ADVANCING THE WORK OF THE TRAUMA- AND VIOLENCE-INFORMED COMMUNITY OF PRACTICE: OUTCOMES AND PRELIMINARY LESSONS LEARNED

KNOWLEDGE EXCHANGE MARCH 2017

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ACKNOWLEDGMENTS

The Hub Knowledge Exchange was held in Toronto, Ontario on March 20 to March 21, 2017 and attended by 2 leads[1] from each of the projects funded under the Public Health Agency of Canada's investment, *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs*. Appreciation is extended to the following organizations for their participation at the Knowledge Exchange:

- **BC Society of Transition Houses** (Reaching out with Yoga)
- **BOOST Child and Youth Advocacy Centre** (Sole Expression)
- **Boys and Girls Club of Canada** (Trauma-Informed Sport Program)
- **Brock University** (Shape Your Life)
- **Centre d'études interdisciplinaires sur le développement de l'enfant et de la famille (CEIDEF)** (STEP Project)
- **Centre for Addiction and Mental Health** (Peer Empowerment and Connection through Education)
- **Centre for Research & Education on Violence Against Women & Children** (Knowledge Hub)
- **Centre for School Mental Health** (MindUP)
- **Child Development Institute** (Safe and Understood)
- **Covenant House Toronto** (Peer Empowerment and Connection through Education)
- **Fostering Open eXpression among Youth** (Teen Dating Violence in the Northwest Territories)
- **Kawartha Sexual Assault Centre** (Building Internal Resilience through Horses)
- **Mothercraft Society** (Building Connections)
- **Provincial Association of Transition Houses and Services of Saskatchewan** (Nato' we ho win)
- **Public Health Agency of Canada**
- **Qaujigiartiit Health Research Centre** (Inunnguiniq)
- **Ryerson University** (Sole Expression)
- **Toronto Newsgirls Boxing Club** (Shape Your Life)
- **Trent University** (Building Internal Resilience through Horses)
- **University of New Brunswick** (iHEAL)
- **University of Toronto** (Safe and Understood)
- **Université du Québec à Trois-Rivières** (STEP Project)
- **Western University** (interRAI, iHEAL)

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[1]Some projects chose to bring, at their expense, a third project member.

A NOTE ON LANGUAGE

At the first Knowledge Exchange in October 2016, a discussion took place among Community of Practice members on shifting the language from 'trauma-informed' to 'trauma- and violence-informed' approaches. This shift draws attention to acts of violence and their traumatic impacts on people with lived experience while differentiating violence from other potential sources of trauma (Ponic, Smutylo, & Varcoe, 2016). It also allows for a better understanding of different experiences of violence (e.g. interpersonal, systemic, and intergenerational) and trauma. Policies and practices that are trauma- and violence-informed can design services and programming that work to minimize harm of people with lived experience and avoid re-traumatization.

Recognising the importance of this shift in language, Community of Practice members agreed that in addition to trauma-informed, violence-informed concepts and principles should be captured in the work of the Knowledge Hub moving forward.

In this report, the terms 'trauma-informed' and 'trauma- and violence-informed' appear frequently. As this discussion took place after the call for proposals and funding of projects, the term 'trauma-informed' is used to describe investment objectives and project interventions. The term 'trauma- and violence-informed' is used to describe future activities of the Knowledge Hub and the Community of the Practice.

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INTRODUCTION

In July 2015, the Public Health Agency of Canada (PHAC) announced its investment, *Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs*. This investment supports community programs that aim to promote the health and well-being of adults, youth, and children who have experienced violence through trauma-informed approaches. Sixteen projects have received funding through this initiative, including the Knowledge Hub, which connects the work and members of the community-based projects through knowledge translation and exchange activities.

The Knowledge Hub is led by the Centre for Research & Education on Violence Against Women & Children at Western University. It aims to: (1) establish a Trauma- and Violence-Informed Health Promotion Community of Practice among members of each project; (2) promote knowledge transfer activities for Community of Practice members and the broader community; and (3) develop common process and outcome indicators to evaluate trauma-informed health promotion through the investment.

The Trauma- and Violence-Informed Health Promotion Community of Practice (CoP) is comprised of researchers and practitioners committed to enhancing the knowledge and practice of trauma- and violence-informed health promotion for people who have experienced or are at risk of intimate partner violence and child maltreatment.

In October 2016, the Knowledge Hub hosted the first Knowledge Exchange in Richmond, B.C., as an opportunity for CoP members to meet in person, establish relationships, and build connections among projects. The Exchange also allowed CoP members to identify issues and areas of trauma- and violence-informed health promotion related to their projects, review trauma-informed health promotion principles, and explore common process and outcome indicators for the investment. Themes from the discussions can be found in the report, *Building a Trauma-Informed Community of Practice*.

This Knowledge Exchange provided the groundwork for moving the CoP forward and it was apparent that in-person meetings were valuable, if not necessary, for building and strengthening relationships among members. In January 2017, an opportunity emerged for another Knowledge Exchange to be held earlier than expected. The timing was ideal as a new wave of funding resulted in three new projects being announced.

The Knowledge Hub hosted the second Knowledge Exchange on March 20-21, 2017 in Toronto, Ontario. Members from all sixteen projects were in attendance, as well as representatives from the Public Health Agency of Canada (Appendix A). The main objectives were to:

- Introduce and integrate new projects into the Community of Practice
- Identify common indicators for evaluating the PHAC investment
- Identify emerging issues
- Advance working groups
- Share lessons learned to date
- Share knowledge.

CoP members participated in small and large group discussions to review and agree on common indicators, seek peer consultation on stage-related project challenges and solutions, share lessons learned, and continue the conversation on issues identified at the first Knowledge Exchange. These issues included developing principles for trauma- and violence-informed research, ensuring trauma- and violence-informed principles and practices adequately address Indigenous experiences, and honouring participant needs and supporting their continued participation in trauma- and violence-informed interventions.

This report captures the key themes that emerged from discussions at the Exchange and is divided into the following sections:

- Overview of projects funded through investment
- Investment objectives and discussion on generating ideas for data collection to support the investment
- Discussion on common indicators among

projects

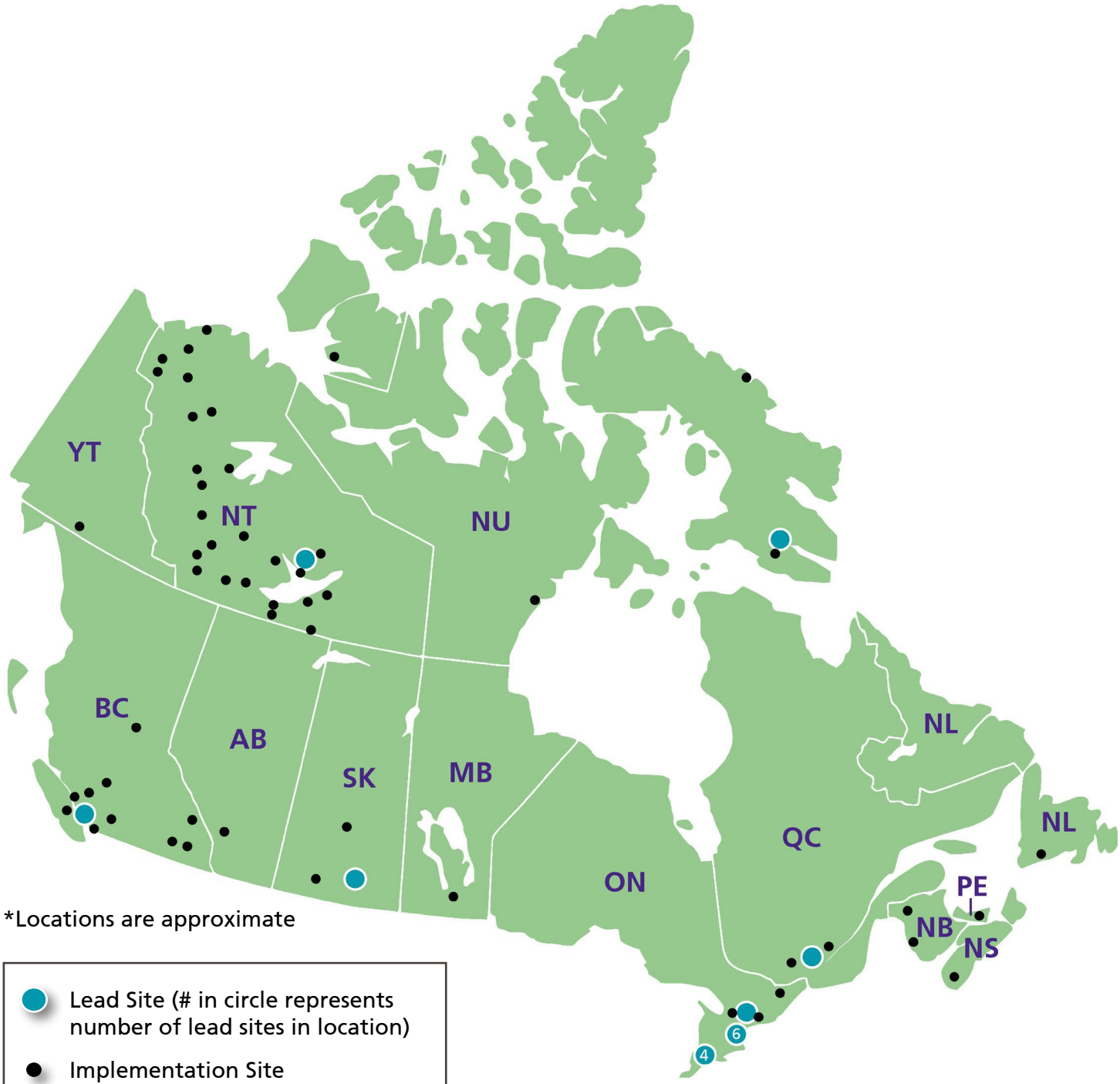
- Review of lessons learned from stage-related project challenges and solutions
- Considerations for moving forward.

The high levels of interest and engagement demonstrated by CoP members at the Knowledge Exchange indicates their commitment to improving the health of children, youth, and adults with lived experience of violence through trauma-informed interventions and to guide the CoP to become a leading network in the field of trauma- and violence-informed health promotion in Canada.

PROJECT PROFILES

Since 2015, sixteen community-based projects have been funded under the investment, Supporting the Health of Victims of Domestic Violence and Child Abuse through Community Programs, including the Knowledge Hub. Projects have been funded in various regions in Canada and many have implementation sites across the country, thus extending the reach of their interventions to additional communities. Project representation across Canada is illustrated in the map below.

FIGURE 1: PROJECT REACH ACROSS CANADA



Projects represent innovative trauma-informed health promotion for persons with lived experience of violence (such as intimate partner violence and child maltreatment). Program participants include very young children, mothers, fathers, adolescents, and adult women. Interventions include trauma-informed physical activity programs (e.g. yoga, boxing, basketball and dance); art programs; peer support programs; school-based programs; and parenting programs. Brief descriptions of projects can be found below. Please view Project Fact Sheets on the Knowledge Hub website.

Building Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships

Building Connections develops and disseminates resources and training to enhance awareness and capacity of service providers in 806 Community Action Program for Children (CAPC), Canada Prenatal Nutrition Program (CPNP), and Aboriginal Head Start in Urban and Northern Communities (AHSUNC) to support pregnant women, mothers, and young children who may be affected by interpersonal violence (IPV). Additionally, staff from a subset of 30 CAPC/CPNP/AHSUNC projects will receive intensive certified training to facilitate and evaluate the group intervention *Connections: A Group Intervention for Mothers and Children Experiencing Violence in Relationships*. *Connections* is a manualized intervention that helps mothers think about their past and present experiences with IPV. The process and outcome evaluation is based on a developmental-relational perspective with a trauma-informed lens.

Building Internal Resilience through Horses

Building Internal Resilience through Horses is a 12 week expressive arts and equine-assisted learning program intended to build resilience and life-skills in young women aged 13 – 18 years who have witnessed or experienced violence in the home or who have been exposed to intimate partner violence. The initiative is founded on the premise that, through the hands-on experience of working in partnership with horses as natural coaches (no riding) combined with expressive and psychoeducational workshops, young women will reduce post-traumatic symptoms, improve mental health, and enhance personal coping skills and resilience.

Child and Youth Mental Health: The implementation of the interRAI Collaborative Action Plans to improve outcomes for children and youth exposed to domestic violence

This project is implementing and testing an innovative tool that assesses the health needs of children between the ages of 4 to 18 who have been exposed to domestic violence and abuse, and subsequently develops health interventions that are both evidence-informed and community based. The goal of the project is to facilitate greater information sharing, collaboration and service integration across organizations with the overall objective to improve mental health care for children and youth exposed to domestic violence/abuse.

iHEAL in Context: Testing the effectiveness of a health promotion intervention for women who have experienced intimate partner violence

iHEAL is a health promotion intervention designed to support women who are in the transition of separating from an abusive partner to improve their health and quality of life. The intervention is co-delivered by community health nurses and a community partner, in BC, Ontario and New Brunswick. The project includes a randomized controlled trial (RCT) that will assess the impact of the intervention on a number of health outcomes, including mental health, quality of life, and self-efficacy.

Inunnguiniq (childrearing): Developing and piloting an evidence-based intervention to support high-risk families who experience family violence in Nunavut

Inunnguiniq is an evidence-based intervention that supports high-risk families who experience family violence in Nunavut involved in the criminal justice system, accessing social services and/or are in treatment for substance abuse in Nunavut. The *Inunnguiniq* project works to revive Inuit pathways

to wellness-building on Inuit societal values and the importance of family connections and rearing children through a strengths-based and holistic approach. The project will be evaluated through qualitative and quantitative methods based on both western scientific and Indigenous methodologies.

Measuring the Effects of the Shape Your Life Project on the Mental and Physical Health Outcomes of Victims of Domestic Abuse

This project will evaluate the *Shape Your Life* trauma-informed boxing program for female and trans-survivors of family or other violence. Participants will use boxing to bring their bodies back under their own control and as a means to improve their mental and physical health. The program will be evaluated using quantitative and qualitative methods.

MindUP for Young Children

The *MindUP for Young Children* project is implementing and evaluating a mindfulness-informed, evidence-based social and emotional learning intervention within a trauma-informed framework to full-day kindergarten children in schools, as well as in a community-based organization that provides support services and crisis care to children and families. The project builds on MindUP which is a universal school and mindfulness-based education program that incorporates social-emotional learning into 15, teacher-led lessons. These lessons integrate attentional, self-regulatory, social and emotional strategies for children. The MindUP lessons will also be adapted into parent sessions and implemented with families.

Nato' we ho win

Nato' we ho win includes design, delivery, and evaluation of an innovative program that addresses the mental and physical health needs of Indigenous women who have experienced intimate partner violence (IPV) through trauma-informed, artistic, and cultural programming. Participants will engage in cultural and creative activities to increase stress management skills, social support networks and knowledge of traditional Indigenous culture and to address health and social issues related to colonialism. Evaluation of the project will include both quantitative measures and Indigenous qualitative methods.

Peer Education and Connection through Empowerment (P.E.A.C.E)

The *P.E.A.C.E project* works with community partners to recruit survivor peer mentors and invites girls and women who have experienced domestic violence, human trafficking and sexual exploitation to participate in developing a program. Participants will explore barriers to health and wellness and how to maintain healthy lifestyles through trauma-informed health promotion activities. A community-based participatory research framework will inform the development of the program and the qualitative and quantitative evaluation.

A Trauma-Informed Sport Program at Boys and Girls Clubs of Canada

This project piloting and testing a trauma-informed sports and recreation program for children and youth that addresses the health needs of survivors of family violence and child abuse in a fun, engaging, and developmentally appropriate environment. The project includes program design and delivery, training of staff on trauma-informed practice, and building capacity in all Boys and Girls club programming.

Reaching out with Yoga: To women and their children who have experienced domestic violence, and Transition and Second Stage housing staff

Reaching out with Yoga recruits, screens, trains and mentors yoga teachers to implement trauma-informed yoga programming for women and children in shelters and transition houses. Staff are also being trained to use yoga in their self-care practices to address vicarious trauma. The qualitative and quantitative evaluation is informed by feminist methodological principles.

Safe and Understood: Helping children who experience domestic violence

The *Safe and Understood* project expands the reach of two existing programs that promote the social, emotional, and developmental health of children aged 0 to 4 who have witnessed or experienced family violence. Caring Dads and Mothers in Mind is delivered in select rural and French speaking communities across Canada. Application to Aboriginal families is also being explored. Research models include a cluster randomized control trial, participatory action evaluation, and process and outcome evaluations.

Sole Expression: Trauma-Informed Dance Intervention

Sole Expression is collaboratively refining, implementing, and evaluating a trauma-informed dance intervention that is innovative and creative and promotes healing and well-being for youth (ages 12-17) who have experienced child abuse and/or domestic violence. The intervention is being evaluated using both qualitative and quantitative methods.

S.T.E.P: Supporting the transition to and engagement in parenthood in adults who experienced maltreatment as children

The *S.T.E.P project* is designing, delivering and evaluating an innovative intervention aimed at adults who have experienced abuse or neglect during their childhood and are awaiting a child. This intervention aims to (a) promote the physical and mental health of Canadians who were abused/neglected during their childhood and are at the transition to parenthood, (b) to promote the psychosocial development of their child, and (c) to intercept intergenerational cycles of abuse.

Supporting Victims and Strengthening the Health of Northern and Indigenous Youth Experiencing Teen Dating Violence in the Northwest Territories

This project uses drama, visual arts, moose hide beading, traditional hand drumming, photography, digital storytelling, and music to educate and facilitate discussions issues that affect Northern youth, including violence, relationships, sexual health, and mental health. The project will be evaluated through the use of social ecology of resiliency theory as a methodological framework.

INVESTMENT OBJECTIVES & TELLING THE STORY

The March 2017 Knowledge Exchange provided an opportunity for representatives from the Public Health Agency of Canada (PHAC) to review investment objectives and explore the feasibility of collecting data on demographic characteristics of program participants to better describe and understand who benefited from the investment.

Objectives of the investment are to:

- Support innovation in designing, delivering, and evaluating community programs that address the physical and mental health needs of victims of domestic violence and child abuse.
- Promote the use of trauma-informed approaches that tailor information, resources, and programs in ways that take into account the violence and trauma that victims have experienced and take specific measures to avoid re-traumatizing them.
- Develop, enhance, or expand integration across community services for victims of domestic violence and child abuse, with emphasis on collaborative models.
- Fill gaps in information and resources as part of community-based organizations' programs to support the health of victims of domestic violence and child abuse.
- Provide new evidence based on comprehensive evaluations with clear indicators of results so that this initiative supports the implementation of sustained effective community-level programs.

It was emphasised that "telling the story" of the investment and sharing the realities and challenges that exist with implementing community-based research projects would help support these objectives and educate broader stakeholders at PHAC and their partners. This includes providing the right information on the types of programming that take place through the community-based projects, where they take place, and the groups that are impacted. Data collection on the following demographic characteristics of program participants could help demonstrate the impact of the investment:

- Age
- Gender
- Sexual Orientation
- Language community
- Indigenous community
- Other ethno-cultural communities
- Newcomers and refugees
- Socioeconomic status
- Ability
- Urban/rural/remote.

PHAC invited feedback on data collection of these characteristics and which, if any, presented concerns and/or challenges. Participants noted that while collecting data on age poses little to no problems, asking about gender identity can be perceived as intrusive by program participants. Also, it is difficult to capture the continuum of gender identity due to variations in terminology and the range of interpretations associated with given terms. A suggestion was made that capturing the gender identity of partners of people with lived experience may be important given the lack of research on partner characteristics.

Some demographic characteristics are also not relevant or appropriate for certain groups to report on. For example, data on sexual orientation and socioeconomic status cannot be collected from projects involving young children. CoP members noted that for some of the demographic characteristics, common metrics need to be developed. For instance, there are different interpretations of what is urban, rural, or remote. Similarly, there are a number of ways to identify ethno-cultural communities.

CoP members expressed agreement that there must be an option for program participants to skip questions to keep in line with trauma- and violence-informed principles. They also suggested that it may be helpful to provide justification for why questions are being asked. For instance, some groups from marginalized communities feel that not all programs serve them appropriately or take their needs into consideration and may appreciate knowing that the data collected may inform better

program delivery.

A suggestion was also made to ask a question related to early life experiences of program participants as it may increase understanding on the impact of childhood trauma on the health and well-being of adults.

Suggestions and comments made by CoP members will be reviewed by representatives from PHAC and further consideration will be given to how to best capture the impact of the investment while ensuring the safety and needs of program participants.

REVIEWING PROPOSED COMMON OUTCOMES

Outcomes that measure across all projects will provide an understanding of the collective impact of trauma-informed health promotion through this investment. The Knowledge Hub facilitated the exploration and identification of common indicators at the October 2016 and March 2017 Knowledge Exchanges.

Although all projects have been funded with the primary goal of improving the health of people with lived experience of violence through community programs, the interventions vary in terms of contexts (i.e. schools, sports clubs, and yoga studios) and target populations (e.g. young children, adolescents, adults, parents, and Indigenous). Therefore, outcomes are being measured differently based on what is appropriate for the context, the population reached, and the nature of the project. The challenge is to assess the overall benefit of the investment while not compromising or changing the research plans for each project.

An initial conversation on common outcome indicators at the Knowledge Exchange in October 2016 revealed that some projects had already selected their measures and some were still exploring appropriate measures. In preparation for further discussion at the March 2017 Knowledge Exchange, additional information was collected through project proposals, research plans, and communications with projects to capture all outcomes and measures being used.

In the earlier stages of this work, there appeared to be few common outcomes among the projects and that even among commonalities, different measures had been selected. Further review and analysis of charts detailing project outcomes and measures revealed that many project outcomes could be grouped into overarching outcome categories. Specifically, three common outcomes were proposed:

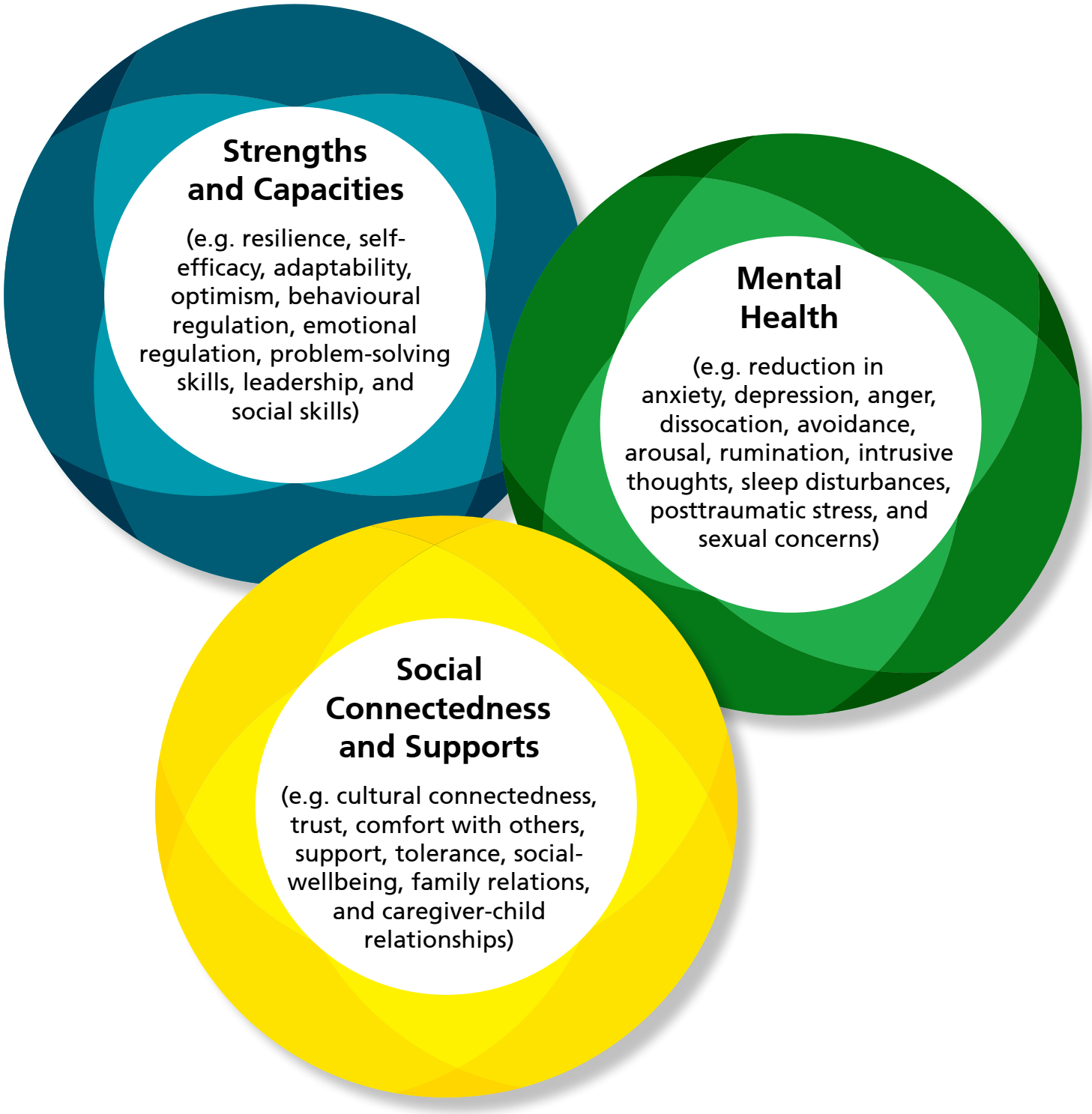
1. Psychological symptoms potentially associated with traumatic stress (i.e. reduction in anxiety, depression, dissociation, anger, arousal, rumination, sleep disturbances, etc.)
2. Resilience (i.e. self-efficacy, adaptability, optimism, behavioural regulation, emotional regulation, problem-solving skills, etc.)
3. Family and social relations (i.e. trust, comfort with others, support, tolerance, social-wellbeing)

A description of these three proposed outcomes and charts were provided to CoP members in advance of the meeting to allow time for reflection (Appendix B). At the Knowledge Exchange, a vibrant discussion took place. CoP members expressed general agreement with the proposed outcomes and provided additional suggestions. It was recommended that the first outcome be re-named 'mental health' to indicate that projects are looking to improve mental health among program participants. It was also suggested that 'resilience' be changed to 'strengths and capacities' to more accurately capture and include indicators that most projects were measuring related to this outcome. Similarly, CoP members noted that the last outcome could be changed from 'family and social relations' to 'social connectedness and supports' to include projects that are measuring cultural connectedness and to have the name of this outcome better describe what projects are assessing (see Figure 2).

The three common outcomes described in Figure 2 are being measured by most projects. For instance, 100% of projects are measuring mental health, 90% are measuring strengths and capacities, and 80% are measuring social connectedness and supports. CoP members identified physical health as another potential common outcome for a subset of projects that are measuring aspects of this domain, including chronic, pain, health-related quality of life, quality of sleep, blood pressure, and cortisol levels.

Participants agreed that different measures being used to assess the same outcome was viewed as necessary and as a methodological strength.

FIGURE 2: COMMON OUTCOMES IDENTIFIED AT KNOWLEDGE EXCHANGE



WORKING GROUP DISCUSSIONS

CoP members participated in the following working groups on the second day of the Knowledge Exchange to address issues identified at the first Knowledge Exchange in October 2016:

1. Principles for trauma- and violence-informed research
2. Ensuring trauma- and violence-informed principles and practices adequately address Indigenous experiences
3. Honouring participant needs and supporting their continued participation in trauma- and violence-informed interventions

Working Group 1: Principles for Trauma- and Violence-Informed Research

At the first Knowledge Exchange in October 2016, CoP members noted that although principles for trauma-informed practice have been developed and are well-documented, this is not the case for conducting trauma- and violence-informed research. Participation in this working group allowed CoP members to focus their efforts on developing principles, or at least begin the conversation, to help guide trauma- and violence-informed research. They agreed that fundamental to conducting trauma- and violence-informed research is the need to be able to provide a strong rationale for carrying out all aspects of the research.

Involving people from the community as experts to inform and be part of the pilot is an area of focus for trauma- and violence-informed research. Engaging the community to help interpret both qualitative and quantitative findings allows participants to review data and discuss what it means to them. This includes preparing research reports in plain language to increase accessibility for different community members.

Discussion highlighted the importance of building meaningful relationships with participants, as well as ensuring the right questions are being asked and selecting appropriate measurement tools to help answer questions. When participants are informed of the types of questions that will be asked in a measure, and why, an extra layer of information is added that supports trauma- and violence-informed research. As well, considerations such as built-in breaks, grounding techniques, and guided meditation during completion of measures (e.g. surveys, structured interviews) can be encouraging for participants. These are especially important to provide during pilot work and/or focus groups so that participants can offer researchers feedback on measures in case modifications need to be made. Intentions of data collection must be made clear to program participants. Capturing in a report the reasons why certain measures were used and/or not used would help inform researchers working with similar populations. The following caveat was included regarding the importance of researchers' sensitivity and balance; for example, measures may lead to discomfort for participants but not be re-traumatizing.

Participants noted that it would be helpful if trauma- and violence-informed research principles were captured in an accessible resource document and that if these principles are included in future calls for proposals. This would enhance fidelity to the principles.

Working Group 2: Ensuring trauma- and violence-informed principles and practices adequately address Indigenous experiences

Discussion on trauma-informed principles at the Knowledge Exchange in October 2016 indicated that current principles do not adequately address Indigenous experiences. Although CoP members showed interest in participating in this working group, it is important to recognise that work on this topic requires an expanded group to primarily involve representatives from Indigenous communities (e.g. advocates, researchers, community-based service providers) along with some ally researchers and service providers. Thus, below are potential considerations the group offered for further discussion once the composition of the working group includes a breadth of Indigenous perspectives.

Working group participants suggested that it was important to begin with developing a broad statement around incorporating Indigenous understanding and issues at a higher level, similar

to that of a gender-based analysis or a trauma- and violence-informed approach. This type of framework could help build the capacity of all projects to develop and train on cultural humility regarding the colonial past as addressed by the Truth and Reconciliation Commission of Canada. Such action may also lead to broader monitoring of this issue.

Participants referred to the core competencies of trauma-informed health promotion outlined in the Trauma, Violence and Health Series backgrounders that were developed by the Knowledge Hub and provided to CoP members in advance of the first Knowledge Exchange:

- Where patterns of trauma and violence come from; including an understanding of historic and intergenerational issues
- Understanding that trauma comes from institutions and institutional practices
- Understanding intersectionality and culture; able to bring it into the discussion

Participants also suggested expanding the core competency of diversity to include the need for critical reflection on sources of privilege and the need to reflect on who is being served and who is not.

When looking at the core competency of empowerment, the following can be added to ensure it represents the ideas of working with and not for:

- Consensus and collaborative based; having intervention participants, providers, leaders around the table from the beginning
- Understanding connectedness to culture as a potential source of empowerment

These suggested changes to the core competencies and principles for trauma- and violence-informed health promotion are offered as a potential starting point for future discussions by a working group made up of members of Indigenous communities and the CoP.

Working Group 3: Honoring participants needs and supporting their continued participation in trauma- and violence-informed interventions

Discussion in this working group focused on several key themes related to honouring participant needs and supporting their continued participation in trauma- and violence-informed interventions: retention, accessibility, sensitivity and safety, and training. Due to the intertwined work of practice and research, there was overlap between the discussion in this working group and the first working group.

Retention of program participants is a challenge for many research projects due to a number of different factors and it was identified that relationship-building is key to continued participation. This includes frequent contact, taking the time to check in before and after the program, and putting in place supports and safety plans. Retention can also be achieved through practices that support empowerment such as allowing participants to be in a leadership role and/or have an active role in the research design, methodology, and knowledge translation. These practices can help to mitigate power differentials and demonstrate to participants that their participation and needs are appreciated and respected.

Retention is also supported through decreasing barriers related to accessibility. Providing transportation, particularly in rural areas, as well as the flexibility to run programs in different locations in a larger geographic area will improve retention of participants. Considering participants' other needs such as nourishment, clothing, childminding, and time is also key to ensuring accessibility for potential participants. Timing of program delivery will also enhance or discourage participation if it interferes with work schedules, school, and childcare.

Putting participant needs first ensures principles of sensitivity and safety are being respected. This includes selecting appropriate and sensitive measures, collecting the right data, ensuring a strengths-based approach, providing reminders for participants to stop, take breaks, and skip items

during evaluation and research processes, and providing adaptations when necessary.

CoP members in the working group also noted that the safety of clinicians, researchers, and other practitioners is important. Addressing vicarious trauma ensures that everyone involved in the research project is supported. Staff training on trauma- and violence-informed approaches and practices can help create a trauma- and violence-informed culture in the workplace.

PRELIMINARY LESSONS LEARNED FROM STAGE-RELATED PROJECT CHALLENGES AND SOLUTIONS

CoP members discussed stage-related project challenges and solutions and reflected on the lessons learned to date. Due to the staggered nature of funding, some projects are in later phases while some have just begun. CoP members were asked to identify what stage their project was currently in and form small-groups to share successes, challenges, and seek peer consultation. Groups were based on the following five stages:

- Program development
    1. Development of program and training for program implementers
    2. Piloting of program
    3. Implementation & roll out of program
- Evaluation
    4. Selecting and piloting of measurements
    5. Pre and post program measurement

Report back in a large group discussion of project challenges and potential solutions (whenever identified) were often intricately linked to a later discussion of lessons learned (see Figure 3). Below preliminary lessons learned are presented along with examples of some stage-related project challenges and emerging solutions. As the projects progress, lessons learned will help inform others engaged in trauma-and violence-informed health promotion.

Lessons 1: Develop better cost estimate for intervention and research deliverables

Small-group discussions indicated that challenges associated with unexpected costs emerged in various stages of project implementation. Preparing accurate cost estimates to support intervention and research deliverables can help mitigate some of these challenges. For example, strategies for recruitment and retention of program participants require resources (i.e. time and money) that may not be known from the onset but can emerge at any stage of the intervention (e.g. retention incentives). In some situations, projects may have higher than expected levels of interest from individuals looking to participate in the program and this may require additional costs for providing honoraria, transportation, childminding, nourishment, and compensation of time.

One project indicated that interest in the program did not come from the geographical area project leads had originally expected but rather an area much further from the intervention site, which is fixed. This significantly increased the costs of transportation due to the increase in mileage compensation. Other projects noted similar experiences where inclusion of additional implementation sites, trainings, or workshops in areas where transportation is expensive (e.g. Northern Canada) can incur high costs that are not anticipated at outset.

Knowledge translation activities of projects may also require additional resources. For instance, there may be additional materials that need to be translated into both English and French (the investment is bilingual) that were not accounted for in the original budget outline.

Careful consideration of costs associated with key project deliverables and potential activities is essential to ensuring the right amount of resources have been allocated for successful project delivery. A checklist of potential resources needed may be a helpful tool to those submitting funding proposals and for sustainability planning.

Many expressed challenges dealing with a contribution agreement funding model where funds may have been adequately budgeted, but due to delays in activities, may not be spent in the fiscal year in which they were allocated. A funding model that does not allow for carry forward of funds causes challenges when delays are experienced.

Lesson 2: Pilot interventions and research measures

CoP members in the early stages of their project noted that some of the challenges they encountered related to measurement tools could have been mitigated if they had begun with pilot work. Some indicated difficulties finding culturally

relevant measures for evaluation purposes. Projects at all stages of development expressed challenges with selected measures not being applicable to the participant population.

Some CoP members who were in later phases of the project noted that they had challenges with data collection. Some program participants could not complete the surveys on their own due to literacy problems and language barriers and needed assistance. A suggestion was made that audio recordings could be used to read out the surveys to participants.

Conducting pilot work may allow for some of these challenges to surface and allow researchers time to address them prior to implementation of program.

Lesson 3: Prepare detailed work plans and set timelines that build allowances for probable delays

CoP members whose projects are in the later phases of the program (i.e. implementation and roll out of program, piloting of measures) suggested preparing detailed work plans and setting timelines that build allowances for inevitable delays to address challenges that may arise due to the complex nature of applied research.

Some CoP members noted several situations that extended their project timelines including delays in getting ethics approval, changes in measurement approaches, additional intervention deliverables (e.g. an extra day for training or program retreats), staff turnover (e.g. trainers), and other unexpected delays or changes.

Challenges related to delivery of training for facilitators were also noted. To ensure fidelity to the model and flexibility, training may have to be delivered in different ways and these changes, if not accounted for, may significantly affect project timelines.

Preparing for longer timelines can help project leads respond effectively to the unexpected.

Lesson 4: Ensure trauma- and violence-informed principles are embedded in all practice and research related to project

While all projects must implement interventions and conduct research in accordance with trauma-informed principles, these principles should be embedded in all aspects of the project, and as much as possible, in the organizations, that house the interventions.

Some CoP members noted that while project and research leads may be adhering to trauma-informed principles, this must extend to all staff directly or indirectly involved with the project. This supports an organizational culture of providing trauma-informed care where program participants can feel safe and secure.

CoP members also expressed challenges with high turnover for program trainers, particularly in the middle of the intervention, and the potential impact on program participants. It was suggested that trainers could be further supported through considerations for scheduling conflicts, access to additional supports, opportunities for continuing education and professional development, and participation in value-added Communities of Practice.

Using strengths-based approaches with program participants supported by trauma-informed principles can shape the type of experience the participant has in the intervention.

Lesson 5: Create an effective project communications strategy

Some CoP members recommended having internal and external communications strategies to maintain engagement with program participants and create public awareness.

Projects made use of various communication tactics to help garner positive media attention. Some were featured in interviews and others had events celebrating the launch of the project with attendance from local politicians and community leaders. For one project, asking the Prime Minister to attend their launch through a video led to such high interest from individuals looking to sign up for the program that there is now a two-year

waiting list for the program!

CoP members suggested that informal or formal communication strategies (i.e. social media, online outreach) are vital to getting the message out, highlighting project successes, and recruiting, retaining and engaging with program participants.

Lesson 6: Prioritize responsivity to program participant needs

CoP members emphasized the necessity of building positive and supportive relationships that consider and respond to the needs of program participants.

When such relationships with program participants are established, project staff are more likely to be aware of the barriers that can impede full participation of participations, such as transportation costs, childminding responsibilities, and work scheduling conflicts.

CoP members noted that using appropriate language when talking about trauma and survivors was also important. This includes how participants are named and how their traumatic pasts are addressed. For example, using the term 'women' or 'boxers' instead of 'survivor' or 'victim', avoids associating the person with acts of violence (only applicable to a specific project). Another example includes using the term 'unhealthy versus healthy relationships' instead of 'abusive or violent relationships'.

Program participants who feel safe and secure may also be more inclined to disclose ongoing victimization of interpersonal violence, something that was identified by CoP members as difficult to assess throughout the intervention. When participant needs are considered first, they are more likely to feel safe, find value in the program, and continue to participate.

Lesson 7: Build strong and effective partnerships

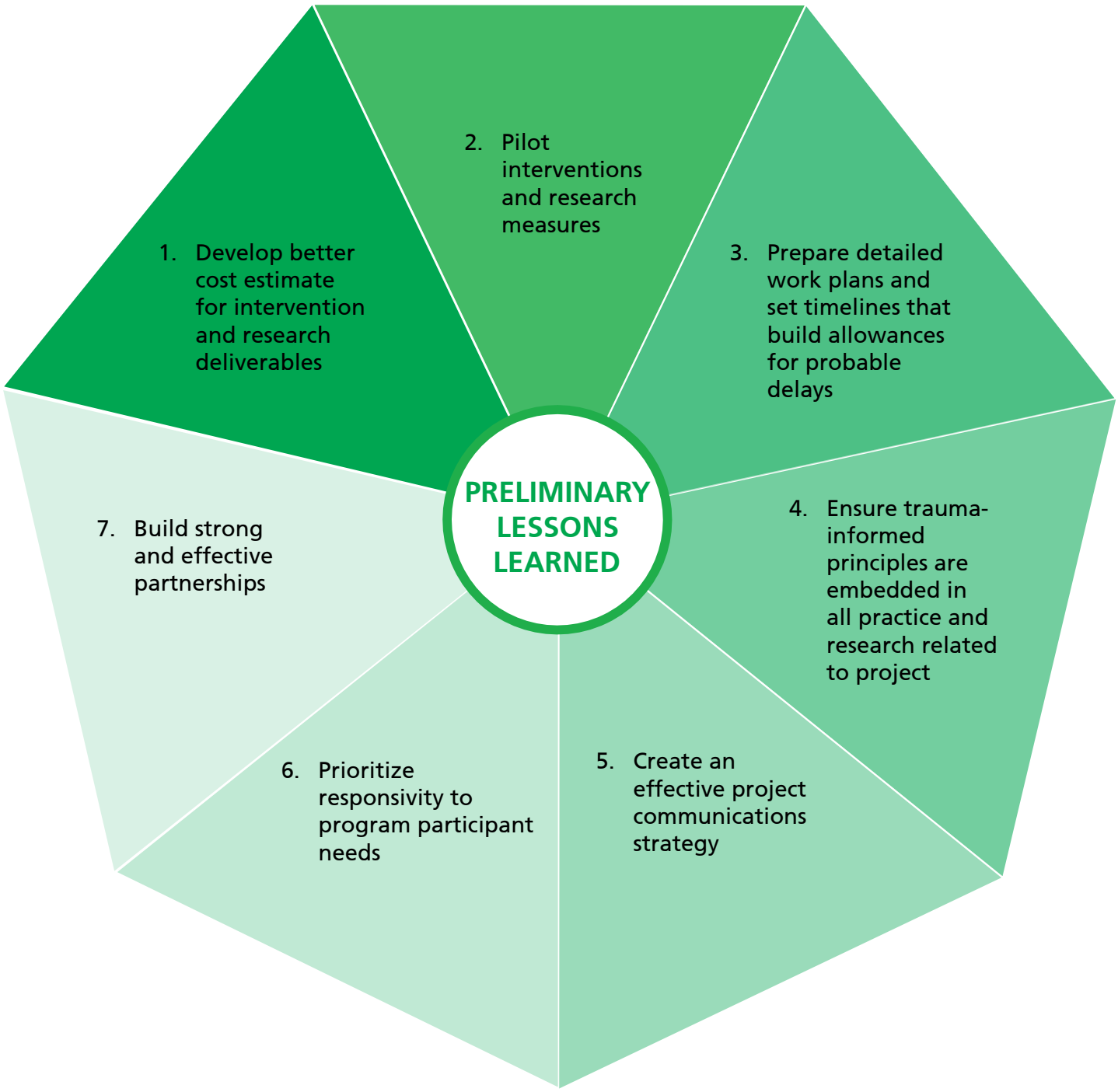
Many challenges identified in small-group discussions were related to building and maintaining different types of partnerships critical to program success. These challenges emerged across all stages of the project due to nature of research projects that typically involve collaboration between different types of partners (e.g. researchers and practitioners, community and academic organizations), and coordination between various implementation sites.

Tension between research and practice was highlighted as a reoccurring challenge. Although researchers and practitioners are working towards the overall goal of improving the health of program participants, their respective roles and foci are different. For instance, researchers may require certain information from participants that practitioners are reluctant to ask for fear of the impact it may have on the participant.

Maintaining partnerships between academic and community researchers was noted as another challenge, particularly when there are disagreements over data ownership or different expectations.

Building strong and effective partnerships between various partners and stakeholders must take place at the onset of the project. This can be supported through contracts, memorandums of understanding that include conflict resolution agreements, agreed upon operationalization of terms, and clarification of roles and expectations.

FIGURE 3: PRELIMINARY LESSONS LEARNED



CONSIDERATIONS FOR MOVING FORWARD

The March 2017 Knowledge Exchange provided an opportunity for the Trauma- and Violence-Informed Community of Practice members to establish new and strengthen existing relationships, build connections among projects, and continue discussions on issues identified at the first Knowledge Exchange in October 2016. Considerations for moving forward include:

- Further discussion and analysis of stage-related challenges and solutions
- Tracking lessons learned to help inform future community-based projects
- Periodic review of common indicators in case new measures are selected
- Ensuring continuous communication and connection among CoP members
- Advancing progress of the working groups
- Making use of Basecamp (project management platform) to engage CoP members and share information
- Continuing efforts to enhance the work of projects through various knowledge exchange activities

The next Knowledge Exchange will be held in London, Ontario in September 2017.

REFERENCES

Ponic, P., Varcoe, C., & Smutylo, T. (2016). Trauma- (and Violence-) Informed Approaches to Supporting Victims of Violence: Policy and Practice Considerations. In *Victims of Crime Research Digest* (9). Retrieved from http://www.justice.gc.ca/eng/rp-pr/cj-jp/victim/rd9-rr9/p2.html

APPENDIX A: KNOWLEDGE EXCHANGE PARTICIPANTS

Naomi Andrews, *Building Connections*

Joanne Baker, *Reaching out with Yoga*

Linda Baker, *Knowledge Hub*

Karen Bax, *MindUP*

Vanessa Bergeron, *STEP Project*

Nicole Diakite, *Inunnguiniq*

Emmy Henderson-Dekort, *Sole Expression*

Jo-Anne Dusel, *Nato'we ho win*

Marilyn Ford-Gilboe, *iHEAL*

Yasmin Garad, *interRAI*

Crystal Giesbrecht, *Nato'we ho win*

Heather Gregory, *Sole Expression*

Angelique Jenney, *Safe and Understood*

Tania Jivraj, *Shape Your Life*

Kateryna Keefer, *Building Internal Resilience through Horses*

Denise Lamanna, *P.E.A.C.E Project*

Andrea Lapp, *MindUP*

Jessica Laurin, *Public Health Agency of Canada*

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Roxanne Lemieux, *STEP Project*

Candice Lys, *Northern and Indigenous Youth Experiencing Teen Dating Violence in the Northwest Territories*

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Catherine Thompson-Walsh, *Safe and Understood*

Renee Turner, *Reaching out with Yoga*

Jan Vesna, *A Trauma-Informed Sport Program*

Sonya Vellenga, *Building Internal Resilience through Horses*

APPENDIX B: COMMON OUTCOMES AND INDICATORS CHART

DRAFT: Proposed Common Outcomes and Measures Used in Projects

Outcome 1: Mental Health			
	Project	**Is the project measuring this outcome?**	**Measure**
1.	Building Connections	Yes	– Adult Attachment Scale (Collins & Read, 1990) – Qualitative data
2.	Building Internal Resilience through Horses	Yes	– Children's Depression Inventory (CDI) – Trauma Symptom Checklist for Children (TSCC-Short Form)
3.	iHEAL	Yes	– PTSD Checklist – Civilian Version (PCL) – Center for Epidemiologic Studies Depression Scale – Revised (CESD-R)
4.	Inunnguiniq	Yes	– Languishing to Flourishing – Reflection, narratives and sharing circles – Facilitator observations
5.	interRAI	Yes	– interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	– Trauma Symptom Checklist for Young Children (TSCYC) – Parenting Stress Index-Short Form – Behavioural Assessment System for Children-3rd edition (BASC-3) – Adverse Family Experiences Questionnaire
7.	Nato' we ho win	Yes	– Trauma Screening Questionnaire (TSQ) – Depression Anxiety and Stress Scale (DASS) – Generalized Anxiety Disorder Scale ` – Patient Health Questionnaire (PHQ-9) – Post-traumatic Growth Inventory
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	– Patient Health Questionnaire – 2 (PHQ-2)
9.	Peer Education and Connection through Empowerment	Yes	– UCLA-PTSD Reaction Index – Hospital Anxiety and Depression Scale (HADS)
10.	A Trauma-Informed Sports Program	Yes	– Warwick-Edinburgh mental well being scale

11.	Reaching out with Yoga	Yes	– Qualitative interview guide – Customised pre-and post-intervention surveys adapted from PTSD Symptom Scale –I5, Children's HOPE Scale, Spence's Children's Anxiety Scale, Adolescent Self-Regulatory Inventory, and Depression Self-Rating Scale for Children
12.	Safe and Understood	Yes	– Center for Epidemiological Studies Depression Scale (CES-D)
13.	Shape Your Life	Yes	– PTSD Checklist – Civilian Version (PCL) – Center for Epidemiological Studies Depression Scale (CES-D)
14.	Sole Expression	Yes	– Trauma Symptom Checklist for Children (TSCC) – Multidimensional Anxiety Scale for Children (MASC)
15.	STEP	Yes	– PTSD Checklist for DSM-5 (PCL-5) – Kessler Psychological Distress Scale – Reflective Functioning Questionnaire (RFQ-T) – Trauma-specific reflective functioning interview (RFI-T) – Dissociative experience scale (DES) – Pregnancy Related Anxiety Questionnaire (PRAQ-R)

Outcome 2: Strengths and Capacities			
	Project	**Is the project measuring this outcome?**	**Measure**
1.	Building Connections	Yes	– Self-esteem (Rosenberg, 1965) – Self-efficacy (Chen, Gully, & Eden, 2001) – Qualitative data
2.	Building Internal Resilience through Horses	Yes	– Resiliency Scales for Children & Adolescents
3.	iHEAL	Yes	– Pearlin Mastery Scale – Personal and Interpersonal Agency Scales
4.	Inunnguiniq	Yes	– Reflection, narratives and sharing circles – Facilitator observations
5.	interRAI	Yes	– interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	– Behaviour Assessment System for Children Third Edition (BASC-3) – Self-Regulation in Schools Inventory – Behaviour Rating Inventory of Executive Functioning -2nd Edition (BRIEF-2)
7.	Nato' we ho win	Yes	– Pearlin Mastery Scale – Brief Resilience Scale – Connor- Davison Resiliency Scale 10 (CD-RISC-10)
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	– Child and Youth Resilience Measure (CYRM-28)
9.	Peer Education and Connection through Empowerment	Yes	– Pearlin Mastery Scale – Connor-Davidson Resiliency Scale 2 (CD-RISC-2)
10.	A Trauma-Informed Sports Program	Yes	– Youth Experiences Survey in Sport (YES-S Short Form)
11.	Reaching out with Yoga	Yes	– Qualitative interview guide – Customised pre- and post-intervention surveys (adapted from the Physical Activity Enjoyment Scale (PACES))
12.	Safe and Understood	Yes	– Infant Toddler Social Emotional Assessment (ITSEA) – Ages and Stages Questionnaires: Social-Emotional – 2nd Edition (ASQ: SE-2) – Tool to measure Parenting Self-Efficacy (TOPSE)

13.	Shape Your Life	Yes	– Pearlin Mastery Scale – Resilience Scale (Wagnild & Young, 1993)
14.	Sole Expression	No	
15.	STEP	Yes	– Coping Strategies Questionnaire – Ages & Stages Questionnaires: Social-Emotional – 2nd Edition (ASQ: SE-2) – Ages & Stages Questionnaires, 3rd Edition (ASQ-3) – Difficulties in Emotion Regulation Scale – Emotion Dysregulation Scale – Emotion Regulation Questionnaire

Outcome 3: Social Connectedness and Supports			
	Project	**Is the project measuring this outcome?**	**Measure**
1.	Building Connections	Yes	– Adult Attachment Scale (Collins & Read, 1990)
2.	Building Internal Resilience through Horses	Yes	– Emotional Quotient Inventory – Youth Version (EQ-i: YV)
3.	iHEAL	Yes	– Interpersonal Relationship Inventory (social support and conflict)
4.	Inunnguiniq	Yes	– Languishing to Flourishing
5.	interRAI	Yes	– interRAI Child and Youth Mental Health and Adolescent Supplement (ChYMH)
6.	MindUP	Yes	– Behaviour Assessment System for Children Third Edition (BASC-3)
7.	Nato' we ho win	Yes	– Cultural Connectedness Scale
8.	Northern and Aboriginal Youth Experiencing Teen Dating Violence in Northwest Territories	Yes	– Awareness of Connectedness Scale
9.	Peer Education and Connection through Empowerment	No	
10.	A Trauma-Informed Sports Program	Yes	– Youth Experiences Survey in Sport (YES-S Short Form)
11.	Reaching out with Yoga	No	– May add a scale or question(s) in next phase
12.	Safe and Understood	Yes	– Controlling Behaviour Inventory for Partners (CBI) – Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) – Parental Acceptance and Rejection Questionnaire (PARQ-P)
13.	Shape Your Life	Yes	– Interpersonal Relationship Index (Social Conflicts & Social Support Subscales) – Personal and Interpersonal Agency Scales
14.	Sole Expression		
15.	STEP	Yes	– Maternal/Paternal/Prenatal/Postnatal Attachment Scale

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