



# Reaching out with Yoga

BC Society of Transition Houses



September 1, 2015  
November 30, 2020

Financial contribution from the Public Health Agency of Canada  
*Supporting the Health of Survivors of Family Violence*



reaching out  
with yoga

# Final Narrative Report

**Project Name:** Reaching Out with Yoga

**PHAC Funding period:** September 1, 2015 to November 30, 2020

**Lead organization:** BC Society of Transition Houses

**Project partner:** Yoga Outreach

**Collaborators:**

- Burnaby Family Life
- Cariboo Friendship Society
- Castlegar & District Community Services
- Cowichan Women Against Violence Society
- Dixon Transition House Society
- Helping Spirit Lodge Society
- Howe Sound Women's Centre Society
- Kamloops Community YMCA YWCA
- Kootenai Community Centre Society
- Nelson Community Services Centre
- North Coast Transition Society
- Northern Society for Domestic Peace
- Revelstoke Women's Shelter Society
- Robson Valley Community Services
- SAFE Society
- South Okanagan Women in Need Society
- Tamitik Status of Women Association
- Vancouver & Lower Mainland Multicultural Family Support Services Society
- Victoria Women's Transition House Society
- Westcoast Community Resources Society

Many thanks to our project partner Yoga Outreach, BCSTH member project sites and the Knowledge Hub Community of Practice for their support that helped make the ROWY project a success.

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Funding for this project has been made possible through a contribution from the Public Health Agency of Canada.

*Financial contribution from*



Public Health  
Agency of Canada

Agence de la santé  
publique du Canada

## 1. INTRODUCTION

Reaching Out with Yoga (ROWY) was a 5-year collaborative research project between the BC Society of Transition Houses (BCSTH) and Yoga Outreach (YO). The goal of the project was to provide trauma-informed yoga (TIY)<sup>i</sup> to women, children and youth who are impacted by violence and to front-line staff working in the anti-violence sector in British Columbia and measure its effects on their health and well-being.

The Public Health Agency of Canada provided funding of \$1,311,673 from September 1, 2015 to November 30, 2020 through the Supporting the Health of Survivors of Family Violence investment. In-kind contributions were provided by yoga teachers who volunteered their time teaching ROWY classes for the duration of the projects. BCSTH provided the rent and utilities for office spaces which supported project activities.

## 2. BACKGROUND

There is growing evidence supporting the use of yoga as a complementary therapy for individuals who have experienced trauma and/or violence. Yoga - a practice that helps to calm the mind and body - can help to alleviate trauma symptoms such as anxiety, poor sleep and hyperarousal by supporting practitioners to learn self-regulation techniques, and helping them to feel safe in their bodies<sup>ii, iii</sup>. Yoga may help individuals who have experienced trauma to function better in daily life by enabling them to transfer these techniques off the mat and utilise them to stay present and tolerate intense emotions associated with past traumatic experiences as they arise<sup>iv</sup>. The mindfulness meditation component of yoga has additional proven healing benefits including decreasing anxiety and depression, and improving blood pressure and stress-levels.

However, yoga is not a widely used therapeutic practice for women and their children who have experienced violence and has not been integrated into the self-care practice of front-line anti-violence workers in any widespread or systematic way. In addition, at the time of the project proposal, there was little research on the potential healing benefits of TIY for women, children and youth who have experienced violence. As such, the ROWY project aimed to address current gaps in knowledge about the efficacy of TIY as a health-promoting intervention for these specified groups. This project is the first to test the effectiveness of a structured trauma-informed yoga intervention in a large Canadian sample.

## 3. KEY ACTIVITIES AND OUTPUTS

### Key project activities:

- **Selection of Project Sites** – Three call outs to BCSTH member programs (Transition and Second Stage Houses and PEACE Programs<sup>v</sup>) over the course of the project solicited interest in being a project site and implementing the intervention (TIY for women, children and youth, Using Yoga in Your Work<sup>TM</sup> (UYiYW) workshop for front-line staff). Project sites were selected based on organizational interest, buy-in, capacity and ensuring diverse regional representation among the sites.
- **YO Core Training for Yoga Teachers** - Yoga teachers in project site communities were trained in TIY teaching techniques. The training also included best practices for teaching in community and social service settings, specifically in Transition and Second Stage Houses and PEACE Programs. Volunteer yoga teachers were then recruited to teach the ROWY classes in project sites.
- **UYiYW Workshop** – This workshop, which incorporates yoga practices into front-line workers' self-care practices and their work with clients, was delivered to project sites' staff.

- **Community Based Research Training** – Front-line staff project leads (Community Based Research Assistants (CBRA)) at each project site participated in research training which covered feminist research principles, research methods, research ethics, consent and the role of the CBRA.
- **Implementation of ROWY Programs** – The TIY program was offered to women, children and youth accessing services at project sites (Transition and Second Stage Houses and PEACE Programs).
- **Data Collection** – CBRA at each of the project sites recruited participants, supported the implementation of the intervention and collected data from program participants (consent forms, baseline surveys, post-class surveys, final surveys and a final interview). CBRA had frequent check in calls with the Research Coordinator at BCSTH during this process.
- **Data Analysis** – Collected data was sent to the research team at BCSTH for analysis.
- **Knowledge Translation** – Research findings were summarized and shared through a variety of knowledge translation and sustainability tools including infographics, videos, a poster, booklets, summaries of findings and a journal article.

#### **Project audiences, reach and geographic scope:**

The audience of the ROWY project included women, children and youth impacted by violence, BCSTH member programs (specifically Transition and Second Stage Houses and PEACE Programs), front-line anti-violence organizations, yoga teachers and the academic community (e.g., Knowledge Hub Community of Practice). In terms of geographical scope, the intervention itself took place in rural, remote and urban communities across BC including Kitimat, Revelstoke, Ucluelet, Burnaby, Duncan, Castlegar, Vancouver, Kamloops, Nelson, Prince Rupert, Salmon Arm, Smithers, Penticton, Victoria, Williams Lake, Creston, Invermere, Nanaimo, Squamish, and Robson Valley.

The project reached: Research participants (212 women, 59 children and youth, 236 staff = 507 / rural, remote 33%, urban 67%); Project site organizations: 21; Yoga teachers trained in TIY (552); Conference/ATF/Webinar attendees: 3016.

#### **Knowledge dissemination and exchange activities:**

Throughout the course of the ROWY project we participated in and created a number of different knowledge dissemination activities and tools. These were shared within BC, nationally and internationally through the BCSTH and YO's websites and Facebook pages and the '[ROWY Resource Library](#)' on the BCSTH website. Here, individuals can access, download, use and share all the resources that have been created. We have encouraged participants in the knowledge dissemination events to reach out with any questions, and to share the resources widely – with their colleagues, the folks they support, and family and friends.

Notable knowledge translation activities include:

- 21 Conference presentations nationally and internationally
- Involvement in the Knowledge Hub Community of Practice
- High-level summaries of findings for each participant group and submission of a peer-reviewed journal article
- 6 online trauma-informed yoga videos (in English, Mandarin, Arabic, Tagalog subtitles, Punjabi subtitles)
- Yoga guides including a poster of chair yoga sequence and grounding practices, 2 booklets illustrating TIY sequences (chair and mat practice) and a TIY tip sheet for yoga teachers

#### 4. PROJECT OUTCOMES

The findings below summarize the results of the three participant groups.

##### Women Participants Group:

After participating in the TIY, women reported decreases in stress-related symptoms. All eight measures of physical and emotional states show a higher proportion of women with improvement than with a decline. In six measures (*memories/intrusive thoughts, sleep difficulties, fear/worry/being on-guard or jumpy, lost interest in activities/feeling detached, appetite changes, thinking of self or others negatively*) the improvement was statistically significant. The highest proportion of improvement was seen in *lost interest in activities/feeling detached* (64% experienced a decrease  $p < .001$ ) and *memories/intrusive thoughts/bad dreams* (52% experienced a decrease  $p < .005$ ). Participants also experienced a decrease in *sleep difficulties* (39%  $p = .009$ ), *fear/worry/being on-guard or jumpy* (48%  $p < .001$ ), *appetite changes* (44%  $p = .016$ ), and *thinking of self or others negatively* (49%  $p < .001$ ).

Women also reported an increase in the amount of physical activity they were doing from before to after their participation in TIY. This is likely due to a number of factors, one of which is possibly related to having positive experiences in their bodies and therefore wanting to continue that feeling. Many women noted that they had not had positive experiences with yoga previously and that these classes were much more approachable and enjoyable. The positive ratings also increased over time showing not only positive impressions, but also an enhancement of those impressions over time.

Many participants reported additional benefits including:

- Improvements in sleep after TIY classes, with others reporting they were more able to wind down.
- Improvements in strength (*"I'm also noticing that it helps the core muscles in my abdomen, which support my back more as well and I just feel a lot more balanced"*), flexibility, balance, and greater ease in yoga classes as they progressed.
- Elevation in their mood after the yoga classes (*"Emotionally it's made a huge difference, very significant"*), and the improvement was often sustained. Several participants also reported a more positive self-perception, including a feeling of improved self-efficacy.
- Learning skills during the TIY program that were useful in other areas of their lives such as *"At home I use the postures and breathing and grounding. If I go to a job I use the breathing or when I am dealing with difficult people."*
- Benefits of feeling like they were part of a community through their participation in ROWY and that it was beneficial to spend time with the women they were sharing living space with in a unique and positive way.

Lastly, pain was frequently reported at baseline. Although the reduction in pain wasn't statistically significant from baseline to final surveys it was a frequent qualitative theme. For example, *"I had less tension and pain, I am recovering from kidney cancer and I had half of my kidney removed and I've had a lot of tension and pain in my back where the kidneys are and... this class really helped me release that, I felt much less pain physically since taking the class."*

##### Children & Youth Participants Group:

Overall, the children and youth who participated in the yoga program rated it very highly. They found it enjoyable (93%), energizing (89%) and relaxing (78%).

We asked children and youth questions about their physical and mental states before and after they participated in the yoga program. As the sample size of participants who completed both baseline and final surveys is small (N=27), it is difficult



to make any inferences from the data. In most indicators of physical and mental states (i.e., *sleep, energy, ability to calm themselves down, feeling like they can solve problems, feeling like they can cheer themselves up and ability to focus*) there were no notable changes. Participants did experience a decrease in worry, a change that approached statistical significance. The only statistically significant change was in an increase in tummy aches. This requires further exploration as to the cause, however one contributing factor may be that children and youth were often provided snacks prior to the yoga classes and this reported increase in tummy aches is possibly related to the participants eating prior to engaging in physical activity.

When asked about their experiences of the TIY classes, children and youth reported learning self-regulation techniques in the yoga classes such as breathing and grounding exercises, which they could use in their everyday lives to help them calm down, regulate their emotions and help them sleep. They also noticed improvements in their mood after the yoga classes, such as feeling happy, calm and relaxed. Some said that yoga can help when they're having a bad day such as "it helped to calm my anxiety down and make my stress float away."

### **Staff Participants Group:**

Overall, the staff who participated in the UYIYW workshop enjoyed it. Participants felt it was a great reminder to take care of themselves; they learned new skills for grounding, relaxation and chair yoga; and, they felt they gained some useful tools for their work with the women, children and youth who they support. Staff also reported that the techniques were useful for their lives outside of work, and shared some experiences of when they had used the grounding and breathing techniques in stressful situations, personally or with family.

Staff participants reported an increase in physical activity in the past 2 weeks that approaches statistical significance. None of the physical and mental states (i.e., *pain/discomfort in body, intrusive thoughts, sleep difficulties, anger/irritability/jumpy, difficulty having positive feelings, feelings of hopelessness, appetite changes, and, thinking of yourself or others negatively*) show statistically significant changes. One reason for this may be that mental and physical states of staff were, and remained, predominantly good. Changes, if any, tended to be small.

### **Learnings:**

Overall, we learned that offering and delivering TIY classes in Transition and Second Stage Houses and PEACE Programs can result in positive health outcomes for the staff and women, children and youth accessing services. We learned that offering programming from a trauma-informed perspective, including as an offer, not an expectation, resulted in increased buy-in and overall success. Flexibility, choice, empowerment, prioritizing the relationship, consistency, trust, and predictability are all key tenets of TIY and trauma-informed practice and key components of how both the program and the research was delivered. We continuously learned and reflected on how important these concepts were in the success of the project. For example, we sought a balance between data collection and a non-invasive research experience for all (e.g., at all project sites, CBRA reminded participants about their voluntary participation, did not pursue women who chose to leave about their reasons, and invited women who refused research participation to participate in yoga classes).

Using the same trauma-informed principles with the project site organization and staff was crucial to their ongoing engagement and participation in the project. We listened to staff challenges, helped problem solve, acknowledged and appreciated their efforts, and were flexible and adaptable.

In terms of contributing factors for the successful delivery of a trauma-informed health promotion program, we also learned that:

- Offering trauma-informed programming within a residential program for women, children and youth experiencing violence works well due to ease of access, established relationships with staff and other residents, a sense of safety and convenience.

- Buy-in from organizations, both management and front-line staff and from the individuals they support, is essential to a program's success.
- Involving organizations in the development of the program and plans for implementation increases buy-in.
- Reducing barriers to access will increase participation (e.g., offering childcare and transportation, options of different session times, ability to access program remotely).
- Flexibility across all aspects of program delivery and data collection.
- Ensuring there is adequate budget for everyone's time (e.g., if using CBRA, pay them or their organization for their time).
- Providing organizations what they need to start a program (e.g., equipment, funding, support, manuals, step-by-step instructions, ongoing communication) supports program implementation.

## 5. NEXT STEPS

We anticipate that the positive experience of delivering TIY in Transition and Second Stage Houses and PEACE Programs, and the positive health outcomes for both staff and women, children and youth with experiences of violence will encourage front-line organizations to continue to deliver this type of programming. We are hopeful that the experience of TIY and its positive impacts experienced by the project participants will encourage them to continue to practice it in their everyday life and share with other women, children and youth impacted by violence. Lastly, the tools and resources that have been created will be available and utilized by women, children and youth (e.g., the online TIY videos), BCSTH member programs, yoga teachers and others working in the areas of anti-violence and health promotion far beyond the end of the funding period.

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i Trauma-informed yoga adapts traditional yoga techniques for the specific health and safety needs of individuals. Yoga teachers trained in trauma-informed yoga provide simple, clear instruction, using invitational (rather than directive) language and offer variations to the postures. It uses breathing, mindfulness and movement practices to reduce the impacts of trauma by focusing on choice, empowerment and safety.

ii Emerson, D. et al. (2009). Trauma-sensitive yoga: *Principles, practice, and research*. International Journal of Yoga Therapy. 19(1): p. 123-128.

iii Rhodes, A.M. (2015). *Claiming peaceful embodiment through yoga in the aftermath of trauma. Complementary therapies in clinical practice*. 21(4): p. 247-256.

iv van der Kolk, B.A., et al. (2014). *Yoga as an adjunctive treatment for post-traumatic stress disorder: A randomized controlled trial*. J Clin Psychiatry. 75(6): p. e559-e565.

v *The Prevention, Education, Advocacy, Counselling and Empowerment (PEACE) program for children and youth experiencing violence.*