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Formation of an intersectoral network to support trans survivors of sexual assault: A survey of health and community organizations

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ABSTRACT

Background: To address the growing international recognition of the inequities faced by transgender (trans) persons and the lack of services that attend to the specific concerns of trans sexual assault survivors, we undertook the development of an intersectoral network of hospital-based violence treatment centers and trans-positive community organizations to enhance available supports.

Aims: To examine anticipated involvement of organizations in the network and determine network activities, deliverables, and values.

Methods: We developed a survey with guidance from an advisory group of trans community members and their allies. Items on the survey related to network activities, deliverables, and values, which were also informed by key insights from earlier network planning meetings, were rated on a 5-point Likert scale for their importance (1 = not important at all, 5 = very important).

Results: Sixty-four out of 93 organizations invited responded to the survey, giving a response rate of 69%. The highest prioritized network activities were: improve access to support services for trans survivors, educate trans survivors on their rights/what to expect when seeking supports and information on organizations, provide ongoing education/training for service providers on trans-affirming care, and inform guidelines on appropriate and sensitive standards of care/better practices for trans survivors (means = 4.6). The highest prioritized deliverables were: provision of standardized sensitivity training on violence against trans persons for professionals and development of an online directory/resource list of trans-affirming service providers and organizations that is continuously updated (means = 4.5). Trauma- and violence-informed and trans-guided were the most highly rated values (means = 4.8).

Conclusion: These findings have implications for healthcare and community leaders seeking to collaborate across sectors to address the inequities faced by trans persons experiencing sexual assault.

KEYWORDS
Canada; collaboration; intersectoral; network; sexual assault; support services; transgender

Introduction

Transgender (trans) persons, including those who identify as non-binary, two-spirit, and gender diverse, experience many health inequities, such as a heightened risk of experiencing HIV/AIDS and other sexually transmitted infections, substance abuse, depression, anxiety, self-harm, and suicide (Kenagy, 2005; Kenagy & Bostwick, 2005; Lo & Horton, 2016; Szydlowski, 2016; Winter et al., 2016; Xavier et al., 2005). As a result of these disparities, trans persons may have significant healthcare needs. However, they often do not access healthcare services due to experiences of insensitivity, discrimination, and even violence from providers (Xavier et al., 2013; Xavier et al., 2005). Additionally, trans persons experience rampant social stigma. Disapproval and discrimination have been linked to systematic inequalities in employment, housing, and supports, increasing the need for social services to which

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trans persons often have had limited or no access (Kattari & Begun, 2017; Kenagy, 2005; Kenagy & Bostwick, 2005). Trans persons' experiences of systematic inequity and discrimination in service utilization are particularly concerning in the area sexual violence, where one in two trans persons experience sexual assault in their lifetime (James et al., 2016). Additionally, trans survivors may have unique and complex care needs related to body configurations, experiences of poly-victimization, histories of mental health issues, a lack of familial supports, potential involvement in sex work, and lifetime exposure to other forms of violence (Bauer & Scheim, 2015; Herman et al., 2014). Singularly or together these factors can add significant difficulty for trans survivors attempting to navigate treatment and support services post-victimization (Carson, 2017; James et al., 2016; munson & Cook-Daniels, 2016).

Multidisciplinary, intersectoral post-sexual assault supports should be the gold standard as no specific service or sector alone can comprehensively address the needs of trans sexual assault survivors (Bramsen et al., 2009). Collaboration through partnerships across disciplines and sectors can create networks of organizations with the common goal of optimizing supports for trans survivors. Intersectoral networks can improve the quality and frequency of interactions among members, thereby facilitating the exchange of resources, engagement in policy development, and co-creation of knowledge to improve social and health outcomes (Bright et al., 2017; Luque et al., 2011; Ramanadhan et al., 2012; Varda et al., 2012). Social network theory focuses on the functionality and nature of the relationships among members of a network (Cross et al., 2006; Robeson, 2009). In the context of this theory, network structure, which will change over time as the network develops and matures, is optimized to best enable members to undertake the activities of the network and achieve its objectives (Cross et al., 2006).

As outlined by Robeson (2009), there is no singular model for the development of networks. However, lifecycle models have been utilized across disciplines and sectors to build effective networks (e.g., Christenson, 2014). Lifecycle models include sequential stages for network planning, formation, maturation, and sustainability (Robeson, 2009). These models define the purpose and key activities at each stage of development, promote iterative and dynamic processes, and emphasize the importance of ongoing process and outcome evaluations to ensure sustainability and success (Agranoff & McGuire, 2001; Robeson, 2009). Using a lifecycle model, we collaborated with community partners Egale Canada and the Ontario Network of Sexual Assault/Domestic Violence Treatment Centers (SA/DVTCs) to develop a province-wide intersectoral network on trans-affirming practice to support sexual assault survivors, hereinafter referred to as the trans-LINK Network. Egale Canada is a national LGBTQI2S + advocacy organization that, among other priorities, provides resources, education, and workshops related to trans issues. The Ontario Network of SA/DVTCs provides leadership through education, research, and advocacy to 36 hospital-based treatment centers which provide comprehensive acute healthcare, medico-legal services, and short-term follow-up post victimization, as well as referrals to longer-term supports.

Working with our community partners and an advisory group of trans community members and their allies with extensive expertise in violence prevention, health, and network building, we initiated the planning stage of the trans-LINK Network. After agreeing upon the methodology, we connected potential members of the network, including leaders of SA/DVTCs and trans-positive community organizations (Robeson, 2009; Saad et al., 2020). We coordinated and facilitated seven regional meetings across the province of Ontario in Toronto, Mississauga, North York, London, Ottawa, Sudbury, and Thunder Bay in the summer of 2019 to promote dialogue on opportunities for collaboration to address sexual violence against trans persons. A total of 106 representatives of 96 SA/DVTCs and community organizations attended these meetings. All participating organizations offered their insights on what the purpose and value of the network could be, with five most prominent themes being: education and training, peer involvement, advocacy, accessibility, and knowledge sharing and exchange (Saad et al., 2020).

Following the planning stage, lifecycle models outline the formation stage of network development, which includes negotiating network focus and identity and developing a collective sense and shared ownership of the network (Robeson, 2009). To facilitate the formation of the trans-LINK Network, we undertook an initial survey of all organizations interested in participating in its development, as recommended by Robeson (2009), to determine their anticipated involvement and priorities for network activities, deliverables, and values. This represents an important step in the establishment of the network of SA/DVTCs and community organizations to enhance the supports available to trans survivors of sexual assault.

Methods

This study was approved by Women's College Hospital Research Ethics Board in Toronto, Ontario, Canada (REB#2019-0073-E).

Recruitment

All SA/DVTCs and community organizations across Ontario that participated in one of the seven regional meetings and indicated ongoing interest in the development of the trans-LINK Network were invited to participate in an online survey via email in August 2019 ($n = 93$), with four email reminders sent out bi-weekly. Informed consent was obtained as part of the preamble to the survey which explained that by completing this survey, participants confirmed that they understood the requirements of participation, had been informed of their rights, and consented to participate. As part of the informed consent process, it was also indicated that identifying information about the participating organizations would be kept confidential, and that anonymity would be ensured in any publications or presentations based on the findings.

Survey

Development of the survey was informed by life-cycle model formation stage activities (Robeson, 2009), findings from the seven trans-LINK network planning meetings (Saad et al., 2020), and insights from our advisory group (see Acknowledgements for advisory group membership). The survey included characteristics of the participating organizations, including the organization's name, the approximate size of the organization (from less than twenty to more than 1000 employees), and supports provided (e.g., sexual assault, counselling/mental health). It also included questions about an organization's anticipated involvement in the network, including roles (e.g., sponsor, leader), resource contributions (e.g., funding, staff time), and motivations (e.g., Sharing knowledge and resources, prevention of duplication of services). To aid in setting priorities for the network, organizations were asked to rate on a 5-point Likert Scale (1, not at all important; 2, somewhat unimportant; 3, neither unimportant nor important; 4, important; and 5, very important), the importance of a list of 10 activities (e.g., facilitate regular opportunities for organizations to connect, collaborate, and exchange knowledge and resources, see Table 3 for full list), 11 deliverables (e.g., creation of or support for a provincial client navigator role connecting trans survivors to support organizations in their region, see Table 4 for full list), and 16 values (e.g., self-determination and empowerment, centering marginalized voices, see Table 5 for full list). The survey was hosted on the online survey platform, SurveyMonkey.

Data analysis

Following export of the survey data from the online survey platform to Excel, duplicate records or those with no valid responses were removed. Where more than one representative from an organization completed the survey ($n = 3$), the data most complete were analyzed, with priority given to the most senior representative responding. The organization names were cross-referenced with the lists of organizations attending each regional meeting to determine the region in which they were based. The proportion and frequencies of characteristics of the various organizations (including their region) and their anticipated involvement in the network were summarized using descriptive statistics. The importance of items related to network activities, deliverables, and values were summarized using means and standard deviations across the Likert scale ratings. Proportions and frequencies were also calculated for each level of the Likert scale for each item evaluated.

Results

Of the 93 organizations invited to complete the survey, 64 responded, for a response rate of 68.8%.

Organization characteristics

The characteristics of respondent organizations are fully described in Table 1. Approximately a third were SA/DVTCs (32.8%) and two-thirds were community organizations (67.2%). Organizations varied in size, with 43.8% having 100 or less employees, 38.6% more than 100 but less than 1000 employees, and 15.8% more than 1000 employees. Organizations represented all regions of Ontario including: Central (21.9%), Central West (20.3%), Central East (7.8%), East (15.6%), Southwest (21.9%), Northwest (9.4%), and Northeast (3.1%). Supports provided by organizations included counselling/mental health (77.2%), advocacy and outreach (66.7%), education and training (56.1%), healthcare (50.9%), sexual assault care (45.6%), and care for other forms of violence (42.1%). Just over half (52.6%) of organizations offered LGBTQI2S + specific supports.

Table 1. Organization characteristics.

Characteristic		n	%
Sector N = 64	Community organization	43	67.2
	Sexual assault/domestic violence treatment center	21	32.8
Number of employees N = 57	0-20	15	26.3
	21-50	4	7.0
	51-100	6	10.5
	101-999	22	38.6
	1000+	9	15.8
	Don't know	1	1.8
Geographic region in Ontario N = 64	Central	14	21.9
	Central West	13	20.3
	Central East	5	7.8
	East	10	15.6
	Southwest	14	21.9
	Northwest	6	9.4
	Northeast	2	3.1
Supports provided* N = 57	LGBTQI2S + specific	30	52.6
	Sexual assault	26	45.6
	Other violence	24	42.1
	Counselling/mental health	44	77.2
	Healthcare	29	50.9
	Housing/shelter	12	21.1
	Social/youth groups	24	42.1
	Recreational/drop-in space	20	35.1
	Employment	8	14.0
	Immigration and settlement	5	8.8
	Education and training	32	56.1
	Advocacy and outreach	38	66.7
	Legal	3	5.3
	Older adult	1	1.8
	Peer support	1	1.8

*Categories are not mutually exclusive.

Involvement in network

The details of organizations' anticipated involvement in the trans-LINK Network are listed in Table 2. The roles organizations were willing to assume included being an advocate (73.9%), a facilitator (58.7%), an educator (50.0%), leader (23.9%), sponsor (4.3%) and/or consultant (2.2%), with many (60.9%) organizations being prepared to assume multiple different roles. Resources that most organizations indicated they could contribute were staff time (72.1%) and meeting space (60.5%). No organization indicated that it could provide funding for the network. The majority of organizations were motivated to be involved in the network due to its potential for sharing knowledge and resources (98.1%), increasing the quality of care (86.5%), and facilitating systems change (80.8%).

Network activities

All 10 potential network activities rated were deemed important/very important (achieved a mean rating higher than 4) to the trans-LINK Network (see Table 3), including, in descending order: improve access to support services for trans survivors (mean = 4.6), educate trans survivors on their rights/what to expect when seeking supports and information on organizations (mean = 4.6), provide ongoing education/training for service providers on trans-affirming care (mean = 4.6), inform guidelines on appropriate and sensitive standards of care/better practices for trans survivors (mean = 4.6), build capacity across sectors beyond health and community services to sensitively address the needs of trans survivors (mean = 4.5), advocate about the issues facing trans survivors (mean = 4.5), identify safe spaces and ensure the safety of referrals across organizations and sectors (mean = 4.5), facilitate

Table 2. Anticipated involvement in network.

Involvement		n	%
Role* N = 46	Sponsor	2	4.3
	Leader	11	23.9
	Advocate	34	73.9
	Educator	23	50.0
	Facilitator	27	58.7
	Consultant	1	2.2
Resource contribution* N = 43	Funding	0	0.0
	Staff time	31	72.1
	Meeting space	26	60.5
	Leadership/administrative support	9	20.9
	Technological supports	1	2.3
	Education and training materials	12	27.9
	Content expertise	16	37.2
	Informational resources	6	14.0
Motivation* N = 52	Sharing knowledge and resources	51	98.1
	Establishment of partnerships for future projects	41	78.8
	Prevention of duplication of services	21	40.4
	Facilitation of systems change	42	80.8
	Increased quality of care	45	86.5
	Professional development opportunities	36	69.2

*Categories are not mutually exclusive.

Table 3. Prioritization of network activities.

Activity	Mean rating and SD
Improve access to support services for trans survivors (N = 50)	4.6± 0.56
Educate trans survivors on their rights/what to expect when seeking supports and information on organizations (N = 50)	4.6± 0.57
Provide ongoing education/training for service providers on trans-affirming care (N = 50)	4.6± 0.57
Inform guidelines on appropriate and sensitive standards of care/better practices for trans survivors (N = 49)	4.6± 0.61
Build capacity across sectors beyond health and community services to sensitively address the needs of trans survivors (N = 50)	4.5± 0.54
Advocate about the issues facing trans survivors (N = 50)	4.5± 0.71
Identify safe spaces and ensure the safety of referrals across organizations and sectors (N = 50)	4.5± 0.71
Facilitate regular opportunities for organizations to connect, collaborate, and exchange knowledge and resources (N = 50)	4.4± 0.58
Identify and document the most up-to-date issues facing trans survivors (N = 50)	4.3± 0.59
Garner funding and resources to support trans-affirming support services and research (N = 50)	4.3± 0.77

Note. SD = standard deviation; activities rated on a 5-point Likert Scale (1, not at all important; 2, somewhat unimportant; 3, neither unimportant nor important; 4, important; or 5, very important) from which means and SDs were determined.

regular opportunities for organizations to connect, collaborate, and exchange knowledge and resources (mean = 4.4), identify and document the most up-to-date issues facing trans survivors (mean = 4.3), and garner funding and resources to support trans-affirming support services and research (mean = 4.3). The proportions and frequencies for each level of the Likert scale for each activity evaluated are included in Supplemental Table 1.

Network deliverables

Ten out of the eleven potential deliverables rated were deemed important/very important to the trans-LINK Network (see Table 4), including, in descending order: provision of province-wide and standardized sensitivity training on violence against trans persons for health, social, and legal professionals (mean = 4.5), development of an online directory/resource list of trans-affirming service providers and organizations that is continuously updated (mean = 4.5), development of partnerships with academic institutions to integrate trans content throughout higher education (mean = 4.4), creation of a knowledge sharing portal where network members can share information about their organizations, updates, research developments, and other resources (mean = 4.3), creation of a network of peer advocates/community members who can be community accompaniments for clients presenting to emergency departments, police, and health providers, etc. (mean = 4.3), establishment of a ‘train-the-trainer’ program where network members can become trained on supporting trans survivors and then train others to become advocates for trans survivors (mean = 4.2), creation of or support for a provincial client navigator role that could connect trans survivors to support

Table 4. Prioritization of network deliverables.

Deliverable	Mean rating and SD
Provision of province-wide and standardized sensitivity training on violence against trans persons for health, social, and legal professionals (N = 49)	4.5± 0.71
Development of an online directory/resource list of trans-affirming service providers and organizations that is continuously updated (N = 48)	4.5± 0.80
Development of partnerships with academic institutions to integrate trans content throughout higher education (N = 48)	4.4± 0.71
Creation of a knowledge sharing portal where network members can share information about their organizations, updates, research developments, and other resources (N = 49)	4.3± 0.73
Creation of a network of peer advocates/community members who can be community accompaniments for clients presenting to emergency departments, police, and health providers, etc. (N = 49)	4.3± 0.84
Establishment of a 'train-the-trainer' program where network members can become trained on supporting trans survivors and then train others to become advocates for trans survivors (N = 49)	4.2± 0.74
Creation of or support for a provincial client navigator role that could connect trans survivors to support organizations in their region (N = 49)	4.2± 0.74
Organization of 'open house'/'come meet the team' visits at local sexual assault/domestic violence treatment centers to aid community organizations in making referrals for trans survivors that they feel are safe and appropriate (N = 49)	4.2± 0.74
Development of a centralized communication platform for network members (N = 48)	4.2± 0.79
Creation of an accreditation system/measure to identify trans-positive organizations across Ontario (N = 48)	4.1± 0.84
Creation of a 'Yelp'-type community referral portal with reviews of organizations and services to ensure safer referrals (N = 47)	3.8± 0.97

Note. SD = standard deviation; deliverables rated on a 5-point Likert Scale (1, not at all important; 2, somewhat unimportant; 3, neither unimportant nor important; 4, important; or 5, very important) from which means and SDs were determined.

Table 5. Prioritization of network values.

Value	Mean Rating and SD
Trauma- and violence-informed practice (N = 49)	4.8± 0.39
Trans-guided (N = 47)	4.8± 0.52
Anti-oppression and anti-racism (N = 50)	4.7± 0.44
Equity and inclusivity (N = 50)	4.7± 0.46
Safety (N = 49)	4.7± 0.50
Accountability (N = 50)	4.7± 0.59
Respect (N = 50)	4.7± 0.61
Trust (N = 49)	4.7± 0.66
Harm reduction (N = 47)	4.6± 0.50
Accessibility (N = 50)	4.6± 0.53
Self-determination and empowerment (N = 50)	4.6± 0.64
Centering marginalized voices (N = 48)	4.6± 0.68
Adaptability (N = 50)	4.4± 0.76
Power sharing and reciprocity (N = 50)	4.4± 0.79
Decolonization (N = 48)	4.4± 0.79
Intersectionality/intersectional feminism (N = 50)	4.4± 0.88

Note. SD = standard deviation; values rated on a 5-point Likert Scale (1, not at all important; 2, somewhat unimportant; 3, neither unimportant nor important; 4, important; or 5, very important) from which means and SDs were determined.

organizations in their region (mean = 4.2), organization of 'open house'/'come meet the team' visits at local sexual assault/domestic violence treatment centers to aid community organizations in making referrals for trans survivors that they feel are safe and appropriate (mean = 4.2), development of a centralized communication platform for network members (mean = 4.2), and creation of an accreditation system/measure to identify trans-positive organizations across Ontario (mean = 4.1). The proportions and frequencies for each level of the Likert scale for each deliverable evaluated are included in Supplemental Table 2.

Network values

All 16 values were rated important/very important to the trans-LINK Network (see Table 5), including, in descending order: trauma- and violence-informed practice (mean = 4.8), trans-guided (mean = 4.8), anti-oppression and anti-racism (mean = 4.7), equity and inclusivity (mean = 4.7), safety (mean = 4.7), accountability (mean = 4.7), respect (mean = 4.7), trust (mean = 4.7), harm reduction (mean = 4.6), accessibility (mean = 4.6), self-determination and empowerment (mean = 4.6), centering marginalized voices (mean = 4.6), adaptability (mean = 4.4), power sharing and reciprocity (mean = 4.4), decolonization (mean = 4.4), and intersectionality/intersectional feminism (mean = 4.4). The proportions and frequencies for each level of the Likert scale for each value evaluated are included in Supplemental Table 3.

Discussion

Despite trans persons being at high risk of being sexually assaulted, often having complex needs post-victimization, and limited or no access to services that meet their needs (Carson, 2017; munson & Cook-Daniels, 2016), there is no formalized network to promote collaboration across services and supports for trans survivors in Canada (Saad et al., 2020). This study represents an important step in the formation of such a network; the findings indicating a strong commitment from trans-positive healthcare and community organizations in Ontario to work together to address this issue (Saad et al., 2020).

According to researchers who study intersectoral collaboration, it is critical to engage and capture the unique perspectives of the 'right' stakeholders–those who are actively involved in the issue that a network is to aiming to address (Ansell & Gash, 2007; Emerson et al., 2009, 2012; Page, 2004). The participating organizations in our survey represent all seven regions of Ontario and offer a wide range of important services that can support trans survivors, bringing an extensive range of expertise and experience to their responses. The diversity reflected in these organizations shows promise for a network that is able to function in full consideration of the implications of its actions across all types of services, sectors, and geographical regions (Emerson et al., 2012). Additionally, the organizations' diverse nature of supports offered will be critical in addressing the complex needs of trans survivors who may be experiencing multiple intersecting issues (e.g., housing instability, immigration status) that effect their vulnerability to experiencing sexual assault, as well as their interaction with supports post-victimization (James et al., 2016; Kattari & Begun, 2017; Santa Maria et al., 2020).

Our results suggest that a network of health and community supports dedicated to improving the response to trans survivors of sexual assault is feasible. Organizations showed a strong commitment to fulfilling a range of roles within the network, including acting as sponsors that would provide leadership and administrative support at the provincial level and/or leaders who could act as local or regional managers. Many organizations also agreed to act as advocates, educators, and/or facilitators. This preparedness to serve in multiple capacities is striking and will be critical to the successful execution of day-to-day activities of the trans-LINK Network (Clarke & Fuller, 2010; Höpfl et al., 2011). Importantly, organizations also indicated a willingness to contribute their own resources toward fulfilling these roles, most commonly, staff time. The most prominent motivation for participating in the network was an organization's perception of the need to share knowledge and resources, a potential benefit of networks reported in several other studies (Luque et al., 2011; Ramanadhan et al., 2012; Varda et al., 2012).

High levels of endorsement for a breadth of activities and deliverables across respondent organizations may support the future success of the trans-LINK Network, as a lack of unity on a vision for networks at their outset has been identified as a significant barrier to effective collaboration across sectors (Arino & De La Torre, 1998; Page, 2004). Network activities most highly endorsed by these organizations were to: improve access to support services for trans survivors, educate trans survivors on their rights/what to expect when seeking supports and information on organizations, provide ongoing education/training for service providers on trans-affirming care, and inform guidelines on appropriate and sensitive standards of care/better practices for trans survivors. These latter two activities are consistent with previous research that has identified a lack of available guidelines and training in trans-affirming practices and limited knowledge of the health and social needs of trans persons as significant problems currently facing survivors trying to access care post sexual assault (Carson, 2017; Snelgrove et al., 2012; Tettamanti, 2018). All four top priorities align well with the most highly rated deliverables: the provision of standardized sensitivity training on violence against trans persons for professionals and the development of an online up-to-date directory/resource list of trans-affirming service providers and organizations. While each organization that participates in the network will have its own mandate and interests (Bardach, 2001), deliberate engagement of members in defining common aims and actions as early as possible in the formation of a collaboration is key to viewing themselves as valuable to the larger enterprise (Keast et al., 2004).

It is also critical that values be defined in the early stages of a network's formation to promote a sense of identity among its members (Arino & De La Torre, 1998; Keast et al., 2004; Page, 2004). In our study, respondent organizations collectively endorsed a set of guiding values, particularly rating highly the importance of the trans-LINK Network being trauma- and violence-informed and trans-guided. A trauma- and violence-informed approach is consistently identified in the literature as a means to better practices to support sexual assault survivors (Cleary & Hungerford, 2015; McCauley & Casler, 2015). Any network focused on supporting trans persons must be guided by those individuals, not just the organizations representing them, a principle of which the importance is documented in the sexual assault literature (Todahl et al., 2009). Therefore, we will promote the leadership of individual trans community members from across Ontario–centering their voices, experiences, and needs in the ongoing development of the network and in partnership-building within and among regions (Saad et al., 2020).

This study may be limited by selection bias. Although there was a strong response to the survey, the findings may not reflect the views of all potential trans-LINK Network members. Additionally, not all responding organizations provided answers to all questions. However, one strength of this study is that we sought to be as inclusive as possible in prioritizing network activities, deliverables, and values. We invited all organizations interested in participating in the network who attended the earlier planning meetings to take part in the survey, and we used the findings of the planning stage meetings and critical insights of our advisory group to inform its design. This participatory approach is consistent with research showing that being inclusive is critical to collaborating successfully toward a common goal and in reducing potential imbalances in power between participating organizations (Bryson et al., 2006, 2015; Quick & Feldman, 2011).

As part of lifecycle model formation stage recommendations to build relationships and exchange knowledge (Robeson, 2009), in May 2020, we hosted an interactive meeting with current and potential network members to share and discuss our results, as well as plan future steps in the development of the network. Moving forward, study findings will inform consolidation and expansion of the network (Robeson, 2009). In this maturation stage, we will establish a terms of reference for the network, delineating, among other items, mission, vision, and values, membership, and a dispute resolution process. We will build capacity within organizations by providing education and training for service providers and making resources related to trans-affirming care freely and widely available on a WebPortal. Access to support services for trans survivors will be addressed through advocacy for system change with policy-maker allies, as well as the development of an online service directory with critical information on what to expect from available supports. The network moving forward will be subject to ongoing process and outcome evaluations using social network analysis and metrics developed to assess, among other values, adherence to trauma- and violence-informed and trans-guided practices (Government of Canada, 2018; Luque et al., 2011; Ramanadhan et al., 2012).

Conclusion

Trans survivors of sexual assault may have unique and complex care needs that no single discipline or sector in isolation has the resources or expertise needed to address (Bramsen et al., 2009; munson & Cook-Daniels, 2016). The strong commitment and shared priorities and values of the organizations participating in our survey suggest that a network aimed at transforming the response to trans survivors of sexual assault across health and community services is feasible. The trans-LINK Network will aid organizations across Ontario in the health and social service sectors in effectively collaborating to provide up-to-date, appropriate, and sensitive supports to trans survivors. The application of a lifecycle model in this study in determining network activities, deliverables, and values could inform the work of other jurisdictions seeking to collaborate to enhance supports and services for trans persons who have been sexually assaulted and other marginalized victims of sexual assault facing health and social inequities (Lo & Horton, 2016). This approach to collaborating across sectors also could be used to address other key challenges in trans health.

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Conflicts of interest

The authors declare that they have no conflict of interest.

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Data availability statement

The data supporting these findings will not be made available publicly to preserve the confidentiality and anonymity of survey participants.

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