BUILDING CONNECTIONS TO SUPPORT MOTHERS AND YOUNG CHILDREN AFFECTED BY INTERPERSONAL VIOLENCE

THE EVALUATION REPORT

Breaking the Cycle

Mothercraft®
Shaping Children's Lives Through Learning

> *By getting involved with* **Building Connections**, *it really validated a lot of the things I was thinking but maybe wasn't strong enough to implement with my clients. And also hearing from the participants how Connections has changed their life was again something that helped my confidence. Because it's a scary job we are in, when you are helping people heal you never want to do harm. So you are very cautious when you talk about things like that. But this made me a lot more confident all the way around."*
>
> —Connections Certified Facilitator

> *Now I know what toxic stress means. I have strategies I can use to reduce it in my kids' lives. And I know more about what to do to support their healthy brain development."*
>
> —Connections Group Participant

Acknowledgements

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We thank everyone whose participation in the evaluation of *Building Connections* has helped us demonstrate the capacity of community-based projects to support mothers and children affected by interpersonal violence.

We extend our deepest thanks to the women who participated in the Connections intervention, and who shared their experiences and stories for this evaluation. Their generosity, strength and wisdom will help other women and children.

We offer our gratitude to the certified facilitators who delivered the Connections intervention in their community-based projects across Canada, and who helped us evaluate all the activities of *Building Connections*. We were honoured to partner with such dedicated, compassionate, and skilled facilitators, and are thankful for the circle of mutual learning that has been developed. We also thank the coordinators, managers, and directors of CAPC, CPNP, and ASHUNC projects for all the ways in which they supported the implementation of the Connections intervention in their projects and communities.

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INTRODUCTION AND BACKGROUND

1. Introduction and Background

Through its *Building Connections* initiative, Mothercraft replicated and evaluated the intervention Connections*: Group Intervention for Mothers and Children Experiencing Violence in Relationships* in communities across Canada. *Building Connections* included the national dissemination of trauma-informed resources and training; delivery of certified facilitator training and a community of practice; implementation and evaluation of the Connections intervention in community-based projects; and knowledge dissemination. The intervention was implemented in partnership with projects funded by the Public Health Agency of Canada's (PHAC) Community Action Program for Children (CAPC), Canada Prenatal Nutrition Project (CPNP), and Aboriginal Head Start in Urban and Northern Communities (AHSUNC).

Building Connections is built on the mission, activities and learnings of the Canadian Mothercraft Society and its Breaking the Cycle program:

Since 1931, the **Canadian Mothercraft Society** (**Mothercraft**) has delivered innovative programs and services designed to support healthy family functioning and parenting, and to promote infant/early childhood mental health and well-being. Services are grounded in the belief that infancy and early childhood are critical periods for neurodevelopment and for the development of relational templates that form a foundation for relationships and adaptation throughout the lifespan.

Since 1995, Mothercraft has delivered **Breaking the Cycle** (**BTC**), one of Canada's first prevention and early intervention programs for pregnant and parenting women using substances, and their young children 0–6 years. Funded by the Public Health Agency of Canada's CAPC and CPNP programs, BTC operates through a formal multi-sectoral partnership representing child welfare, addiction treatment, public health, addictions medicine, corrections and probation, obstetrics, mental health, developmental paediatrics, child care, children's mental health, and infant/child development.

BTC is delivered through a single-access model, with street outreach and home visitation components. The aim of the multi-pronged service model is to decrease barriers and promote the engagement of women and mothers whose complex life circumstances and difficult past experiences in relationships make it difficult for them to feel safe in accessing services for themselves and their children (Leslie, 2011; Motz et al., 2020). BTC offers a range of individual, dyadic and group interventions designed to foster healthy relationships between mothers and their children, within the context of a safe environment and safe relationships with service providers. Trauma-informed, developmental-relational and attachment-based frameworks guide interventions and approaches.

BTC Programs and Services

Addictions
- Connections Group
- Individual Counselling
- Life Skills Group
- Recovery Group
- Relapse Prevention Group

Basic Needs Support
- Clothing
- Food
- Transportation

Child Care

Developmental Clinic
- Developmental and Interactional Guidance
- Early Intervention
- Home Visiting
- Parent-Child Psychotherapy
- Screening and Assessment

Health/Medical Services
- FASD Assessment/ Diagnostic Clinic
- Pre-Postnatal Counselling

Mental Health Counselling

Parenting
- Access Visits
- Cooking Healthy Together
- Hanen "You Make the Difference"
- "Learning Through Play" Group
- New Mom's Support Group
- Nobody's Perfect Parenting Program
- Parent-Child "Mother Goose" Program

Pregnancy Outreach Program

Probation and Parole Services

The complex contexts of women's substance use while pregnant and mothering have been confirmed through evaluation of BTC. Motz, et al. (2006) found high rates of maternal maltreatment and trauma commencing in early childhood, significant histories of substance use in the women's families of origin, discontinuities of relationships starting at an early age – including multiple caregivers and foster care placements - high rates of maternal mental health symptoms including depression, suicide attempts and eating disorders, compromised health status, low levels of educational attainment, poverty, high rates of intimate partner violence, and loss of custody of children. Over 80% of mothers reported histories of physical, sexual and/or emotional abuse commencing in early childhood (Motz, et al., 2006; Pepler, et al., 2014), and over 40% reported that their current intimate partner relationships involved IPV.

This was of particular concern given the risk of interpersonal violence on mothers' substance use recovery and parenting processes, but also because of the known impact of exposure to interpersonal violence on children. The parenting relationship is a mechanism through which interpersonal patterns of relating and solving problems in relationships are transmitted across generations (Fraiberg, 1980; Benoit & Parker, 1984). Many women who experience interpersonal violence have suffered maltreatment commencing in early childhood (Motz, et al., 2006; Pepler, et al., 2014). When survivors of interpersonal violence enter motherhood with unhealed emotional wounds, their injuries often resurface in their relationships with their own young children (Mejta & Lavin, 1996); and in their adult relationships (Widom, et al., 2014). The prenatal period and the early years of mothering are windows of opportunity for women to consider changes to patterns of unhealthy relationships. The prenatal and early childhood years are critical periods for neurodevelopment and for the establishment of internal working models that form templates for relationships throughout the lifespan. Supporting the healing of women affected by violence helps them protect their infants and young children from the experiences that caused their own pain, thereby breaking the cycle of violence across generations.

1. Introduction and Background

In 2006, BTC developed **Connections** in response to the needs of mothers and children in the program.

Connections - A Group Intervention for Mothers and Children Experiencing Violence in Relationships: Based on a developmental–relational theoretical framework with a trauma-informed lens. Connections is a "two-generation", trauma-informed group intervention that helps mothers reflect on how their experiences of traumatic relationships (i.e., child abuse, relationship violence) have affected: (1) the development of their own sense of self; (2) the relationships they have established over the course of their lives; and (3) the relationships they create with their own children (Breaking the Cycle, 2014). The intervention addresses the mother's needs, the child's needs, and their relationship needs. Providing supports early in the mother-child relationship is critical to interrupting cycles of trauma, and to establishing safe, healthy relationships patterns between mother and child.

Designed to be delivered in the context of holistic programs that offer ancillary supports, Connections is a manualized 6-week group intervention available in English and French, and adapted for Indigenous communities. The curriculum integrates six key messages over six or more group meetings that build upon each other:

Week One

- No relationship is perfect but everyone has the right to a relationship that is nurturing and supportive
- Domestic violence comes in many forms
- There are clues that a relationship may be moving from healthy to unhealthy
- Unhealthy relationships may have an impact on your substance use and recovery

Week Two

- Everyone has the right to a relationship that is nurturing and supportive
- Witnessing or experiencing violent, unhealthy relationships as children may have created distortions in how we view adult relationships and our expectations of acceptable/ appropriate behaviour
- Unhealthy relationships may have an impact on substance use and recovery
- Witnessing unhealthy, violent relationships may have a negative impact on infants and children

Week Three

- No matter what happened in your past, it is possible to move beyond this and create healthy, happy relationships for yourself and your children
- Children are dependent on the environments that their mothers create

Week Four

- Positive brain development depends on healthy, happy environments
- The way we interact with our children when they are infants and toddlers will make a difference for the rest of their lives

Week Five

- High self-esteem is critical to creating and sustaining healthy relationships
- It is possible to increase your level of self-esteem
- Self-esteem is not dependent on your relationships but relates to what you believe about yourself

Week Six

- When we feel good about ourselves it is easier to help our children feel good about themselves
- Children with high self-esteem are more likely to succeed at school and in their relationships
- When our children know that they are loved, they grow up believing that they are valuable and worthwhile

Connections intervention manuals are available at www.mothercraft.ca/index.php?q=ei-connections#ConnectionsManual

An early evaluation of the intervention delivered at BTC confirmed positive outcomes for the mother, the child, and the mother-child relationship. Findings from quantitative data included increased maternal confidence to resist substance use, decreased reports of maternal anxiety and depression symptomatology, enhanced maternal relationship capacity, increased social support, more appropriate expectations in the parenting role, increased empathy, decreased parenting stress, and child development within the average range as measured on standardized assessment. Qualitative data confirmed that, as a result of Connections, mothers: a) enhanced their capacity to reflect on their past experiences in order to make changes in their current relationships, b) gained an understanding of the cycle of unhealthy relationships, c) increased their understanding of the impact of unhealthy relationships on their children and on their parenting (Motz, et al., 2009).

In 2014, the Connections intervention manuals were disseminated to all Ontario Region CAPC/CPNP/AHSUNC projects.

BUILDING CONNECTIONS: Goal, Objectives and Activities

In 2015, with financial support from the Public Health Agency of Canada's investment *Supporting the Health of Survivors of Intimate Partner Violence and Child Maltreatment through Community Programs* initiative, Mothercraft launched *Building Connections*.

THE GOAL of *Building Connections* was to enhance the capacity of service providers working in the Public Health Agency of Canada's CAPC, CPNP, and AHSUNC projects to identify and respond to mothers and young children impacted by interpersonal violence and child maltreatment.

These projects have, as a common feature, a mandate to engage and support pregnant women, families and children living in conditions of risk, including those experiencing family violence, child abuse, alcohol or substance use, poverty, and social and geographical isolation, (Office of Audit and Evaluation, Health Canada and Public Health Agency of Canada, 2017). For vulnerable children and their families, community-based projects are in a unique position to offer a range of services such as parenting groups, individual counseling, home visitation and outreach services, food and nutrition programs, and child development support. The non-judgemental, community-based and culturally sensitive environments cultivated by CAPC/CPNP/AHSUNC projects are fundamental to engaging and supporting women and children experiencing interpersonal violence (IPV). Embedded in communities across Canada, these projects often act as an entry point for families who are geographically or socially isolated to connect with health and social supports within their communities. CAPC/CPNP/AHSUNC projects are ideally positioned to identify and support women and children experiencing IPV and related issues, and to connect them to community services through their multi-sectoral partnerships (Leslie, M. & Roberts, G., 2001).

THE OBJECTIVES of *Building Connections* were:

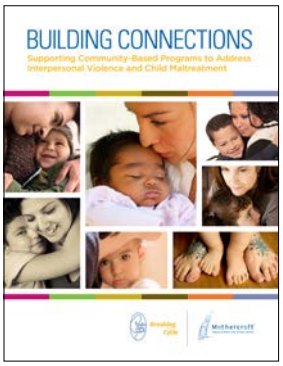
1. To build awareness, capacity and confidence among CAPC/CPNP/AHSUNC project staff in responding to regarding family violence and/or child maltreatment using trauma-informed and relational approaches.
2. To train and provide consultation to facilitators in the delivery and evaluation of the Connections intervention.
3. To deliver the Connections intervention to 400 participants in approximately 30 CAPC/CPNP/AHSUNC sites across Canada.
4. To evaluate the implementation of the intervention, and to translate and disseminate the knowledge developed from project initiative broadly and to a wide range of audiences.

THE ACTIVITIES of *Building Connections* were:

1. Dissemination of resources and training to all 800+ CAPC/CPNP/AHSUNC projects.

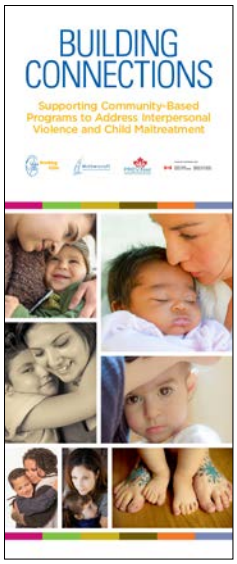
A resource manual and training webinar were disseminated to all CAPC/CPNP/AHSUNC projects. These tools were designed to increase awareness and knowledge for staff from all CAPC/CPNP/AHSUNC projects across Canada on IPV, trauma-informed/ relational approaches to service provision, and application of these frameworks. They focused on specific ways service providers could identify and support women and children experiencing IPV (e.g. understanding the impact of violence on mothering and child development, prevention of trauma responses, supporting safety for women and children living with violence, trauma-informed responses to interpersonal violence, and the important role of community-based projects in providing support to families experiencing IPV).

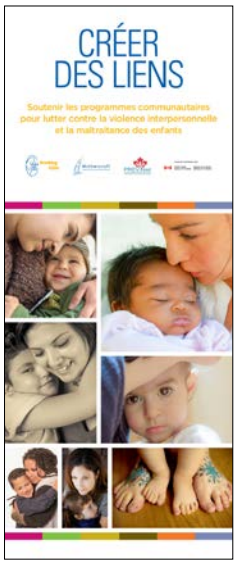
Resource Manual. *Building Connections: Supporting Community-Based Projects to Address Interpersonal Violence and Child Maltreatment/Créer des liens : Soutenir les programmes communautaires pour lutter contre la violence interperssonnelle et la maltraitance des enfants* (Leslie, et al., 2016). The manual provides an up-to-date review of the literature, as well as information on ways that community-based projects can provide support to mothers and children experiencing IPV using trauma-informed and relational approaches. The resource manual was mailed to 806 CAPC/CPNP/AHSUNC projects in every province and territory. Over 700 additional manuals were requested by projects or their community partners, for a total of 1,520 resource manuals disseminated during the course of the initiative.



National Training Webinar. *Building Connections: Using Trauma-Informed and Relational Approaches to Help women and Children Experiencing Interpersonal Violence/Créer des liens: Utiliser des approches axées sur les traumatismes et sur les relations pour aider les femmes et les enfants qui vivent de la violence interpersonnelle.*

A live national training webinar was delivered live to all CAPC/CPNP/AHSUNC projects with almost 300 registrants from projects representing every Canadian province and territory. The webinar was archived in English and French at www.mothercraft.ca





Selection of projects for certified Connections training and intervention implementation. A subset of all CAPC/CPNP/AHSUNC projects were selected to receive certified training and to implement Connections in their projects. Those projects who watched the national training webinar (live or archived versions) and completed the pre- and post-webinar survey were asked to indicate their interest in receiving additional training. Projects that indicated an interest in additional training received the *Your Starting Point Story Readiness Assessment Tool*, which they were invited to complete and submit. The YSPS tool was used to select projects who would receive the certified Connections training and implement the intervention in their communities.

Your Starting Point Story (YSPS) Readiness Assessment Tool: The YSPS tool was developed to offer a systematic and evidence-based means of selecting projects who applied to receive the certified Connections training and implement the intervention. It served as the application tool and was based on the project's self-assessment of their readiness to deliver Connections in a physically, clinically and systemically safe way. It called on projects to provide comprehensive information regarding: a) awareness of IPV and a need for the intervention; b) organizational support, supervision structures and competencies related to trauma-informed practice; c) collaboration with women's counselling centres/shelters and child welfare agencies/child advocacy centres; d) availability of space for the delivery of the intervention; e) experience with, and interest in, partnering in both the delivery of the intervention and the research/evaluation. Responses were coded and projects were selected based on ratings. Reliability of coding and preliminary validation of the tool were established, and the tool's usefulness in understanding projects' capacity to provide trauma-informed services to vulnerable families with complex needs was confirmed (See Andrews, et al., 2020 for more details).

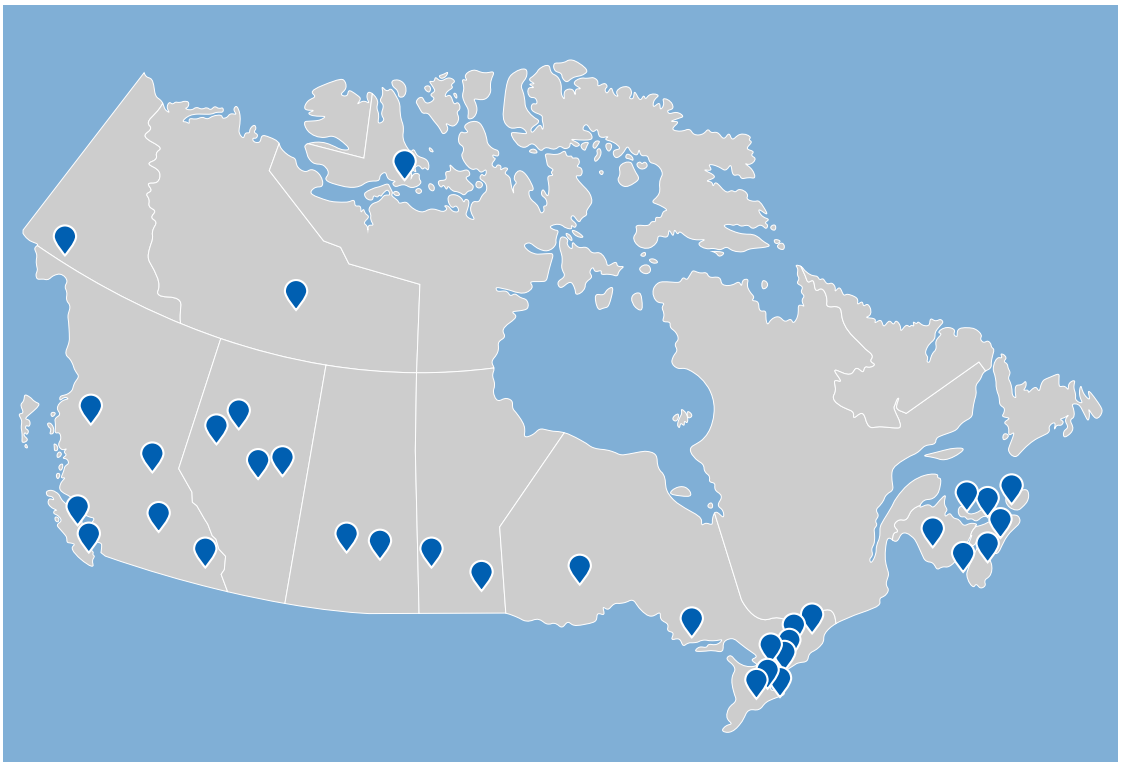
Your AHSUNC Starting Point Story (YASPS): In collaboration with an Indigenous researcher, the YSPS was modified to incorporate items and language applicable specifically for Indigenous communities. For example, AHSUNC staff completing the tool were able to indicate where they gain skills and knowledge in a broad manner, allowing for the possibility that individuals may have gained knowledge from traditional teachings or from community members. Specific questions were included enquiring about the traditional teachings and cultural practices within the community to support families. Recognizing that communities may define violence in relationships in ways other than the options included in the YSPS, AHSUNC staff were able to include their own definition(s) of violence. Additional information was also included regarding the foundational theories and values of *Building Connections*, the project's commitment to conduct research in a decolonizing way and in an ethical partnership with communities, and the project's knowledge-sharing intentions.

There was an aim to achieve geographic, cultural and linguistic representation among projects selected for certified training and intervention delivery. All other inclusion criteria being equal, projects that promoted representation along these dimensions were selected.

2. Connections Certified Training and Community of Practice

a. Pre-training site visits were made to each project selected for certified training. For training delegates and projects, the visit provided a more detailed overview of the project components and expectations, and a chance to meet members of the *Building Connections* team. For *Building Connections*, the pre-training site visit offered an opportunity to gain a deeper understanding of the communities and spaces where the Connections intervention would be delivered, to meet others in the project and organization who would support the facilitators in delivering the intervention, and to learn about unique features of individual projects and communities that informed training and consultation content and processes.

b. Connections certified training was delivered to 75 facilitators from 34 projects and communities across Canada in 8 training sessions that were held between January 2017 – June 2019.



Three to four projects were trained per session, with two staff from each invited project receiving an intensive 3-1/2 day training at BTC in Toronto. The training was delivered by the intervention developers, BTC clinical staff with experience delivering the intervention, and *Building Connections* researchers. BTC's community partners representing child welfare, children's mental health, public health, addictions/mental health, were also involved in parts of the training. Conducting the training at the BTC program facility reinforced the importance of embedding the Connections intervention in a holistic program that provides ancillary supports, where mothers and children feel safe, and where they have trusting relationships with service providers pre- and post- intervention.

The Connections training curriculum was piloted with six Ontario CAPC/CPNP projects who received the Connections intervention manual as part of the regional dissemination of the manual in 2014, but did not receive training. These sites were chosen because they had some familiarity with the intervention manual, which would mitigate the additional requirements of the pilot facilitators to evaluate the training and research tools. Minor revisions to the curriculum were made based on evaluation by the pilot sites. The final version of the curriculum included: a review of trauma-informed practice and relational approaches; the role of CAPC/CPNP/AHSUNC projects in supporting mothers and children experiencing IPV; the importance of community partnerships; the background to the Connections intervention; in-depth training on the facilitation of Connections; and instruction on the research/evaluation activities (see also Zuberi, et al., 2018).

An Indigenous-specific certified training was held in June 2018 to 8 training delegates from 4 AHSUNC projects. The training was based on the intervention manual *Connections: A group intervention for mothers and children experiencing violence in relationships – A curriculum for Aboriginal communities*, and the training curriculum was adapted by an Indigenous partner. This training was co-delivered with Indigenous trainers and a healer.

See Appendix II for schedule of training sessions and list of implementation sites.

c. The Connections Community of Practice (CCP) was held weekly from March 2017 – March 2020, and was available to all certified facilitators after they completed the training. The purpose of the virtual CCP was to expand and extend training concepts; to promote fidelity of the intervention and evaluation; to facilitate sharing of information, experiences and learning; to maintain and nurture relationships among certified facilitators; and to support the delivery of the intervention. A resource sharing platform was created to share materials, documents and resources related to Connections among CCP members.

3. Delivery of Connections intervention

The Connections intervention was delivered in 28 communities across Canada from January 2017 to March 2020.

4. Evaluation and Knowledge Dissemination

Building Connections was evaluated in partnership with CAPC/CPNP/AHSUNC projects in 34 intervention sites. From 2015 – 2020, learnings were translated locally, nationally and internationally to a broad range of audiences including service providers, researchers and policy makers. A summary of dissemination activities from October 2015 to March 2021 is available in Appendix III.

The evaluation of *Building Connections* is described next.

2

THE EVALUATION: METHODOLOGY

All activities for *Building Connections* were evaluated using a combination of quantitative and qualitative methodologies including standardized tools, locally developed questionnaires, focus groups, and key informant interviews. Evaluation methodologies for AHSUNC projects were developed in collaboration with an Indigenous researcher and choices were provided to each AHSUNC project regarding the most appropriate evaluation strategies for their community.

Outcomes were measured for:

1. community project staff in all CAPC/CPNP/AHSUNC projects;
2. certified facilitators in the subset of CAPC/CPNP/AHSUNC projects selected for intervention implementation and,
3. intervention participants (mothers of young children who have experienced, or are experiencing, IPV (see also Andrews, et. al., 2020a)

2.1 Community Project Staff

2.1.1 Procedures

The National Training Webinar link was publicly available on the Mothercraft website and as a result this training was not specifically limited to CAPC/CPNP/AHSUNC programs. All community project staff (including those from CAPC/CPNP/AHSUNC, but also other community-based programs) who registered for the webinar were sent an email inviting them to participate in an evaluation and included a link to an online survey (Awareness, Capacity, Confidence, and Satisfaction – Webinar Module Version [ACCS-W]). The survey took approximately 10 minutes to complete and included an informed consent form. All community project staff who completed the survey were asked to enter their email address so that responses to a post-webinar survey could be linked. All community project staff were able to view the webinar even if they chose not to participate in the research.

After viewing the webinar, all community project staff were sent an email with a link to the post-webinar version of the ACCS-W. This voluntary online survey took approximately 10 minutes to complete and included an informed consent form. Both surveys were available in English and French.

A final question on the post-webinar ACCS-W inquired whether individuals were interested in additional training on IPV and child maltreatment. If the community project staff answered "yes", (the process for AHSUNC projects will be described in a later section), they were sent the Your Starting Point Story Readiness Assessment Tool (YSPS), by email. CAPC/CPNP project staff were asked to complete the tool in collaboration with others in their project and/or sponsoring agency. The YSPS tool included an informed consent form and CAPC/CPNP staff were asked to return a signed consent form for themselves and any other collaborators who had participated in completing YSPS.

2.1.2 Participants

The link to the ACCS-W was sent to staff members from all CAPC/CPNP/AHSUNC projects across Canada. It was also publicly available online. As such, in addition to participants including staff members from CAPC/CPNP/AHSUNC projects, participants were also service providers from other community organizations (e.g., public health, women's shelters, counselling agencies), or any other interested individuals. This resulted in a total of 431 community-project staff who completed the ACCS-W (of these, N = 143 completed both the pre- and post-webinar ACCS-W, N = 239 only completed the pre-webinar measure, and N = 49 only completed the post-webinar measure). The professional backgrounds of these community-based project staff were non-prescribed and varied based on community needs, priorities, and resources.

A total of 53 requests for further training were received from CAPC/CPNP project staff from 48 unique agencies. Between one and three individuals from each CAPC/CPNP project completed the YSPS application.

A total of four requests for further training were received from AHSUNC projects.

2.1.3 Measures

Awareness, Capacity, Confidence, and Satisfaction – Webinar Module Version (ACCS-W)

The ACCS-W was developed for this project as a pre- and post-webinar measure to evaluate the impact of the National Training webinar for community project staff. Awareness (e.g., "How aware are you of the impact of IPV on women and children in your community?"), capacity (e.g., "How capable do you feel to respond to IPV in your program?"), and confidence (e.g., "How confident do you feel in your ability to address the issue of IPV with women in a sensitive manner?") were each measured with 7 items, using 3-point Likert scales, ranging from 1 = Not Aware/Capable/Confident to 3 = Very Aware/Capable/Confident. Responses across the 7 items were averaged to create pre- and post-webinar scores for awareness (α_{pre} = .87, α_{post} = .84), capacity (α_{pre} = .89, α_{post} = .88), and confidence (α_{pre} = .90, α_{post} = .90).

The pre-webinar measure also included questions related to identification of IPV (e.g., whether community project staff had come across a variety of types of abuse in their work with families), their ability to respond to any IPV, and the needs of families involved.

The post-webinar measure included a 7-item measure of satisfaction with the webinar (e.g., "How satisfied were you with the relevance of the information in the webinar to your program?"). Responses ranged from 1 = Not Satisfied to 3 = Very Satisfied and were averaged to create a total satisfaction score (α = .88). Other items in the post-webinar measure assessed how the information shared in the webinar might be reflected in community project staff members' work and whether they would be interested in additional training on IPV and child maltreatment. Community project staff were also asked to share any additional comments they might have had about the National Training Webinar or the Resource Manual.

2.2 Connections Certified Facilitators – CAPC/CPNP

2.2.1 Procedures

At the beginning and end of each Connections Certified Training session, facilitators were asked to complete the Awareness, Capacity, Confidence, and Satisfaction – Training Version (ACCS-T). These paper-and-pencil surveys took approximately 15 minutes to complete. Pre- and post-surveys were numbered so that responses before and after the Connections Certified Training could be linked, but would remain anonymous. Before completing the survey, facilitators were asked to read and sign an informed consent form if they were willing to participate in the evaluation of the training. Facilitators were assured that they would receive the certified training whether or not they participated in the research.

Before and after delivering the Connections intervention, Certified Connections Facilitators were invited to complete the Connections Knowledge and Satisfaction for Facilitators (CKS-F) Tool. Some Certified Connections Facilitators delivered the intervention group with a co-facilitator who had not attended training; these co-facilitators were also invited to complete the CKS-F. This survey was sent by email and completed by facilitators online; each CKS-F took approximately 10 minutes to complete. Facilitators were asked to read an informed consent form before beginning the pre-Connections CKS-F. To link facilitators' responses over time, facilitators entered an identification code (ID code) at the beginning of each survey consisting of a series of letters and numbers that were meaningful to them but non-identifiable. All surveys were sent electronically to the research team, and all survey items included a "Prefer Not to Answer" response option.

Approximately one month after delivering the Connections intervention, facilitators were invited to participate in a voluntary interview during which they were asked to reflect upon their experiences in delivering the intervention and being involved in the *Building Connections* initiative. Facilitators were given the options of completing the interview via telephone, online video call, or in-person (when possible). They were also given the option to complete the interview individually, or with their co-facilitator. Interviews were audio-recorded and notes were taken to contextualize and facilitate transcription. Interviews lasted approximately 1 hour. Facilitators who participated in more than one follow-up interview were provided a gift card honorarium for use within their organizations.

To assess fidelity of program delivery and the effectiveness of the Connections Community of Practice (CCP), facilitators were asked to complete the Connections Community of Practice – Weekly Survey (CCP-WS) after each CCP meeting they attended. They were also asked to complete the Connections Community of Practice – Satisfaction (CCP-S) survey upon completion of their delivery of the Connections intervention. The CCP-WS and the CCP-S were sent via email link and were completed by facilitators online. Each survey took approximately 2 minutes to complete. The same ID as described above was entered before completing each of these surveys. All survey items included a "Prefer Not to Answer" response option.

2.2.2 Participants

Participants who attended the training were service providers from CAPC/CPNP projects. There were 7 training groups consisting of between 8-11 facilitators in each (total N = 67). All 67 Certified Connections Facilitators completed the pre- and post-training ACCS-T.

Any facilitator who delivered the Connections intervention was invited to complete the CKS-F. This included Certified Connections Facilitators, as well as 10 co-facilitators from CAPC/CPNP projects or partner organizations who co-led the intervention with a Certified Connections Facilitator. The CKS-F was completed a total of 127 times by 65 unique facilitators (each facilitator completed the CKS-F between 1 and 5 times, depending on how times they implemented the intervention). Of the 127 CKS-F measures, 90 included both the pre- and post-Connections CKS-F, 34 included the pre-Connections measure only, and 3 including the post-Connections measure only).

Upon a completed implementation of the Connections intervention, all facilitators were invited to participate in a follow-up interview; facilitators who ran the intervention more than once were asked to participate in interviews after each time they completed the intervention. Of the total 58 facilitators who were invited to participate, 43 facilitators from 21 organizations participated in an interview. Of these 43 facilitators, 1 delivered the intervention and was interviewed four times, 5 were interviewed three times, and 7 were interviewed two times (the remaining 30 were interviewed once). The rest of the invitations received no response or were declined due to scheduling difficulties. All facilitators were given the choice to participate individually or with their co-facilitator. A total of 47 interviews were conducted; 31 with individuals and 16 with two facilitators, where the two facilitators who had delivered the intervention together participated in a joint interview.

All facilitators (both Certified Connections Facilitators and co-facilitators) were invited to attend CCP meetings; any facilitator who attended a CCP meeting was invited to complete the CCP-WS and CCP-S. The CCP-WS was completed a total of 215 times by 24 unique facilitators (each facilitator completed between 1 and 15 weekly surveys), and the CCP-S was completed 27 times by 21 unique facilitators (each facilitator completed the CCP-S between 1 and 3 times).

2.2.3 Measures

Awareness, Capacity, Confidence, and Satisfaction – Training Version (ACCS-T)

The ACCS-T was developed for this initiative to evaluate the effectiveness of the Connections Certified Training and was administered as a pre- and post-measure during each Connections Certified Training session. Awareness (e.g., "How aware are you of the ways to enhance relationship capacity of the families with whom you work?"), capacity (e.g., "How capable do you feel to safely deliver an IPV intervention?"), and confidence (e.g., "How confident do you feel in your ability to build partnerships and collaborate with other community organizations?") were each measured with 8 items each. Four-point Likert scales were used, ranging from 1 = Not at All Aware/Capable/Confident to 4 = Very Aware/Capable/Confident. Responses across the 8 items were averaged to create pre- and post-training scores for awareness (α_{pre} = .80, α_{post} = .87), capacity (α_{pre} = .87, α_{post} = .87), and confidence (α_{pre} = .91, α_{post} = .87). The post-training survey included an additional 14-item measure of satisfaction with the training (e.g., "How

satisfied were you with the content of the Connections training curriculum?"), with responses ranging from 1 = Not at All Satisfied to 4 = Very Satisfied. Responses were averaged to create a total satisfaction score (α = .88). Facilitators were also asked to share any additional comments or suggestions they might have had about their experience in the training.

Connections Knowledge and Satisfaction for Facilitators (CKS-F) Tool

Both before and after delivering the Connections intervention, facilitators' knowledge of Connections-related concepts (i.e., knowledge and understanding of the relation between interpersonal violence, self-esteem, parenting ability, and child development) was assessed using a 6-item measure, adapted from a previous evaluation of Connections (Motz et al., 2009). Items were rated on a 4-point scale from 1 = Strongly Disagree to 4 = Strongly Agree (e.g., "A mother's self-esteem can affect her child's self-esteem"). Items were averaged to create a total score for understanding of Connections concepts (α_{pre} = .89, α_{post} = .88).

The post-Connections CKS-F also included a 6-item measure of satisfaction, developed for this initiative. Items were rated on a 4-point scale from 1 = Not at All Satisfied to 4 = Very Satisfied (e.g., "How satisfied are you with the extent to which the Connections intervention content met the needs of the families you work with?"). Responses were averaged to create a total satisfaction score (α = .82).

Connections Community of Practice – Weekly Survey (CCP-WS)

Following the weekly CCP, facilitators who attended were asked three questions about their satisfaction with: 1) the level of support received from the CCP this week; 2) the content of the CCP this week; and 3) the extent to which they will be able to use the information from this week's CCP in their work. Items were rated on a 4-point scale from 1 = Not at All Satisfied to 4 = Very Satisfied.

Connections Community of Practice – Satisfaction (CCP-S)

After delivering Connections, facilitators were asked to complete the CCP-S to assess their overall satisfaction with the CCP. The CCP-S included 8-items, rated on a 4-point scale from 1 = Not at All Satisfied to 4 = Very Satisfied (e.g., "Thinking about the CCP over the past 6 weeks, how satisfied are you with the CCP's role in creating a safe and welcoming environment?"). Responses were averaged to create a total satisfaction score (α = .84).

Key Informant Interviews

Facilitators were asked open-ended questions in which they were encouraged to reflect candidly on their experiences participating in *Building Connections*. Questions centered on facilitators' perceptions of the Connections intervention, and whether they noticed any changes in the women receiving the intervention (as the intervention progressed or after) in the areas of self, relationships, and parenting. Facilitators were asked to reflect on how women were able to participate during the intervention and share any key insights. They were also asked to reflect on other aspects of *Building Connections*, including the Connections Certified Training and the Connections Community of Practice. Finally, they were asked whether and how participation in the *Building Connections* had any impact on their work and their organization.

2.3 Connections Participants - CAPC/CPNP

2.3.1 Procedures

Recruitment and group readiness for the Connections intervention were discussed during the Connections Certified Training. Facilitators received a list of questions to consider when recruiting women for the group, including whether the intervention content was right for the particular woman (i.e., did she have a history of violent or unhealthy relationships), whether she could engage with a group appropriately (e.g., maintaining others' confidentiality, sharing appropriately), and whether mother and child could tolerate separation for the duration of the group without undue distress, among others. Facilitators recruited women in their own communities using a variety of techniques, including posting flyers, sending information to community partners, and identifying potential women to join the Connections intervention from among those already involved in their CAPC/CPNP projects. Information posted in flyers or given to partners contained a short description of the intervention (identifying it as a group for mothers who had experienced violence in relationships), as well as the weekly topics. All potential Connections participants met with facilitators to discuss the intervention and determine readiness to participate. Through this relational approach, facilitators and women decided together whether the intervention was a good fit (e.g., did the woman have current or historical experience of violence in relationships and did she want support related to relationships and parenting). Those who were interested in attending Connections were informed of the research component of the initiative and asked to read and sign an informed consent form if they agreed to participate in this evaluation. No compensation was provided for participating in the research; it was made clear to all women that they could refuse to participate in the research yet still attend the Connections intervention.

After the recruitment and screening process and before starting the Connections intervention, women completed a series of online surveys (Connections Knowledge and Satisfaction for Participants [CKS-P] Tool) on a tablet computer. Surveys were sent electronically from the tablet directly to the research team as a means to protect women's privacy and keep both women and facilitators safe (Andrews et al., 2019). The CKS-P took approximately half an hour, with facilitators available to assist. As a part of the certified training, facilitators were provided options/suggestions for how to support women to complete surveys, considering low levels of literacy, English as a second language, or other difficulties as potential barriers (Andrews et al., 2019). Paper and pencil versions of the surveys were also made available. All items included a "Prefer Not to Answer" response option. At the end of each weekly session of Connections, women were asked to complete a short survey (Connections Participant Weekly Survey [CP-WS]) regarding their satisfaction with the group that week. After the final intervention session (approximately 6-8 weeks later), women were asked to complete another set of surveys (similar to the pre-Connections CKS-P), again taking approximately half an hour to complete. To link women's responses over time and to ensure women were still interested in participating, women entered an identification code (ID code) at the beginning of each survey consisting of a series of letters and numbers that was meaningful to the woman but non-identifiable.

At the end of the post-Connections CKS-P, women were asked whether they were interested in being contacted by a researcher to participate in follow-up research. Interested individuals provided their email address. Approximately one month after their Connections intervention ended, women who had provided email addresses were contacted to enquire about follow-up research. Women were asked to

participate in a focus group, key informant interview, and/or complete a follow-up CKS-P survey. Focus groups/interviews were conducted via telephone, online video call, or in-person (when possible); the format was chosen based on women's comfort, geographic location, and internet availability. Focus groups/interviews consisted of questions regarding women's perceptions of the delivery of the Connections intervention and took approximately one hour. Focus groups/interviews were audio-recorded and notes were taken to contextualize and facilitate transcription. Women who preferred questionnaires could opt to complete a follow-up CKS-P survey (containing the same questions as the post-Connections CKS-P), which was completed online and took approximately half an hour to complete. Women who completed an interview, focus group, and/or survey received a gift card honorarium, in recognition of their time.

2.3.2 Participants

In 26 CAPC/CPNP projects, the Connections intervention was delivered 70 times (group size ranged from 1 to 15 participants, M = 5.47, SD = 2.77). There was a total of 383 women who agreed to participate in the Connections intervention. Of these women, 348 attended at least one session (only one woman did not want to participate in any research activities, while others opted to complete some but not all of the surveys). Of the 348 women who started the Connections intervention, 248 completed the intervention (an additional 38 did not complete the intervention due to the group ending unexpectedly due to the COVID-19 pandemic, and thus are not counted in the completion rate). Completion rate was 80%. The pre-Connections CKS-P tool was completed by 376 women and the post-Connections CKS-P was completed by 224 women (N = 221 with both pre- and post-surveys). Eight women completed the intervention twice; only data from their first time in the intervention are included here. Demographic information for women in the Connections intervention is presented in the results section.

Of the 224 women who completed a post-Connections CKS-P, 94 provided email addresses to indicate they were interested in participating in follow-up research. In some instances, facilitators also reached out to women and connected them to *Building Connections* if they were interested in follow-up research. Forty-two women completed a follow-up CKS-P survey and 43 women participated in an interview/focus group (38 completed both a survey and interview/focus group; 4 completed a survey only, and 5 completed an interview/focus group only). Of the 43 women who participated in an interview/focus group, 4 were interviewed twice. There were a total of 18 key informant interviews conducted, with 14 women (4 women were interviewed twice). An additional 29 women participated in focus groups (6 focus groups were conducted, with between 2-8 participants in each). The rest of the invitations to participate in follow-up research received no response or were declined due to scheduling difficulties.

2.3.3 Measures

Connections Knowledge and Satisfaction for Participants (CKS-P) Tool

The CKS-P comprised both selected standardized measures as well as modified and locally-developed measurement tools. It was designed to support understanding of women's family context and demographics, as well as to measure change in women's sense of self, relationship capacity, parenting capacity, knowledge/comfort with community services, and knowledge of Connections-related constructs over the period of time that they participated in the Connections intervention. The post CKS-P measure also elicits satisfaction with the Connections intervention. See details on each measure below.

Demographics. In the pre-Connections CKS-P, women were asked about a variety of socio-demographic characteristics, including their age, nationality, preferred language, ethnic heritage, education, employment, income, housing status, relationship status, and number of children. See results for details.

Self-esteem. Before and after the intervention, self-esteem was measured using the Rosenberg Self Esteem Scale (Rosenberg, 1979). Women answered 10 items related to positive and negative feelings about the self (e.g., "I am satisfied with myself) on a 4-point scale from 1 = Strongly Disagree to 4 = Strongly Agree (5 items were reverse coded). Responses were averaged to create a total self-esteem score (α_{pre} = .89, α_{post} = .88).

Self-efficacy. Before and after the intervention, self-efficacy was measured using an 8-item scale (Chen et al., 2001). Items assessed women's beliefs that they were able to successfully accomplish certain tasks/goals (e.g., I will be able to achieve most of the goals that I have set for myself). Items were rated on a 5-point scale from 1 = Strongly Disagree to 5 = Strongly Agree. Responses averaged to create a total self-efficacy score (α_{pre} = .91, α_{post} = .94).

Relationship capacity. The Adult Attachment Scale was used to assess women's relationship capacity (Collins & Read, 1990). This is an 18-item scale consisting of three subscales (6 items each): one's ability to feel close to others in relationships (e.g., "I find it relatively easy to get close to others"), one's ability to depend on others (e.g., "I know that people will be there when I need them"), and one's anxiety in relationships (e.g., "I often wonder whether romantic partners really care about me"). Items were rated on a 5-point scale from 1 = Not at All Like Me to 5 = Very Much Like Me (7 items were reverse coded). Responses to each of the 3 subscales were averaged to create total scores for closeness, depend, and anxiety (αs_{pre} = .66, .70, and .89; αs_{post} = .71, .71, .88, respectively).

Parenting stress. The Parental Stress Index (PSI; Short Form, Fourth Edition; Abidin, 2012) is a 36-item scale. The items in the PSI assess women's stress with respect to her parenting role, perceptions of the quality of and satisfaction with her interactions with her child, and the behavioural characteristics of the child that may lead parents to perceive them as difficult to manage. Items were rated on a 5-point scale from 1 = Strongly Disagree to 5 = Strongly Agree. A Parenting Stress Total Score was calculated by summing all items and converting the score to a standardized percentile score (α_{pre} = .94, α_{post} = .95).

Knowledge of services. The extent to which women had knowledge of and felt connected to community services was measured using a 7-item measure (adapted from Centre for Research and Education in Human Services, 2005). Items were rated on a 5-point scale from 1 = Strongly Disagree to 5 = Strongly Agree (e.g., "I feel connected with programs I can use;" "I am able to get help from other organizations and agencies"). Items were averaged to create a total score for knowledge of services (α_{pre} = .81, α_{post} = .88).

Understanding of Connections concepts. Women completed a 9-item measure assessing their knowledge and understanding of Connections-related concepts, similar to the facilitator measure described above (adapted from a previous evaluation of Connections; Motz et al., 2009). Items were rated on a 4-point scale from 1 = Strongly Disagree to 4 = Strongly Agree (e.g., "Unhealthy relationships between parents can affect a child's development, even if they do not witness violence"). Items were averaged to create a total score for understanding of Connections concepts (α_{T1} = .73, α_{T2} = .78).

Satisfaction (post-Connections). Following the final Connections session, women reported on their overall satisfaction using an 8-item measure developed for this initiative. Items were rated on a 4-point scale from 1 = Not at All Satisfied to 4 = Very Satisfied (e.g., "How satisfied are you with…the extent to which the information helped you think differently about healthy relationships," "…the amount of information you received about parenting," "…the Connections intervention overall."). Responses were averaged to create a total satisfaction score (α = .91).

Connections Participant Weekly Survey (CP-WS)

At the end of the session each week, women were asked three questions about their satisfaction with: 1) the topic of the week's group; 2) the usefulness of the information for their relationships and parenting, and 3) their feelings of being safe and supported. Items were rated on a 4-point scale from 1 = Not at All Satisfied to 4 = Very Satisfied.

Focus Group/Interview

Women were asked open-ended questions in which they were encouraged to reflect candidly on their experiences participating in the Connections intervention. Questions centered on women's perceptions of the Connections intervention (including whether they had suggestions or feedback for changes to the group format), and whether and how women may have experienced changes in the areas of self (did ideas or thoughts around self-esteem change, did they gain strategies to support their self-esteem), relationships (have their thoughts about healthy relationships changed, did anything change in their interpersonal relationships), and parenting (have their thoughts about parenting changed, did thoughts around supporting children's self-esteem change).

2.4 Adaptation of Measures for AHSUNC Projects

In consultation with an Indigenous researcher modifications were made to existing research tools (details below) to ensure their applicability for Indigenous communities.

Co-Creating Evaluation Options

A process of community engagement began with the 4 selected AHSUNC projects that included consultation with community members to ensure the Building Connection project activities – training, intervention delivery, and evaluation – were delivered in a manner that was decolonizing, respectful, relevant for community interests, and safe for all involved.

In consultation with community members and Indigenous researchers, multiple evaluation options were created for women from AHSUNC projects who would be attending the Connections intervention. These options were presented to each AHSUNC project and community. The community provided input to the evaluation options, which resulted in the co-creation of preliminary individual evaluation plans that reflected each community's priorities and approaches. Individual evaluation plans were further revised during the certified training, when additional input from the facilitators regarding the evaluation process was provided and incorporated to finalize individualized plans for evaluation of the Connections intervention.

2.4.1 Connections Certified Facilitators – AHSUNC

Certified AHSUNC Facilitators completed the ACCS-T (described above), both before and after the AHSUNC training. The same procedures were used as described above. In consultation with Indigenous researchers and consultants, the ACCS-T was modified: specifically, two additional questions were added to each of the Awareness, Capacity, and Confidence scales. The two items assessed awareness, capacity, and confidence regarding "culturally relevant programming for families in your community" and "culturally safe programming for families in your community." The post-training satisfaction scale was also adapted to include three additional items to assess satisfaction with: "the cultural relevance of the Connections training," "the cultural safety of the Connections training," and "the extent to which you felt safe and respected during the Connections training." There were 8 AHSUNC Certified Facilitators who completed this modified ACCS-T, 2 each from 4 AHSUNC projects.

Between one and three months following the training, Certified AHSUNC Facilitators were asked to participate in an interview to provide feedback on their experiences and learnings during the training and their plans for preparing to deliver the intervention. Six facilitators participated in an audio-recorded telephone interview.

Certified AHSUNC Facilitators were also asked to complete the CKS-F tool, before and after delivering the Connections intervention. The satisfaction scale in the post-Connections CKS-F was modified to include two additional items to assess satisfaction with facilitators' ability to deliver the intervention in a manner that was 1) culturally safe, and 2) culturally relevant. The pre-Connections CKS-F was completed by 4 facilitators, and the post-Connections CKS-F was completed by 2 facilitators.

Four Certified AHSUNC Facilitators were also invited to participate in an interview after delivering the intervention. The same open-ended questions were used as described above, with two additional questions assessing the impact of *Building Connections* on facilitators' connection to culture. Two co-facilitators agreed to take part in an interview together, conducted over the phone and audio-recorded.

2.4.2 Connections Participants – AHSUNC

Facilitators of each AHSUNC project, in consultation with other community members and key decision makers, were able to decide what form of evaluation was right for the women in their community. There were multiple options (described below) available for the evaluation, created in consultation with an Indigenous researcher. For each option, women were asked to read and sign an informed consent form. The consent form included information regarding the layers of safety and decolonizing approaches that were in place to protect participants. In anticipation that some words from women's interviews would be used to support the evaluation of the *Building Connections* initiative, women were given the option to choose whether they preferred to be identified by name (and how they would like their name presented), or if they would prefer to be identified as "Connections participant."

i. The first evaluation option was for women to complete surveys using similar procedures to those described above for CAPC/CPNP projects. Women were invited to complete the same CKS-P tool before and after the intervention and the CP-WS tool after every session. In the pre-Connections CKS-P, minor changes were made to the demographic questions to ensure cultural relevance for Indigenous women. Specifically, women were given the following instructions:

> *"When working with Indigenous people, having an understanding of where one comes from, their home territory, the languages they speak, and how they locate themselves is valued. With that in mind, we'd like to ask you to locate yourself. Your facilitator will provide you with an example of how you might consider responding to this question."*

The remaining measures in the CKS-P remained the same. The CP-WS was modified to include two additional items, assessing satisfaction with: "the cultural relevance of the topic this week," and "the cultural safety of the topic this week." Two similar items were added to the post-Connections CKS-P satisfaction scale, assessing: "the cultural relevance of the Connections group," and "the cultural safety of the Connections group."

ii. Another option was for women to participate in interviews led by their facilitators. This included an audio-recorded interview with a facilitator before the Connections intervention began, as well as an interview with a facilitator after the Connections intervention ended. At the end of each weekly session, women were asked to engage in a short discussion with their facilitators and the other members of the group about their experiences in the Connections intervention that week. These discussions were audio-recorded. If any women in the group did not consent to research or to audio-taping, facilitators were responsible for turning off the audio-recording device when that individual spoke. Interviews and group discussions centered around experiences in the Connections group, particularly focusing on women's thoughts around parenting, relationships, and self-esteem.

Two AHSUNC projects delivered Connections, with a total of 12 women. Five women completed the Connections intervention. One project opted for the first evaluation option; the second opted for a hybrid approach, utilizing components of both evaluation options. From the two AHSUNC projects who delivered Connections, 6 women completed the pre-Connections CKS-P tool and 3 women completed the post-Connections CKS-P tool. Women in both groups completed the modified CP-WS while participating in the intervention. One AHSUNC project also utilized the interview option before and after the intervention but chose not to audio record these interviews.

One woman who completed the Connections intervention completed both a follow-up CKS-P survey and an interview. The interview took place over the phone and was audio recorded.

2.5 Design Limitations

There are two main design limitations across all components of this project that should be noted. The first concerns selection bias. All aspects of this initiative (from viewing the webinar, completing a YSPS/YASPS, attending training, facilitating the Connections intervention, and attending the Connections intervention) were voluntary, with no random assignment. As such, it may be that participants (including community project staff, facilitators, and women in the Connections intervention) were those who already had an understanding of the importance of supporting families experiencing violence, were the most enthusiastic and engaged in the initiative, and were the most *ready* and able to receive support related to IPV. Indeed, selection bias was, in part, by design. That is, readiness for participation was considered at multiple levels. CAPC/CPNP/AHSUNC projects were screened for participation through the YSPS/YASPS Readiness Assessment Tool, to ensure that organizations had the capacity and systems of safety in place to support staff and families.

Similarly, readiness to participate in the Connections intervention was discussed during training, and facilitators were encouraged to talk through readiness considerations with women in their program, again to ensure safety for the facilitators, women, and their children. Yet, because of this, it may be that results appear more positive than they would otherwise, had projects or women who were not 'ready' to deliver or to take part in the intervention been permitted to join. Readiness was considered an essential part of the intervention process. For instance, if a project began implementing the Connections intervention without a connection to a local women's shelter or counseling service, it may have been difficult to refer women to necessary supports if required. Similarly, if a woman was struggling with untreated mental health issues or at risk for relapse into substance use without relapse prevention and coping strategies, participating in Connections may simply have been unsafe, both for the woman and for others in the group (see also Andrews, et al., 2019). Thus, assessing readiness at multiple points during the *Building Connections* initiative was vital for the safety of all involved.

The second main design limitation concerns internal validity. Many components of the research employed pre-post evaluation designs. This design choice limits conclusions regarding causality. Community project staff and facilitators may have increased their awareness, confidence, and capacity to identify and respond to IPV due to other factors, or simply due to change over time. Similarly, women may have improved in terms of their feelings about themselves, their relationship capacity, and their parenting due to time passing, or due to involvement in other services either within or outside of the CAPC/CPNP/AHSUNC projects; in fact, Connections was designed to be delivered concurrently with other interventions for mothers and their young children. Qualitative results wherein participants are asked to reflect on their experiences in the *Building Connections* initiative and to identify changes that occurred specifically related to these experiences assuages these concerns. It remains, however, that causality cannot ultimately be determined.

3

THE EVALUATION: RESULTS

3.1 Community Project Staff Outcomes

3.1.1 National Training Webinar and Resource Manual

The live National Training Webinar had 286 registrants from CAPC/CPNP/AHSUNC project sites in every province and territory.

Table 1: Provincial Count of Live National Training Webinar Registrants

Province	N
Alberta	30
British Columbia	31
Manitoba	31
New Brunswick	5
Newfoundland and Labrador	5
Northwest Territories	4
Nova Scotia	6
Nunavut	3
Ontario	97
Prince Edward Island	5
Quebec	42
Saskatchewan	27
Yukon	1
TOTAL	**286**

For community project staff who were not able to watch the live National Training Webinar, an archived version was uploaded on the Mothercraft website at www.mothercraft.ca

The archived webinar was viewed 475 times (392 views in English and 83 views in French) between December 2016 and March 2020. These numbers exclude views from community project staff who might have had a direct link to the webinar.

The Resource Manual (*Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment*) was mailed out to 834 CAPC/CPNP/AHSUNC projects prior to the live National Training Webinar.

Table 2: Number of Manuals Mailed to CAPC/CPNP/AHSUNC Projects Prior to the live National Training Webinar

	N
AHSUNC Total Projects	**137**
English	126
French	11
CAPC Total Projects	**436**
English	228
French	208
CPNP Total Projects	**261**
English	236
French	25
Total projects	**834**
Total English	590
Total French	244

An additional 224 manuals were requested by community project staff. The manual is also available on Mothercraft's website and was downloaded 288 times, 247 times in English and 41 times in French, from December 2016 to March 31, 2020.

Awareness, Capacity, Confidence, and Satisfaction – Webinar Module Version (ACCS-W)

Community Project Staff's Experience with IPV

Community project staff from CAPC/CPNP/AHSUNC, as well as other community organizations who completed the pre-webinar ACCS-W were asked how big a problem IPV was in their community. Responses ranged between 1 = A big problem and 4 = Not a problem at all with an average of 1.43 (*SD* = 0.58). When asked how many times they identified IPV in their current position, responses ranged between 1 = 0 times in the past year and 6 = More than 20 times in the past year) with a mean of 3.59 (*SD* = 1.61).

Table 3: IPV in the Community

	Min	Max	M	SD	N
How big of a problem is IPV in your community	1.00	4.00	1.43	0.58	382.00
How many times have you identified IPV in your current position	1.00	6.00	3.59	1.61	363.00

In the pre-webinar ACCS-W, the majority of community project staff reported being aware of various types of abuse in their work with families. Community project staff were asked to identify the specific types of abuse they have encountered in their work with families and 85% reported neglect/isolation, 85% physical abuse, 89% psychological/emotional abuse and 68% reported sexual abuse.

Table 4: Types of Abuse Staff Have Come Across in their Work

	Response Option	N	%
Criminal harassment/stalking	No	137	36
	Yes	239	64
Destruction of property/harming animals	No	156	42
	Yes	219	58
Digital abuse	No	118	32
	Yes	256	68
Economic abuse	No	57	15
	Yes	319	85
Neglect/isolation	No	57	15
	Yes	319	85
Parental alienation	No	117	31
	Yes	257	69
Physical abuse	No	58	15
	Yes	318	85
Psychological/emotional abuse	No	41	11
	Yes	335	89
Sexual abuse	No	118	32
	Yes	257	68
Spiritual abuse	No	243	65
	Yes	132	35

Twenty-four percent of community project staff identified all ten types of abuse listed in the table above, whereas 2% selected none of the ten types of abuse in their community.

Table 5: Number of Types of Abuse Community Project Staff Have Come Across in their Work

Number of types of abuse	% Project Staff
0	2
1–3	11
4–6	24
7–9	39
10	24

Most community project staff who had previously identified IPV in their work reported being "somewhat able" to respond to the needs of families involved (70%) and felt "somewhat sufficiently prepared" to respond to the type of IPV they dealt with (60%).

Table 6: Identifying and Responding to IPV

	Response Option	N	%
If you previously identified IPV in your work, were you able to respond to the needs of the families involved?	No	22	6
	Somewhat	245	70
	Yes	86	24
Did you feel sufficiently prepared to respond to the type of IPV you dealt with?	No	75	21
	Somewhat	212	60
	Yes	68	19
Have you received training from your organization on how to identify IPV?	No	200	56
	Yes	157	44
Have you received training from your organization on how to respond to IPV?	No	220	61
	Yes	141	39

The majority of community project staff said they had not received training from their organizations on how to identify IPV (56%) and how to respond to IPV (61%).

Changes in Community Project Staff's Ability to Identify and Address IPV-related Issues

One hundred and forty-three community project staff completed both the pre- and post-webinar ACCS-W. Results from the ACCS-W indicated that participants significantly increased their awareness ($F[1, 135] = 67.28$, $p < .001$, $\eta^2 = .33$), capacity ($F[1, 134] = 67.38$, $p < .001$, $\eta^2 = .34$), and confidence ($F[1, 133] = 62.13$, $p < .001$, $\eta^2 = .32$) to identify and respond to IPV-related issues after, compared to before, watching the Training Webinar. Eta squared (η^2) effect sizes greater than .25 are considered large; thus effect sizes for these comparisons are considered large.

Table 7: Descriptive Statistics Before and After the Training Webinar

	Before Connections		After Connections	
	Min-Max	*M (SD)*	Min-Max	*M (SD)*
Aware	1.14-4.00	2.44 (.42)	1.17-3.00	2.75 (.30)
Capable	1.00-3.00	2.25 (.48)	1.00-3.00	2.56 (.41)
Confident	1.00-3.00	2.25 (.50)	1.00-3.00	2.56 (.43)

Note: All measured on a 1-4 scale.

Satisfaction with the National Training Webinar

Community project staff reported high levels of satisfaction with the National Training Webinar ($M = 2.84$, $SD = .31$, on a 1-3 scale). It should be noted that 97% (scores of 2 and above) of community project staff reported positive satisfaction (min-max = 1.00 – 3.00). In addition, almost all community project staff (98%) reported the National Training Webinar to be interesting and thought-provoking and the vast majority (94%) reported the National Training Webinar to provide an additional benefit to the Resource Manual. Feedback from the post-webinar ACCS-W supported these results:

"Thank you for this training. It is a robust, informative and helpful resource and I am pleased that it is offered to client-serving agencies across Canada. Our [community project] supports high-risk pregnant women and their families. The skills related to speaking about and supporting clients who are experiencing IPV are important for ALL our frontline staff, not just our registered social workers. This resource will help be a helpful addition to our teams."

"I enjoyed the content and feel the information was presented in a respectful manner. In reviewing, the information reiterates the work we are already doing and will continue to offer trauma-based support to families experiencing family violence and or IPV."

Changes in Behaviour by Community Project Staff

The post-webinar ACCS-W also captured changes in behaviour; the majority of community project staff said the National Training Webinar will be used in their day-to-day work (74%), that the information in the webinar will be shared with colleagues (79%), and that it will be considered when developing practices and policies within their program (71%).

Table 8: Webinar Information Reflected in Work

	N	%
I will apply what I learned in the webinar in my day to day work	132	74
I will share the information with my colleagues	140	79
I will consider this information about IPV when developing practices and policies within my program	127	71
Reflected in my work in "other" ways	32	18

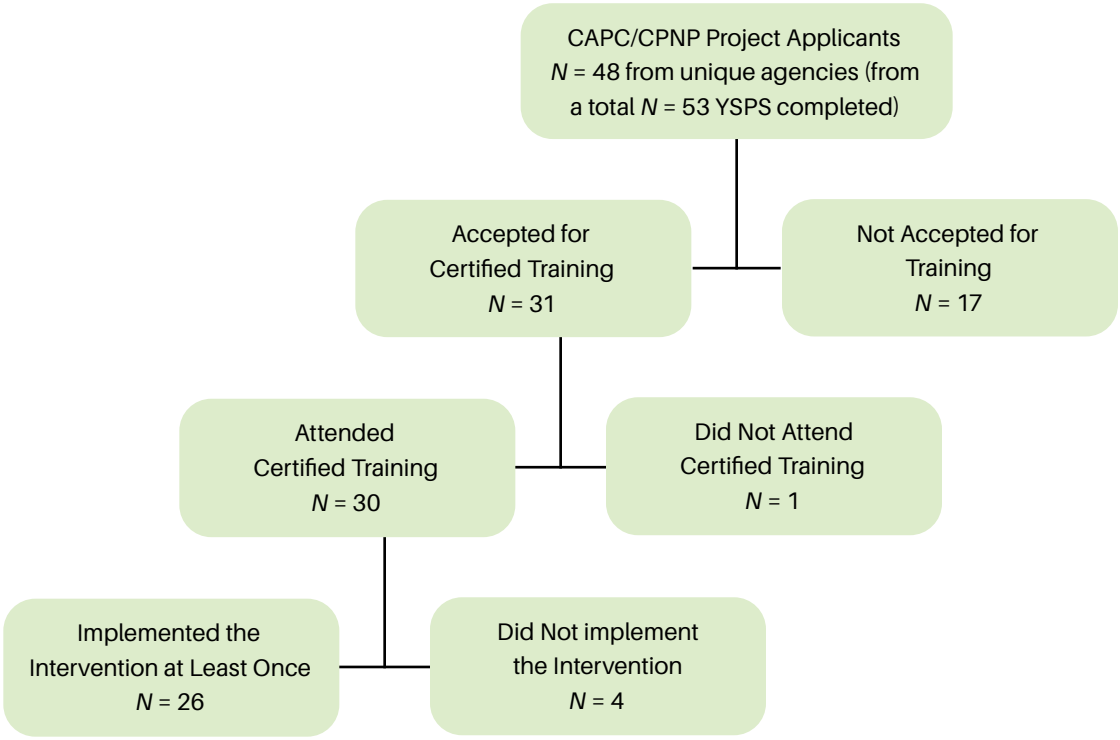
In the post-webinar ACCS-W, most of the community project staff said they would be interested in additional training on IPV (94%) and child maltreatment (93%).

Your Starting Point Story Readiness Assessment Tool (YSPS)

YSPS Applications

Fifty-three completed YSPSs were received from CAPC/CPNP projects (*N* = 53 CAPC/CPNP applicants for the Connections Certified Training). In five cases, two YSPSs were received from the same agency (e.g., one agency sponsored both a CAPC and CPNP project). In these cases, scores on YSPSs were averaged across two projects (resulting in a total of *N* = 48 CAPC/CPNP project applicants; see Figure 1). Of the 48 YSPSs assessed, 31 projects were accepted; staff from these projects were invited to attend the Connections Certified Training and deliver the Connections intervention. Scheduling conflicts prevented staff from 1 of the 31 CAPC/CPNP projects from attending (see Figure 1). As such, 97% of accepted applicants attended training.

Figure 1: Breakdown of CAPC/CPNP project applicants that completed YSPS



Geographic Diversity and Population Size

There was an intention to include projects that represented geographic diversity, as well as diversity across urban, rural, and remote communities. Within Canada, of the 30 CAPC/CPNP projects that attended the Connections Certified Training, 11 were situated in the West, 10 in Central Canada, six in the East and three in the North.

Table 9: *CAPC/CPNP Projects Regional Location*

	N
West	11
Central	10
East	6
North	3

Note. West = BC, AB, SK, MB. Central = ON, QC. East = NB, PE, NS, NL. North = YK, NW, NU.

Using Statistic Canada's classification of population centre size (Statistics Canada, 2019), six of the projects were located in large urban communities, seven were in medium population centres and 17 were in small population centres.

Table 10: CAPC/CPNP Project Location Population Size

Population Centre Size Group	N
Large Urban	6
Medium	7
Small	17

Note. Large urban = population of 100,000 or more.
Medium = population between 30,000 and 99,999.
Small = population of 29,999 or less.

Uptake and Implementation

Eighty-seven percent (87%) of projects whose staff received certified training, delivered the Connections intervention. Five community-based projects implemented the intervention five times, two projects implemented the intervention four times, six projects implemented the intervention three times, six projects implemented the intervention twice, and seven projects implemented the intervention once. The remaining four projects did not deliver the intervention. Those projects experienced staffing and organizational changes that prevented the delivery of the intervention.

Table 11: Number of Times Connections was implemented

N times implemented	N projects
0	4
1	7[a]
2	6[a]
3	6
4	2[b]
5	5[b]

[a] Two CAPC/CPNP projects were not able to complete the intervention due to COVID-19.
[b] One CAPC/CPNP project was not able to complete the intervention due to COVID-19.

3.2 Connections Certified Facilitator Outcomes - CAPC/CPNP

3.2.1 The Connections Certified Training

Sixty-seven facilitators completed the pre- and post-ACCS-T. On the ACCS-T, facilitators reported statistically significant increases in awareness (F[1, 65] = 337.19, p < .001, η^2 = .84), capacity (F[1, 66] = 203.58, p < .001, η^2 = .76), and confidence (F[1, 66] = 161.92, p < .001, η^2 = .71) following, compared to before, the Connections training. Eta squared (η^2) effect sizes greater than .25 are considered large; thus effect sizes for these comparisons are very large.

Table 12: Descriptive Statistics Before and After *Connections* Training

	Before Training		After Training	
	Min-Max	***M (SD)***	**Min-Max**	***M(SD)***
Awareness	1.50-3.88	2.74 (.50)	2.50-4.00	3.76 (.34)
Capability	1.75-3.88	2.81 (.56)	2.38-4.00	3.72 (.36)
Confidence	1.75-4.00	2.79 (.58)	2.50-4.00	3.66 (.39)

Note. All measured on a 1-4 scale.

Facilitators also reported high satisfaction with the training; on average, facilitators reported satisfaction of 3.88 (*SD* = .23), on the 1-4 scale. It should be noted that 100% of trained facilitators reported positive satisfaction (min-max = 2.93-4.00).

> *"There [are] not enough 'good things' I can say about this training and experience. What made it different than any other training I have been through (and there [have] been many over the years) was all the staff at Breaking the Cycle who treated us like their own - the most welcoming, caring experience I've had. Everyone presented well and the atmosphere was so welcoming and professional - there is nothing I can say that was negative or needing improvement. I am leaving feeling well equipped and supported in this new venture. THANK YOU ALL!"*

A few facilitators indicated that they would have liked more time to discuss trauma-informed practice, delivering the Connections intervention itself, and ways to assess group readiness. The weekly Connections Community of Practice allowed the opportunity for facilitators to continue to discuss these and other themes with BTC clinicians following the training.

Qualitative feedback regarding the training included the importance of having the training delivered to CAPC/CPNP staff at BTC. Being able to see how the physical space was organized, and witnessing the ways in which staff interacted with participants, helped the facilitators better understand how to deliver a trauma-informed, safe, and relational intervention in their own project (see also Zuberi, et al., 2018). Further, many facilitators spoke about the way they were treated throughout the training, feeling welcomed and supported. Facilitators also mentioned how empowering it was to have projects from

all across Canada coming together for the training, sharing common goals and creating a network of contacts. They shared that it was a great reminder that they were not alone in working with families facing IPV.

> *"I loved that it was different sites from across Canada that were brought together, all looking at the same common goal which was to deliver the same program, a program that fit within our mandate… I found the whole experience, like meeting the staff that are currently delivering the program and how they're doing it, knowing that the model is delivered across Canada in numerous sites…also increases confidence in delivering a new program… So to me that was huge."*

3.2.2 The Connections Intervention

Results from 90 facilitators who completed the pre- and post-CKS-F indicated that facilitators significantly increased their knowledge of Connections constructs after, compared to before, delivering the Connections intervention ($F[1, 84] = 10.87$, $p = .001$, $\eta^2 = .12$). Eta squared (η^2) effect sizes greater than .09 are considered large; thus this is considered a medium effect size.

Table 13: Descriptive Statistics Before and After Delivering Connections

	Before Connections		After Connections	
	Min-Max	***M (SD)***	**Min-Max**	***M(SD)***
Knowledge of Connections Constructs	3.50-4.00	3.81 (.17)	3.00-4.00	3.86 (.15)

Note. Measured on a 1-4 scale.

Facilitators also reported high satisfaction with their experience delivering the intervention. On average, facilitators reported satisfaction of 3.80 (*SD* = .32), on the 1-4 scale. It should be noted that 100% of trained facilitators reported positive satisfaction (min-max = 2.17-4.00).

What did facilitators think of the Connections intervention?

In the key informant interviews, facilitators shared how enjoyable they found the delivery of the group to be. They appreciated the structure and content of the Connections manual and described how allowed the discussion to flow from topic to topic seamlessly. Facilitators also described that the fact that format of the group - closed group, discussion-based - to be imperative in the establishment of a safe and comfortable space for women to reflect on their often-difficult histories of relationships.

> *"I think [women in the Connections group] felt, and they did verbalize, that this was a very safe space for them and they did share a lot of information. There were several times they said 'Gee, I've never told anybody that before' or 'I've never said this out loud before.' So I think they did feel safe and respected."*

The intervention's gentle approach to discussing and reflecting on unhealthy relationships was also identified by facilitators as contributing to the creation of a safe space for women to have difficult conversations. Some facilitators who also saw women in other group settings noted that women shared more information and participated more in Connections than they did in other groups, because of the safe structure and format of the group.

> *"The intervention I found was discrete. It made [the women] think about what was happening in their lives but it also was very positive so it was making you think about all of the positive things that you're already doing and that kind of stuff… I think the way that the information was presented, it gave people a chance to think about things in their head a little bit but they knew they could come and talk after group. There was no immediate response [required], so that was good. I've done a couple [of] parenting programs where sometimes an immediate response happens and then it throws the rest of the group for a loop and then you're trying to figure out all of that dynamic but that didn't happen [in Connections]. I think it's because of the way that the information is presented. I think it's a gentle intervention."*

> *"One of the participants that was in [Connections] with us, at the exact same time was in a parenting class with me as well. I'm not sure that I heard her voice once in the parenting class over those six weeks, so I would see her [in Connections] and have discussions and she's participating in our Connections group and then see her at this parenting class and I'm pretty confident that there was not one word from her mouth for that entire parenting class for six weeks."*

Facilitators noted that Connections helped build relationships not only among women, but also between women and facilitators. Even when facilitators knew women prior to the intervention, they felt their relationships with women were stronger at the conclusion of the Connections intervention.

> *"It built relationships between myself and the participants because I think I had been involved with all of the participants prior …. After doing the group, or in the process of doing the group, I would have participants call me during the week certainly being more willing to engage in conversation with me outside of group. Those kinds of things, it really builds relationships… which is nice for me but I also think it's nice for the participants to feel comfortable in calling somewhere and asking for assistance when they need it."*

While there were many successes in delivering the group, facilitators also faced some challenges:

Engagement: Facilitators identified that promoting sustained engagement was a challenge. In some cases, even if facilitators had originally identified a woman as being ready for the content of the group, once they delved into the material, the woman realized she may not be ready. In some cases, women had difficulty separating from their children long enough to attend sessions, and sometimes external factors prevented women from attending.

"There was some anxiety about coming out or barriers to coming out, whether it was other appointments or that type of thing. Getting everybody to come out consistently was probably the biggest challenge."

"Even if we found women who fit the criteria, thought they were ok, we had one mom who was really not ok to leave their little person in the childcare room. That didn't come out until mid-group. She ended up not completing. It was just a bit of a learning process that way; people thinking they were ready and then getting into the subject matter and [realizing they weren't]."

Oversharing: Managing oversharing by women in the group setting was another challenge some facilitators faced. Oversharing was recognized as an unresolved trauma response that could trigger other women's trauma if not managed sensitively. They recognized that it was an important part of their role as facilitator to make sure everyone in the group felt safe.

"I think one of the challenges was when some [women] were so caught up in the abusive relationships with family, they tended to sometimes overshare. The group was pretty good with not slamming everybody but there [were] a few instances where it was just too much. It really triggered the rest of the group so there were a lot of check-ins that needed to happen afterwards. We found that sometimes sitting in close proximity to that person and kind of touching them or just reminding the group at the beginning to not give details... that helped her with that a bit."

Transportation: Transportation was a barrier faced in some communities. Where there was no local transit, projects relied on taxis to get women to and from group. In small towns where there were only a few taxis, women would arrive at different times, making it a challenge to deliver the group.

"Often times [arriving on time is] out of the mom's control because she's waiting for a taxi. We don't have a lot of taxis in our town and our moms unfortunately are at the bottom of their list to pick them up. So usually they would message us that they were on the way. We would try to wait for them and they would try and call their taxi even earlier the next week to try and make it here on time."

Research: A few projects faced barriers around the research component of the intervention, where women were either initially uncomfortable with the research, or language and literacy were a barrier in completing the online surveys. Facilitators believed they were able to overcome these barriers by discussing confidentiality and anonymity of the surveys, and by being present and available to assist women who needed help understanding survey questions.

3.2.3 Connections Community of Practice

The CCP allowed facilitators to share updates from their project, hear how other projects were delivering the intervention, and discuss any barriers to delivery. Facilitators reported very high levels of satisfaction with the CPP, both weekly (CCP-WS) and overall (CCP-S).

Table 14: Satisfaction with the CCP

	Min-Max	*M (SD)*
Level of Support Received from the CCP	3.00-4.00	3.94 (.24)
Content of the CCP	3.00-4.00	3.86 (.35)
Extent to Which Able to Use Information from the CCP	2.00-4.00	3.81 (.44)
Overall Satisfaction with the CCP	3.50-4.00	3.90 (.17)

Note. All measured on a 1-4 scale.

What did facilitators think of the Connections Community of Practice?

Facilitators expressed how helpful and supportive the forum was, noting that the consultation and guidance provided by the CCP facilitators was invaluable. They appreciated being able to hear from other facilitators in CAPC/CPNP programs, to share ideas about modifying the group to better support families, to know that other projects faced similar challenges, and to problem solve together. Facilitators also found the online resource sharing platform to be helpful in sharing and accessing materials for the group.

> *"I found the Community of Practice was really helpful especially in leading up to [the] start of the program. Just because this was a new group, a new program. Just to hear from other sites and knowing that there is that support out there if we need it. That was huge… it was a huge support. We learned about some of the other tools that sites were using … so using some activities from that or even on the [resource sharing platform] where there's that ability to share information."*

> *"For me, even just knowing it exists, is good to know because if something weird would come up, or we feel like, 'How are we going to deal with this', then you know you have the support network there that you can reach out to. Sometimes in group, stuff happens where you're like, 'Now what?' It's good to have somebody in the background where you can say, 'not sure how to deal with this situation.'"*

A majority of facilitators shared that, even when they were not able to attend the CCP, they could contact *Building Connections* and receive a prompt response. This was important in reinforcing that support was available if needed, and that facilitators had not been left to navigate the delivery of Connections on their own.

"Any time we've ever had any questions or concerns, if we're not able to be at the Community of Practice, we just email and we get a response right away. That's really helpful. We know we're not just out there doing it on our own."

3.2.4 The Impact of *Building Connections* on Facilitators

In the key informant interviews facilitators were asked about how their participation in *Building Connections* had impacted their work. Facilitators reported changes in awareness, competency, collaborative work, and safety considerations (see Singh, et al., 2020 for more details).

Awareness: Facilitators developed a deeper understanding of trauma-informed care and relationship-based practice. They considered family structure, dynamics, availability, and community support when determining client readiness and treatment plans (e.g., individual vs. group work, closed vs. open group).

"It's given me a greater awareness in checking in with people to see where they're at. I might be ready to talk about something; doesn't mean they're ready to talk about it. Or because they've voiced curiosity doesn't mean that they're really open to the information. Just more sensitivity in checking in with people. Giving them the lead of what they want to discuss or if they want to discuss something or not."

Competency: Facilitators reported feeling more confident and capable in delivering an interpersonal violence intervention safely and effectively. Perceived competence extended to their overall practice and interactions with women and families in their programs.

"I think I notice the red flags more. I'm more confident to have those hard conversations with women… Being able to have those hard conversations and notice those red flags and be more supportive outside of facilitating because it's just who I am. It just has made me more confident and proud that I am a trained facilitator."

Collaboration: Facilitators learned to empathetically and compassionately assess readiness for Connections as well as other services within their organization, and were able to manage referrals effectively. Trauma-informed and relational approaches learned in the certified training transferred to other programming (e.g., home visits). Facilitators reflected the importance of working alongside other agencies to get a more complete understanding of families they serve.

"I had the realization how important it is to work with other agencies to support families and try to see where [families] are coming from as well, why they're making the decisions they're making. So that's always helpful because sometimes you don't know all of the story. Really is what they're saying matching up to what's happening? You'd be really surprised how often it's not."

Safety: Facilitators reported being better able to identify safety concerns through an increased understanding of women's mental and emotional states, effectively mitigating risk of re-traumatization. Facilitators learned to support safe separation from infants and ensured that women felt emotionally grounded at the conclusion of each intervention session, particularly during sessions that evoked a strong emotional response. Facilitators learned to modulate intervention pace, recognize when women required in-session breaks, and identify the need for individual debriefing with women after challenging sessions. Facilitators also promoted need-based concurrent and post-intervention care, developing crisis plans and connecting women to appropriate services. Finally, facilitators received information and support for ways to manage their own mental health and feelings of burnout.

> *"It's just nice to not feel as isolated doing the work we do … It's just offered more hope I guess. There's always potential for change or positive outcomes because sometimes when everybody's in crisis and everybody's having a hard time, you sometimes forget that there's actually other families that access other programs that aren't that way. You get tunnel vision."*

3.2.5 The Impact of *Building Connections* on CAPC/CPNP Projects

In the key informant interviews, facilitators were asked about how their participation in *Building Connections* had impacted their CAPC/CPNP project. Facilitators reported organizational level changes in awareness, competency, collaborative work, and safety considerations (See Singh, et al. for further details).

Awareness: Increased awareness of interpersonal violence extended beyond facilitators to the CAPC/CPNP projects and the organizations in which they worked. Other community agencies also developed an awareness of *Building Connections* through discussions, resulting in referrals from these community agencies to the Connections intervention. Moreover, outreach related to recruitment for the Connections intervention led to increased awareness of the prevalence of interpersonal relational violence and the necessity trauma-informed care within community programs.

> *"Connections is more on people's radar now that it's an official, trained program. More counsellors are often coming to check with me and say 'Hey, I think this person really needs to do some work around this.' It's more a team effort, other than just me being the one that's sort of the intake person … Everyone, even though they haven't taken the training, they've sort of started to appreciate the program just as much as I have and [are] flagging people who might need to do it."*

Competency: Through the influence of the facilitators, CAPC/CPNP projects have incorporated trauma-informed and relational approaches. Staff in these projects have learned to use trauma-informed language in their interactions with families, are more comfortable having conversations about interpersonal violence, and are better equipped to respond to interpersonal violence disclosure. In many cases, intake and referral processes have been altered to reflect trauma-informed approaches and interpersonal violence programming has been added CAPC/CPNP projects. Furthermore, increased organizational competency has led to facilitators delivering the intervention in other community settings (e.g., schools, libraries, churches), and in partnership with staff of other community agencies and institutions (e.g. correctional settings, hostels/shelters) through collaborative partnerships. This has built

capacity in the larger community to respond to vulnerable families, and has served to generate interest from women who had not previously been aware of services through CAPC/CPNP organizations.

> *"In our building, now we have this information available that we can use for the families that we service…definitely within our program, just knowing that there is now this new piece, that now we can all use the materials for helping our families."*

Collaboration: Facilitators shared *Building Connections* concepts with staff within their organizations, resulting in trauma-informed and relational approaches being implemented at all points of client contact. Collaboration with other community agencies has facilitated a community-based response to the problem of interpersonal violence. Collaboration not only allows for increased access to services, but also strengthens relationships with other community agencies with the common goal of supporting families. As such, clients are more appropriately matched and referred for treatment and supporting or specialized services. Collaboration also facilitates consultation with service providers from various fields, allowing for a more complete clinical picture and better-coordinated client care.

> *"We're definitely communicating more about women and their experiences with violence, definitely … we get referrals from our [health clinic] on a regular basis… Also, with the in-home visitors. I think it builds a stronger relationship with the methadone program as well because the social worker there has sent us a few referrals."*

Safety: CAPC/CPNP coordinator/managers have endorsed the safety procedures outlined by the *Building Connections* framework, shifting practices to include trauma-informed and relational approaches that promote safe and supportive interactions for families and staff. These approaches permeate the referral and intake process, the mother-child separation process for intervention, and the intervention itself. These approaches are utilized not only by staff within the facilitators' organizations, but also by associated community agencies, creating a network of community supports dedicated to working with vulnerable women in a way that protects their mental and emotional health. Staff within and across CAPC/CPNP organizations are better equipped to choose appropriate programming for clients, understand clients' mental and emotional states, and mitigate re-traumatization risk.

> *"It's still protocol when someone is in need of more support than we can provide here or than we are eligible to relay, they still get referred out. But there are ways that I hope that we can do a work around, whether it's a worker accompanying someone to a first appointment or if it's calling the place together in that kind of peer support resourcing."*

In summary, many certified facilitators reported integrating trauma-informed perspectives into their daily working relationships, sharing these approaches with co-workers, raising awareness of interpersonal violence, and increasing outreach to new families. They have promoted the Connections intervention within their organizations and communities. Facilitators have a deeper awareness of service needs within their communities for women and families experiencing interpersonal violence. Their feedback reflects a deep understanding of trauma-informed care, relationship-based practice, and historical trauma

experiences. They recognize the unique value of trauma-informed and relational services and report feeling more confident in identifying interpersonal violence and supporting vulnerable families in a safe and compassionate manner (see Singh et al., 2020 for further details).

> *"One of my goals is to re-look at our policies and procedures and even our resource manuals and to do more trauma-informed training with my staff because I have a lot of new staff now. None of them have taken any trauma-informed training … We don't have any problem ever getting the story from our families. They're willing to give it so how do we honour that story? How do we use it to help the family to the best of their ability? I think* Building Connections *just reminded me of that other part of that story - that we have to be ready to understand."*

3.3 Connections Participant Outcomes - CAPC/CPNP

Who were the women who completed the Connections intervention?

Sociodemographic characteristics were examined for the 248 women who completed the Connections intervention. Women were between 16 and 71 years old, with an average age of 30.20 years (SD = 8.17 years). Women were asked whether they had previously received support or counselling related to interpersonal violence and healthy relationships; 64% reported they had (5% preferred not to answer).

Geographic Diversity and Population Size

Women who completed the Connections intervention represented diversity both in geographic location and population size. Note that differences here reflect that sites delivered the Connections intervention between 1 and 5 times, with differing number of women in each group (see above section describing implementation of the Connections intervention).

Table 15: Geographic Diversity and Population Size

	Response Option	%
Regional Location	West	34
	Central	38
	East	27
	North	1
Population Centre Size Group	Small	48
	Medium	34
	Large	18

Note. West = BC, AB, SK, MB; Central = ON; East = NS, PEI, NB; North = YT, NWT. Small = 0-29,999; Medium = 30,000-99,000; Large = 100,000+.

Nationality, Language, and Ethnic Heritage

The large majority of women were born in Canada (92%) and reported English as their preferred language (98%). Most spoke English at home (88%), while many others spoke a mix of English and another language (7%: Spanish, Portuguese, Italian, Chinese, Dari, Yoruba, Inuktitut, Mi'kmaq, Nisga'a, and Ojibwe). Women were asked to identify their ethnic heritage (women were invited to select more than one option; 53 women did so). Women reported their ethnic heritage primarily as North American, Indigenous, and/or European.

Table 16: Nationality, Language, and Ethnic Heritage

	Response Option	%
Country of Birth	Canada	93
	USA	2
	Other[1]	5
Preferred Language	English	98
	Other[2]	2
Language Spoken at Home	English	88
	English + another language	7
	Other[3]	4
	Prefer Not to Answer	1
Ethnic Heritage	North American	63
	Indigenous	22
	European	25
	Caribbean	4
	African	3
	Southeast Asian	3
	South American	2
	East Asian	2
	Other (South Asian, Middle Eastern, other)	3
	Prefer Not to Answer	5

Note. Ethnic heritage does not add to 100% because women could select more than one option. Some categories are collapsed to project participant confidentiality.

[1] *Afghanistan, Brazil, China, Cuba, Dominican Republic, Eritrea, Haiti, Mexico, Nigeria, Portugal, Sri Lanka, Sudan, Taiwan.*

[2] *Arabic, Mandarin, Spanish, Tamil*

[3] *Arabic, Arabic/Hebrew/Amharic, ASL/German, Cowichan, Cree, French/Spanish, Mandarin, Spanish, Tamil*

Education and Employment

Most women (72%) had completed high school. Approximately one fifth had some trade or technical education and half had some post-secondary education (including university or community college). Most women were not currently employed (79%). As expected, women's source of income was varied, the most prevalent being social assistance, disability benefits, maternity/child tax benefits, employment insurance, or some combination of those. Women's income varied, but the majority (58%) reported a gross income of less than $1,500/month ($18,000/year).

Table 17: Education and Employment

	Response Option	%
Highest School Grade Completed	Grade 9 or lower	6
	Grade 10	7
	Grade 11	14
	Grade 12	72
	Other	1
Trade or Technical Education	Yes	17
	No	83
Post-Secondary Education	Yes	49
	No	51
Employment Status	Not Currently Employed	79
	Part-Time Employment	9
	Full Time Employment	7
	Prefer Not to Answer	5
Source of Income	Social Assistance	39
	Disability Benefits	15
	Maternity or Child Tax Benefits	9
	Employment Insurance	3
	Combination of the 4 Above	8
	Work	13
	Partner or Family	5
	Combination of Partner/Work and Above	3
	Other (including Prefer Not to Answer)	5
Gross Monthly Income	< $400	6
	$400-$800	12
	$800-$1,250	26
	$1,250-$1,500	14
	$1,500-$2,000	17
	$2,000-$3,000	10
	> $3,000	6
	Prefer Not to Answer	9

Note. Some categories are collapsed to project participant confidentiality.

Housing, Relationship Status, and Children

Women's living situations varied, with many living in a house, apartment, or shelter. Most women were single (47%) or married/common law (33%). Almost half of women lived with only their child(ren) (42%), and women had between 1 and 6 children (*M* = 2.18 children, *SD* = 1.25). Children's ages ranged from less than 1 month to 32 years old (*M* = 6.63 years, *SD* = 6.32) (there were 18 participants who participated who had children over the age of 18; only one woman did not have at least one other child aged 18 or younger).

Table 18: Housing, Relationship Status, and Children

	Response Option	%
Housing Status	House	40
	Apartment	39
	Low Income Housing	1
	Shelter/Supportive Housing	13
	No Stable Housing	2
	Other	3
	Prefer Not to Answer	2
Marital Status	Single	47
	Married/Common Law	33
	Separated/Divorced	11
	Other (Widowed, Other)	5
	Prefer Not to Answer	4
Living Situation	With Child(ren)	42
	With Partner and Child(ren)	30
	With Other Family and Child(ren)	10
	With Friends and Child(ren)	3
	With Partner, No Child(ren)	2
	Group/Shared Environment	4
	Alone	6
	Other	1
	Prefer Not to Answer	2

Note. Some categories are collapsed to project participant confidentiality.

Were the women who completed the intervention different from those who did not?

Completion rate for Connections was 80%. Women who completed Connections (N = 248) were compared to those who did not (N = 62) on demographic variables, using t-tests and cross tabulations (examining chi-squared tests and adjusted standardized residuals greater than ±2). The following differences were found: Women who completed Connections (M = 30.20 years) were older than those who did not complete Connections (M = 26.59 years), $t(322) = -3.79$, $p < .001$. For women who did not complete the Connections intervention, there were more women than expected with a Grade 6 or Grade 10 education, fewer women with a Grade 12 education, fewer women with any post-secondary education, more women with a gross monthly income of less than $400, more women with no stable housing or living in low-income housing, and more women who classified their marital status as "other."

Table 19: Comparing Completers to Non-Completers

	Chi-Square Statistic	Women who Completed Connections (ASR)	Women who Did Not Complete Connections (ASR)
Highest School Grade Completed	$\chi^2(9) = 25.17^{**}$	Fewer had finished up to Grade 6 (-2.3) or Grade 10 (-2.7), more had finished up to Grade 12 (3.8) than expected.	More had finished up to Grade 6 (2.3) or Grade 10 (2.7), fewer had finished up to Grade 12 (-3.8) than expected.
Post-Secondary Education	$\chi^2(1) = 4.22^{*}$	More had post-secondary education than expected (2.1)	Fewer non-completers had post-secondary education than expected (-2.1)
Gross Monthly Income	$\chi^2(6) = 11.79^{+}$	Fewer had gross monthly income < $400 than expected (-2.5)	More had gross monthly income < $400 than expected (2.5)
Housing Status	$\chi^2(6) = 18.15^{**}$	Fewer with no stable housing (-2.6) and low income housing (-2.8) than expected	More with no stable housing (2.6) and low income housing (2.8) than expected
Marital Status	$\chi^2(5) = 15.44^{**}$	Fewer with "other" relationship status than expected (-2.9)	More with "other" relationship status than expected (-2.9)

Note. ASR = Adjusted standardized residual

$^{+}$ p < .07. *p < .05. **p < .01. ***p < .001.

How engaged were women in the Connections intervention?

Sites held between 5 and 9 sessions when running the Connections intervention (*M* = 6.75, *SD* = .99), and women who completed Connections (*N* = 248) attended an average of 5.64 sessions (*SD* = 1.47). In examining attendance rates, the majority (97%) attended more than half of the sessions, and 37% attended all sessions.

Table 20: Attendance Rates for Women who Completed Connections

Percentage of Sessions Attended	% Participants
<30%	1
31-50%	6
51-70%	14
71-99%	42
100%	37

Did women who attended Connections change over time?

Table 21: Descriptive Statistics Before and After Connections

	Before Connections		After Connections	
	Min-Max	*M (SD)*	Min-Max	*M(SD)*
Self-Esteem	1.00-4.00	2.67 (.65)	1.00-4.00	2.99 (.61)
Self-Efficacy	1.00-5.00	3.85 (.81)	1.50-5.00	4.23 (.69)
Relationship Capacity				
Closeness	1.00-5.00	2.93 (.82)	1.00-5.00	3.00 (.79)
Depend on Others	1.00-4.83	2.62 (.73)	1.50-4.33	2.77 (.63)
Anxiety in Relationships	1.00-5.00	3.57 (1.08)	1.00-5.00	3.38 (1.02)
Parenting Stress Total Score	1.00-99.00	59.17 (26.86)	1.00-99.00	53.83 (27.47)
Knowledge of Services	1.00-5.00	3.98 (.66)	1.00-5.00	4.32 (.63)
Understanding of Connections Concepts	2.33-4.00	3.49 (.35)	2.44-4.00	3.63 (.32)

Note. Self-Esteem and Understanding of Connections *Concepts are measured on a 1-4 scale. Self-Efficacy, Relationship Capacity, and Knowledge of Services are measured on a 1-5 scale. Parenting Stress is a percentile score (1-99).*

Data were nested within the intervention group (*N* = 70): women may be more similar to others within their intervention group than in a different group, due to being embedded in the same community-based project, with the same facilitators, and with the same group dynamics. Repeated measures data is nested at three levels: repeated measures (Level 1), collected across participants (Level 2), nested within intervention group (Level 3). Intra-class correlations (ICCs) indicated that between 29-65% of variance in outcome variables was due to nesting at Level 2, and between 3-13% was due to nesting at Level 3. We used multilevel modeling procedures (TYPE = THREELEVEL) in M*plus* 8.3 to account for the nested structure of the data. Robust maximum likelihood (MLR) estimation was used to address missing data.

To assess changes before versus after the intervention, three-level linear random intercept models (one for each outcome variable) were specified. Each model included the effect of time on the outcome variable at Level 1, and variance of the outcome variable on Level 2 and Level 3 (as well as the Level 1 residual variance). Models were specified separately for each outcome variable (note that we did run a final model with all variables in the model together, and results remained virtually identical).

All variables indicated significant change in the expected direction; that is, women reported higher self-esteem and self-efficacy at T2 than T1, accounting for the effects of nesting within individual and intervention group. Women reported feeling more closeness in relationships, higher ability to depend on others in relationships, and lower anxiety in relationships at T2 than T1. Women reported lower overall parenting stress, higher knowledge of available services, and a greater understanding of Connections concepts at T2 than T1. As recommended for fixed effects, f^2 effect sizes were calculated for each variable to determine the magnitude of the effect (interpreted as the proportion of variance explained by the linear effect of time, relative to the proportion of outcome variance unexplained; Aiken & West, 1991; Lorah, 2018). Effect sizes ranged from .01 to .18, representing small to medium effects.

Table 22: Multilevel Model Results

	b	β	f^2
Self-Esteem	.32***	.38	.18
Self-Efficacy	.38***	.34	.12
Relationship Capacity			
Closeness	.08*	.09	.01
Depend on Others	.15***	.18	.03
Anxiety in Relationships	-.20**	-.15	.02
Parenting Stress Total Score	-4.98**	-.14	.02
Knowledge of Services	.33***	.34	.14
Understanding of Connections Concepts	.14***	.27	.07

Note. In the multilevel model, b/ β estimates represent the Level 1 fixed effect of time on the outcome variable (a positive b/β indicates increases across time and a negative b/ β indicates decreases across time). f2 .02 = small, .15 = medium, .35 = large effect size.

$^{*}p < .05$. $^{**}p < .01$. $^{***}p < .001$.

Was the change really due to Connections?

Given the lack of a true comparison group, follow-up analyses were conducted using a static group comparison. Due to the extended nature of the initiative, community sites delivered the intervention based on their own scheduling, over the course of two years. Each intervention delivery lasted approximately 6-8 weeks. Thus, a quasi-experimental comparison group was created by matching intervention groups based on their start date (e.g., a group beginning the intervention in September was categorized as cohort 1 and was matched with a group beginning the intervention approximately 2 months; cohort 2). This process resulted in 32 intervention groups categorized as cohort 1 and 30 as cohort 2. Matched pairs (averaging start date across all individuals in each group) differed in their start date by an average of 1.98 months, SD = .94. A model was run using TYPE = COMPLEX to account for the nested structure of the data (using intervention group as the nesting variable) that included all

outcome variables and used the cohort indicator as a predictor. All outcome variables were allowed to correlate with one another. This allowed for a comparison of the T2 score on each variable from cohort 1 (after finishing the intervention) to the T1 score on each variable from cohort 2 (before starting the intervention); measures that were collected at approximately the same time.

Results from the static group comparisons indicated that cohort group significantly predicted self-esteem, self-efficacy, anxiety in relationships, knowledge of services, and understanding of Connections constructs, such that women who completed Connections had more positive scores (lower scores on anxiety) on these variables than women who had not started Connections, at approximately the same time point. This increases confidence that changes over time was due to participating in the Connections intervention (as opposed to women changing over time for other reasons), at least for these variables.

Table 23: Static Group Comparisons

	Cohort 1 (after Connections)	Cohort 2 (before Connections)	Comparison between Groups	
	M(SD)	***M(SD)***	***b***	β
Self-Esteem	3.01 (.60)	2.68 (.64)	0.33***	0.26
Self-Efficacy	4.26 (.69)	3.81 (.80)	0.45***	0.29
Relationship Capacity				
Closeness	2.99 (.84)	2.94 (.87)	0.06	0.04
Depend on Others	2.77 (.63)	2.63 (.74)	0.13	0.10
Anxiety in Relationships	3.30 (1.05)	3.67 (1.11)	-0.37*	-0.17
Parenting Stress Total Score	52.86 (20.03)	59.88 (26.57)	-7.47	-0.14
Knowledge of Services	4.30 (.57)	3.99 (.67)	0.33***	0.25
Understanding of Connections Concepts	3.66 (.31)	3.48 (.36)	0.20***	0.28

Note. Intervention groups are matched based on approximate time of Connections *delivery, with Cohort 2 starting delivery approximately two months after Cohort 1. Cohort 1 uses T2 outcome scores. Cohort 2 uses T1 outcome scores.*

*$p < .05$. ***$p < .001$.

What did women think about Connections?

Women reported their satisfaction after every session and following the final session on a four-point scale. Regarding the weekly topic, women reported satisfaction between 3.80 and 3.95 across sessions (Min = 1.00, Max = 4.00, *SDs* = .24 to .46). Satisfaction regarding the usefulness of the information for their relationships and parenting was between 3.76 and 3.95 (Min = 1.00, Max = 4.00, *SDs* =.25 to .53), and satisfaction with feeling safe and supported was between 3.85 and 3.96 (Min = 1.00, Max = 4.00, *SDs* = .23 to .45). Following the final session, women reported high overall satisfaction, as expected (*M* = 3.87, Min = 2.38, Max = 4.00, SD = .30).

When asked to share their feedback on the Connections intervention and what could have made their experiences better, women frequently noted that they wanted more of the intervention itself. Women wanted more sessions to be able to discuss their past, red flags and abuse in relationships, as well as more time to have conversations about family relationships in addition to partner relationships. One woman said she wished the sessions themselves were longer. Some women suggested that more handouts and other take-home materials would be helpful. They wanted to be able to review intervention material, post information on their fridge or other visible places around the home, and have more activities they could practice at home.

Women also suggested that the intervention be implemented more frequently. Some women wanted to participate in the intervention multiple times, as a 'refresher.' A few women who did complete the intervention more than once commented on how helpful that was.

> *"Every time. Every time I do a group again I always get something. The second time I learned more than the first time . . . I was making more connections, thinking more about it when I got home. Thinking about it before the next week. Bringing it into my therapy sessions, the second time around."*

Women also suggested expanding the intervention to other populations and in other communities, to reach more women. Some reported sharing their materials with family members or partners, and several noted that they wished family members or partners could attend the intervention themselves. A few women noted that the intervention would have been helpful for them in high school so that they might have understood what a healthy relationship was before entering into an unhealthy one.

> *"So I think that maybe this program would be really good implemented into a school system so when [adolescents] do leave high school, they can have better relationships. Understanding those red flags, what looks like to be a good person, what's a toxic friendship, what can I do if I have children, what does that relationship going to look like with my children if I have children or when I'm going to have children."*

When providing feedback, there were many aspects of the intervention environment that women reported as being particularly helpful. They said that they felt safe and comfortable, that having others to relate to in the group and knowing that others were going through the same things was important. They felt heard, validated, and supported both by facilitators and the other women in the group. The group felt like a comfortable space to share openly without fear of judgement and they trusted others in the group to maintain confidentiality. Because intervention groups were small in size, all female, and a closed-group format, women in the group were able to feel comfortable and safe.

In addition to the environment of the intervention facilitating feelings of safety and support, women also spoke about the structure of the group. Women liked that the group was discussion-based – as opposed to educational or instructional - and that they could drive the discussion. At the same time, they appreciated that the intervention material was also research and evidence based. Women valued the grounding activities, as well as check-ins and check-outs before and after sessions.

"That was something I did like about our groups too was the check-ins. At the [beginning] of the group and at the end. And they'd give us permission, if we had something that really needed to be said, they'd give us permission to just fall apart and I did it. I was brave about it. I had a lot of tears in the group. It was fantastic."

Finally, in terms of the intervention content, women found that reflecting on the past before moving forward to discuss their present and future to be particularly helpful. Though they experienced guilt related to past behaviours, women appreciated the focus on hope and how to heal and move forward. Reflecting on their past challenged women to think and change in a way that felt genuine and sincere.

Who were the women who completed a follow-up CKS-P?

There was a large time range among women in terms of how long following completion of the Connections intervention they completed a follow-up CKS-P. Though invitations to participate were sent approximately 1 month following the intervention, some women also completed a follow-up CKS-P when researchers traveled to community project sites to complete focus groups, which may have been several months later.

Time After End of Connections that Women Completed the Follow-Up CKS-P

Number of Months Since End of Connections	% Participants
Less than 1 month	12
1 month	19
2 months	12
3 months	36
4 months	2
5 or more months	19

The 42 women who completed a follow-up CKS-P represented regional diversity (29% West, 26% Central, 45% East) and diversity in population centre size (71% small, 24% medium, 5% large). All 42 women had previously completed a pre-Connections CKS-P, and 36 (86%) completed a post-Connections CKS-P. The women who completed a follow-up CKS-P attended an average of 86% of their intervention sessions (Min-Max = 43-100%, *SD* = 12%).

Women who completed a follow-up CKS-P were compared to women who completed Connections, but did not complete a follow-up CKS-P on demographic variables. No differences were found, with one exception: For women who completed a follow-up CKS-P, there were more women who indicated they were North American than expected ($\chi^2[1] = 9.07$, $p = .003$; ASR = 3.0), and for women who did not complete a follow-up CKS-P, there were fewer women who indicated they were North American than expected (ASR = -3.0).

How did the women change since their time in the Connections intervention?

Any sociodemographic changes that women reported between completing the pre-Connections CKS-P and the follow-up CKS-P were examined. Though the majority of women reported no change in sociodemographic characteristics, changes that did occur are described below.

Education

One woman reported increasing her highest school grade completed from 11 to 12 between the pre-Connections CKS-P and the follow-up CKS-P. One reported having 6 months of trade or technical education and two others reported between 6-9 months of post-secondary education where they had not reported any previously.

Employment

Thirteen percent of women reported changes in their employment status. Of these, 80% began part-time employment from previous unemployment; the remaining 20% reported not being currently employed from previous part-time employment.

Income

Twenty-four percent of women reported changes to their source of income, though the majority of these changed from and to different combinations of social assistance, child tax benefits, disability benefits, and employment insurance. Two women reported their previous source of income as maternity/disability benefits and current source of income as work. Almost half of women (45%) reported changes in their gross monthly income, 65% of these reporting higher income (higher by approximately $850 per month, on average) and 35% reporting lower income (lower by approximately $680 per month, on average).

Housing

One fifth of women (21%) reported changes in their housing status. Of these, 55% changed between apartments and houses, 22% moved from a shelter to an apartment/low income housing, and 22% moved from a house/apartment to a shelter or other supportive housing.

Marital Status

Five percent of women reported changes to their marital status, such that their relationship changed from "other" to married/common law.

Living Situation

Finally, 12% of women reported changes in their living situation. Of these, 60% changed from living with other family and child(ren) to living with child(ren) only or partner and child(ren). An additional 20% changed from living with partner and child(ren) to child(ren), and 20% changed from living alone to living with child(ren).

In examining average scores over time for the women who completed a follow-up CKS-P, there were three general patterns.

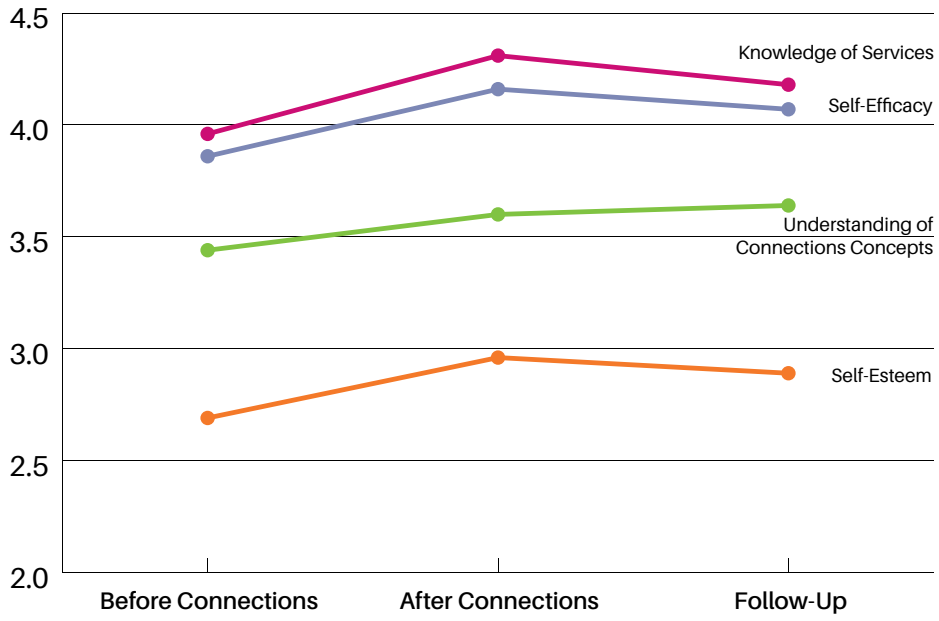
- For some measures, women showed improvements from before to after Connections, and reported continued improvement at follow-up (i.e., continued decrease in anxiety in relationships and parenting stress; continued increase in understanding of Connections concepts).
- The second pattern shows women declining slightly at follow-up (compared to their post-Connections scores), though still showing improvements compared to their pre-Connections scores (i.e., self-esteem, self-efficacy, closeness in relationships, and knowledge of services).
- In only one case (ability to depend on others in relationships) are women's average scores lower at follow-up than they were before Connections. Interestingly, women who participated in research interviews noted that participating in Connections had started them on a path of reflection on the relationships in their lives, on the importance of making changes, and on ending some of these unhealthy relationships.

Table 24: *Descriptive Statistics Before and After* Connections*, and at Follow-Up*

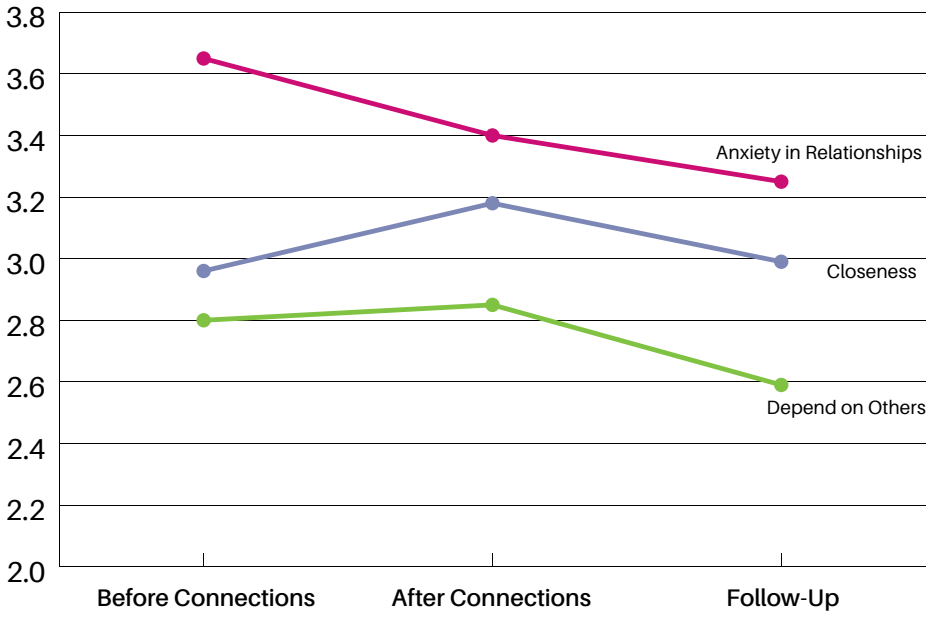
	Before Connections *M(SD)*	After Connections *M(SD)*	Follow-Up *M(SD)*
Self-Esteem	2.69 (.58)	2.96 (.55)	2.89 (.57)
Self-Efficacy	3.86 (.73)	4.16 (.76)	4.07 (.77)
Relationship Capacity			
Closeness	2.96 (.80)	3.18 (.60)	2.99 (.83)
Depend on Others	2.80 (.69)	2.85 (.66)	2.59 (.89)
Anxiety in Relationships	3.65 (1.05)	3.40 (1.05)	3.25 (1.22)
Parenting Stress Total Score	63.08 (25.92)	58.72 (29.66)	53.21 (31.17)
Knowledge of Services	3.96 (.68)	4.31 (.54)	4.18 (.62)
Understanding of Connections Concepts	3.44 (.28)	3.60 (.29)	3.64 (.25)

Note. Follow-up occurred approximately 3 months following the end of Connections*, and approximately 5 months following the beginning of* Connections*.*

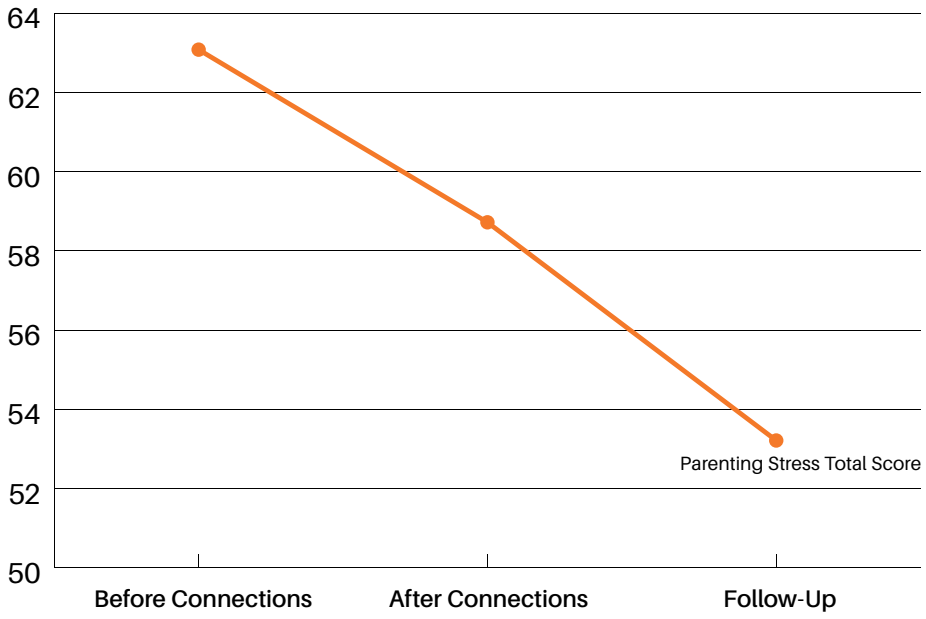
Patterns of Change in Key Areas Before and After Connections, and at Follow-Up



Patterns of Change in Relationship Capacity Before and After Connections, and at Follow-Up



Patterns of Change in Parenting Stress Before and After Connections, and at Follow-Up



What was the Impact of Connections on Women?

In key informant interviews and focus groups, women were able to identify the overall impact that the Connections intervention had on their lives. Broadly, women discussed changes to themselves, their relationships, and their parenting, and identified the mechanisms that helped to support these changes. They also spoke about the important supports they received from the Connections intervention.

3.3.1 Impact on Self

In speaking about changes to the self and how the Connections group impacted them, women identified a sequence of change that included forgiveness and healing, using self-care strategies to help support growth in self-esteem, changes to their self-esteem and self-worth, and feelings of empowerment and strength in making changes in their lives.

a. **Forgiveness and healing.** For many women, the intervention provided a place to begin to forgive themselves and heal. Women discussed how the intervention helped them stop blaming themselves for their unhealthy relationships, and eased their feelings of guilt and shame. Instead, they realized what they needed to work on, understood that things were reparable, and started to move forward. In one focus group, this was discussed in relation to children, and the guilt and shame around what their children had gone through.

   Woman 1: *You don't even, half the time you don't even care, like for me, personally, I didn't even care what was done to me, but what was done to the kids was worse, that's what I felt more worse about.*

   Woman 2: *And how can I not notice that as a mother or let it go that long, right? So to be able to forgive that…*

   Woman 1: *You don't even realize [the abuse] and then when it happens or you come out of it… you really are angry with yourself.*
   …
   Woman 1: *I felt that I failed them as a mother. From this group, I learned that I didn't fail them, that the situation had caused it and that it's reparable. I can have hope that there's things you can do, like being positive for your kids.*

   One woman had not previously been able to discuss her experiences of abuse, but noted that talking about it allowed her to feel less ashamed and improve her confidence. Some women talked about gaining a better understanding of choices their own parents had made and moving toward forgiveness of them. Others spoke about realizing that they cannot change what others do but can only change their own actions (e.g., ending unhealthy relationships, standing up for oneself).

b. **Self-care.** Several women identified that a new realization of, and skills around, self-care had supported their increasing self-esteem. Many talked about utilizing self-care strategies at home. They also noted that utilizing these self-care strategies allowed them to parent better and have more positive relationships with others.

> *"I do think it's better now than it was when I started the group because I was able to learn different ways to do self-care and be nicer to myself and not put myself down as much."*

c. **Self-esteem.** Many women discussed improvements to their self-esteem. Women were moving past issues of self-doubt, negative self-talk, and beginning to see that they were worthy of respect, that their voices matter, and that they were doing the best they can. Some had learned coping skills with respect to self-esteem, including using the support of friends and family. Some women expressed that they were still working on their self-esteem. They said that it felt uncomfortable or difficult to identify their own good qualities. In a focus group, as one woman discussed her challenges in working on her self-esteem, the other women in the focus group were supporting and encouraging her. She was able to see that she was able to see good qualities in others but not herself, and that realization was empowering for her.

Woman 1: *Having been already knowing each other a little bit, that helped that we [could say to other women in the group], 'Yeah but you're good at…' or 'I can see this in you.' You know, those sorts of strengths … That was neat that we could point it out in each other but it was hard to see [in ourselves].*

Woman 2: *That takes a long time, it's not easy to have a good self-esteem in yourself. Especially for women. It's taken a long time for women to be acknowledged, even now, even in this day.*

d. **Feelings of empowerment and strength.** Women spoke about how empowering it felt to work on their self-esteem, take care of themselves and take control of their lives. Feelings of empowerment came from knowing that they were the ones who could effect change in their lives and the lives of their children, from gaining the confidence that they deserved a healthy relationship and could choose that for themselves, and from learning that change truly was possible. Several women talked about taking control and feeling strong.

> *"I know for myself I was able to, because my self-confidence and stuff is growing. I enrolled in university for September. So I am able to now make choices for me that my daughter will benefit from and there's nothing holding me back now from making a good life for me and her. I just found through [Connections,] there was just a lot of support … I'm allowed to now live my life and better myself for her."*

3.3.2 Impact on Relationships

Women reflected on what they learned about relationships, including 1) making changes to existing, unhealthy relationships; 2) improving boundaries, trust, and communication in current relationships; and 3) developing new expectations for future relationships.

a. **Making changes to unhealthy relationships.** Several women discussed how the Connections intervention made them more aware of what abuse could look like in a relationship and what signs to look for, that relationships they were currently in were not healthy, and that they deserved better. One woman noted that she knew a lot of things in her relationship were not quite right, but being able to talk to others in the group and exchange ideas allowed her to identify the real problems in her relationship and make changes. Several other women reported that, from the support of the group and based on what they had learned from the intervention, they were able to leave partners that they recognized as unhealthy. A few women noted that this extended to not only intimate partners, but to ending relationships with other abusive people in their lives as well.

> *"My children's father. I didn't realize that throughout the entire relationship, he was actually being very abusive. I just couldn't see it and then when I was finally able to see it, I thought about it and I was able to leave with my children."*

b. **Improving current relationships.** Women also spoke about changes they were making in current and ongoing relationships. They described creating safer boundaries in relationships. Some women said that the intervention gave them the courage to uphold boundaries with "toxic" people and not accept unhealthy or abusive behaviour. Many noted that they were able to improve communication with people in their lives. Women spoke about being able to communicate their emotions, needs, and boundaries to partners, parents, and others. One woman noted that the intervention had helped improve her relationship capacity and she was beginning to trust people.

> *"We just didn't have any communication, he wasn't hearing things that [I] needed from [him], I wasn't hearing what he needed, and it just caused us to argue all the time. The stress was eating me alive. To this day, when we start to argue, I'll go back to my book, my binder and we'll sit down and go through it together, which I think is something huge for us because that's not something my husband would have done before. I come to this group and he never even stepped a foot in here with me. He just knew that I was in a different place and that if he wanted to be there with me, he was going to have to find that place. It's a work in progress but I'm stronger now."*

c. **Expectations in future relationships.** Many women discussed how the Connections intervention had taught them not only to identify red flags and unhealthy behaviours in relationships, but also to recognize what is acceptable and what to expect in a healthy relationship. These new skills allowed women to approach new relationships with partners differently than they had before. Several women noted that they needed more time to heal themselves and work on their own coping skills before entering into a new relationship.

> *"I started talking to someone … and I was like, 'Ok, this is a red flag. I don't fully trust what this person is saying.' Instead of getting into a relationship and then realizing that you've gone too far."*

3.3.3 Impact on Parenting

Four main themes emerged when participants spoke about changes to their parenting practices: the impact of abuse on children, understanding children's brain development, the importance of building children's self-esteem, and women's role in positive and mindful parenting.

a. **Impact of Abuse.** Women reflected on a new and improved awareness and understanding of how their own unhealthy relationships had impacted their children. Some women noted that they had not thought children would see or feel the effects of abuse between partners but realized by the end of the group that they do; the stress on children of witnessing IPV influences their neurodevelopment, as well as their expectations of relationships. One woman reflected that it would have been more harmful for her child had she stayed in an unhealthy relationship rather than be a single parent, despite the societal pressure she was feeling. Women also highlighted the links between their own unhealthy relationships and the potential for child maltreatment. One woman noted working on her own coping skills, so as not to pass on the impact of her own abuse to her children. Others were focused on continuing to work toward stopping the cycle of abuse.

> *"There was a topic we talked about, how the violence that you've experienced can affect your kids, especially if they're a witness to it … How [violence] can affect them in their life and how to notice it in them. So that topic was really encouraging to just stop and maybe if you were still in the abusive relationship while taking [Connections], it would open your eyes to what your kids are going through. Just to realize that you're better than that and your kids are worth more than being trapped in the situation."*

b. **Brain Development.** Many women noted that the session on brain development was particularly impactful. Understanding the impact of toxic stress on brain development helped women understand the impact of IPV and conflictual relationships on young children. It allowed women to better understand and respond to their children, and to realize the effect of their own actions and responses on their children. Women reported working on improving their own coping skills, as well as on being more patient with and understanding of their children, in an effort to reduce toxic stress and support their children's healthy brain development.

c. **Children's Self-Esteem.** Several women spoke about having a new focus on building their children's self-esteem. They discussed learning specific strategies to support children's self-esteem in the intervention and that they were using these strategies at home with their children. One woman noted that the group itself acted as a model of how to build self-esteem and healthy relationships. Another similarly commented on using activities and learnings from the intervention, simplifying the message, and applying it to her son.

> *"I want to build [my son] up. I was able to learn how to build him up and how to not put my abuse on to him. I don't want him to go through what I went through when I was younger or I don't want his dad to abuse him like he abused me. So, it gave me the knowledge [and] some good skills; how to praise him or how to build him up."*

d. **Positive Parenting.** The most commonly discussed theme in relation to parenting was related to positive and mindful parenting. Women had increased awareness of the importance of positive parenting, had learned specific new positive parenting techniques, and were implementing these techniques in the home. Some women noted that they were less stressed, frustrated, or quick to react as a parent, because they had new coping and regulation skills and techniques, and that this greatly improved their ability to parent. They noted the importance of mindful parenting and taking the time to reflect on the way they parent.

> *"I'm taking more time, I'm kind of reflecting a little bit before I go and explain something. I'm just making sure that when I need to talk about something serious… I think about how I want to say it instead of just coming out and reacting … I'm just reminding myself to take a step back and think more... Once my son sees me kind of stepping back and breathing and just giving myself a moment, he's starting to mimic me and we're kind of doing it together. So it's building up a better relationship because we're working together to communicate with each other better."*

Women spoke about parenting successes, such as improved communication with their children, being better able to understand their children and what they were going through, and working through stressful experiences or difficult transition times together with their children. Several women also discussed teaching their children concepts that they had learned in the intervention, including helping children label their emotions, self-regulation, and self-care. One woman began discussing moral decision making (i.e., understanding and considering the consequences of one's choices), which she noted was particularly important when the child's other parent was making choices she did not agree with (i.e. illegal behaviour).

Finally, some women noted the importance of connecting their own experiences as a child with their current parenting. Reflecting on what they needed from their own parents when they were younger helped them consider what their children needed from them now.

3.3.4 Impact on Supports

Women identified four key areas of support that they said helped to facilitate their success during the intervention and afterwards. Specifically, women described support they received from the other women in the intervention, support they received from facilitators, support from the organization and structure of the group, and support from other community services.

a. **Support from other women.** Women identified the support of their fellow group members as an important form of support. The support from other women included knowing that they were not alone and that other women had been through similar experiences. By sharing their stories with each other, women were able to support and uplift one another. Participating in the intervention reduced their feelings of isolation – both physically and emotionally. Some women formed lasting friendships with others in the group and were able to continue supporting one another after the intervention.

b. **Support from facilitators.** Facilitators provided an essential form of support. Women noted that facilitators created a non-judgemental space for the intervention. Women said that facilitators made them feel comfortable, did not push anyone to share if they were not ready, made sure people did not feel judged, and were empathetic, kind, and compassionate. Several women described facilitators going

'above and beyond,' offering additional supports, resources, checking in with people between sessions. These actions made women feel cared for and valued. Facilitators were described as role models, modeling healthy relationships and guiding women through the intervention. Facilitators took care of the women, but also helped them make their families healthier.

> *"They were just amazing. During that time of my life, I didn't realize how much I needed them. I didn't see how much I was struggling until I walked through that door … From that first day, I just thought this is the beginning of something completely different than I'm used to."*

c. **Other services in the CAPC/CPNP program and sponsoring organization**. Some women were already attending programming at the CAPC/CPNP program, some for many years. These women reported that already knowing the facilitators or having a strong level of comfort with the organization made it far easier to attend the intervention. Women noted that having childcare available and delivered by people they trusted was essential. Women also appreciated the continued support from facilitators following the intervention. Women were able to review materials and notes from the intervention and check in with facilitators when needed, which helped them continue to grow and move forward.

d. **Other community services.** Several women were also either engaged in services outside the CAPC/CPNP project while attending the Connections intervention, or were referred to other services when they completed the intervention. They noted importance of these other services to continued support for themselves. Several began accessing other counseling supports and, in some cases, other family members and their children also became involved in counseling services.

> *"[Connections] came for me right at the perfect time because my spouse and I are arguing and stuff, ended up [with] CAS involved because of the fighting … So I definitely needed that group, to wake up. Like 'Open your eyes, this is going on right now.' And it helped along the journey. I've taken another group through the [community-based project] … I've got my kids in counselling, I'm doing all couples counselling now. [Connections] started off the wave, like it gave me that little push to do everything that needed to be done."*

3.4 AHSUNC Outcomes

Your AHSUNC Starting Point Story Readiness Assessment Tool (YASPS)

Four YASPSs were received from AHSUNC projects, all of which were accepted. Each project sent two staff to the Connections AHSUNC Certified Training. Three AHSUNC projects were situated in the West and one in the East. Two projects were located in medium population centres and two in small population centres (Statistics Canada, 2019). Two AHSUNC projects implemented the intervention one time and two did not deliver the intervention. The uptake and implementation of the Connections intervention delivery was 50% for AHSUNC projects.

3.4.1 Connections Certified Facilitator Outcomes – AHSUNC

The Connections Certified Training, adapted for Indigenous communities

On the ACCS-T, the 8 AHSUNC facilitators reported statistically significant increases in awareness ($F[1, 6] = 11.56$, $p = .01$, $\eta^2 = .66$), capacity ($F[1, 6] = 18.36$, $p = .005$, $\eta^2 = .75$), and confidence ($F[1, 6] = 15.96$, $p = .007$, $\eta^2 = .73$) after the Connections training compared to before. Eta squared (η^2) effect sizes greater than .25 are considered large; thus effect sizes for these comparisons are very large.

Table 25: Descriptive Statistics Before and After Connections Training

	Before Training		After Training	
	Min-Max	*M (SD)*	Min-Max	*M(SD)*
Awareness	1.80-3.40	2.88 (.68)	3.20-4.00	3.63 (.29)
Capability	2.00-4.00	3.13 (.64)	3.50-4.00	3.73 (.23)
Confidence	2.40-4.00	3.21 (.62)	3.00-4.00	3.67 (.36)

Note. All measured on a 1-4 scale.

AHSUNC facilitators also reported high satisfaction with the training; on average, facilitators reported overall satisfaction of 3.68 (*SD* = .31), on a 1-4 scale. AHSUNC facilitators who completed the post ACCS-T were asked how satisfied they were with the cultural relevance of the Connections training; responses ranged between 3 and 4 with an average of 3.57 (*SD* = .54). When asked how satisfied they were with the cultural safety of the training, AHSUNC facilitators responses ranged between 3 and 4 with a mean of 3.86 (*SD* = .38). Further, all AHSUNC facilitators reported a 4 when asked how satisfied they were with the extent to which they felt safe and respected during the Connections training.

Table 26: IPV in the Community

	Min	Max	M	SD
The cultural relevance of the Connections training	3.00	4.00	3.57	.54
The cultural safety of the Connections training	3.00	4.00	3.86	.38
The extent to which you felt safe and respected during the Connections training	4.00	4.00	4.00	.00

What did AHSUNC facilitators think of the Connections Certified Training, adapted for Indigenous communities?

Feedback from AHSUNC facilitator interviews, conducted after the training, support the above data. AHSUNC facilitators commented on the safe and calm environment created during the training. They appreciated that it was held in a space where a CAPC/CPNP community program was being delivered.

> *"I work in the Head Start so being able to watch people at work while I'm coming from a meeting or whatever and being able to see somebody else teaching a young mother different ways of helping with her child, explaining different things, being able to be in a warming environment. The environment was so welcoming."*

Other facilitators commented on the respect that they were given when attending the Certified Training.

> *"You guys made me feel like it was a once in a lifetime experience and that it was something very important by bringing me to Toronto."*

> *"The biggest and foremost thing that I took away from this training though was the respect and the total understanding that the staff members at Breaking the Cycle brought forward with them throughout this whole process. Being acknowledged in the way that we were acknowledged while we were there – the culture, the trauma that we had gone through, the respect of the research that had been done and where it's going, where the evaluations are going – I felt the honesty and the forthcoming. Really gave me a sense of respect leaving there and your guys' facility there the way that it runs, having all those services available to the women under one roof, was a really great thing to see."*

With regards to the AHSUNC facilitators' satisfaction, sites appreciated the Indigenous focus. However, a majority shared that they wanted to spend more time going through the Connections manual and discussing the material and that they enjoyed the parts of the training where that was the focus.

> *"We're coming in from our own experiences of colonization and/or the historical trauma part. It felt that it was very from their perspective and not really, I don't know, I think it kept a little bit away from the focus of the training if I'm honest about it. For me, I know a lot of historical stuff already. We dealt with it the first day and that should have been good enough but it was brought up continuously through the training and I felt that they kind of rushed some of the other stuff."*

> *"I felt like I learned the most when the staff from* Building Connections *were the people doing the talking when we spoke about the evaluations and the research and the review notes, the mission statement and that kind of stuff. That made me feel the passion again that I was feeling about the manual before I came to Toronto."*

AHSUNC Certified Facilitators commented that they generally felt prepared to recruit families in their community for Connections, support the unique needs of families experiencing IPV and build partnerships with other community organizations.

> *"I am fully prepared to do the initial interview and the surveys [to recruit participants].So the training actually did help us look at what we did have for partnerships already and where we could actually go to strengthen those and what kind of relationships we could actually foster with this training."*

> *"For us, it's going to be building those relationships with the Elders and Knowledge Keepers in our community that do have that actual education and training backed up with it."*

The Connections Intervention, adapted for Indigenous communities

There were too few questionnaires completed to analyze results from the AHSUNC-adapted CKS-F; however, all the responses received on facilitators' knowledge of Connections constructs and satisfaction with the intervention indicated a high rating (3 or 4 on a 1-4 scale).

Of the two AHSUNC projects that delivered the intervention, Certified AHSUNC Facilitators from one project were able to provide feedback on the delivery of the intervention. They highlighted that there were three aspects of the intervention that differentiated Connections from other interventions and that made the group impactful for the participants.

1. The first was the cultural aspect of the group. The facilitators conveyed that, for the women who finished Connections, the Indigenous culture was an integral part of their healing.

> *"She said that this program …. had changed her life. That we had given her real, culturally appropriate tools to change her life and in her 15 years of looking for healing, nothing else had done that, so that was amazing. And then [The other participant], a very similar kind of story. She felt like she belonged for the first time."*

> *"So having that Indigenous base made the women feel liked that they belonged somewhere…you know it took those differences away that they feel anywhere else they've been to get help."*

2. The second aspect was the intergenerational content. Facilitators noted that addressing intergenerational trauma was a critical component of the intervention and of helping women heal.

> *"They were ready to forgive, they were excited to even be able to share their knowledge…They took that information, and you feel it, you could see it, they were lighter, their energy was lighter… They thought to themselves 'Oh my God now I get it, I understand it's not because my parents didn't love me, it's only just because they didn't have the opportunity, like we are now, to get new information to be better and do better.'"*

3. The third aspect was that the intervention was delivered by Indigenous facilitators to Indigenous women.

> *"Being strong Indigenous women, teaching Indigenous women to become strong, we had a bond from the beginning...it wasn't hard to relate to one another."*

The Certified AHSUNC Facilitators spoke about how being part of *Building* Connections and delivering the Connections intervention changed the way they work. One facilitator said she would consider readiness and intake for groups differently going forward. She said the interactive, relational pre-Connections interview format helped her build a rapport with the participants before the group started, and set the foundation for a mutual understanding. She also said the group gave her the confidence to share the Indigenous knowledge that she had.

> *"By doing this program, it really validated a lot of the things I was thinking but maybe wasn't strong enough to implement with my everyday clients. And also hearing from the participants how this has changed their life was again something that helped my confidence. Because it's a scary job we are in, when you are helping people heal you never want to do harm. So you are very cautious when you talk about things like that. But this made me a lot more confident all the way around."*

3.4.2 Connections Participants Outcomes - AHSUNC

Who were the women who participated in Connections intervention, adapted for Indigenous communities?

Sociodemographic characteristics were examined for the 6 women who participated in the Connections intervention adapted for Indigenous communities and completed the pre-Connections CKS-P tool. Women were between 21 and 38 years old, with an average age of 27.80 years (SD = 6.38 years). Half of the women had no prior support or counseling related to interpersonal violence and healthy relationships (33% preferred not to answer). All women were from the West in terms of regional location and were from both small and medium sized population centres.

The majority of women (66%) had completed high school, with others completing up to Grade 10 or 11. Half had some trade or technical education and 67% had some post-secondary education. Two-thirds of women were not currently employed, with the remaining third reporting part-time employment. Women's source of income varied, including social assistance, child tax benefits, maternity benefits, part time employment, and support from a partner. Women's income also varied between $400 to over $6,000 per month (median income level was $2,000-$3,000).

Two-thirds of women reported living in a house, with others living in an apartment or shelter. Most women were married/common law (67%), with others reporting being single or separated/divorced. Women reported living with a partner and child(ren) (67%) or with child(ren) (33%). Finally, women had between 1 and 5 children (M = 2.50 children, SD = 1.64), whose ages ranged from 6 months to 24 years old (M = 8.88 years, SD = 8.04) (all women had at least one child aged 18 or younger).

How engaged were women in the Connections intervention?

Both sites held 8 sessions when delivering the Connections intervention adapted for Indigenous communities. Women who completed Connections (*N=5*) attended an average of 6.60 sessions (*SD* = 1.14). In examining attendance rates, the majority of women (60%) attended at least 87% of the sessions (20% attended all sessions).

Did women who attended Connections change over time?

As can be seen from the descriptive statistics below, women's average scores in all areas changed in the expected direction after, compared to before, participating in the Connections intervention (based on the 3 women who completed a pre- and post-Connections CKS-P; statistical analyses were not possible due to the low number of participants). Specifically, on average, women reported higher self-esteem and self-efficacy at T2 than T1. Women reported feeling more closeness in relationships, higher ability to depend on others in relationships, and lower anxiety in relationships at T2 than T1. Women reported lower overall parenting stress, higher knowledge of services, and a greater understanding of Connections concepts at T2 than T1. The same pattern can be seen when examining minimum and maximum values before versus after the intervention. That is, the minimum and maximum values of all measures changed in the expected direction after, compared to before, the intervention. This again provides support that women who completed the Connections intervention seemed to improve in all domains after, compared to before, the intervention.

Table 27: Descriptive Statistics Before and After Connections

	Before Connections		After Connections	
	Min-Max	***M (SD)***	**Min-Max**	***M(SD)***
Self-Esteem	2.30-3.40	2.93 (.57)	2.90-3.90	3.37 (.50)
Self-Efficacy	3.63-4.88	4.42 (.69)	4.63-4.75	4.71 (.07)
Relationship Capacity				
Closeness	2.33-3.50	3.08 (.65)	3.00-4.00	3.44 (.51)
Depend on Others	1.83-3.17	2.61 (.69)	2.67-3.50	3.11 (.42)
Anxiety in Relationships	2.83-3.33	3.06 (.25)	1.33-3.17	2.22 (.92)
Parenting Stress Total Score	45.00-70.00	53.33 (14.43)	10.00-65.00	41.67 (28.43)
Knowledge of Services	3.43-4.29	3.86 (.43)	4.57-5.00	4.76 (.22)
Understanding of Connections Concepts	3.44-3.67	3.52 (.13)	3.67-4.00	3.78 (.19)

Note. Self-Esteem and Understanding of Connections *Concepts are measured on a 1-4 scale. Self-Efficacy, Relationship Capacity, and Knowledge of Services are measured on a 1-5 scale. Parenting Stress is a percentile score (1-99).*

What did women think about Connections?

Women reported their satisfaction after every session and following the final session on a four-point scale. Regarding the weekly topic, women reported satisfaction between 3.75 and 4.00 across sessions (Min = 3.00, Max = 4.00, *SDs* = .00 to .50). Satisfaction regarding the usefulness of the information for their relationships and parenting was between 3.75 and 4.00 (Min = 2.00, Max = 4.00, *SDs* =.00 to .71), and satisfaction with feeling safe and supported was unanimously rated as a 4.00 across all sessions. Women rated their satisfaction with the cultural relevance of the weekly topic between 3.50 and 4.00 across sessions (Min = 2.00, Max = 4.00, *SDs* = .00 to 1.00) and satisfaction with the cultural safety of the weekly topic between 3.40 and 4.00 across sessions (Min = 2.00, Max = 4.00, *SDs* = .00 to .89). Following the final session, women reported high overall satisfaction (M = 3.75, Min = 3.25, Max = 4.00, *SD* = .43) and unanimously rated their overall satisfaction with both the cultural relevance and cultural safety of the Connections intervention as 4.00.

As with women from CAPC/CPNP projects, women from AHSUNC projects provided feedback that the group had been a very positive experience for them. They noted the importance of attentive, empathetic, and supportive facilitators, and discussed how the group provided additional tools to help them move forward. Women also spoke about changes for themselves, their relationships, and their parenting. For instance, women reported positive changes to their sense of self, that they were starting to learn to love themselves, and that they were feeling less guilt and shame. Women spoke about understanding that prior abusive relationships were unhealthy and how they were currently working toward navigating healthier relationships. The intervention also supported women's parenting, allowing them to be more empathetic, supportive, and caring toward their children.

> *"I felt very comfortable and I could come and be myself."*

> *"Growing up, all we kind of lived in was unhealthy relationships and abusive relationships and that was the normal I was going through … But this year, I can honestly say I have a healthy relationship with my partner, my kids, my work life, and my family life. And the group really helped me with how to be a healthier person so I can have healthy relationships."*

> *"…how to help my son so that he knows that I love him and care for him."*

Women who completed the Connections intervention adapted for Indigenous communities also commented on the unique cultural components of the intervention. One woman emphasized that, because all of the women in the group were Indigenous, they felt a sense of belonging and felt connected to one another. They had a shared history (including trauma)) and had the same cultural experience, which allowed them to relate to and understand each other.

> *"It wasn't something where [facilitators were] totally different culturally. [One facilitator] had her experience growing up in her culture and she shared that with us as well as [the other facilitator]... when she talked about how she grew up and how she is now, it's kind of like we share the same culture so we're in the same place."*

Women also commented on the importance of learning and practicing some of the traditional teachings, and that the intervention allowed them to feel closer to and more accepting of their culture. One woman also noted that having an elder present during the intervention sessions would be helpful.

> *"I plan on sun dancing. I may have decided that before the program started, but I'm more open and accepting of culture than I was before the program."*

> *"[We] learn[ed] about being grounded and at peace within."*

> *"…giving an eagle feather, and how to make a drum, and its teachings."*

> *"I started smudging everyday and that was kind of big. It helped me connect more with not only myself, but also the Creator, and how to be more calm. It gave me a more positive outlook on life."*

3.5 Variations Based on Region and Population Size

A series of analyses were conducted to explore the potential for differences in results based on the geographic region in which each CAPC/CPNP/AHSUNC project was located, and the population size of the community. Region was considered as West, Central, or East (North was not included in analyses because there were too few projects, facilitators, and women from the North region), and population size was considered as small, medium, and large (based on Statistics Canada classification; Statistics Canada, 2019).

Implementation of the Connections Intervention

There were no differences found in terms of either region or population size in the number of times the Connections intervention was implemented by each community-based project.

Facilitators

No differences were found in terms of facilitators' understanding of Connections constructs based on region or population size. Further, no differences were found related to facilitators' overall satisfaction with the Connections intervention.

When examining facilitators' experience in the CCP, there were differences found only for one item of satisfaction ("the content of the CCP this week"), for both region ($F[2, 199] = 4.65$, $p = .01$, $\eta^2 = .05$) and population size ($F[2, 203] = 4.39$, $p = .01$, $\eta^2 = .04$). Specifically, facilitators from the West and East reported higher satisfaction than facilitators from Central Canada, and facilitators from small population centres reported the highest satisfaction, followed by those from medium population centres, followed by those from large population centres. No differences were found for the other CCP satisfaction items. It should be noted that levels of satisfaction were very high in all regions.

Table 28: Regional and Population Size Differences for CCP Satisfaction

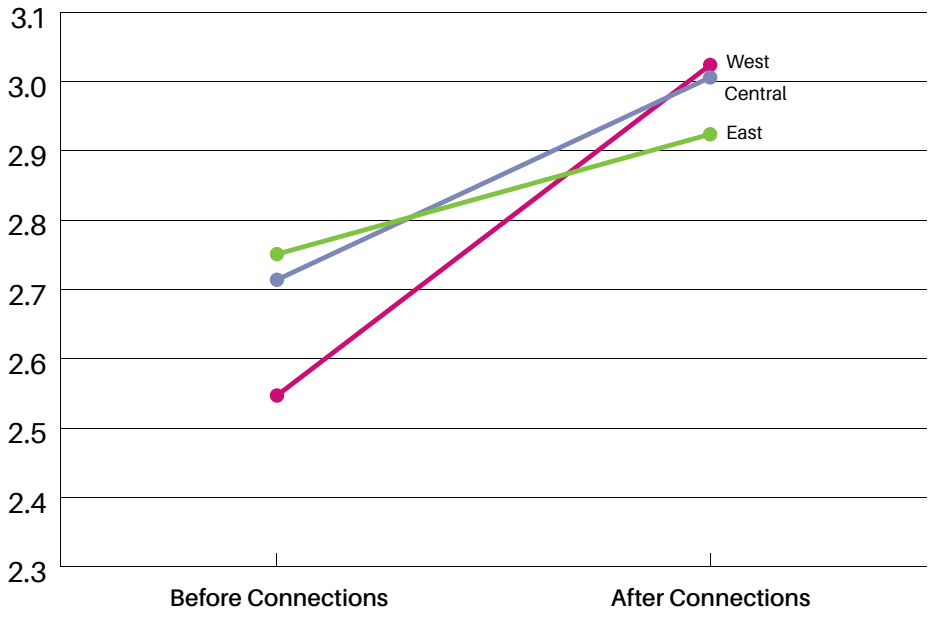
	Region		
	West	**Central**	**East**
Satisfaction with CCP Content *(M)*	3.91[a]	3.77[b]	3.93[a]
	Population		
	Small	**Medium**	**Large**
Satisfaction with CCP Content *(M)*	3.91[a]	3.89[b]	3.74[c]

Note. Means within the same row with different superscripts are significantly different from one another at $p < .05$.

Women in the Connections Intervention

For each main outcome variable, changes over time (comparing women's scores before and after the Connections intervention) were examined to see if they differed according to region or population size. A significant interaction was found for only one variable: there was a significant interaction between time and region for self-esteem ($F[2, 208] = 5.45$, $p = .01$, $\eta^2 = .05$). Specifically, this interaction indicated that women in all three regions had significantly higher self-esteem after, compared to before, the Connections intervention, but this change was largest for those in the West ($F[1, 74] = 52.05$, $p < .001$, $\eta^2 = .41$), followed by Central ($F[1, 79] = 25.34$, $p < .001$, $\eta^2 = .24$), then East ($F[1, 55] = 6.23$, $p = .02$, $\eta^2 = .10$). There were no univariate effects for either Time 1 or Time 2, indicating that scores before the intervention were not significantly different for women across the three regions, nor were scores after the intervention different across the three regions.

Change in Self-Esteem Before and After Connections, by Geographic Region



There were also a small number of main effects of region and population. Specifically, women in the West had higher parenting stress scores (overall, combining score before and after the intervention) than Central/East women (F[2, 159] = 4.70, p = .01, η^2 = .06). For self-esteem, self-efficacy, and closeness in relationships, women from large population centres had higher scores (overall) than women in medium/small population centres (Fs[2, 210] => 3.02, ps < .05, η^2s => .03).

Finally, when exploring regional and population size differences in women's satisfaction with the Connections intervention, only one difference was found. On the item assessing women's weekly satisfaction with the usefulness of the information for their relationships and parenting, women from large population centres had higher satisfaction than women from medium population centres (F[1, 1540] = 3.20, p = .04, η^2 = .01).

Table 29: *Regional and Population Size Differences for Women in* Connections

	Region		
	West	**Central**	**East**
Parenting Stress Total Score *(M)*	63.00[a]	49.81[b]	54.11[b]
	Population		
	Small	**Medium**	**Large**
Self-Esteem *(M)*	2.77[a]	2.81[a]	3.06[b]
Self-Efficacy *(M)*	3.98[a]	4.01[a]	4.28[b]
Closeness in Relationships *(M)*	2.89[a]	2.91[a]	3.25[b]
Satisfaction with Usefulness of Information *(M)*	3.86[ab]	3.81[a]	3.89[b]

Note. Means within the same row with different superscripts are significantly different from one another at $p < .05$. *Means are estimated marginal means combining scores before and after the* Connections *intervention.*

Taken together, results indicate very few differences based on region or population size, for facilitators and women in the Connections intervention. Particularly given the number of analyses conducted, these significant findings may have been due to chance. This suggests that facilitators from a variety of different types of communities across Canada were able to deliver the Connections intervention with similar successes and with similar results for women experiencing IPV.

3.6 Summary of Results

The *Building Connections* project was evaluated at each stage and using a range of methodologies. This included examining the impact of the initiative for CAPC/CPNP/AHSUNC community project staff, certified Connections facilitators, and women who participated in the Connections intervention.

Community Project Staff

Initially, *Building Connections* involved engaging with community project staff from CAPC, CPNP, and AHSUNC projects, as well as services providers from other community organizations (e.g., public health, women's shelters, counselling agencies). Over 280 CAPC/CPNP/AHSUNC staff registered to view the live National Training Webinar, and the archived version was viewed almost 500 times. Over 800 Resource Manuals were mailed to CAPC/CPNP/AHSUNC projects, with an additional 224 manuals requested by community project staff from other organizations.

Community project staff were asked to complete a short online questionnaire before and after viewing the webinar, and 431 individuals did so. Staff reported very high levels of satisfaction with the National Training Webinar. Almost all staff found the webinar interesting and thought-provoking, and the majority felt that the information in the webinar could be applied to their day-to-day work, shared with colleagues, and used while developing practices and policies within their program. Community project staff members' reports of their awareness, capacity, and confidence around identifying and responding to IPV-related issues was significantly higher after viewing the webinar, compared to before.

Community project staff members' responses also highlighted the desire for further training and intervention related to IPV. The majority of community project staff reported experiences with various types of abuse in their work with families. Further, the majority of staff reported feeling only 'somewhat' able to respond to the needs of families with IPV-related issues (70%; an additional 6% feeling 'not' able) and only 'somewhat' prepared to respond to the type of IPV they encountered (60%; an additional 21% feeling 'not' prepared). Less than half of community project staff had previously received training on how to identify or respond to IPV.

Those who indicated interest in receiving additional training related to IPV and child maltreatment were provided information about the next phases of the initiative and asked to complete the YSPS Readiness Assessment Tool; a tool designed to understand the readiness of CAPC/CPNP projects to implement the Connections intervention safely and successfully. The tool guided CAPC/CPNP staff to reflect upon their own projects' readiness, specifically based on: (a) awareness of IPV and a need for an intervention, (b) existing competencies related to trauma-informed practice and evaluation, (c) collaborations with community services and supports, and (d) systems of safety in place. Fifty-three completed YSPSs were received from CAPC/CPNP projects within 48 unique agencies and, after scoring the applications, 31 CAPC/CPNP projects were invited to attend the Connections Certified Training. Staff members from 30 projects successfully attended the training and received certification, and 87% of projects successfully implemented the intervention at least once. These projects were housed in communities across Canada, representing diversity based on both geographic location and population size.

Connections Certified Facilitators

Staff members from CAPC/CPNP projects attended the Connections Certified Training in 7 training groups consisting of 8-11 facilitators in each (total N = 67). Facilitators completed a short questionnaire at the beginning and end of the training. Responses indicated that certified facilitators significantly increased in their awareness, capacity, and confidence related to IPV-related issues after attending the training. Facilitators also reported very high levels of satisfaction with the training. Facilitators expressed the importance of having the training held at BTC and being able to witness the trauma-informed and relational approach modelled by BTC staff. They also mentioned how empowering it was to have projects from all across Canada coming together for the training, sharing common goals and creating a network of contacts.

After attending the training, facilitators returned to their home communities to deliver the Connections intervention. Both before and after delivering the intervention, facilitators' knowledge of Connections-related concepts was assessed. Results from 90 facilitators indicated significant increases in their knowledge of Connections-related concepts after delivering the intervention. Facilitators also reported very high satisfaction with their experience delivering the intervention. They found that the gentle approach to discussing unhealthy relationships allowed women to feel safe and comfortable in having difficult conversations and noted that the intervention helped women build relationships with one another, as well as with facilitators.

During the initiative, facilitators were invited to attend the Connections Community of Practice (CCP), which enabled them to share updates from their project, hear how other projects were delivering the intervention, and discuss any barriers to delivery that had arisen. Facilitators reported very high levels of satisfaction with the CCP. They expressed how helpful and supportive the forum was, and that having the clinical staff at BTC to provide advice and guidance was invaluable.

Facilitators also commented on the overall impact of the *Building Connections* initiative on themselves, their work with families, their community projects, and their communities. Facilitators developed a deeper understanding of trauma-informed care and relationship-based practice. They reported feeling more confident and capable in their ability to support families experiencing IPV and keep families safe. They also noted that these trauma-informed and relational principles extended beyond their own work and into their projects and communities. Increased organizational competency led to new and enhanced community collaborations and partnerships; collaboration with other community agencies helped facilitate a community-based response to the problem of interpersonal violence. Finally, facilitators reported a continuing focus on trauma-informed and relational principles. They have a deeper awareness of service needs within their communities for women and families experiencing interpersonal violence, and they have become advocates for the Connections intervention within their organizations and communities.

Connections Participants

In 26 CAPC/CPNP projects, the Connections intervention was delivered 70 times, with group size ranging from 1 to 15 participants. A total of 348 women attended a Connections session, and 248 completed the intervention (an additional 38 did not complete the intervention due to the group ending unexpectedly; i.e., the COVID-19 pandemic). Women who completed the Connections intervention represented a diverse group. The majority were born in Canada and spoke English, and were predominantly North American, Indigenous, and/or European in terms of their ethnic heritage. Almost three quarters had completed high school, almost 80% were not currently employed, and the majority reported social assistance, disability benefits, and/or maternity/child tax benefits as their primary source of income. There was range of responses in terms of housing status, marital status, and living situation. Women had between 1 and 6 children, with an average age of 6 years.

Women were asked to complete online questionnaires before and after the Connections intervention. Results indicated that women significantly increased in their self-esteem and self-efficacy after attending the Connections intervention. Women reported feeling more closeness in relationships, higher ability to depend on others in relationships, and lower anxiety in relationships. Women also reported lower overall parenting stress, higher knowledge of available services, and a greater understanding of Connections concepts. Some women (N = 42) completed a follow-up questionnaire, approximately 1-5 months after completing the intervention. Women who completed a follow-up questionnaire showed continued improvement at follow-up in terms of anxiety in relationships, parenting stress, and understanding of Connections concepts.

Women reported very high levels of satisfaction with the intervention, both after each session and overall. Several women reported wanting "more Connections," including longer sessions, more sessions, and repeat participation in the intervention. Women also suggested expanding the intervention to other populations and in other communities, to reach more women. The intervention had affected women in many aspects of their lives. In speaking about themselves, women identified a sequence of change that included forgiveness and healing, using self-care strategies to help support growth in self-esteem, changes to their self-esteem and self-worth, and feelings of empowerment and strength in making changes in their lives. They also reported important learning about relationships, including: making changes to existing, unhealthy relationships; improving boundaries, trust, and communication in current relationships; and having new expectations for what is acceptable and what to expect in future healthy relationships. When women spoke about changes to their parenting, they highlighted a new or improved awareness and understanding of the impact of IPV and abuse on children, the importance of understanding children's brain development, the importance of building children's self-esteem, and their own role in positive and mindful parenting. Finally, women spoke about four key areas of support that helped facilitate their success during the intervention and afterwards. Specifically, women described support they received from the other women in the intervention (e.g., knowing they were not alone), support they received from facilitators (e.g., compassionate and non-judgemental support), support from the organization and structure of the group (e.g., having childcare available with trusted childcare workers during the intervention), and support from other community services (e.g., accessing other services in the community).

AHSUNC Projects

In consultation with Indigenous leaders and experts in the field of Indigenous research, modifications were made to existing research tools and protocols. This included a modified YSPS application tool and a modified training for AHSUNC facilitators. This also included engaging in a process of community engagement with the selected AHSUNC projects. In collaboration with AHSUNC facilitators and other community members, the research team worked to develop individualized evaluation plans for each community that was acceptable and safe for members of the community.

Based on their YASPSs, four AHSUNC projects were selected to participate; staff members from all projects completed the Connections Certified Training. Facilitators reported increases in awareness, capacity, and confidence after the training, compared to before. Facilitators also reported high satisfaction with the training overall, and the cultural relevance and safety of the training. Though they appreciated the Indigenous focus within the training, the majority also shared that they would have liked to spend even more time going through the Connections manual and discussing the material.

Two AHSUNC projects delivered the Connections intervention, adapted for Indigenous communities, with a total of 12 women (5 women completed the intervention). AHSUNC facilitators noted that there were three aspects of the intervention that differentiated Connections from other interventions and that made the group impactful for participants: 1) the cultural aspect of the group (e.g., that the Indigenous culture was an integral part of women's healing and that it was the first time the women felt they belonged), 2) the intergenerational content, and 3) that the intervention was delivered by Indigenous facilitators to Indigenous women.

Women who completed the Connections intervention reported average scores in all areas (i.e., self, relationships, parenting, services) that changed in the expected direction after the intervention, compared to before. Women also reported very high levels of satisfaction weekly, with the intervention overall, as well as high satisfaction with the cultural relevance and safety of the intervention. Importantly, women who completed the intervention commented on the unique cultural components of the intervention. They reported feeling a sense of belonging and connection with others in the group. Women also commented on the importance of learning and practicing some of the traditional teachings, and that the intervention allowed them to feel closer to and more closer to and more accepting of their culture.

Finally, overall we were able to establish that there were very few significant differences in the impact of the intervention based on the location of implementation. Regardless of population centre size (small, medium, large), or geographic location (west, north, central, east), Connections was delivered with consistent success and resulted in high satisfaction from facilitators and women attending CAPC/CPNP/AHSUNC projects across Canada.

4

DISCUSSION

4. Discussion

There were a number of salient themes identified through the evaluation of *Building Connections* which support an understanding of the impact of this initiative. These included: the importance of understanding readiness in creating safe and enduring partnerships; the impact of relational and trauma-informed approaches for collaboration, intervention, and evaluation; the balance between fidelity and respecting wisdom within communities; and the recognition of the strength within and between CAPC/CPNP/AHSUNC projects across Canada.

Readiness of communities, of projects, of facilitators and of participants

In order for the Connections intervention to be delivered and evaluated effectively and safely by CAPC/CPNP/AHSUNC staff, and for the safety of women with infants and young children in communities across Canada, a number of structures and supports were developed. The national dissemination of information related to trauma-informed and relational frameworks through a resource manual and training webinar provided CAPC/CPNP/AHSUNC staff with knowledge and understanding of these concepts, which was foundational to further participation in the initiative. The development and use of a readiness tool (YSPS and YASPS) which examined awareness, competency, collaboration, and safety within CAPC/CPNP/AHSUNC projects assisted in the identification of readiness and the selection of projects to partner with *Connections* Certified training. Attention to readiness resulted in a high implementation uptake of CAPC/CPNP/AHSUNC projects who successfully delivered the Connections intervention.

Similarly, certified facilitators acknowledged that identifying a woman's readiness to receive the Connections intervention lessened the potential for harm and increased the probability of successful completion of the group for all women. Women reported that they needed to be ready to hear and reflect on information about IPV, but also needed to be in a place - physically and emotionally - where they felt safe to do so. Even when women possessed a level of readiness to participate in the intervention, however, some women required accommodations to support successful outcomes (e.g., group versus individual format, receiving the same information more than one time/participating in the group on more than one occasion). Understanding the life contexts of and circumstances for women who were not able to complete the Connections intervention highlighted that there is a baseline level of stability required for women to participate in and benefit from the Connections intervention. This emphasizes the ways in which access to social determinants of health impact the readiness and capacity for women to address IPV.

A focus on safety through trauma-informed principles

Certified facilitators confirmed the importance of the focus on safety through the application of trauma-informed principles during the selection, training, delivery, and evaluation components of *Building Connections*. In particular, facilitators commented that it was important that the intensive certified training was delivered by a CAPC/CPNP program in a CAPC/CPNP program setting. This enabled facilitators to witness the ways in which trauma-informed principles could be integrated into program operations, organization of physical space, and interactions between service providers and participants. Facilitators were able to observe and experience an approach to discussing IPV in a manner that was feasible, practical, and transferrable to their own projects.

Facilitators reported increased recognition of the importance of implementing trauma-informed practices to mitigate the impact of IPV when responding to families; for example, assessing a woman's readiness to participate in the intervention, providing instrumental supports for families, pacing the intervention based on the needs of the group, implementing grounding techniques, supporting healthy mother-child separations, co-creating safety plans with women, and engaging in post-care planning with a focus on safety for families. As a result of the implementation and dissemination of trauma-informed principles in their projects and organizations, facilitators became catalysts for change within their organizations and communities. In many cases, this impacted organizational policies and practices, and enhanced responsiveness to IPV within organizations and broader communities; for example, there were reported adaptations to referral and intake processes, changes in group location to better accommodate the needs of women and children, as well as increased access to the intervention for families experiencing IPV.

High levels of intervention completion, satisfaction ratings, and reported positive changes suggest that women were able to safely engage and participate fully in Connections. This included feelings of cultural safety reported by women attending AHSUNC programs. Women described that the safe and welcoming environment and facilitators, who were gentle, warm, and non-judgemental, played a significant part in their motivation to attend and complete the intervention. Women reflected that they felt safe, respected, supported, and less alone in their struggle with IPV. Women recognized that completing Connections was an important starting point in their journey to healthy relationships, but identified that they also gained increased knowledge and confidence to access services in their community that will promote ongoing opportunities to enhance wellness and safety for themselves and their families. Particularly encouraging are the enduring positive changes observed in women's self-esteem and self-efficacy, as well as decreases in parenting stress which were reported in a follow-up of the evaluation.

A focus on relational approaches

The initial nation-wide outreach provided an opportunity to foster engagement, provide information and support, and assess the readiness of CAPC/CPNP/AHSUNC projects who applied for more intensive training to deliver Connections in their projects and communities. The activities of *Building Connections* were relationship driven and trauma-informed, which contributed to the development and maintenance of the relationships between project partner sites and with *Building Connections*. Certified facilitators and others within their organizations noted the importance of the pre-training site visits as an important first step in establishing trusting and supportive relationships between *Building Connections* and

project sites. Facilitators appreciated the interest by *Building Connections* in learning and understanding more about their projects and communities, and learning from community members. The site visits also afforded comfort to facilitators – some of whom had never travelled out of their communities – before their journeys to Toronto. This relational approach ultimately increased the motivation of facilitators to make a commitment to implementing the Connections intervention and supporting the initiative within their organizations and communities.

The weekly CCP provided a regular opportunity to maintain relationships with certified project sites, for facilitators to continue to receive support, and to learn from each other. An online sharing platform was added at the request of facilitators, which enhanced collaboration and sharing between *Building Connections* and the facilitators, as well as among the facilitators. Collaborative approaches established between certified facilitators from the same project extended to other staff within their organizations and into communities where programs are working together in enhanced ways to support families – including barrier-free referrals and coordinated practices.

Women indicated that the qualities of the facilitators and the relationships they established with facilitators and with other participants were key components in their successful completion of the Connections intervention and the benefit they received from it. This was evidenced in the enduring impact of evaluation outcomes measured related to women's relationship capacity, as well as by women's continued relationships with facilitators and use of programming in CAPC/CPNP/AHSUNC projects. Some women reported taking Connections for a second time in order to maintain these relationships. Women reported changes in how they understood their own history of relationships, what they deserved and would tolerate in relationships, and how they planned to take care of themselves and their children in the future. Women reflected that their parenting would continue to be impacted by knowing the importance that healthy relationships would have on their children's development, mental health, and social-emotional functioning. Women were able to begin to both forgive and promote healing for themselves when reflecting on their past relationships. They asserted that the strength and knowledge they had developed through the intervention would empower them to make changes in their lives. Finally, women emphasized their determination to continue to seek support in order to remain on a path of healthy relationships.

Emphasizing fidelity while respecting community wisdom

Although locally-developed and based on individual community needs, CAPC/CPNP/AHSUNC projects across Canada have a common mandate. The certified training was delivered directly to each CAPC/CPNP/AHSUNC facilitator by *Breaking the Cycle* – the CAPC/CPNP project in which the Connections intervention was developed. This ensured consistency in the training content and level of support throughout the initiative. The training supported adaptation of intervention activities and delivery – but not topic contents – by CAPC/CPNP/AHSUNC facilitators based on the needs of individual mothers and communities.

Respecting community wisdom was important in collaborations with all communities, but was especially important in our collaboration with AHSUNC projects. Using a version of the Connections intervention manual that was adapted by the Ontario Federation of Indigenous Friendship Centres (OFIFC), as well as adapting measures, processes and training, in consultation and in partnership with Indigenous leaders, led to successful collaborations with AHSUNC projects. An examination and deepening commitment to cultural safety, decolonizing practices, reconciliation, and respect for Indigenous ways of knowing was

undertaken by *Building Connections* in partnership with Indigenous communities and partners. As a result, both facilitators and women from AHSUNC projects reported high levels of feeling culturally safe and respected.

There was a high level of consistency in the evaluation outcomes for both facilitators and women across Canada, despite the variations in geographic region, population centre, and setting of the CAPC/CPNP/AHSUNC project. This highlights the strength of Connections, the adaptability of the intervention, and the capacity for it to be delivered through community-based projects across Canada. Additionally, the results indicate that the training was delivered with fidelity, and that the facilitators had a strong capacity to use the supports that were provided to adapt the intervention effectively based on the needs of their community.

The strength of collaboration among CAPC/CPNP/AHSUNC projects

Building Connections was directed to CAPC/CPNP/AHSUNC projects because these community-based programs are uniquely positioned to effectively deliver supportive interventions to Canadian families, including an IPV intervention. On a national level, CAPC/CPNP/AHSUNC projects provide a range of critical supports for families that address the social determinants of health, including those related to positive parenting, child development, basic needs, community resources, education, and employment. Additionally, CAPC/CPNP/AHSUNC projects are connected to and collaborate with other community services that families require, which often includes a continuum of services as the needs of families change. As such, *Building Connections* frameworks and goals are a natural extension and/or augmentation of services that CAPC/CPNP/AHSUNC projects already offer to families.

Women described longstanding and established relationships with their local CAPC/CPNP/AHSUNC projects, which are embedded in their community and were developed based on the needs of their specific community. For this reason, CAPC/CPNP/AHSUNC projects are a safe place for families to access service and to trust that they will have their needs met. Many women explained that initially they only attended the Connections intervention because they knew the facilitators and trusted the program.

CAPC/CPNP/AHSUNC staff selected for certified training already possessed a high level of capacity to demonstrate empathy, warmth, and responsivity to families in their communities and to support engagement of families. The Connections certified training and community of practice enhanced their awareness, confidence, and skills to respond to families experiencing IPV through the Connections intervention and the application of trauma-informed and relational approaches.

CAPC/CPNP/AHSUNC projects have strong partnerships with other community service providers and specialized service providers. CAPC/CPNP/AHSUNC community project staff were able to effectively engage and support changes for families who may be experiencing violence, and to refer women for more intensive or specialized services in their communities if necessary. Women who participated in the Connections intervention acknowledged that participating in the Connections intervention made an important impact on their health and well-being, their interpersonal relationships, their self-esteem and confidence to advocate for themselves, their parenting, and on the lives of their infants and young children.

5

APPENDICES

Appendix I: References

Andrews, N. C. Z., Pepler, D. J., & Motz, M. (2019). Research and evaluation with community-based projects: Approaches, considerations, and strategies. American Journal of Evaluation, Vol 40(4), 548-561. https://doi.org/10.1177/1098214019835821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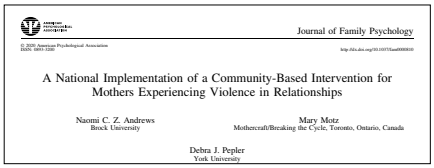
Journal of Family Psychology
A National Implementation of a Community-Based Intervention for Mothers Experiencing Violence in Relationships
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Mothercraft/Breaking the Cycle, Toronto, Ontario, Canada
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BMC Public Health
RESEARCH ARTICLE
Open Access
Trauma-informed and relational approaches to service provision: building community-based project capacity to respond to interpersonal violence through a national initiative
Camilla D. Singh[1], Naomi C. Z. Andrews[2*], Mary Motz[2], Debra J. Pepler[2], Margaret Leslie[1] and Samar Zuberi[1]

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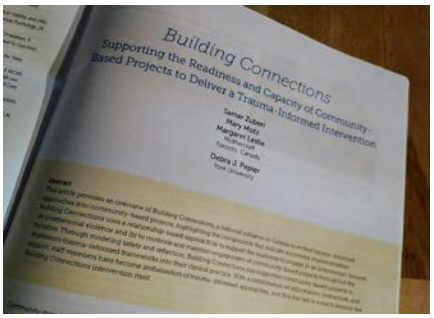

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Appendix II: Training Sessions and Intervention Sites

January 31 - February 2, 2017, Pilot Sites

- Healthy Generations Family Support Program (CAPC), Community Living Dryden Sioux Lookout, **Sioux Lookout, ON**
- Waterloo Region CAPC/CPNP, Carizon Family and Community Services, **Waterloo, ON**
- Brighter Futures (CAPC) and Buns in the Oven (CPNP), Ottawa Young Parents, **Ottawa, ON**
- Algoma CAPC/CPNP, Algoma Family Services, **Sault Ste. Marie, ON**
- Breaking the Cycle (CAPC/CPNP), Mothercraft, **Toronto, ON**

March 28 - 31, 2017

- Building Healthier Babies (CPNP), Terrace Child Development Centre, **Terrace, BC**
- Babies Best Chance (CPNP), Campbell River Family Services, **Campbell River, BC**
- Connections Program (CAPC/CPNP), Lanark Community Programs, **Carleton Place, ON**
- Healthy Baby and Toddler Club (CPNP), Centre for Northern Families, **Yellowknife, NWT**

June 20 - 23, 2017

- Kids First Association Pictou, Antigonish and Guysborough Counties (CAPC/CPNP), **New Glasgow, NS**
- Community Action Program for Children (CAPC), Mutual Equity, Trade & Investment Services Inc., **Archerwill, SASK**
- Family and Community Action Program of Durham under Community Action Program for Children (CAPC), YMCA of Greater Toronto, **Ajax, ON**

October 24 - 27, 2017

- CHANCES CAPC, C.H.A.N.C.E.S. Family Resources Centre, **Charlottetown, PEI**
- CAPC South Central Coalition (Healthy Beginnings), Interior Community Services, **Kamloops, BC**
- CAPC Program, Agape House - Eastman Crisis Centre, **Steinbach, MAN**
- Families First Home Visitation Program (CAPC), Peace River Women's Shelter, **Peace River, AB**

January 30 - February 2, 2018

- Still Quite New (CAPC), Saskatoon Open Door Society, **Saskatoon, SASK**
- KidsWest Inc. (CAPC), **Alberton, PEI**
- North Island CAPC Coalition (CAPC), Tillicum Lelum Aboriginal Friendship Centre, **Nanaimo, BC**
- Bellies to Babies (CPNP), **Cranbrook, BC**

June 5 - 8, 2018, Indigenous Specific Training for AHSUNC Projects

- Under One Sky Aboriginal Head Start Monoqonuwicik-Neoteetjg Mosigisig Inc., **Fredericton, NB**
- Little Steps Head Start Family Program, **Dauphin, MAN**
- Mannawanis Aboriginal Head Start, **St. Paul, AB**
- Grande Prairie Friendship Centre Aboriginal Head Start Program, **Grande Prairie, AB**

February 26 - March 1, 2019

- Preston and Area Prenatal Nutrition Program (CPNP), **East Preston, NS**
- CAPC Niagara Brighter Futures and CPNP Healthy From The Start, **Welland, ON**
- Baby Building Club (CPNP) and Cape Breton Family Resource Coalition Society, **Sydney, NS**
- The Digby Family Centre (CAPC and CPNP), **Digby, NS**
- Growing Healthy Together (CAPC and CPNP), **Scarborough, ON**

June 4 - 7, 2019

- Omingmak Programs under Canada Prenatal Nutrition Program, Cambridge Bay, **NUNAVUT**
- Healthy Moms Healthy Babies (Carcross), **Carcross, YUKON**
- Babies New Beginnings Pregnancy Outreach Program, **Prince George, BC**
- Program Without Walls, **City of York, ON**

Appendix III: Knowledge Dissemination

Published Papers

Andrews, N. C. Z., Pepler, D. J., & Motz, M. (2019). Research and evaluation with community-based projects: Approaches, considerations, and strategies. American Journal of Evaluation, Vol 40(4), 548-561. https://doi.org/10.1177/1098214019835821

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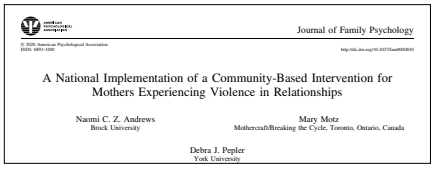
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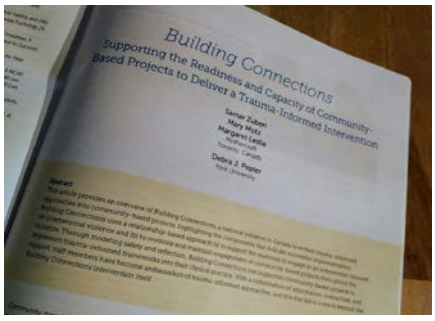
⬆ Singh, C. D., Andrews, N. C. Z., Motz, M., Pepler, D. J., Leslie, M., & Zuberi, S. (2020). Trauma-informed and relational approaches to service provision: Building community-based project capacity to respond to interpersonal violence through a national initiative. *BMC Public Health, 20 (1833)*, 1-13. doi: https://doi.org/10.1186/s12889-020-09960-3



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National Training Webinar

Leslie, M. Building Connections: Using Trauma-Informed and Relational Approaches to Help women and Children Experiencing Interpersonal Violence/Créer des liens: Utiliser des approaches axées sur les traumatismes et sur les relations pour aider les femmes et les enfants qui vivent de la violence interpersonnelle, October 13, 2016.

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Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships" The Early Years Conference 2016: 20 Year Anniversary *Sp'e'qum: Nurturing Developmental Wellbeing. Strengthening Children and Families*. Vancouver, BC, January 29 – 30, 2016

APPENDIX III: Knowledge Dissemination

Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships at *Mental Health in A Rapidly Changing World: Conflict, Adversity and Resilience, 15th World Congress of the World Association for Infant Mental Health*, Prague, Czech Republic, May 29 – June 2, 2016.

Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships at *Advancing Excellence in Practice and Policy: What Works for Families Affected by Substance Use*, Child Welfare League of America National Conference, Los Angeles, CA, August 1 – 3, 2016.

Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships at *21st IPSCAN International Congress on Child Abuse and Neglect*, International Society for the Prevention of Child Abuse and Neglect (IPSCAN), Calgary, Alberta, August 28 – 31, 2016.

Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment. Invited presentation at the meeting of the *Greater Toronto Area CPNP Projects, Community Partners and Funders*, North York Civic Centre, Toronto, ON, November 25, 2016.

Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment. Invited guest lecture, *Early Childhood Education Diploma Class*, Mothercraft College, Toronto, ON, February 13, 2017.

Trauma-Informed Practice: What does it mean for child welfare? Invited Keynote Presentation at *Children's Aid Society of Toronto*. Toronto Branch. Toronto, ON, April 5. 2017.

Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment, Poster Presentation 2017 National Institute on Infant Mental Health, *Expanding Horizons for the Early Years – You Help Me Soar*, Infant Mental Health Promotion, Toronto, ON April 27 – 28, 2017.

Trauma-Informed Practice in CAPC/CPNP/AHSUNC Projects. Invited Presentation. Provincial Training Webinar, *Ontario Network of CAPC/CPNP Programs*, October 18, 2017.

Infusing the Science of Infant and Early Mental Health into Policies and Programs. Presentation to Public Health Agency of Canada, Ottawa, ON, November 2, 2017.

Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships, *Community Capacity Building Forum*, Ministry of Children and Youth Services, Toronto, ON, November 6, 2017.

Supporting Brain Development in the Early Years: A Relational Approach, Invited Presentation = *PREVNet's 9th Annual Conference*, Gatineau, Quebec, November 15 – 17, 2017.

Connections: A Manualized Group Intervention for Mothers and Children Experiencing Violence in Relationships. Invited 3 day staff training, Children's Protection Society, Melbourne, Australia, November 27-29, 2017.

Trauma-Informed Practice for Community-Based Practitioners The Early Years Conference 2018: *Strengthening Resilience in Today's World – Leading with Kindness and Understanding*, Vancouver, BC, January 26 – 27, 2018 (Pre-Conference – January 25).

The Intersection of FASD and Infant Mental Health: Applying a Trauma-Informed Lens for Children in the Child Welfare System, The Early Years Conference 2018: *Strengthening Resilience in Today's World – Leading with Kindness and Understanding*, Vancouver, BC, January 26 – 27, 2018.

Healthy Babies Healthy Children – Trauma-Informed Practice in Action. Invited Presentation, *2018 Best Start Resource Centre Annual Conference*, Toronto, ON, February 6, 2018.

Building Connections: Using Trauma-Informed and Relational Approaches to Help Women and Children Experiencing Interpersonal Violence, Invited Presentation -Working with Families Early Childhood Education Diploma Class, Mothercraft College of Early Childhood Education, Toronto, ON, February 28, 2018.

Research in clinical and community-based settings: Challenges and opportunities. Invited Presentation, The Sanford School, Arizona State University, Tempe, Arizona, March 20. 2018.

Building Connections: How to Support Families Living with Interpersonal Violence Invited Presentation. *Ontario Network of CAPC/CPNP Projects Provincial Webinar*, April 18, 2018.

Exploring the aggressor-victim dyad: How does the balance of power between aggressor and victim affect the strength of the relationship. Society for Research on Adolescence Biennial Meeting, Minneapolis, MINN, April 12 – 14, 2018.

Helping your Child Explore their World: Understanding Stress in Infancy and Early Childhood. Invited Presentation - Carizon Family and Community Services, Kitchener, ON, April 24, 2018.

Research and evaluation with community-based projects: Approaches, Considerations, and Strategies. *Research Embedded in Practice: The Hows and Whys*. Invited Presentation.A Canadian Conference on Developmental Psychology, Brock University, St. Catharines, ON, May 1 - 4, 2018.

Building Connections: How to Support Families Living with Interpersonal Violence. Invited Presentation. *Setting the Stage for Emergent Literacy and Learning in the Early Years Conference*, Seneca College, Toronto, ON, May 4, 2018.

APPENDIX III: Knowledge Dissemination

Building Connections: How to Support Families Living with Interpersonal Violence. Invited Presentation. Provincial Webinar, British Columbia Network of CAPC/CPNP/ AHSUNC Projects, May 8, 2018.

Building Connections: Supporting Community-Based Projects Across Canada to Embed Trauma-Informed Approaches for Families with Infants and Young Children Poster Presentation at *New Challenges for a 3rd Millenium in Infant Mental Health*, 16th WAIMH World Congress, Rome, Italy, May 27 – 30, 2018.

Unresolved Loss and Trauma: Implications for the Individual, the Caregiving Relationship and Attachment, Invited Presentation - *2018 Infant Mental Health Community Training*, National Training Webinar, Infant Mental Health Promotion, Hospital for Sick Children, Toronto, ON, June 7, 2018.

Trauma and Addiction – Impacts on the Caregiving Relationship. Invited Presentation - *Ontario Kinship Workers' Symposium*, Children's Aid Society of Toronto, Toronto, ON, September 26, 2018.

Therapeutic Approaches for Supporting Early Mental Health. Invited Presentation. Pre-Institute Symposium, *2019 National Institute on Infant and Early Childhood Mental Health*, Infant Mental Health Promotion. Hospital for Sick Children, Toronto, ON, April 10, 2019.

The Intersection of FASD and Infant Mental Health: Applying a Trauma-Informed Lens for Vulnerable Children and Their Families *Expanding Horizons for the Early Years Conference: From Science to Practice*, 2019 National Institute on Infant and Early Childhood Mental Health, Infant Mental Health Promotion, Hospital for Sick Children, Toronto, ON, April 11 – 12, 2019.

Developing and Testing a Readiness Tool for Partnerships with Community-Based Projects. *Expanding Horizons for the Early Years Conference: From Science to Practice*. 2019 National Institute on Infant and Early Childhood Mental Health, Infant Mental Health Promotion, Hospital for Sick Children, Toronto, ON, April 11 – 12, 2019.

The Psychology of Trauma and the Path to Recovery. Invited Presentation, *Psychology Education Day,* Hamilton Health Sciences, Hamilton, ON, April 16, 2019.

Building Connections- Trauma-Informed Practice for Community-Based Practitioners. Poster Presentation - *Zero To Three Annual* Conference 2019, Ft. Lauderdale, FLA, October 1 – 4, 2019.

Impact of Maternal Substance Use and Trauma on the Caregiving Relationship and Infant Mental Health: Implications for Health and Social Service Practitioners, Invited Keynote Presentation, *Infant Mental Health Day,* IWK Health Centre, Halifax, NS, October 24, 2019.

Maternal Substance Use and Trauma – Impact on Pregnancy, Mothering and Infant Mental Health, Invited Keynote Presentation, *Perinatal Substance Use Workshop*, Kingston, ON, November 20, 2019.

Building Connections: Supporting Mothers of Young Children Experiencing Violence in Relationships through Community-Based Intervention (January 31, 2020) Early Years Conference 2020. *Listen Together, Learn Together, Act Together,* Vancouver, BC, January 30, 31 & February 1, 2020.

Developing and Testing a Readiness Tool for Partnerships with Community-Based Projects (February 1, 2020) Early Years Conference 2020 *Listen Together, Learn Together, Act Together,* Vancouver, BC, January 30, 31 & February 1, 2020.

Unresolved Loss and Trauma: Implications for the Individual, the Caregiving Relationship and Attachment. Invited Presentation - *Ontario CAPC/CPNP Network Provincial Webinar*, World Maternal Mental Health Month, May 21, 2020.

Supporting Infant Mental Health through Early Interventions with Caregivers who Experienced Toxic Stress and Early Adversity. *American Academy of Child and Adolescent Psychiatry, 67th Annual Meeting*, October 19 – 24, 2020.

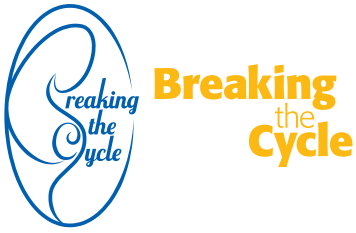
Building Connections: Supporting Community-Based Programs to Address Interpersonal Violence and Child Maltreatment Using Relational, Trauma-Informed Frameworks, Knowledge Hub Research Briefing, Western Centre for Research and Education on Violence Against Women and Children, Western University, January 25, 2021.

There aren't enough 'good things' I can say about the Building Connections *training and experience. What made it different from other trainings I've been through (and there have been many over the years!) was all the staff at Breaking the Cycle who treated us like their own - the most welcoming, caring experience I've had. Everyone presented well and the atmosphere was so welcoming and professional - there is nothing I can say that was negative or needing improvement. I am leaving feeling well equipped and supported in this new venture. THANK YOU ALL!*

—Connections Certified Facilitator

Growing up, all we lived in was unhealthy relationships and abusive relationships, and that was the normal I was going through. But this year, I can honestly say I have a healthy relationship with my partner, my kids, my work life, and my family life. And the group really helped me with how to be a healthier person so I can have healthy relationships."

—Connections Group Participant



For more information, please contact:
Mothercraft/Breaking the Cycle at btcycle@mothercraft.org