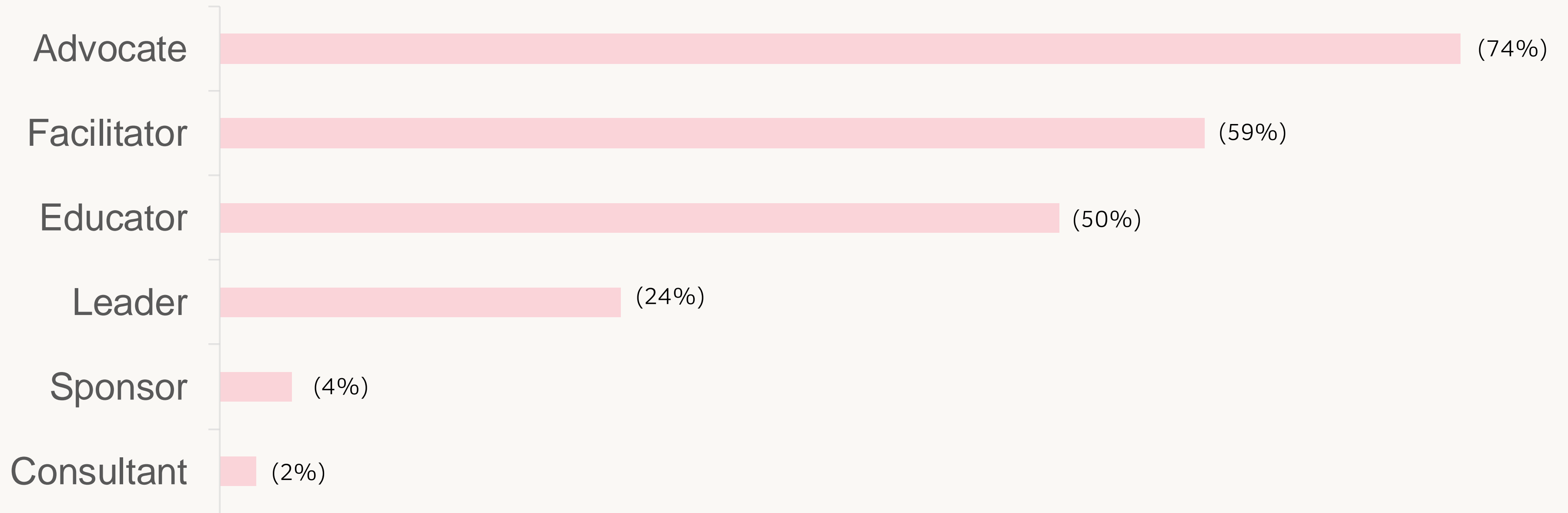
SERVICES PROVIDED

- LGBTQI2S+ specific (53%)
- Sexual assault (46%)
- Counselling/mental health (77%)
- Advocacy & outreach (67%)
- Education & training (56%)
- Healthcare (51%)
- Other violence (42%)
- Social/youth groups (42%)
- Recreational/drop-in space (35%)
- Housing/shelter (21%)
- Employment (14%)
- Immigration & settlement (9%)
- Legal (5%)
- Peer support (2%)
- Older adult (2%)



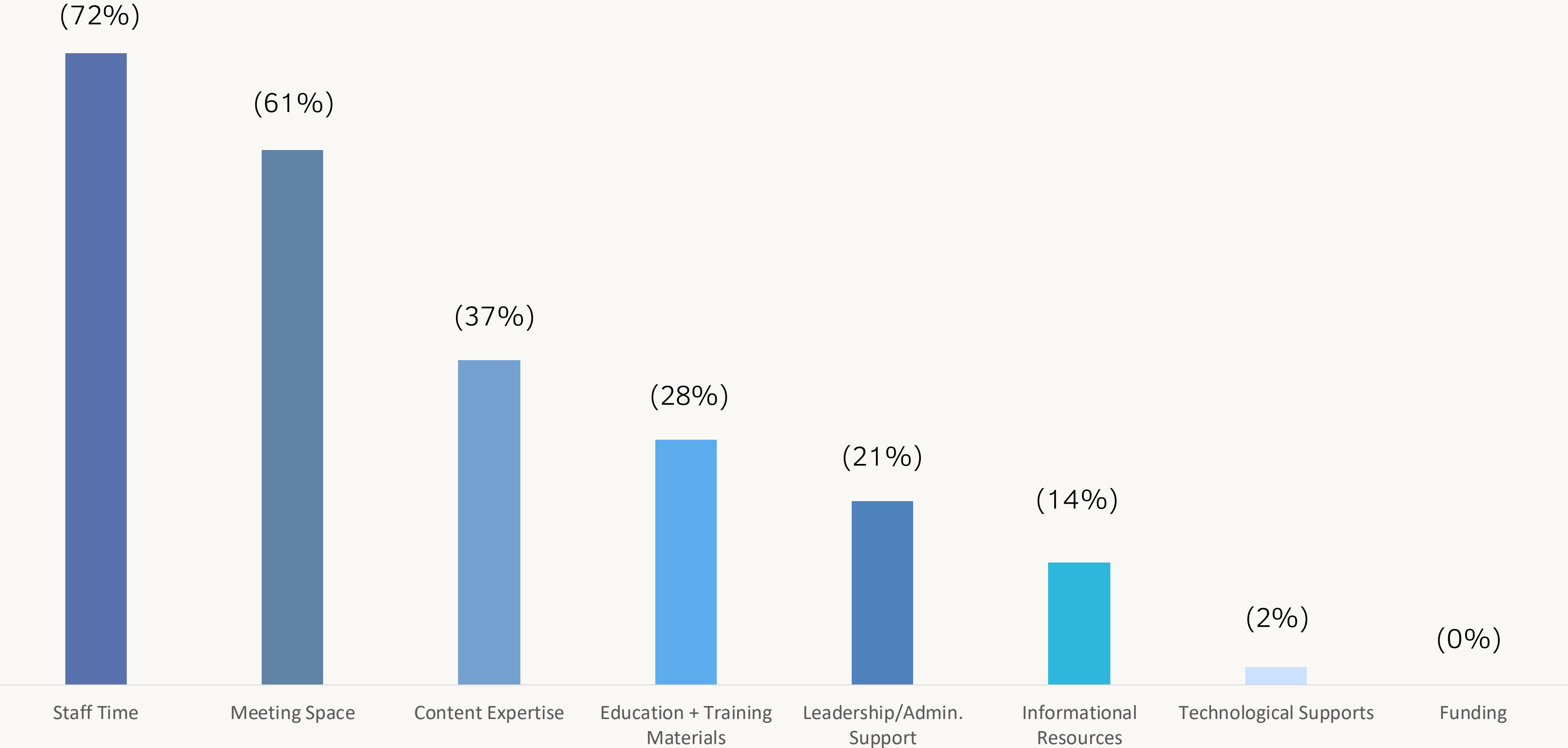
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ANTICIPATED INVOLVEMENT IN THE NETWORK:



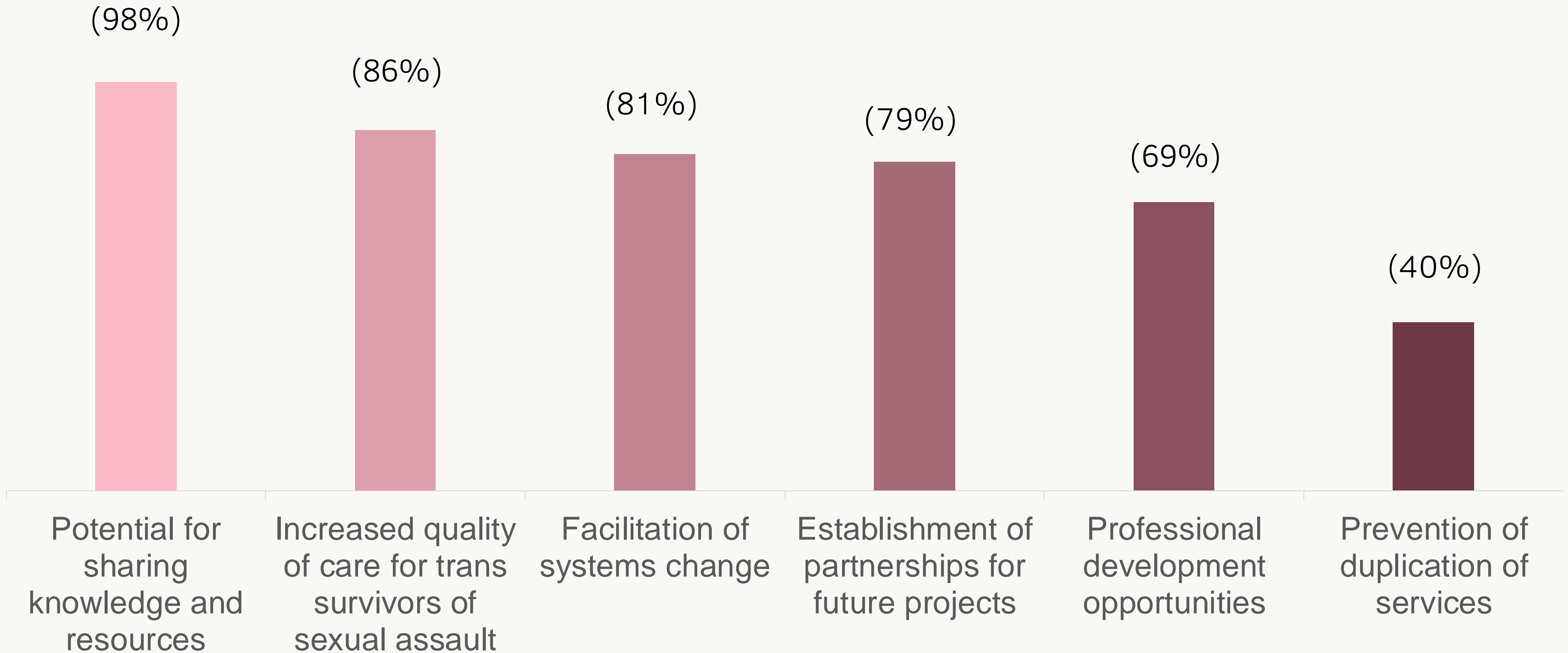
**Categories are not mutually exclusive*

RESOURCE CONTRIBUTION:



**Categories are not mutually exclusive*

MOTIVATION FOR INVOLVEMENT:



**Categories are not mutually exclusive*

Barriers & Facilitators to Collaboration

- Challenges faced in providing trans-affirming post sexual assault supports
- Barriers to collaboration
- Addressing barriers/gaps

1

Limited knowledge and a need for training to meet the needs of trans survivors

2

Inadequate resources at the organizational level to properly serve trans communities

3

Systemic barriers limiting the availability and access to trans-affirming post sexual assault supports

CHALLENGES IN PROVIDING SUPPORTS FOR TRANS SURVIVORS OF SEXUAL ASSAULT



Limited knowledge and a need for training to meet the needs of trans survivors



*Lack of awareness and education on the part of healthcare providers to **trans-specific issues***

- Director, Provincial Network of Healthcare Organizations

*Lack of specific training on **how to provide services to trans clients** who have survived sexual assault*

- Frontline Provider, Community Organization

*Lack of knowledge on **identities and barriers faced** by [the trans] community*

- Executive Director, Community Organization

*[Use of] proper language [when] **servicing** trans populations*

- Frontline Provider, Healthcare Organization



Inadequate resources at the organizational level to properly serve trans communities

Lack of resources for having devoted trained staff

- Executive Director, Community Organization

Underfunded/under supported programs

- Frontline Provider, Community Organization

Finding trans-affirming services to which providers could make referrals

- Frontline Provider, Healthcare Organization

Due to the geography of our area, the systemic challenges faced by trans clients are linked to the same systemic challenges around access to timely, equitable and ongoing services (across health/wellness continuum) that all our First Nations and Northern clients face.

- Manager, Healthcare Organization





Systemic barriers limiting the availability and access to trans-affirming post sexual assault care

[Dearth of i]nclusive spaces that trans folks can access without facing discrimination

- Educator, Community Organization

*Lack of trust in **accessing healthcare services** by the trans community*

- Director, Healthcare Organization

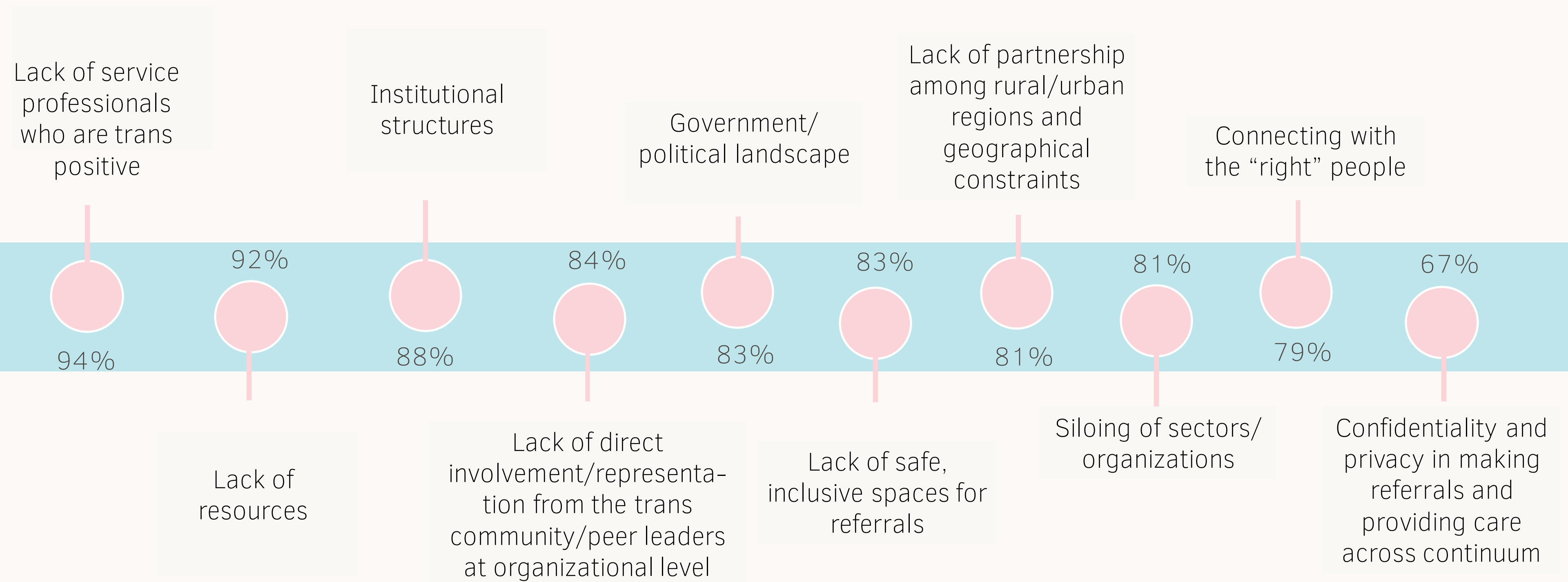
[I]ssues of racism, poverty, social location, etc.

- Manager, Healthcare Organization

Lack of trans-friendly signage and pamphlets

- Frontline Provider, Healthcare Organization

BARRIERS TO COLLABORATION:



1 SUPPORT SERVICE PROVIDERS

in becoming trained to provide trans-affirming supports

2 PROVIDE PLATFORM, TOOLS, STRATEGIES

to aid in organizational change

3 CREATE A SPACE

for organization to share goals, ideas, and resources

4 MOBILIZE ADVOCACY EFFORTS

by centering the voices and expertise of trans communities

ADDRESSING BARRIERS/GAPS

1 SUPPORT SERVICE PROVIDERS IN BECOMING MORE COMPETENT IN PROVIDING TRANS-AFFIRMING SUPPORTS

Free mandatory centralized body of education

- Coordinator, Community Organization

*[Focused on b]est practices
and delivery of services*

*- Frontline Provider,
Healthcare Organization*

*Continue bringing different sectors together
to learn and grow together[and p]rovide
ongoing learning opportunities that are
current in a variety of educational formats”,*

*- Coordinator, Educator, Frontline Provider,
Healthcare Organization*

*Integration of trans healthcare
into standardized medical
curricula*

- Coordinator, Community Organization

2 PROVIDE PLATFORM, STRATEGIES, & TOOLS TO AID IN ORGANIZATIONAL CHANGE

Support organizations as they work on new policies/procedures and ways of thinking that are inclusive to all

- *Coordinator, Educator, and Frontline Provider
Healthcare Organization*

Help programs develop and align plans for implementation at a strategic level

- *Manager, Healthcare Organization*

*[Address] ideological biases
at the policy level*

- *Coordinator, Community Organization*

3 *CREATE A SPACE FOR ORGANIZATIONS TO TRANSPARENTLY SHARE IDEAS, GOALS, AND RESOURCES*

Provide a province wide forum for organizations to connect

- ***Educator and Frontline Provider,
Healthcare Organization***

Hosting conferences, meetings, and workshops bringing all frontline workers [in the community] and those in healthcare related fields together to discuss visions

- ***Educator and Frontline Provider,
Community Organization***

Fostering inter-organizational communication & collaboration, pathway mapping, promoting ground-level education & population-level research

- ***Coordinator, Community Organization***

Establishing a list of available resources, support services, and organizations in each area

- ***Educator and Frontline Provider
Healthcare Organization***

4 MOBILIZE ADVOCACY EFFORTS BY CENTERING THE VOICES AND NEEDS OF TRANS COMMUNITIES

It is important to engage with community members, service providers, policy makers, and political groups simultaneously. Trans, Non-Binary, and Two-Spirit individuals need to be a part of the decision making, consultation, and implementation processes, with respect to race, age, sexual orientation, disability, immigration status, and socioeconomic circumstances, as these factors further marginalize the voices of Trans, Non-Binary, and Two-Spirit folks

- **Coordinator, Community Organization**

“Provide advocacy in various areas (macro and mezzo)

- **Director, Central region community organization**

Hiring non-binary/trans advocates/caseworkers to accompany survivors to [healthcare] appointments

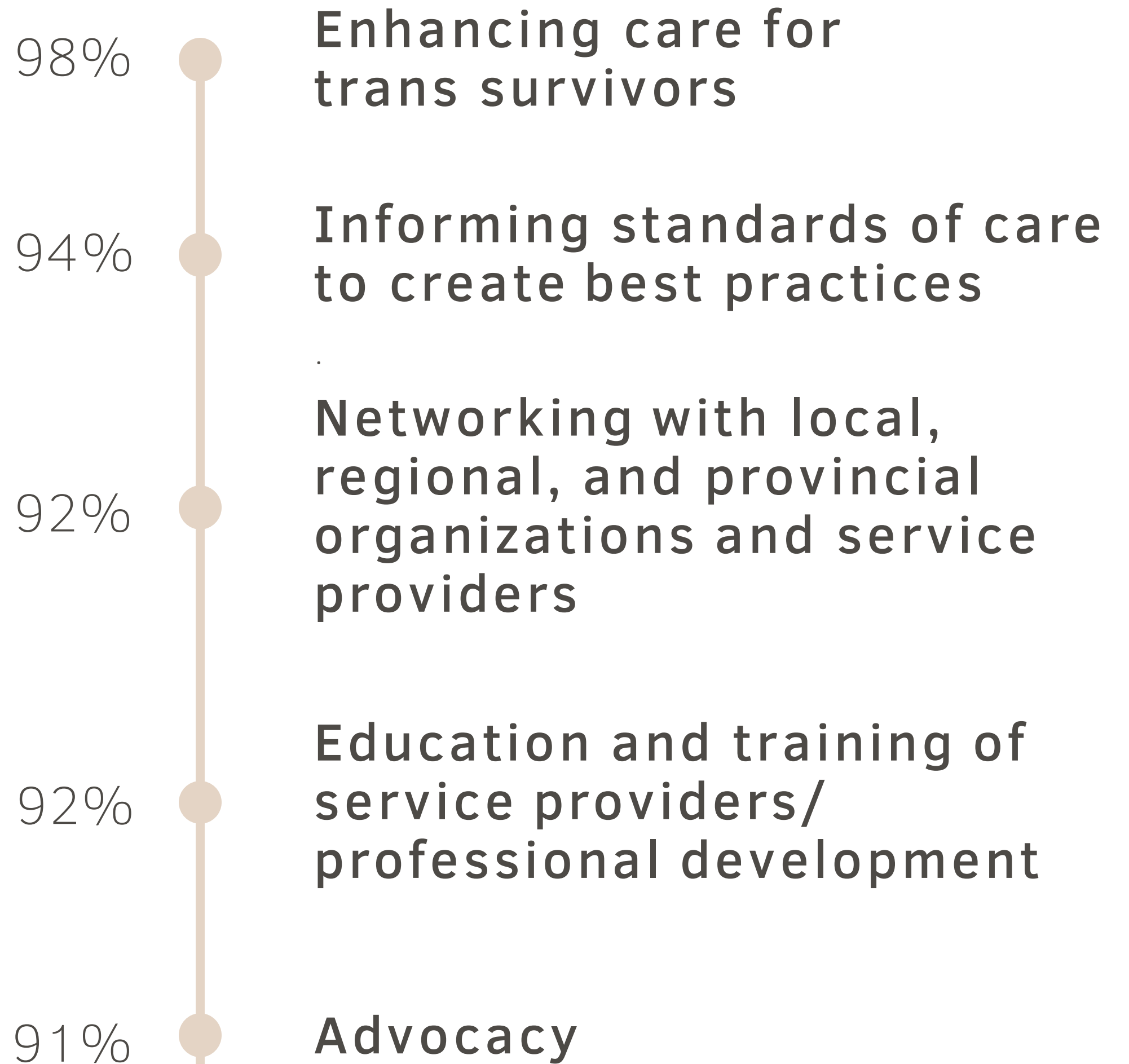
- **Frontline Provider, Support Staff, Coordinator, & Educator, Community Organization**

Network Structure

- **Mission, vision, and values**
- **Activities and deliverables**

Top five

MISSION STATEMENT



Top three

VISION STATEMENT

98%

Ensure culturally competent, safe, and inclusive supports for all trans survivors

98%

Enhance access to and availability of resources and support services

96%

Improve the capacity of service providers to support trans survivors through cross-sectoral education

VALUES



NETWORK ACTIVITIES

Top Three



Build capacity across sectors beyond health and community services to sensitively address needs of trans survivors

98%



Inform guidelines on appropriate and sensitive standards of care/better practices for trans survivors

98%



Provide ongoing education/training for service providers on trans-affirming care

96%

NETWORK DELIVERABLES

Top Two

PROVISION OF PROVINCE-WIDE & STANDARDIZED SENSITIVITY TRAINING

on violence against trans persons for health, social, and legal professionals

92%

DEVELOPMENT OF AN ONLINE DIRECTORY/RESOURCE LIST

of trans-affirming service providers and organizations that is continuously updated

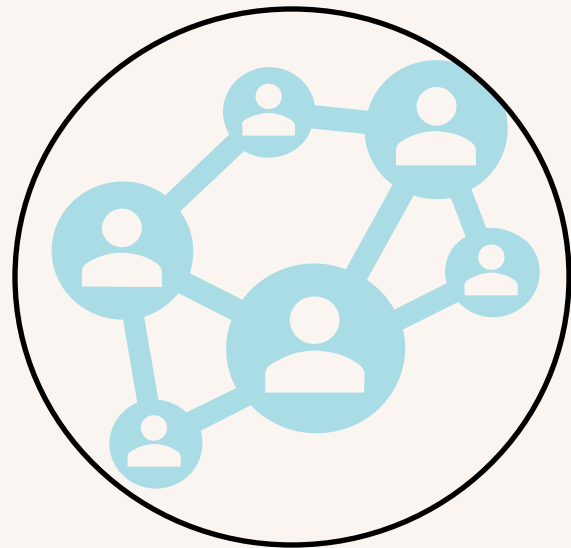
90%

NEXT STEPS

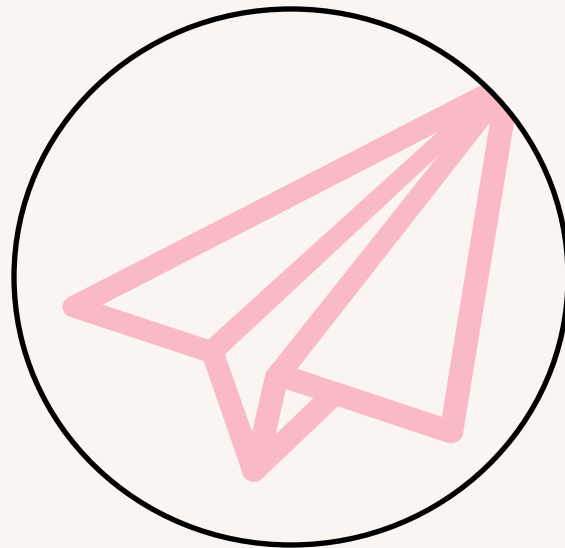
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MATURATATION STAGE

(Partnership Development Grant Under-review)



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



Advance and mobilize knowledge through development of communications plan



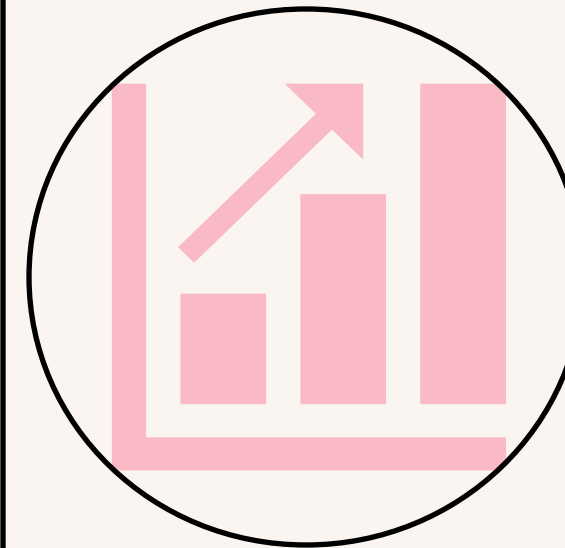
Strengthen professional practices by identifying gaps in knowledge and co-creating tangible resources



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

DEVELOPMENT OF WEBPORTAL:

- Distribute a survey to determine the design and content of a Network webportal
- Conduct key informant interviews and focus groups to garner feedback on the draft webportal

POTENTIAL IMPACT OF THE NETWORK



Network could:

- 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



QUESTIONS?

Thank you for your commitment to this project

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